



World Health
Organization

REGIONAL OFFICE FOR

Africa



Expanded Special Project
For Elimination Of
Neglected Tropical Diseases

2020

ANNUAL REPORT

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FOREWORD

The year 2020 was unprecedented and characterized by uncertainty as the world grappled with the COVID-19 pandemic. The pandemic response has taught us just how interlinked we are, and thus the need for integrated health programmes and response.

In November 2020, Member States joined forces at the Seventy-third World Health Assembly to endorse a new road map for neglected tropical diseases (NTDs) 2021–2030. The road map sets targets and milestones for NTD control, elimination and eradication. The hallmark of the NTD 2021-2030 road map is integration: integration across NTD programmes, integration with the health system and related sectors. With this in mind, we in the WHO African Region are implementing integration. True and lasting integration requires structural and functional arrangements.

At WHO/AFRO, we appreciate the importance of integration across diseases and programmes. There are lessons and best practices we can share across diseases and programmes. One example is the ESPEN portal, which has provided the largest open-access NTD data platform in the Region. This experience can be replicated for other diseases such as malaria, HIV/AIDS and tuberculosis. To harness these experiences and bridge cross-learning gaps among different disease programmes, communicable and noncommunicable diseases have been brought under the same cluster, the Universal Health Coverage/Communicable and Noncommunicable Diseases Cluster (UHC-CND or UCN), within which ESPEN sits.

This new structure of the WHO Regional Office for Africa affords a unique opportunity to deliver the integration envisaged in the NTD road map 2021–2030. Within the Tropical and vector-borne Diseases (TVD) Team, ESPEN provides structural support for full integration of NTDs and collaboration with the Communicable and Noncommunicable Diseases Cluster and other clusters contributing to universal health coverage, such as UHC/Life course (ULC) and UHC/Healthier Populations (UHP), and with the Emergency Preparedness and Response (EPR) Cluster in charge of humanitarian and outbreak response. ESPEN will also enhance its participation in antimicrobial resistance (ARM) monitoring and diagnostics and laboratory services (DLS), both of which are under the supervision of the Assistant Regional Director (ARD).

We hope that this initiative by WHO/AFRO will also galvanize country-level integration of NTDs and other communicable and noncommunicable diseases and thus contribute to the achievement of the targets and goals of the 2021–2030 NTD road map through implementation of national NTD master plans, and free Africa of NTDs.



Dr Alexandre TIENDREBEOGO Director a.i., UHC/Cluster, AFRO

Dear friends

In the past year, Member States and partners have reached more than 68.7 million people with preventive medicines through the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN). This is quite a remarkable achievement in itself but even more so given the incredibly challenging circumstances brought about by the global COVID-19 pandemic. Lives, livelihoods, and crucial interventions have been affected in all countries and the African continent, and NTDs have been no exception. That so much has been achieved in spite of these disruptions is testament to the commitment of all those involved, and I thank you all sincerely for your work.

It is a source of great pride, too, that in November 2020, at the resumption of the Seventy-third World Health Assembly, Member States endorsed the new 2021-2030 NTD road map. Many months in the making, the new road map appeared in a context in which its core themes are more prescient than ever. At its heart, it seeks to promote resilience, health system strengthening, equity, and country ownership – none of which can be imposed, all of which require of us that we collaborate.

I am more certain than ever that these principles will not only enable us to eliminate, control and eradicate specific NTDs, but also to demonstrate through our collective action that health is a basic and universal human right, regardless of social, economic, or national status.

Since its inception in 2016, ESPEN has delivered meaningful and sustainable action in the fight against NTDs through strong partnership, collaboration, and the empowering of individual countries. All these are fundamental pillars of our new road map and will be crucial in our continuing fight against NTDs.

I look forward to working with you to implement the road map, as we seek to free Africa from the burden of NTDs once and for all.



Dr Mwelecele Malecela Director of the Department of Control of NTDs, WHO HQ.

The Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) has over the last five years provided invaluable support to national programmes towards strengthening government ownership of the NTD elimination agenda. The same can be said for advocacy, which has significantly increased country-level interest in NTD control activities. National NTD programme managers are now more capable of coordinating the implementation of control activities. The major strides witnessed in their ability to plan for results, mobilize resources and pursue financial sustainability can be attributed to the guidance they received to develop national multiyear NTD master plans and annual workplans.

The main focus for national programmes is to provide access to interventions, treatment and service delivery. Phenomenal progress has been realized across countries over the last three to five years, with most country programmes achieving minimum effective coverage for mass drug administration (MDA). A good number of country programmes continue to expand their morbidity management and disability prevention (MMDP) portfolios, while quite a few are creating resilient working partnerships with the water, sanitation and hygiene (WASH) sector. Some country programmes have started activating integrated vector management (IVM) activities in collaboration with their malaria control counterparts and other relevant departments.

The role of ESPEN in improving data management and promoting intercountry visualization of peer-to-peer progress cannot be overemphasized. This has greatly boosted the monitoring and evaluation strategy of the African Region as a whole. African programme managers, with the support of the Bill and Melinda Gates Foundation (BMGF), ESPEN and other partners, recently established a community of practice with the aim of leveraging this solid foundation to better benchmark and consult each other on challenges encountered and best practices adopted. As we pull out all the stops to ensure timely elimination of NTDs in Africa, we anticipate the continuation of ESPEN into a second five-year period, during which we look forward to even greater progress and acceleration of the gains already made.

This annual report will go a long way in providing country programmes and other stakeholders with an evidence base for better planning and decision-making even as we power our way into attaining the global NTD eradication goal.



Dr. Sultani Hadley Matendecheo, Kenya National NTD Programme Manager and Chairman of the African NTD Programme Managers' Community of Practice



ABBREVIATIONS

AWP	annual workplan form
CBM	Christian Blind Mission
CAR	Central African Republic (CAR)
CDDs	community drug distributors
CHWs	community health workers
COR-NTDs	Coalition for Operational Research on Neglected Tropical Diseases
DEC	diethylcarbamazine
DRC	Democratic Republic of the Congo
DRG	Trachoma Dossier Review Group
EPIRF	epidemiological reporting form
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
EUs	evaluation units
FTS	filariasis test strip
GTMP	the Global Trachoma Mapping Project
GSA	the Global Schistosomiasis Alliance
HKI	Helen Keller International
HQ	Headquarters
IDA	Ivermectin, DEC and Albendazole
IHME	Institute for Health Metrics and Evaluation
ITI	International Trachoma Initiative
IUs	Implementation units
JAP	Joint Application Package
JRF	Joint reporting form
JRSM	Joint request for selected medicines
KOICA	Korea International Cooperation Agency
LF	lymphatic filariasis
LSHTM	London School of Hygiene & Tropical Medicine
MDA	mass drug administration
MoH	Ministry of Health
MMDP	morbidity management and disability prevention
NGDOs	nongovernmental development organizations
NPO	National Professional Officer
NTDs	neglected tropical diseases
OEM	Onchocerciasis elimination mapping
Oncho	onchocerciasis
PC-NTDs	Preventive chemotherapy neglected tropical diseases
PZQ	Praziquantel
RPRG	Regional Programme Review Group for Preventive Chemotherapy

