



Report of the 2026 Annual Neglected Tropical Diseases Programme Managers' Meeting in Africa

Date: 13–16 April 2026

Venue: Bingu International Conference Centre, Lilongwe, Malawi

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List of abbreviations

AI	Artificial intelligence
ALMA	African Leaders Malaria Alliance
AMA	African Medicines Agency
AU	African Union
AUC	African Union Commission
AUDA-NEPAD	African Union Development Agency – New Partnership for Africa’s Development
CHW	Community Health Worker
CIFF	Children’s Investment Fund Foundation
CSR	Corporate social responsibility
DHIS 2	District Health Information Software 2
DNDi	Drugs for Neglected Diseases initiative
DRM	Domestic Resource mobilization
EPHP	Elimination as a Public Health Problem
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
FIND	Foundation for Innovative New Diagnostics
HMIS	Health Management Information System
ILEP	International Federation of Anti-Leprosy Associations
IVM-ALB	Ivermectin–Albendazole
LEMT	Leprosy Elimination Monitoring Tool
MDA	Mass Drug Administration
MoU	Memorandum of Understanding
MYF	Multiyear Forecasting
NTD	Neglected Tropical Disease
PC-NTD	Preventive Chemotherapy Neglected Tropical Diseases
PHC	Primary Health Care
POC-CCA	Point-of-care Circulating Cathodic Antigen
RDT	Rapid Diagnostic Test
REC	Regional Economic Community
SDR-PEP	Single-dose Rifampicin Post-exposure Prophylaxis
STH	Soil-transmitted Helminthiasis
UHC	Universal Health Coverage
VL	Visceral Leishmaniasis
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Introduction

The 2026 Annual Neglected Tropical Diseases (NTD) Programme Managers' Meeting in Africa was held from 13 to 16 April 2026 in Lilongwe, Malawi, under the theme "Leveraging innovative tools and sustainable financing to advance NTD elimination in Africa". Convened by the World Health Organization Regional Office for Africa, in collaboration with the African Union Commission (AUC) and the African Union Development Agency – New Partnership for Africa's Development (AUDA-NEPAD), the meeting brought together 150 participants, including directors responsible for primary health care (PHC), NTD programme managers from 29 Member States, as well as representatives from WHO, AUC, donors, technical partners, research institutions, civil society and implementing partners.

The meeting took place at a critical stage in the countdown to achieving the 2030 NTD elimination targets. Participants recognized Africa's tangible progress, such as reaching national elimination milestones and improved regional policy alignment, while also noting that these gains remain vulnerable to declining external financing, limited domestic budget allocations, fragmented data systems, cross-border transmission, climate-sensitive disease risks, weak integration into PHC and dependence on imported medicines and diagnostics.

The central message was the need to shift from externally driven, vertical and short-cycle programming to country-owned, integrated, data-informed and sustainably financed systems. Participants called for increased domestic resource mobilization (DRM), dedicated NTD budget lines, better use of national health insurance and public financing mechanisms, investment cases, and structured engagement with finance ministries, national assemblies, private sector actors and political champions.

Programme integration was emphasized as an operational priority. Sessions on PHC, One Health, climate change, cross-border collaboration and partner financing underscored that NTD services should be embedded within routine health systems and linked to community health, school health, WASH, maternal and child health, immunization, malaria and climate-resilience mechanisms. Data and digital transformation featured prominently. Member States and partners called for a shift from fragmented, manual and proprietary workflows to country-owned digital public infrastructure. Priority actions included integrating NTD indicators into the District Health Information Software 2/health management information system (DHIS2/HMIS), improving interoperability between national systems and regional platforms, expanding digital microplanning and dashboards, strengthening data governance, and developing ethical frameworks for AI-assisted (artificial intelligence) surveillance, diagnostics, forecasting and programme decision-making.

Cross-border collaboration emerged as essential to sustaining elimination gains. Country experiences from East and West Africa showed the value of synchronized mass drug administration (MDA), joint surveillance, data sharing, advocacy and peer learning in border areas. The draft continental Memorandum of Understanding (MoU) on cross-border collaboration was discussed as a mechanism designed to institutionalize cooperation, supported by operational frameworks, port health structures, commodity synchronization, bilingual planning materials and alignment with existing malaria and NTD instruments. The meeting also highlighted African-led innovation and independence.

Discussions focused on closing disease-specific gaps in diagnostics, treatment and product access, including mapping for visceral leishmaniasis (VL), improved diagnostics for schistosomiasis and other NTDs, operational innovation for soil-transmitted helminth control and tools to interrupt leprosy transmission.

Sessions on local and regional manufacturing emphasized the need to strengthen African research and development capacity, regulatory registration and reliance mechanisms, demand forecasting, and phased manufacturing and procurement roadmaps.

Overall, the meeting set a clear direction: accelerate implementation, strengthen country ownership, protect programme continuity during financing transitions, improve reporting and accountability and translate discussions into time-bound action.

Background and objectives

The 2026 annual NTD programme managers’ meeting took place as countries accelerate efforts to meet the 2030 NTD elimination goals. It built on the 2025 Programme Managers’ Meeting in Lomé, Togo, which emphasized peer learning, digital innovation, cross-border coordination and service integration and the AU NTD Expert Meeting in Cotonou, Benin, which called for greater domestic ownership, resilient health systems, dedicated budget lines, public health care integration, climate-sensitive planning and local manufacturing.

The meeting provided an opportunity for Member States, WHO, AUC, partners and donors to review progress, share practical solutions and agree on priority actions. Its overall objective was to help countries shift from making commitments to implementing actions by strengthening sustainable financing, integrating NTDs into routine systems, improving data collection and cross-border collaboration, and promoting African-led innovation and local production.