SAFE strategy	Surgery for TT, antibiotics to clear bacterial infection, facial cleanliness and environmental improvement
SAC	school-age children
SCH	schistosomiasis
SCM	supply chain management
SDGs	Sustainable Development Goals
SOPs	standard operating procedures
STH	soil-transmitted helminthiasis
STP	São Tomé and Príncipe
TAS	transmission assessment surveys
TEC	Trachoma Expert Committee
TEMF	Trachoma evaluation and monitoring form
TIS	Trachoma impact survey
ToT	training of trainers
TT	trachomatous trichiasis
UHC	universal health coverage
UN	United Nations
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene
WCos	WHO country offices
WHO/AFRO	World Health Organization Regional Office for Africa
WHO/EMRO	World Health Organization Regional Office for the Eastern Mediterranean

EXECUTIVE SUMMARY

The year 2020 was an unprecedented one. The COVID-19 pandemic affected the lives and livelihoods of the global community, and NTDs were no exception. Despite disruptions due to the COVID-19 pandemic, ESPEN's major achievements in 2020 include:

A. SCALING UP

- ESPEN supported MDAs for five PC-NTDs in 20¹ countries targeting **68.7 million** individuals in 809 IUs.
- In **Zambia**, MDA for SCH targeted **2 446 235 people** in 38 IUs. A total of 1 677 141 school-age children were treated with an overall coverage of **69%**.
- In **Liberia**, MDA for SCH was conducted among adults targeting **66 229** individuals. Thanks to this support, **54 022** people were treated, representing **76%** therapeutic coverage. One hundred and seventy-one communities were covered during the MDA campaign.
- ESPEN provided support for baseline trachoma mapping in five EUs to close the mapping gap in the **Central African Republic**.
- The mapping protocol for Taeniasis was finalized and discussed with the partners.

B. SCALING DOWN

- ESPEN supported 136 pre-TAS and TAS surveys in three countries (**Comoros, DRC, and Nigeria**).
- The ESPEN team reviewed and approved TAS eligibility forms in 95 EUs from six countries (**Ethiopia, DRC, Kenya, Nigeria, Sierra Leone, and Uganda**).
- ESPEN provided technical support for the revision of **Togo's** trachoma elimination dossier based on feedback from DRG members.
- ESPEN provided technical support in reviewing the draft trachoma elimination dossiers of **The Gambia and Malawi**.

C. STRENGTHENING INFORMATION MANAGEMENT SYSTEMS

- ESPEN Portal has seen the number of disease-specific maps increase to over 7000, including data from activities implemented in 2019.
- New disease-specific dashboards displaying major indicators of NTD endemicity and MDA/PC

interventions by country have been developed.

- The ESPEN JAP import tool was finalized and 294 reviewed and validated JAP reports have been made publicly available.
- In 2020, a total of 8275 users from 158 countries (with 53 of them in Africa) visited the ESPEN portal during 19 251 sessions.
- In 2020, seventeen surveys from nine countries (**Benin, Burkina Faso, Congo, Côte d'Ivoire, Liberia, South Sudan, Mozambique, Senegal and Togo**) used the ESPEN Collect survey support services.

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

- Over **532.7 million tablets** were donated to Africa through the WHO global donation programme, to treat targeted populations in the 44 endemic countries in the Region.
- ESPEN provided technical support and guidance to improve the timeliness, completeness and accuracy of data in JAPs submitted by countries to request medicines for planned MDAs in 2021. By the end of 2020, twenty-four JAPs had been received from endemic countries and jointly reviewed by the technical teams of AFRO and WHO headquarters, achieving exactly **54.5%** of the expected 2021 JAPs. The joint review approved roughly **381.6 million tablets** for shipment.
- Through a stringent JAP review process, ESPEN supported Member States in the review of submitted JAPs, thus helping to saving almost 138.6 million tablets valued at **US\$ 11.9 million**.

E. PARTNERSHIPS AND COORDINATION

ESPEN held the Third Meeting of NTD National Programme Managers virtually on 7–11 December 2020. The meeting attracted 564 registered participants from WHO headquarters, WHO/AFRO, WHO/EMRO, programme managers from ministries of health, national professional officers in WHO country offices, and partners.

¹ . Burundi, Chad, Comoros, Congo, DRC, Egypt, Eritrea, Ethiopia, Guinea, Liberia, Madagascar, Mozambique, Nigeria, Somalia, South Sudan, STP, Sudan, Yemen, Zambia and Zimbabwe

CONTEXT

Neglected tropical diseases (NTDs) are a group of 20 diseases that are endemic to 149 countries around the world. Globally, NTDs affect over 1.5 billion people. These diseases cause irreversible physical damage, including blindness, deformities, and cognitive impairment. Families suffering from these diseases are regularly shunned, discriminated against, and isolated. In Africa, an estimated 600 million people are affected by NTDs, making the Region a key geography for progress in the fight against NTDs. Among populations in need of preventive chemotherapy (PC), the African Region bears 39% of the total global burden. Forty-five countries² in the African Region require mass drug administration (MDA) for at least one NTD amenable to PC.

The year 2020 was a major milestone for efforts to reduce the burden of, as well as control and eliminate NTDs. It has been nine years since the adoption of the 2020 NTD road map, 'Accelerating work to overcome the global impact of neglected tropical diseases: a roadmap for implementation', along with the 'London Declaration on Neglected Tropical Diseases', and six years since the global agreement on the Sustainable Development Goals (SDGs) framework. The year 2020 was also a milestone year for ESPEN. It signified the year when the first ESPEN strategic framework (2016-2020) was completed and when we could report on the impact achieved and discuss the gains that need to be sustained and gaps that need to be addressed.

ESPEN has become a critical partner in Africa. Over the first five years of its mandate, ESPEN has focused primarily on the five most prevalent NTDs amenable to PC in Africa and has provided operational assistance to countries to accelerate the elimination of PC-NTDs, including mapping their burden, delivering treatments efficiently, strengthening management of medicines, supporting disease-specific evaluations (DSA) and increasing transparency and using data for decision-making.

ESPEN's mandate covers 52 countries: 47 in the WHO African Region with 45 requiring PC for at least one NTD and two not requiring PC (Mauritius and Seychelles); five countries in the WHO Eastern Mediterranean Region (EMR): four on the African continent (Djibouti, Egypt, Somalia and Sudan) and one outside Africa (Yemen). These five countries from the Eastern Mediterranean Region were added to ESPEN's mandate due to their special needs, including for operational support in an unprecedented collaboration between the Regional Directors of the WHO African and Eastern Mediterranean Regions.

² . Burundi, Chad, Comoros, Congo, DRC, Egypt, Eritrea, Ethiopia, Guinea, Liberia, Madagascar, Mozambique, Nigeria, Somalia, South Sudan, STP, Sudan, Yemen, Zambia and Zimbabwe

³ . Eritrea, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, South Africa, South Sudan, Swaziland, Tanzania (Mainland & Zanzibar), The Gambia, Togo, Uganda, Zambia and Zimbabwe.

MAJOR PROGRESS IN NTD INTERVENTIONS IN AFRICA 2016-2020

- By 2018, forty-five Member States in the African Region (except Algeria and Cabo Verde) had developed and were implementing their NTD master plans.
- All endemic countries (40 Member States) have achieved full mapping for three PC-NTDs, namely lymphatic filariasis (LF), schistosomiasis and soil-transmitted helminthiasis (STH). Through the AFRO mapping project, surveys were conducted for one or more PC-NTDs in at least 2500 districts³ in 37 countries. The Global Trachoma Mapping Project (GTMP) produced a tremendous impact on the continent by accelerating the mapping of trachoma in 18 African countries⁴.
- The geographical coverage of MDA for the five PC-NTDs – LF, onchocerciasis, schistosomiasis, STH and trachoma – increased in all the endemic Member States. Thirty-eight⁵ countries achieved 100% geographical coverage for at least one PC-NTD for at least one year in the period 2016-2020. All other endemic Member States have started MDA campaigns for at least one disease.
- From 2016 to 2020, WHO facilitated the donation of 2.7 billion tablets to countries in the WHO African Region.
- The number of people requiring preventive chemotherapy in the WHO African Region has been reduced from 592 million in 2016 to 588 million in 2019 as a result of a shift from MDA to post-MDA surveillance.
- Progress was made in the elimination of targeted NTDs. Ghana was validated for having achieved the elimination of trachoma as a public health problem in 2018. Togo and Malawi were validated for eliminating LF as a public health problem in 2017 and 2020 respectively, bringing to three the number of Member States in the Region that have been validated for eliminating at least one PC-NTD as a public health problem.

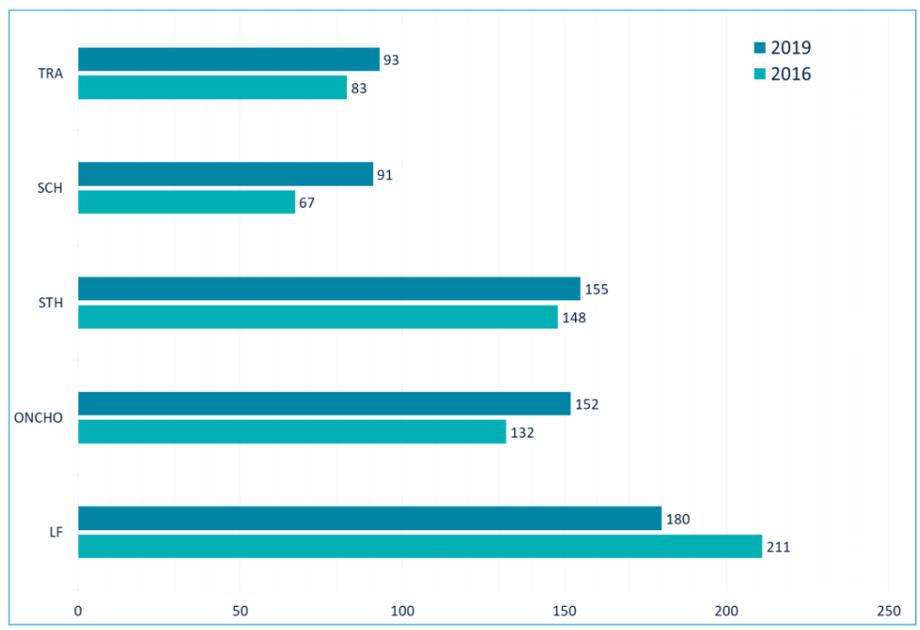
³ . Angola, Benin, Botswana, Burundi, Cameroon, CAR, Chad, Congo, Côte d'Ivoire, DRC, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, São Tomé and Príncipe, Senegal, Seychelles, South Africa, South Sudan, United Republic of Tanzania, The Gambia, Uganda, Zambia and Zimbabwe

⁴ . Benin, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Côte d'Ivoire, Egypt, Eritrea, Ethiopia, Guinea, Malawi, Mozambique, Nigeria, Senegal, Sudan, United Republic of Tanzania, Uganda and Zimbabwe.

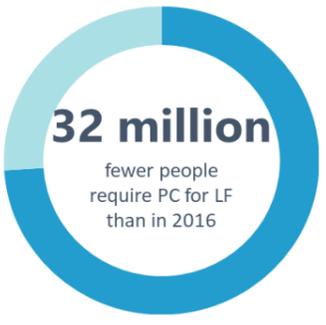
⁵ . Benin, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, South Sudan, United Republic of Tanzania, Togo, Uganda, Zambia, Zimbabwe.

KEY ACHIEVEMENTS BY DISEASE 2016–2020

FIG. 1
Number of people treated for the five PC-NTDs in 2016 and 2019.



01. LYMPHATIC FILARIASIS



Mapping of LF in Africa has been completed in all countries except one district in Equatorial Guinea. At the start of ESPEN in 2016, there were 371 million estimated people requiring PC for LF. By 2019, that number had declined to 339 million people in 32 countries. In 2019, of the 32 countries requiring MDA for LF in Africa, 25 (78%) achieved 100% geographical coverage, an increase from 17 countries (46.9%) in 2016. The proportion of implementation units achieving effective coverage (>65%) increased from 77.5% in 2016 to 90.1% in 2019. Madagascar, São Tomé and Príncipe and Kenya have implemented triple drug therapy (Ivermectin, Diethylcarbamazine and Albendazole) to accelerate LF elimination. From 2016 to 2019, the population requiring preventive chemotherapy for LF in

Africa decreased by 32 million. In the WHO African Region, Togo and Malawi were validated for achieving the elimination of LF as a public health problem in 2017 and 2020 respectively.