The specific objectives included reviewing progress and identifying bottlenecks; promoting DRM and dedicated NTD budget lines; strengthening PHC, One Health, water, sanitation and hygiene (WASH); school health and climate integration; improving data systems, digital tools and reporting; enhancing cross-border collaboration; and agreeing on practical follow-up actions for countries, WHO, AU and partners.

Agenda overview

Day	Theme	Main focus
Day 1	Integration and resilience – progress in NTD elimination and sustainability	Opening session, global and continental progress, Kikundi experience, integration of NTD programmes, One Health, PHC integration, integrated surveillance and climate change.
Day 2	Data, digital innovation, cross-border surveillance and regional collaboration	Data and analytics, digital platforms, AI, cross-border collaboration, continental MoU, VL mapping, operational innovation for soil-transmitted helminthiasis (STH), and the AUC NTD data collection and reporting tool.
Day 3	Sustainable financing and DRM	Health and NTD financing trends, country financing experiences, partner experiences, diagnostics for schistosomiasis and other NTDs and multiyear forecasting (MYF).

Day 4 Innovation and independence – advancing research and development, local manufacturing, transparency and accountability

Local manufacturing, regional manufacturing for NTDs, the leprosy elimination paradigm, partner updates, consensus on next steps and closing remarks.

Summary of daywise sessions

Day 1: Integration and resilience – progress in NTD elimination and sustainability

Session 1 – Opening session

The opening plenary formally launched the 2026 Annual NTD Programme Managers’ Meeting and set the political and programmatic tone for the four days ahead. Speakers included Ms Undjee Meeja Kaura, Chair of Kikundi; Dr Charles Kuria Njuguna, WHO Representative in Malawi; Professor Julio Rakotonirina, Director for Health and Humanitarian Affairs at the African Union Commission; and Hon. Madalitso Baloyi, Malawi’s Minister of Health. They emphasized that the 2030 NTD elimination targets remain achievable, but progress must be protected through stronger country ownership, sustainable financing, integrated delivery and regional collaboration. Kikundi was presented as an African-led platform for peer learning and programme leadership. WHO and AU highlighted the need to address declining external financing, strengthen domestic investment, integrate NTDs into PHC, and use data and innovation to guide action. Malawi welcomed participants to the “Warm Heart of Africa” and highlighted its national achievements in eliminating lymphatic filariasis and trachoma as public health problems.



“

This meeting is a critical platform for shared learning, practical solutions and renewed commitment to ending the neglect of NTDs and ensuring that no one is left behind.

– *Hon. Baloyi, Malawi’s Minister of Health*

”

Session 2 – Global and continental progress updates on NTD elimination

This session provided a comprehensive overview of global, continental and regional NTD progress, while identifying the major structural challenges to achieving the 2030 targets. The African Union presented the Roadmap to 2030 and beyond as an implementation-oriented framework that consolidates continental commitments and calls for integration of NTDs into service delivery platforms, health budgets and accountability systems. AUDA-NEPAD introduced AfriShield, a continental systems accelerator intended to bridge the gap between policy commitments and country-level implementation. Updates from WHO headquarters, the World Health Organization African Region and the World Health Organization Eastern Mediterranean Region highlighted measurable progress, such as the growing number of countries that have eliminated at least one NTD, Niger's 2025 verification as the first country in Africa to eliminate onchocerciasis transmission, progress by countries moving into post-MDA or post-validation surveillance and medicine cost savings achieved through improved supply-chain management. The updates also noted persistent gaps, particularly in case management of NTDs, surveillance quality, subnational transmission pockets and programme continuity. However, the session emphasized that progress remains vulnerable to reductions in donor financing, insecurity, weak surveillance for case management of NTDs, and persistent fragmentation across institutions, financing streams and data systems.



Action focus:

- Use the AU Roadmap, AfriShield and WHO regional platforms as complementary mechanisms.
- Clarify roles and coordinate support efforts among WHO, AU and partners to reduce fragmentation.
- Sequence local manufacturing carefully to ensure that medicine donation programmes remain protected during transition.

Session 3 – Panel discussion: Kikundi today and tomorrow

The Kikundi session examined the current value and future direction of the African-led Community of Practice for NTD programme managers. Panellists described Kikundi as a country-led platform created by programme managers to reduce isolation, share practical solutions and strengthen confidence in day-to-day programme

Action focus:

- Centre Kikundi's next phase on governance, communication, membership engagement and sustainability.
- Expand the team-based country model to ensure that institutional memory survives individual turnover.
- Clarify Kikundi's identity as a platform, professional community or broader advocacy movement.



Session 4 – Integration of NTD programmes for sustainable elimination

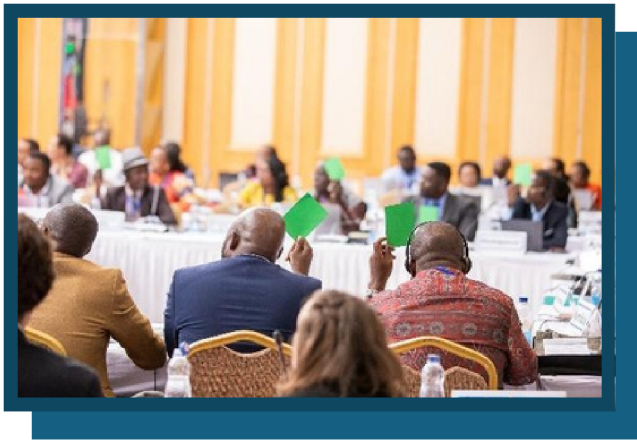
This session demonstrated that achieving sustainable NTD elimination requires moving from vertical, disease-specific programmes to integrated systems anchored in One Health, strengthened surveillance and PHC. Senegal's One Health model for rabies control illustrated how human, animal, environmental, law enforcement and community actors can jointly manage exposure reporting, dog vaccination, data systems and community validation. Côte d'Ivoire presented an integrated skin NTD and surveillance model using digital awareness tools, multidisciplinary consultations, frontline training and multidisease screening. Ethiopia described a surveillance architecture embedded in the public health emergency management system, DHIS2/HMIS, sentinel sites and event-based surveillance, including the use of media signals to trigger investigations. AUDA-NEPAD framed PHC integration as a sustainability imperative that can improve access, equity, resilience and financing, with linkages to community health workers (CHWs), maternal and child health, WASH, school health and universal health coverage (UHC).

Action focus:

- Institutionalize NTD integration into national One Health and PHC frameworks.
- Embed NTD services into CHW roles, routine primary care, HMIS/DHIS2, supply chains and integrated outreach initiatives.
- Retain dedicated indicators, budget lines and reporting mechanisms to ensure NTDs remain visible within broader platforms.

Session 5 – NTDs and climate change

The climate change session reframed climate not as a background risk but as a direct programme management challenge for NTD elimination. Country experiences from Mozambique, Kenya and Burkina Faso illustrated how climate variability can alter disease transmission, strain hospital resources, disrupt interventions and expose weak links between NTD programmes, meteorological services and disaster management systems. Mozambique reported climate-related increases in disease events and the use of multisectoral emergency mechanisms. Kenya highlighted gaps in linking VL trends to climate information and the need for better predictive data. Burkina Faso described climate-associated dengue resurgence and integrated malaria-NTD vector-control responses. Participants noted that most NTD master plans were finalized before climate change became a central programming priority.



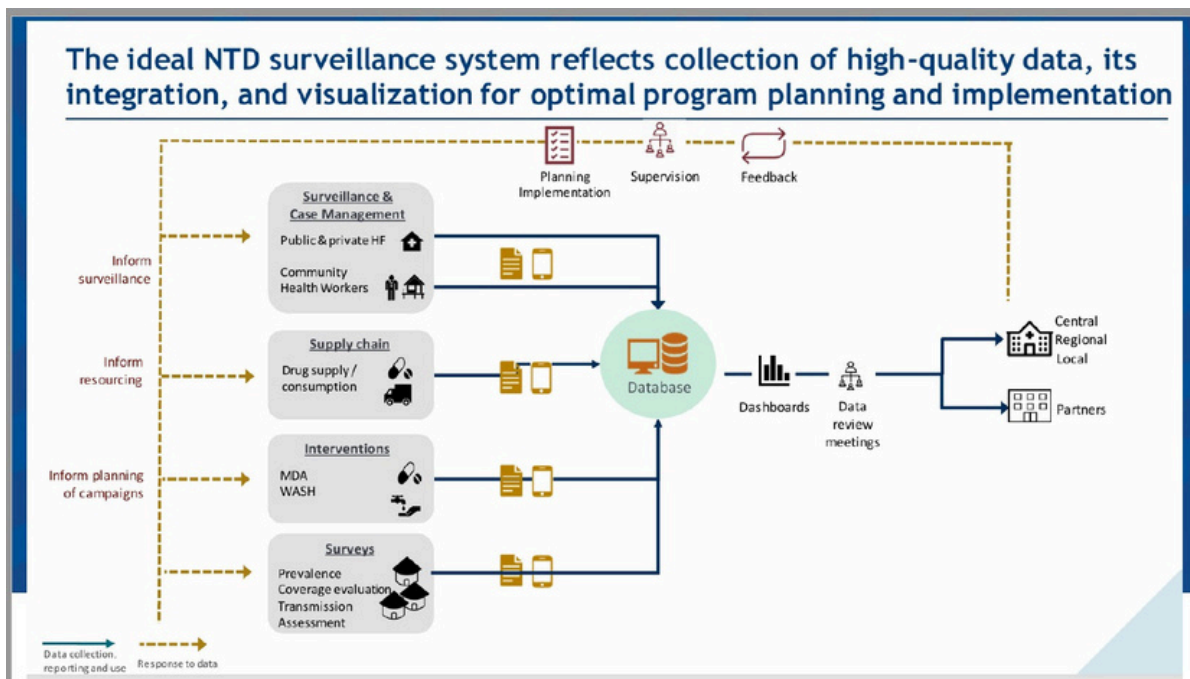
Action focus:

- Incorporate climate risk into NTD master plans or interim agenda.
- Establish data-sharing arrangements with meteorological and disaster management agencies.
- Use COP32 as a concrete advocacy opportunity for NTDs and climate financing.

Day 2: Data, digital innovation, cross-border surveillance and regional collaboration

Session 6 – Advances in data and analytics for sustaining NTD elimination in Africa

This session laid the groundwork for day 2 by identifying the core data challenges facing NTD programmes: fragmentation, limited national ownership, inadequate interoperability and insufficient use of data for decision-making. AUDA-NEPAD mapped the current NTD data ecosystem across routine facility surveillance, MDA and treatment reporting, subnational preventive chemotherapy neglected tropical diseases (PC-NTD) data, surveys and mapping, global reporting and planning tools. DHIS2 was presented as the primary national integration platform, but examples such as Burundi illustrated how multiple siloed systems can lead to duplication, inconsistent data and heavier workloads. The session stressed that digital transformation requires more than just tools; it requires national digital strategies, infrastructure, training, interoperability standards and collaboration between disease programmes and health information units. Dimagi showcased AI applications for data quality checks, natural language queries, programme visualisation and guidance retrieval within the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) ecosystem.



Action focus:

- Mainstream PC-NTD indicators into DHIS2/HMIS and link programme data to logistics management information system (LMIS) where possible.
- Support interoperability between ESPEN Collect/Portal, national DHIS2/HMIS and other country-owned systems.
- Build capacity beyond data entry to include data cleaning, analysis and use.