02. ONCHOCERCIASIS

The reported number of people treated for onchocerciasis in the African Region increased from 132 million in 2016 to 152 million in 2019. Between 2016 and 2019, the number of people treated for onchocerciasis increased by 15%. The proportion of implementation units achieving effective coverage (>65%) increased from 68.1% in 2016 to 89.9% in 2019. The regional coverage of onchocerciasis MDA in the WHO African Region increased from 67% in 2016 to 70% in 2019. Between 2016 and 2019, the number of people who do not require onchocerciasis treatment increased by 13.5 million. Ethiopia, Nigeria and Uganda stopped MDA in at least one focus.

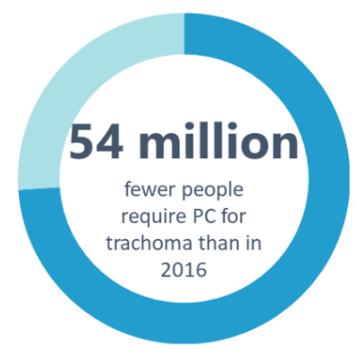
03. SCHISTOSOMIASIS

There has been significant progress in the implementation of schistosomiasis programmes since the establishment of ESPEN in 2016. The baseline mapping of schistosomiasis in the WHO African Region is now complete as a result of the AFRO mapping project. The reported number of people treated for schistosomiasis in the African Region increased from 67.03 million in 2016 to 90.6 million in 2019. Between 2016 and 2019, the number of people treated for schistosomiasis increased by 35.2%. The regional coverage of schistosomiasis MDA in Africa increased from 35.5% in 2016 to 42.8% in 2019. Fourteen countries implemented PC against schistosomiasis for school-age children in 2019 with over 75% national coverage, up from 12 countries in 2016.

04. SOIL-TRANSMITTED HELMINTHIASIS

The mapping of STH in Africa is also complete as a result of the AFRO mapping project. The reported number of people treated for STH in the African Region increased from 148.4 million in 2016 to 155.3 million in 2019. Between 2016 and 2019, the number of people treated for STH increased by 4.6%. The regional coverage of STH PC in Africa increased from 54.3% in 2016 to 57.9% in 2019.

05. TRACHOMA



Since the establishment of ESPEN in 2016, significant progress has been recorded in trachoma control programmes in the African Region. The mapping of trachoma in the African Region is in its final stages. Many of the countries in the Region have completed their mapping. However, there remains a need to conduct baseline mapping for trachoma in 10 countries. These include Angola, Botswana and Namibia, where there is a need to establish endemicity status, and seven known endemic countries⁶ where mapping is required in districts previously not thought to be endemic, or suspected to be endemic, but where mapping could not be conducted due to insecurity.

The population in areas that warranted treatment with antibiotics, facial cleanliness and environmental improvement to eliminate trachoma as a public health problem decreased from 171.3 million in 2016 to 117.3 million as of May 2020. The reported number of people in the African Region who were treated with antibiotics for trachoma increased from 82.9 million in 2016 to 92.8 million in 2019. The number of people that required treatment with antibiotics for trachoma in the Region reduced by 54 million between 2016 and May 2020. As of May 2020, seven⁷ endemic countries in the African Region no longer required MDA for trachoma. The Gambia and Togo were not thought to require interventions since they have claimed to have eliminated trachoma and are awaiting validation. Ghana was validated for having eliminated trachoma as a public health problem in June 2018.

6 . CAR, Chad, DRC, Ethiopia, Kenya, Nigeria and South Sudan

7 . Benin, Burkina Faso, Burundi, Malawi, Mali, Mauritania and Senegal

ESPEN (2016–2020)

ESPEN is part of WHO/AFRO. It was established in 2016 in a spirit of partnership between the WHO Regional Office for Africa, Member States, and the broader NTD community of partners. ESPEN was launched with an ambitious goal: to accelerate progress in the fight against the five PC-NTDs, the most prevalent NTDs in Africa.

With a core team based within the Regional Office in Brazzaville and presence in WHO country offices (WCOs) across Africa, ESPEN is designed to support governments as they aim to strengthen their NTD programmes, take additional steps toward sustainability, and plan for the integration of NTD control, treatment and prevention into their health systems. Operational support is provided upon the request of governments; ESPEN works through WCOs with the leaderships of health ministries (MoH), other ministries, and other government staff to scale up the impact of NTD control and elimination efforts. ESPEN also provides platforms through which ministries of health can submit requests for medicines; collect, share and access data; and build the capacity of staff managing NTD programmes.

In addition to the work ESPEN does across the WHO African Region, ESPEN also supports five of the WHO Eastern Mediterranean countries: **Djibouti, Egypt, Somalia, Sudan and Yemen.**

ESPEN'S ROLE AND ACHIEVEMENTS IN THE PAST FIVE YEARS (2016–2020)

ESPEN PROVIDED FUNDING TO SCALE UP MDAs and deliver treatment for more than **211 million** people in 2338 districts across **35 countries.**

Overall, **2.7 billion tablets** WERE MANAGED BY ESPEN THROUGH THE WHO GLOBAL DONATION PROGRAMME, to treat targeted populations in the **44 endemic countries** in the African Region.

ESPEN SUPPORTED **ZIMBABWE** TO CONDUCT IMPACT ASSESSMENT FOR STH. The results showed a significant reduction in national STH prevalence among school-age children. As a result, **Zimbabwe** can suspend deworming activities in **54 districts.** The annual requirement for albendazole tablets will now be approximately 100 000 a year, instead of a yearly average of **2.6 million.**

ESPEN DEVELOPED AN ONLINE PORTAL TO STRENGTHEN ACCOUNTABILITY AND PROMOTE AN EVIDENCE-BASED APPROACH, where NTD data can be accessed at subnational level. This helps provide full transparency and enhances the availability of sound data for decision-making. It also enables health ministries and stakeholders to share and exchange subnational programme data and use same for smarter decision-making towards NTD control and elimination. ESPEN Portal provides open access data for the five PC-NTDs for **45** of the **47 AFRO countries** in the portal.