Session 7 – Digital acceleration and regional data platforms

Session 7 shifted the focus from diagnosing digital fragmentation to demonstrating practical solutions. Campaign Health Hub experiences from Ethiopia and Nigeria revealed that integrated campaign planning can reduce duplication and improve efficiency. Ethiopia's Campaign Analytics System model, built around One Plan, One Budget, One Report, supported a 2025 integrated campaign that combined measles vaccination, routine immunization catch-up, vitamin A supplementation, deworming and sick child screening, resulting in shorter preparation times and improved coverage indicators. Nigeria's Campaign Analytics System highlighted the importance of cross-programme planning, real-time monitoring and adaptive implementation in areas facing security challenges. Crosscut presented the ESPEN Geospatial Micro-Planner, highlighting that while most countries conduct microplanning, many still rely on Excel and do not prepare operational maps. Pilot results suggested improved coverage, supervision and inclusion of settlements that were previously overlooked. The WHO Regional Office for Africa then presented its three-pillar digital architecture: ESPEN Portal, Disease Prevention and Control Data Portal and DIGIT Health Campaign Management.

Action focus:

- Shift from vertical campaign planning to integrated campaign strategies where feasible.
- Make operational maps a mandatory part of MDA microplanning.
- Support DHIS2 metadata development and interoperability to ensure new tools are integrated into national systems.

Session 8 – Emerging role of AI in NTD programmes



The AI panel explored how artificial intelligence can support NTD programmes in areas like surveillance, diagnostics, delivery, investment strategy and modelling. Dimagi presented AI-enabled retrieval and validation tools, including the ESPEN Generative NTD Intelligence Assistant, which can synthesize information across portals, reports and campaign data sources. Additionally, the Foundation for Innovative New Diagnostics (FIND) described AI's potential in diagnostics development, validation and deployment, especially in

interpreting ambiguous rapid diagnostic test results and detecting clusters in real time, while stressing the need for representative data and minimum performance standards. The Children’s Investment Fund Foundation (CIFF) described AI-supported portfolio optimization and a biometric monitoring system used in Ethiopia to track individual-level compliance in a large schistosomiasis transmission-breaking programme. The Center for Epidemiological Modelling and Analysis (CEMA) emphasized that AI models depend on high-quality surveillance data and should help countries target active surveillance and adjust intervention intensity.

Action focus:

- Treat AI as a decision-support tool rather than a substitute for human judgement.
- Prioritize practical use cases such as data validation, early warning, guidance retrieval and diagnostic triage.
- Develop an NTD data governance framework covering ethics, ownership, privacy, quality and accountability.

Session 9 – Cross-border collaboration for NTD elimination

Session 9 presented operational experience in cross-border NTD collaboration, with Kenya providing the main country case study and Ethiopia and Togo contributing panel reflections. Kenya demonstrated how synchronized MDA, advocacy and joint planning improved outreach to border and migratory populations. The session also highlighted practical barriers such as countries not receiving drugs for MDA



simultaneously, security issues and partner alignment issues. Togo described its long standing collaboration with Benin, Ghana and Burkina Faso through regular central- and district-level meetings, joint interventions and institutionalized learning. Ethiopia

Action focus:

- Develop cross-border MDA and surveillance plans with agreed timelines, commodity synchronization protocols and designated focal points.
- Embed cross-border efforts into regional or continental structures rather than relying solely on bilateral arrangements.
- Document experiences from Kenya–Uganda, Kenya–United Republic of Tanzania and Togo–Ghana–Burkina Faso for replication.

Session 10 – MoU on cross-border collaboration for NTD elimination

Session 10 presented the draft continental MoU on cross-border collaboration for NTD elimination and gathered feedback from the Member States. The MoU was presented as a continental framework designed to replace multiple separate bilateral agreements.

Participants discussed its scope, governance route, relationship with existing bilateral instruments, financial language and the proposed inclusion of malaria. Several countries noted that malaria inclusion requires consultation with national malaria programmes because NTD programme managers may not have the mandate to sign off on crossdisease commitments. Participants also suggested using existing port health units as the main operational vehicles at borders, rather than creating new NTD-specific structures.

Action focus:

- Circulate a revised tracked-changes version of the MoU with a clear deadline for comments.
- Brief ministers of health before the World Health Assembly or relevant signing opportunities.
- Develop a companion operational framework for MDA synchronization, surveillance, commodities, reporting and accountability.

Session 11A – Epidemiological mapping study on VL

Session 11A focused on how epidemiological and vector mapping can strengthen VL elimination in East Africa. The Kala Azar Mapper project presented data mapping across Ethiopia, Kenya, South Sudan, Sudan and Uganda, revealing that VL is more geographically widespread than official endemic maps suggest. In Kenya, the data showed cases spreading into previously non-endemic counties, with some patients travelling over 250 km for treatment, revealing significant mismatch between the origin of cases and the location of services. Uganda's mapping identified confirmed cases outside the traditional Karamoja endemic zone, raising questions about active transmission, migration and access to treatment. Kenya's outbreak experience in Wajir County highlighted seasonal trends, diagnostic gaps, shortages of recommended rapid diagnostic tests (RDTs) and limited infrastructure. Furthermore, the Drugs for Neglected Diseases initiative (DNDi) presented the VL treatment pipeline and underscored the need for shorter, safer, more user-friendly treatment options.

Action focus:

- Strengthen and harmonize VL epidemiological and vector mapping systems.
- Use risk maps to update target areas, treatment-centre placement and surveillance priorities.
- Address diagnostic access gaps, including RDT supply and confirmatory testing delays.

Session 11B – Operational innovations with ivermectin-albendazole (IVM-ALB) for STH control

Session 11B presented the IVM-ALB fixed-dose coformulation as a major innovation for soil-transmitted helminth control, particularly where albendazole monotherapy has shown limited efficacy against *Trichuris* and hookworm. The session reviewed evidence from the ALIVE Phase 3 trial conducted in Kenya, Mozambique and Ethiopia, which showed substantially higher cure rates for *Trichuris* with IVM-ALB than with albendazole alone and no severe adverse events in the IVM-ALB groups. The fixed-dose, dispersible formulation eliminates the need for a dosing pole and simplifies operations. Ghana's December 2025 regulatory approval was highlighted as a landmark, making it the first country to register the product. Rwanda shared progress on registration and acceptability, though parts of the presentation were incomplete. The STOP2030 pragmatic study in Kenya and Ghana was identified as the final evidence package for broader WHO and procurement processes.



Action focus:

- Begin preparing for IVM-ALB regulation by reviewing the European Medicines Agency’s opinion and Ghana’s approval package.
- Develop national plans for introducing the drug covering school MDA integration, dosing, training, pharma covigilance, budgets and supply chains.
- Identify implementation units where albendazole monotherapy has not reached elimination thresholds.

Session 12 – AUC NTDs data collection and reporting tool

Session 12 re-visited the AUC NTD data collection and reporting tool, reviewing progress, challenges and Member State feedback. The tool supports continentwide monitoring and political accountability, by integrating NTD indicators into the African Leaders Malaria Alliance (ALMA) Scorecard, making performance visible to heads of state. The session clarified that the report template is biennial and requires both a signed physical copy and an electronic copy for official submission. Importantly, routing through Ministries of Foreign Affairs is not required if the document is signed by the Secretary General or an equivalent authority of the submitting institution. The AUC reported issues such as incomplete submissions, inaccurate or misinterpreted data, limited feedback from countries experiencing difficulties and a 59% submission rate among targeted countries. Member States highlighted the burden of paper-based processes and suggested linking the tool with DHIS2.



Action focus:

- Organize capacity-building sessions on indicator definitions, data sources and official submission procedures.
- Clarify double-submission requirements and foreign affairs routing.
- Simplify the process for endorsed digital submissions where possible.

Day 3: Sustainable financing and DRM

Session 13 – Trends in health/NTD financing, innovative financing and dedicated funding

Session 13 identified sustainable financing as the central strategic challenge for the ESPEN 2026–2030 period. The session recognized that countries are undergoing an irreversible shift from donor-dependent NTD financing to DRM, intensified by the end or reduction of major bilateral support. The United Republic of Tanzania shared a quick adaptation model, including prioritization of urgent activities, integration with child health campaigns, use of the Comprehensive Council Health Plan and a DRM strategy aiming for 60% domestic funding by 2026. Senegal described efforts to align NTDs with sectoral health policies, insurance mechanisms and decentralized action plans. Nigeria presented a strong subnational advocacy model: after high-level meetings with state commissioners, 22 of 36 states established NTD budget lines within a year. South Africa, the Democratic Republic of the Congo and South Sudan highlighted the importance and challenges of engaging treasuries, parliamentarians, private sector actors and fragile-state contexts.

Action focus:

- Develop or update DRM strategies with clear domestic funding milestones.
- Replicate subnational advocacy meetings where feasible.
- Prepare investment cases that quantify economic returns, productivity gains, cost of inaction and the value of donated medicines.



Session 14–Country experiences in NTD financing

Session 14 presented country experiences in mainstreaming NTD financing within existing national systems. Ghana described how NTD financing is integrated into the National Health Financing Framework, UHC roadmap, National Health Policy and NHIA-related budgeting, while noting that the NTD Fund is not yet fully operational. Djibouti shared a low-overhead model where NTD management is fully integrated into PHC and epidemiological services without a stand alone programme or dedicated grant. Egypt showcased a strong example of domestic post elimination surveillance financing for NTDs; for example, even though the country eliminated lymphatic filariasis as a public health problem in 2018, it continues to conduct ongoing night blood sampling surveillance in previously endemic governorates and maintains five operational rehabilitation clinics for chronic lymphoedema patients, including outreach to patients who cannot travel.

Action focus:

- Embed NTD budget lines within health insurance, PHC or equivalent financing mechanisms.
- Plan domestic financing for post elimination surveillance from the start.
- Quantify their-kind value of donated medicines to support cofinancing arguments.

Session 15 – Partner experience in innovative financing and DRM

Session 15 translated the financing discussion into practical partner-supported mechanisms. Uniting to Combat NTDs presented a range of proven DRM strategies, including national and subnational budget lines, health insurance integration, integration with health campaigns, decentralized local government financing, corporate social responsibility (CSR) partnerships and multilateral financing windows. The END Fund presented an eight-step DRM process covering political engagement, technical coordination, approval, due diligence, cofinancing planning, microplanning, review and relationship building. Case studies from Ethiopia and Kenya demonstrated how government cofinancing and integrated delivery can expand reach when there is high-level political commitment. The German Leprosy and TB Relief Association highlighted cost-benefit analysis, blended financing, private-sector partnerships and political legacy framing, including Pakistan's experience in mobilizing domestic financing for leprosy elimination.



Action focus:

- Develop NTD investment cases and cost-benefit advocacy materials for senior decision-makers.
- Adapt the END Fund's eight-step process as a framework for cofinancing engagement.
- Pursue multilateral financing opportunities and cultivate political champions.