SINCE THE LAUNCH OF ESPEN COLLECT IN AUGUST 2018, a total of **39 surveys** from **16 countries** have used ESPEN Collect survey support services to collect high quality data in more than **3361 sites.**

THROUGH JAP REVIEW AND SUPPLY-CHAIN SUPPORT MISSIONS, **932.9 million tablets** that were previously lost or unaccounted for were retrieved, saving no less than **US\$ 106.4 million.**

In total, all endemic countries (**40 Member States**) have **ACHIEVED FULL MAPPING FOR THREE PC-NTDS, NAMELY LF, SCHISTOSOMIASIS AND SOIL-TRANSMITTED HELMINTHIASIS.** Through the AFRO mapping project, surveys were conducted for one or more PC-NTDs in at least **2500 districts** and all the data are openly accessible through ESPEN Portal.

ESPEN DEVELOPED A SUBDISTRICT ANALYSIS TOOL to optimize schistosomiasis treatment at subdistrict level, due to the focal nature of schistosomiasis distribution. The tool was implemented in **35 countries**, where subdistrict MDA planning and implementation was achieved.

THE ESPEN PORTAL, LAUNCHED IN 2017, now has over **10 000 maps**, as well as underlying datasets for all PC-NTDs. Data is available at the implementation unit level (endemicity status, treatment coverage) and at the site level (survey results) . The portal also includes NTD master plans, partner matrices, meeting reports, ESPEN annual reports, and elimination dossiers.

SINCE THE LAUNCH OF ESPEN PORTAL IN MARCH 2018, a total of **21 634 users** from **175 countries** visited the ESPEN portal during **51 643 sessions.** Nine countries (**Congo, Nigeria, Ethiopia, Kenya, South Africa, Ghana, Tanzania, Senegal and Cameroon**) are among the top **20 website users.**

VISION 2020:
AFRICAN PEOPLE FREE OF NTDS

MISSION:
TO ACCELERATE THE ELIMINATION OF NTDS TO PROTECT 600 MILLION PEOPLE OF AFRICA

Box 1.
ESPEN's Vision and Mission

This will be achieved through the following five objectives from 2016 to 2020:

-  **Scaling up: increased coverage among populations requiring treatment**
-  **Scaling down: reduced number of people requiring preventive chemotherapy**
-  **Strengthened information systems for evidence-based decision-making**
-  **More effective use of donated medicines through enhanced supply chain management**
-  **Effective partnerships for coordination and resource mobilization.**

ESPEN ORGANIZED THREE SUCCESSFUL REGIONAL PROGRAMME MANAGERS' MEETINGS that provided an important forum for countries, partners and donors to discuss the NTD programme in the Region and draw important lessons to replicate.

ESPEN ASSISTED KENYA, MADAGASCAR AND SÃO TOMÉ AND PRÍNCIPE TO ROLL OUT A TRIPLE DRUG THERAPY TREATMENT STRATEGY KNOWN AS IDA, containing **diethylcarbamazine (DEC), albendazole (ALB) and ivermectin (IVM)**.

ESPEN SUPPORTED COUNTRIES TO ROLL OUT ALBENDAZOLE TWICE YEARLY FOR LF ENDEMIC IMPLEMENTATION UNITS in areas where Loa loa is co-endemic. This strategy was implemented in **Cameroon, Congo and DRC**.

ESPEN SUPPORTED THE DEVELOPMENT OF SECOND GENERATION NTD MASTER PLANS (2016–2020) in all **44 Member States**. These were made available through the ESPEN portal. In addition, ESPEN developed the NTD master plan development guide in line with the NTD road map 2021–2030.

ESPEN WAS RECOGNIZED AS A GROUND-BREAKING PUBLIC-PRIVATE PARTNERSHIP AT THE 2018 UHC conference organized during the United Nations General Assembly in New York. ESPEN received the universal health coverage (UHC) Innovative Partnership Award through Dr Matshidiso Moeti, WHO Regional Director for Africa.

NTD RESPONSE DURING THE COVID-19 PANDEMIC

- By May 2020, COVID-19 had spread to all NTD endemic countries in the African Region. By the end of 2020, about 1.90 million cases and 42 600 deaths had been reported in the Region.
- The COVID-19 pandemic-related restrictions have caused disruption to essential NTD interventions.
- In May 2020, ESPEN conducted an online survey to evaluate the impact of the COVID-19-related measures on NTD activities in the Region. Of the 33 countries that responded to the survey, 26 reported postponement of NTD activities. Only South Sudan confirmed the implementation of MDAs since the most recent case of COVID-19.
- NTD drugs and supplies were expiring in 12 countries, and disease-specific surveys were postponed in 24 countries.

Box 2. The impact of COVID-19 on MDA

- The health system was entirely focused on COVID-19, resulting in the disruption of NTD services.
- NTD drug distribution sites such as schools remained closed in some areas due to COVID-19.
- Fixed centre-based distribution was not possible due to social distancing; a door-to-door distribution approach was adopted.
- Restrictions on movement and programme activities by governments to reduce the spread of COVID-19 hindered MDA programmes.
- Massive campaign structures switched to house-to-house mode with no pilot to scale up.
- NTD interventions such as MDA increased in cost as a result of COVID-19 mitigation measures such as personal protective equipment and hygiene protocols.
- There was a need to develop standard operating procedures (SOPs) and find new ways of doing things. This was an additional task that cost NTD staff time.
- The time required to conduct MDA increased, due to the change of strategy to door-to-door distribution.
- Drugs expired as a result of delayed or postponed MDAs. Of the 33 countries surveyed, 12 (36.4%) reported expiry of medicines due to COVID-19-related delays.
- Inability to hold planning meetings and training for all levels of stakeholders.

- WHO and ESPEN published three technical documents on how to safely maintain NTD interventions in the context of the COVID-19 pandemic. The guidance includes:
 - Considerations for implementing mass treatment campaigns, active case-finding activities and population-based surveys for NTDs in the context of the COVID-19 pandemic.
 - Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic. Interim guidance.
 - Key planning recommendations for mass gatherings in the context of COVID-19; recommendations and best practices to consider when developing plans for the safe resumption of MDA campaigns in the context of COVID-19.
- Despite the delays, 34 countries within the Region restarted or planned to restart MDA in 2021 as of the end of 2020.
- Eleven countries resumed or planned to resume pre-TAS and TAS surveys for LF before the end of 2020.
- The NTD programme staff and the network of NTD community health workers contributed significantly to the COVID-19 response while ensuring the integration of NTD interventions whenever possible. In 63% of the countries surveyed, NTD programme personnel were repurposed to COVID-19, while 80% reported the involvement of community drug distributors (CDDs) and community health workers (CHWs) in COVID-19 work.