Session 16A – Diagnostics for schistosomiasis and other NTDs

Session 16A addressed diagnostic gaps for schistosomiasis and other NTDs, including an urgent issue with VL RDTs in East Africa. The VL component highlighted that discontinuing key RDT products has created a serious risk for countries needing confirmatory testing for a potentially fatal disease. The schistosomiasis component revealed a regional data gap, with a large proportion of subimplementation units lacking recent epidemiological data, which complicates MDA targeting, stop-MDA decisions and financing advocacy. Landcent presented the point-of-care circulating cathodic antigen test (POC-CCA3) as a WHO-aligned tool for *S. mansoni* prevalence monitoring, impact assessment, stop-MDA surveys and test-and-treat approaches. Rwanda and Kenya shared practical experience using POC-CCA in low-prevalence or targeted settings. FIND presented the novel circulating anodic antigen (CAA) RDT pipeline, while discussions noted local diagnostic manufacturing plans, including a potential facility in Ghana.



Action focus:

- Prioritize the 2026 VL RDT evaluation for East Africa and procurement commitments for the best-performing test.
- Incorporate POC-CCA3 into national schistosomiasis surveillance protocols where appropriate.
- Support regulatory registration, subdistrict mapping and local manufacturing or technology transfer where feasible.

Session 16B – From forecasting to action: leveraging multiyear planning

Session 16B showed that MYF is not only a medicine quantification exercise but also a strategic tool for planning, advocacy and sustainability. WHO/ESPEN and JSI presented the MYF tool methodology and lessons from implementation, while the United Republic of Tanzania and the Democratic Republic of the Congo shared country experiences. The United Republic of Tanzania demonstrated how MYF outputs can support advocacy, planning and resource mobilization, including the use of “cost of inaction” arguments showing future government costs if donated medicine opportunities are not used before 2030. The Democratic Republic of the Congo demonstrated how forecasting can inform broader policy processes such as UHC and inclusion in the essential medicines list, while acknowledging limitations such as the tool's current focus on commodities and its failure to fully capture delivery costs, survey funding or logistics. The session linked forecasting directly to Day 3 financing discussions by showing how quantitative projections can support engagement with finance ministries and partners.



Action focus:

- Adopt MYF as a standard component of national NTD planning and update forecasts every sixmonths or after MDA cycles.
- Translate forecast outputs into investment cases, policy briefs and costed funding gap analyses.
- Enhance the tool to include survey funding, delivery costs, weights, volumes and logistics needs.

Day 4: Innovation and independence – advancing research and development, local manufacturing, transparency and accountability

Session 17 – Keynote: innovation and independence through local manufacturing

The Day 4 keynote framed local manufacturing as vital for continental resilience and the public health agenda, not simply an industrial aspiration. AUDA-NEPAD argued that Africa’s manufacturing challenges are systemic: the continent relies heavily on imports for medicines, vaccines, diagnostics and devices; existing manufacturing plants do not yet provide sufficient scale, quality systems, access to raw materials or integrated markets; and NTD product demand is often small, intermittent and poorly forecast. The keynote stressed that independence should mean reliable access, trusted quality and regional capability, rather than symbolic national self-sufficiency. Key enablers identified included regulatory convergence through the African Medicines Agency (AMA), market integration through AfCFTA and demand visibility through stronger programme data. The speaker presented NTD medicines, diagnostics and programme inputs as strategic development tools that create jobs, add value, enhance health security and promote sustainability.

Action focus:

- Identify priority NTD product and system gaps using the AUDA-NEPAD priority products report.
- Develop demand visibility mechanisms through burden-based forecasting and procurement estimates.
- Pursue regional value chains through smart specialization rather than isolated national manufacturing efforts.



Session 18 – Translating policy into practice: advancing local manufacturing for NTDs

Session 18 operationalized the local manufacturing agenda through diagnostics, medicines and country experiences. EASE-Dx Africa presented a Ghana-based consortium model for local RDT manufacturing, arguing that diagnostic sovereignty is essential because over 90% of diagnostic materials used in Africa are imported. Its portfolio includes NTD-relevant diagnostics such as POC- CCA tests for schistosomiasis and leishmaniasis, with a target manufacturing capacity of 50 million RDTs per year. The paediatric praziquantel consortium described the development of a child-friendly formulation for preschool-age children and an ongoing process of technology transfer to Kenya, stressing that access depends on aligning availability, affordability, acceptability, appropriate use and resource organization. Nigeria reported a policy conflict arising from local-content regulation and the donation of NTD commodities, which was resolved through a tripartite government-regulator- industry committee and a phased transition plan. South Africa presented a regional hub-and- technology-transfer approach.

Action focus:

- Establish tripartite regulatory-government-industry committees before local manufacturing policies disrupt donation-based MDA.
- Use Nigeria's roadmaps phased transition model.
- Support qualified Africa-based manufacturers through purchase commitments, regulatory reliance and technical assistance.

Session 19 – From leprosy elimination as a public health problem to interruption of transmission

Session 19 addressed the shift from eliminating leprosy as a public health problem to interrupting transmission and eliminating leprosy. The WHO Regional Office for Africa explained that although many countries have achieved the older prevalence-based elimination as a public health problem (EPHP) milestone, active transmission persists, with roughly 20,000 new cases annually in Africa and continued child cases indicating ongoing transmission. The new framework uses a phased, district-level pathway: Phase 1, during which child cases are still detected; Phase 2, after five consecutive years with zero child cases; and Phase 3, after three years with zero adult cases, leading to verification preparation. WHO presented operational tools, including the Leprosy Elimination Monitoring Tool (LEMT), transmission assessment, dossier tools, contact tracing guidance, digital patient/geolocation tools and training modules. NLR highlighted contact tracing and single-dose rifampicin post-exposure prophylaxis (SDR-PEP), while Mozambique presented community-based implementation experience.



Action focus:

- Integrate LEMT into national leprosy programme planning.
- Mainstream contact tracing and SDR-PEP into national protocols where not already adopted.
- Update leprosy strategies around the three-phase interruption pathway and maintain stigma reduction, disability care and rehabilitation as core elements.