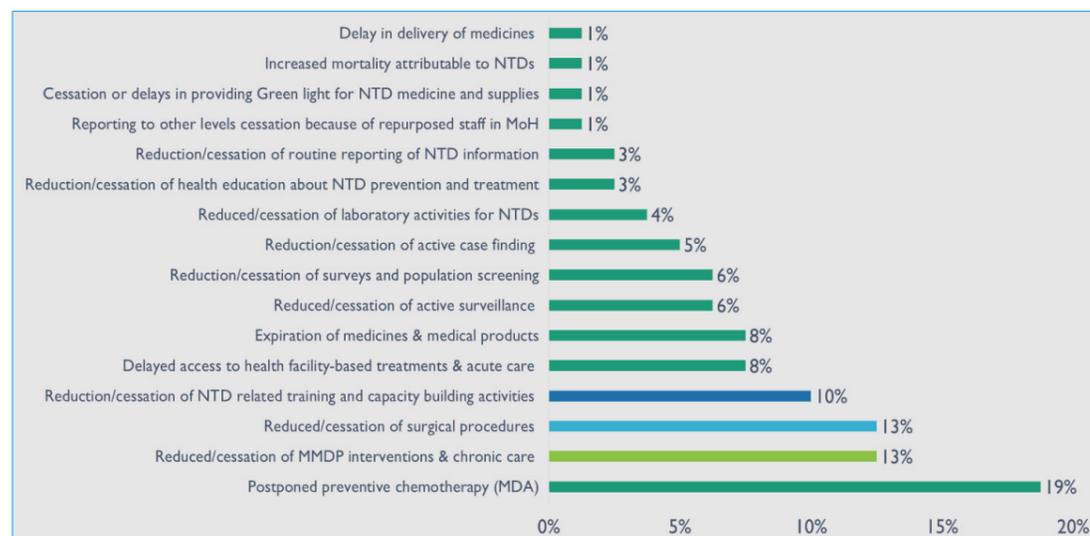


FIG. 2
What are the major negative impacts of COVID-19 on the delivery of NTD services in your country?

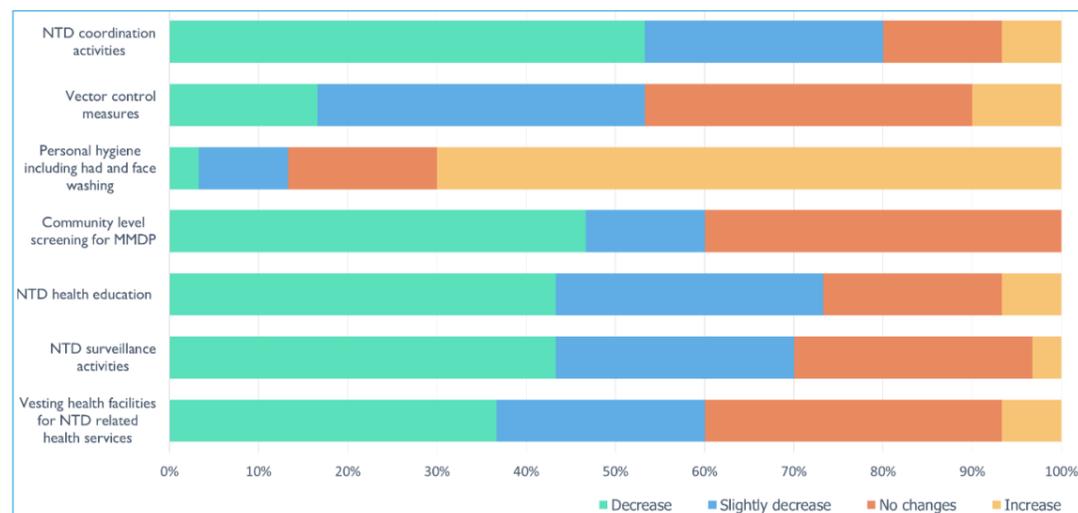


FIG. 3
Overall impact of COVID-19 on NTD programmes in Africa

LOOKING TO THE FUTURE

ESPEN STRATEGIC FRAMEWORK 2021–2025

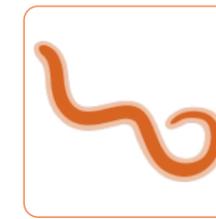
The development of the *ESPEN Strategy Framework 2021–2025* was a consultative process informed by a series of discussions with stakeholders. In June 2019, ESPEN hosted a workshop in Brazzaville to discuss country-level data projections, the outcomes of which have informed indicators in the framework more broadly. In addition, ESPEN met with country programmes and partners to review existing objectives and discuss ambitions for the next five years. The result of this conversation was the initial draft of the strategic priorities (objectives, outputs, and activities). The development process included consultations on the strategic objective log frame at the Second joint meeting on preventive chemotherapy neglected tropical diseases, held in Addis Ababa, Ethiopia.

Vision and goal	ESPEN aspires to a future where African people are healthy and prosperous, living free of neglected tropical diseases. Leveraging donated medicines, the goal of ESPEN is to accelerate the reduction of the burden of NTDs.
Guiding principles	<p>ESPEN's guiding principles align with the NTD road map 2021–2030 and WHO's Thirteenth General Programme of Work, 2019–2023 and are informed by the Steering Committee. They are:</p> <ul style="list-style-type: none"> • Country leadership and ownership: ESPEN promotes country ownership by supporting NTD master plans and structures; national co-financing; national technical capacity for monitoring and evaluation; and country-level decision-making with due consideration for WHO guidelines. • Alignment with national priorities and the global NTD strategic plan: ESPEN promotes a demand-driven approach to technical support, aligned with the NTD master plan, and pursues an evidence-driven allocation of resources based on disease burden and co-investment. • Commitment to collaboration and sharing: ESPEN offers a platform for international cooperation and shared learning. It promotes robust dialogue on a range of operational and technical issues and serves as a convening entity to bring together stakeholders – including Member States, NGOs, pharmaceutical stakeholders, funders, and others – for the purpose of planning and decision-making. • Mutual accountability of national authorities and partners: ESPEN promotes shared responsibility and risks among all stakeholders.

Scope	<p>ESPEN focuses on five NTDs that are treated with preventive chemotherapy, also known as PC-NTDs (LF, onchocerciasis, schistosomiasis, STH, and trachoma).</p> <p>ESPEN's remit includes 52 countries: 47 within the WHO African Region and five in the Eastern Mediterranean Region. EMR countries under ESPEN's remit are those located on the African continent requiring PC (Djibouti, Egypt, Somalia and Sudan), and Yemen. Two out of the 52 countries do not require PC for any NTD (Mauritius and Seychelles).</p>
Functions	<p>ESPEN offers a platform through which Member States in the African Region and selected Member States of the Eastern Mediterranean Region are able to access technical and operational support to advance targets for the five PC-NTDs. As outlined in the global NTD road map 2021-2030, ESPEN acts as an interlocutor, translating global strategies, strengthening links between countries and WHO headquarters, and facilitating sharing.</p>
Strategic priorities	<ol style="list-style-type: none"> 1. Scale up MDA to achieve 100% geographic coverage and effective therapeutic coverage. 2. Scale down MDA towards PC-NTD elimination and reduction among those at risk for NTDs. 3. Strengthen information systems for evidence-based, implementation-level decision-making. 4. Promote effective use of donated medicines. 5. Advance progress on sustainability through enhanced country ownership and strengthened health systems.

ESPEN'S KEY ACHIEVEMENTS IN 2020

A. ONCHOCERCIASIS AND LYMPHATIC FILARIASIS



SUMMARY

Despite disruptions due to the COVID-19 pandemic, ESPEN's major achievements in 2020 include:

- ESPEN supported LF MDA in eight countries (Chad, Comoros, Congo, DRC, Eritrea, Madagascar, Nigeria and STP) targeting 28 895 283 people in 172 IUs.
- ESPEN supported onchocerciasis MDA in five countries (Burundi, Chad, Congo, DRC and Yemen) targeting 9 181 800 people in 113 IUs.
- ESPEN supported the implementation of 136 pre-TAS and TAS surveys in three countries (Comoros, DRC and Nigeria).
- The ESPEN team reviewed and approved TAS eligibility forms in 95 EUs from six countries (Ethiopia, DRC, Kenya, Nigeria, Sierra Leone and Uganda).
- 215 130 FTS were provided to seven countries (DRC, Ethiopia, Kenya, Mozambique, Nigeria, Tanzania and Zimbabwe). In addition, 12 FTS positive controls were provided to Benin (3), Burkina Faso (3), Zimbabwe (3), and Sierra Leone (3).

01. SCALING UP OF INTERVENTIONS

- In 2020, ESPEN supported LF MDA in eight countries (**Chad, Comoros, Congo, DRC, Eritrea, Madagascar, Nigeria and STP**) targeting **28 895 283 people in 172 IUs**.
- ESPEN supported onchocerciasis MDA in five countries (**Burundi, Chad, Congo, DRC and Yemen**) targeting 9 181 800 people in **113 IUs**.
- Madagascar implemented LF MDA using the IDA therapy strategy in June and December 2020, treating **1 693 114 (76.8%)** people out of **2 204 743 in 17 IUs**. Another round of MDA was implemented using DA. In June 2020, the LF programme treated **1 169 651 (66.3%)** people out of a target population of **1 765 100 in**

eight IUs.

- ESPEN organized a 'Programme review and strategic planning meeting to accelerate the elimination of lymphatic filariasis using IDA therapy' on 28 July 2020. Kenya, Madagascar and STP shared their experiences in IDA implementation. Subsequently, **Comoros, Eritrea, Kenya, Madagascar, STP and Zimbabwe** presented their IDA implementation plans. Twenty people from different backgrounds (health ministries, implementing partners, pharmaceutical companies) attended the meeting.

02. SCALING DOWN

- ESPEN supported **136 pre-TAS and TAS surveys** in three countries (**Comoros, DRC and Nigeria**).
- The ESPEN team reviewed and approved TAS eligibility forms from six countries (**DRC, Ethiopia, Kenya, Nigeria, Sierra Leone and Uganda**) for TAS implementation in **95 evaluation units (EUs)**.
- In 2020, the ESPEN Laboratory analysed **68 405 blackflies** collected in **Burkina Faso** in 2020 and **76 730** blackflies collected in Mali in 2019 using pool screening PCR. Individual results are presented in Table 3.
- ESPEN also reviewed and approved protocols for a comprehensive onchocerciasis breeding site assessment survey in Congo and pre-stop-MDA surveys in **Benin**.
- Technical support was provided to the onchocerciasis control programme in **Congo** towards implementation of the comprehensive breeding site assessment survey.
- In 2020, a total of 215 130 FTS were provided to seven countries (**DRC, Ethiopia, Kenya, Mozambique, Nigeria, Tanzania and Zimbabwe**). In addition, 12 FTS positive controls were provided to **Benin (3), Burkina Faso (3), Zimbabwe (3), and Sierra Leone (3)**.
- The ESPEN team reviewed and approved confirmatory mapping protocols for LF in Eritrea (one IU) and **Zimbabwe (39 IUs)**.

County	Disease	#IUs treated	Population requiring preventive chemotherapy	Number of persons treated	Coverage
Eritrea	LF	2	72 999	62 548	85.7%
	SCH	17	417 622	383 072	91.7%
Eswatini	STH	20	96 913	77 352	79.8%
Ethiopia	TRA	46	3 087 924	2 657 806	86.1%
Gabon	STH	47	277 093	173 629	62.7%
Kenya	SCH	11	1 240 628	236 506	19.1%
	STH	16	2 499 764	1 256 772	50.3%
Madagascar	LF	18	3 857 575	3 129 919	81.1%
Malawi	Oncho	8	2 434 220	2 127 614	87.4%
Mauritania	SCH	11	217 573	109 951	50.5%
Nigeria	LF	25	5 227 136	3 606 724	69.0%
	SCH	40	4 987 478	3 940 108	79.0%
	STH	9	2 714 245	2 117 111	78.0%
Senegal	SCH	40	3 999 374	1 515 793	37.9%
	STH	8	544 277	455 699	83.7%
South Sudan	SCH	8	187 493	147 138	78.5%
STP	LF	6	184 483	132 170	71.6%
	SCH	4	4 817	10 893	226.1%
	STH	6	71 026	41 846	58.9%
Sudan	TRA	3	1 301 771	1 486 906	114.2%
Yemen	Oncho	33	628 728	584 494	93.0%

Table 1. ESPEN-supported IU treatment coverage in ESPEN-supported countries in 2019

County	Disease	#IUs treated	Population requiring preventive chemotherapy	Number of persons treated	Coverage
Burundi	Oncho	12	1 932 403	1 576 933	81.6%
Cameroon	SCH	79	4 242 447	4 961 757	117.0%
	STH	143	6 806 445	4 850 741	71.3%
Cabo Verde	STH	22	101 840	61 059	60.0%
Comoros	LF	17	788 813	502 859	63.7%
Congo	LF	11	886 332	423 945	47.8%
	Oncho	16	656 524	535 495	81.6%
	STH	5	23 126	19 200	83.0%
DRC	LF	45	7 628 673	6 034 356	79.1%
	Oncho	27	5 202 760	4 202 506	80.77%
	SCH	12	638 069	634 549	99.4%
	STH	19	1 342 071	1 189 998	88.7%
	TRA	11	1 951 656	1 903 892	97.6%
Egypt	SCH	20	6 935 681	6 935 681	100%