Session 20 – Partners' updates and remarks

The partners' remarks session featured reflections on the four-day meeting from representatives of The END Fund, Unlimit Health, Merck, Children's Investment Fund Foundation, Sightsavers and ALMA. Partners emphasized the need to document and circulate country practices more systematically, strengthen collaboration beyond the traditional NTD sector, and sustain Kikundi as a platform for peer learning, coordination and accountability.

Partners recognized the constrained funding environment and stressed the importance of managing the transition from dependence on donations to stronger country-owned financing in a careful and coordinated manner. They also highlighted the need for predictable multiyear demand forecasting to support donation programmes, local manufacturing, procurement planning and responsible stewardship of donated medicines. Going forward, WHO/ESPEN, the African UNION and Kikundi could consider establishing a regular mechanism, such as a monthly or quarterly digest, to document and share country innovations and implementation lessons. Partners and countries should also deepen collaboration with sectors like immunization, nutrition, climate, PHC and others by framing NTD contributions in terms that resonate with those agendas. DRM, demand forecasting and responsible use of donated medicines should remain shared priorities as programmes move towards stronger country ownership and sustainability.



Closing session

The meeting was formally closed with remarks from Dr Abdourahmane Diallo, Director of Programme Management, WHO Regional Office for Africa and Amb. Hilda Suka Mafudze, Resident Representative of the African Union Southern African Regional Office. Dr Diallo expressed appreciation to the Government of Malawi for hosting the meeting and commended Malawi for its leadership in NTD management. He also thanked the African Union Commission, Member States, WHO teams and partners for their collaboration and commitment throughout the meeting. His remarks emphasized the need to move from discussion to implementation, particularly on sustainable financing, innovative tools, local manufacturing and stronger support to Member States as they strive towards NTD elimination.

Amb. Mafudze acknowledged participants' active engagement and the value of the discussions, country experiences and practical solutions identified during the meeting. She reaffirmed that NTD elimination remains achievable through stronger collaboration, innovation and sustained commitment. Both closing statements reinforced the meeting's central message: commitments made in Lilongwe must now be translated into concrete actions at the country, regional and continental levels.



Recommendations and follow-up actions

Recommendation or Action Point	Lead / supporting actors	Indicative timeframe
Country ownership, sustainable financing and advocacy		
Establish or strengthen dedicated NTD budget lines and DRM strategies, linked to national budgets, medium-term expenditure frameworks, national health insurance mechanisms and AU Roadmap commitments.	Member States, health and finance ministries, NTD programme managers, supported by WHO/ESPEN, AUC, AUDA-NEPAD and partners.	2026 – 2027
Develop national NTD investment cases and cost–benefit advocacy materials that quantify economic returns, the value of donated commodities, productivity gains, and the cost of inaction for engagement with finance ministries, national assemblies and senior political leaders.	NTD programme managers, health ministries, WHO/ESPEN, AUC, Uniting to Combat NTDs, academic and technical partners.	2026 – 2027
Broaden financing sources through structured private sector, CSR/ESG, philanthropic, multilateral and regional health financing mechanisms, while using the Programme Managers’ Meeting and Kikundi platforms to share DRM success narratives.	Member States, AUDA-NEPAD, AUC, WHO/ESPEN, NTD coalitions, private-sector engagement teams, partners.	2026 – 2030
Manage the transition from dependence on external donors and donated commodities to country-owned financing and procurement in a phased manner, establishing clear roles, timelines, accountability mechanisms and safeguards against supply disruption.	Member States, WHO, AUC, AUDA-NEPAD, pharmaceutical donors and partners.	2026 – 2030
Integration, PHC, One Health and climate resilience		
Integrate NTD services into PHC and existing delivery platforms, including CHWs, maternal and child health, cervical cancer screening, immunization, malaria, nutrition, WASH and school health, supported by country-specific NTD-PHC integration plans.	Member States, health ministries, NTD programmes, implementing partners, WHO/ESPEN and UNICEF where relevant.	2026 – 2028
Formalize NTDs within national One Health and multisectoral structures, with clear governance, accountability and legal grounding, and disseminate replicable country models for zoonotic and intersectoral NTD management.	Member States, health ministries, AUC, WHO, FAO, AUDA-NEPAD, Senegal and Namibia NTD programmes.	2026 – 2027

Integrate climate change into NTD master plans and national climate adaptation plans, including climate-sensitive risk assessments, vulnerability mapping, climate indicators in surveillance, emergency preparedness protocols and access to climate financing.	Member States, health and environment ministries, meteorological and disaster management agencies, WHO Regional Office for Africa /ESPEN, AUC, AUDA-NEPAD and ALMA.	2026 – 2027
Data systems, digital tools, AI and forecasting		
Strengthen national data governance, DHIS2/HMIS integration and interoperability across NTD tools, regional platforms and national systems, avoiding fragmented parallel systems and enabling “enter once, use many times” data flows.	Member States, health ministries, WHO/ESPEN, AUDA-NEPAD, AUC, digital health partners and health informatics units.	2026 – 2028
Build country and subnational capacities in data quality, geospatial microplanning, operational mapping, dashboard use, digital campaign operations and routine reporting, including training on the use of the AUC NTD reporting tool.	Member States, AUC/AUDA-NEPAD, WHO/ESPEN, Crosscut, Task Force for Global Health, partners.	2026 – 2027
Establish national and regional AI governance frameworks and minimum performance standards for AI tools used in NTD programmes, covering privacy, ownership, accountability, data representativeness, co-development and safeguards for clinical decision-making.	Member States, WHO, AUC, AUDA-NEPAD, FIND, NTD scientific community, regional health bodies and development partners.	2026 – 2028
Scale appropriate AI and digital analytics use cases, including ESPEN GenAI assistants, DHIS2 AI insights, early warning systems, MDA compliance monitoring and supply-chain/logistics tools, and monitor their impact on decision-making and programme efficiency.	WHO/ESPEN, Dimagi, CEMA, CIFF, national NTD programmes, technology partners and health ministries.	2026 – 2028
Institutionalize MYF as a routine planning, budgeting, procurement and advocacy tool; update forecasts every six months or after each MDA cycle; expand the tool to include financing, logistics, delivery costs and web-based integration with ESPEN systems.	NTD programme managers, health ministries, WHO/ESPEN, JSI, technical development partners and supply-chain partners.	2026 – 2028; updates ongoing

Cross-border collaboration, surveillance and regional coordination		
Operationalize cross-border collaboration through the continental MoU and companion operational framework, supported by corridor-specific plans for synchronized MDA, commodity synchronization, joint surveillance, reporting and designated focal points.	AUC, AUDA-NEPAD, WHO Regional Office for Africa, regional economic communities (RECs), Member States and national NTD programme managers.	2026 – 2027
Strengthen regional coordination platforms through RECs and cross-border planning meetings, ensuring bilingual documentation and systematic documentation of operational lessons from Kenya, Togo and other countries' experiences.	WHO Regional Office for Africa, AUDA-NEPAD, RECs, national programme managers and implementing partners.	2026 onward
Integrate cross-border data sharing, WASH activities, mobile population targeting and disease-specific surveillance into regional action plans, including adaptation of relevant migration/displacement learning across regions.	Member States, WHO Regional Office for Africa, WHO Eastern Mediterranean Region, WASH partners, RECs and national NTD programmes.	2026 – 2028
Diagnostics, medicines and local manufacturing		
Identify gaps in priority NTD products and systems, develop country/subregional manufacturing transition roadmaps supported by credible demand visibility platforms, investment cases, phased procurement plans and regional value-chain approaches.	NTD programme managers, health ministries, WHO/ESPEN, AUDA-NEPAD, AUC and manufacturers.	2026 – 2030
Advance regulatory harmonization, reliance and product registration pathways for NTD medicines and diagnostics, leveraging the AMA, national regulatory authorities and WHO prequalification-aligned standards.	AMA, national regulatory authorities, WHO, AUDA-NEPAD, Member States, manufacturers and partners.	2026 – 2028
Use market-shaping instruments such as purchase commitments, market guarantees, defined domestic procurement shares and structured technology-transfer teams to support qualified Africa-based manufacturers without compromising quality or supply continuity.	Member State governments, AUDA-NEPAD, WHO, donors, pharmaceutical partners, receiving manufacturers and technology-transfer partners.	2026 – 2032

Strengthen access to WHO-aligned diagnostics by supporting POC-CCA3 adoption for schistosomiasis surveillance, VL RDT evaluation and emergency alternatives, diagnostic procurement planning and local diagnostic manufacturing where feasible.	WHO headquarters, WHO Regional Office for Africa /ESPEN, Member States, Landcent, END Fund, diagnostic manufacturers, national regulatory authorities and implementing partners.	2026 – 2028
Disease-specific elimination priorities and programme learning		
Accelerate actions for disease-specific elimination and verification, such as supporting schistosomiasis EPHP dossiers, postelimination surveillance planning, guinea worm animal-reservoir response and leprosy verification readiness.	WHO Regional Office for Africa /ESPEN, Member States, national NTD programmes, The Carter Center, NLR/ILEP and partners.	Immediate to 2030
For VL, complete and disseminate Kala Azar Mapper outputs; revise diagnostic/treatment-centre placement; establish annual surveillance; expand vector surveillance; address access barriers; and prepare for alternative diagnostics and clinical trial readiness.	END Fund, ICIPE, DNDi, WHO Regional Office for Africa, WHO headquarters and national NTD programmes in VL-endemic countries.	2025 – 2028
Prepare for evidence-informed introduction of IVM-ALB for STH control, including regulatory readiness, completion of STOP2030 evidence generation, operational planning, procurement/price mechanisms and prioritization of areas where albendazole monotherapy is insufficient.	National NTD programmes, regulatory agencies, WHO Regional Office for Africa, STOP2030 consortium, KEMRI and partners.	2026 – 2027
For leprosy, integrate LEMT into programme planning, scale contact tracing and SDR-PEP, adopt national protocols, update strategic plans around the interruption-of-transmission pathway, deploy skin NTD digital tools and monitor next-generation PEP evidence.	National NTD programme managers, Health ministries, WHO Regional Office for Africa, NLR/ILEP and research institutions.	2026 – 2028

Way forward

The 2026 Annual NTD Programme Managers’ Meeting closed with a clear call to move from discussion to implementation. The next phase should focus on translating the Lilongwe recommendations into concrete actions at the country, regional and continental levels, with clearly defined responsibilities, timelines and follow-up mechanisms.

Member States should prioritize actions that strengthen country ownership and programme continuity, including DRM, dedicated NTD budget lines, integration of NTDs into PHC and national systems, and making better use of data for planning and accountability. The key message on financing was clear: programmes must communicate the “cost of inaction” and use investment cases,

forecasting and evidence on the value of donated medicines to engage finance ministries, political leaders and partners.

WHO, AU and partners should provide coordinated technical support to help countries operationalize the recommendations, particularly in areas like DHIS2/HMIS integration, cross-border collaboration, MYF, local manufacturing roadmaps, access to diagnostics and disease-specific elimination priorities. Digital transformation should follow the principle of “enter once, use many times”, ensuring that tools reduce reporting burden and strengthen country-owned systems. The central message for the next phase is simple: NTD elimination remains achievable, but only if countries and partners act with urgency, coordination and sustained commitment.