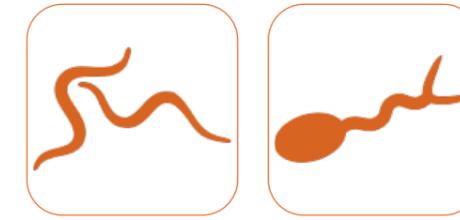
Table 2. Population targeted for MDA support with ESPEN funding for 2020

Country	Population and IUs targeted for MDA												Budget
	LF		ONCHO		SCH		STH		TRA		Total #IUs	Total pop	US\$
	Target pop	#IUs	Target pop	#IUs	Target pop	#IUs	Target pop	#IUs	Target pop	#IUs			
Burundi			1 662 176	12							12	1 662 176	102 171
Chad	3 799 448	32	4 778 793	39	1 948 045	82	1 948 045	8			83	8 406 056	276 000
Comoros	402 588	7									7	402 588	99 313
Congo	550 330	11	709 660	17	132 028	8	641 415	24			38	1 596 477	359 723
DRC	2 350 854	19	1 531 171	12	550 391	14	274 109	3	2 082 415	11	30	4 228 112	1 344 374
Egypt					2 241 563	17					17	2 241 563	270 000
Eritrea	72 999	2			378 144	28	378 144	28			29	444 367	194 857
Ethiopia									298 374	2	2	298 374	53 491
Guinea					228 436	3	228 436	3			3	228 436	64 391
Liberia					66 299	3					3	66 299	
Madagascar	8 589 549	39									39	8 589 549	791 000
Mozam- bique							3 450 899	65			65	3 450 899	691 494
Nigeria	12 921 772	55			11 515 653	147	4 390 445	70			249	24 624 965	903 000
Somalia					7 282 817	38	8 972 358	47			47	8 972 358	510 276
South Su- dan					1 504 135	51			496 719	5	56	2 000 854	1 304 363
STP	207 743	7									7	207 743	132 541
Sudan									601 437	2	2	601 437	160 000
Yemen			500 000	33							33	500 000	192 182
Zambia					2 446 235	38	2 446 235	38			85	-	1 120 329
Zimbabwe					187 332	2	187 332	2			2	187 332	78 210
TOTAL	28 895 283	172	9 181 800	113	28 481 078	431	22 917 418	288	3 478 945	20	809	68 709 585	8 647 716

Table 3. 2020 pool screening results of samples collected in Burkina Faso and Mali

Countries	Transmission zone	Number of black-flies analysed	Infectivity rate (10 ⁻³)	95% CI	
				Lower band (10 ⁻³)	Upper band (10 ⁻³)
Burkina Faso	Comoé-Léraba basin	25 306	0	0	0.0666
	Mouhoun basin (cours inférieur)	43 099	0.0229	0.0007	0.1179
Mali	Kita	57 790	0.0880	0.0265	0.2076
	Sikasso	18 940	0.0000	0.0000	0.07356

B. SCHISTOSOMIASIS AND SOIL-TRANSMITTED HELMINTHIASIS



SUMMARY

Despite disruptions due to the COVID-19 pandemic, ESPEN's major achievements in 2020 include:

- ESPEN supported MDA for SCH in 12 countries (Chad, Congo, DRC, Egypt, Eritrea, Guinea, Liberia, Nigeria, Somalia, South Sudan, Zambia and Zimbabwe) targeting 28 481 078 people in 431 IUs.
- In Zambia, the SCH MDA campaign targeted 2 446 235 people in 38 IUs. A total of 1 677 141 school-age children were treated, with an overall coverage of 69%.
- ESPEN provided support for STH MDAs in 10 countries (Chad, Congo, DRC, Eritrea, Guinea, Mozambique, Nigeria, Somalia, Zambia and Zimbabwe) targeting 22 917 418 people in 288 IUs.
- In Liberia, MDA for schistosomiasis was conducted among adults targeting 66 229 individuals. As a result of this support, 54 022 people were treated, representing 76% therapeutic coverage. A total of 171 communities were covered during the MDA.
- ESPEN conducted data analyses for SCH MDA gaps at lowest possible implementation gaps using the subdistrict analysis tool for a further 13 countries (Botswana, Eritrea, Gambia, Liberia, Mozambique, Sierra Leone, South Africa, Angola, Benin, Burundi, Congo, Guinea-Bissau and Mauritania). Subdistrict datasets developed for all the countries are available to the countries for validation and implementation.
- Four webinars were organized and 184 participants from 35 countries attended the training sessions. The trainees included WCO and MoH focal points and implementing partners.
- The taeniasis mapping protocol has been finalized and discussed with the partners.

01. SCALING UP OF INTERVENTIONS

- In 2020, ESPEN supported 12 countries (**Chad, Congo, DRC, Egypt, Eritrea, Guinea, Liberia, Nigeria, Somalia, South Sudan, Zambia and Zimbabwe**) for SCH MDA, targeting **28 481 078** people in **431** IUs.
- In 2020, ESPEN supported STH MDAs in 10 countries (**Chad, Congo, DRC, Eritrea, Guinea, Mozambique, Nigeria, Somalia, Zambia and Zimbabwe**) targeting 22 917 418 people in 288 IUs.
- ESPEN conducted data analysis for SCH MDA gaps at lowest possible implementation gaps using the subdistrict analysis tool for a further 13 countries (**Botswana, Eritrea, Gambia, Liberia, Mozambique, Sierra Leone, South Africa, Angola, Benin, Burundi, Congo, Guinea-Bissau and Mauritania**), adding to the 22 countries whose data was analysed in 2019. Subdistrict datasets developed for all the countries are available to the countries for implementation.
- Four webinars were organized and 184 participants from 35 countries attended the training session. The

trainees included WCO and MoH focal points and implementing partners.

- The taeniasis mapping protocol has been finalized and discussed with the partners. Its implementation was impacted by the COVID-19 pandemic; it is expected to resume in 2021.
- With ESPEN support, Liberia conducted schistosomiasis MDAs for adults targeting **66 229** individuals. As a result of this support, **54 022** people were treated, a 76% therapeutic coverage. A total of 171 communities were covered during the MDA campaign.
- ESPEN supported SCH MDA in Zambia targeting **2 446 235** in 38 IUs. A total of 1 677 141 school-age children were treated, with an overall coverage of 69%.

02. SCALING DOWN

- Developed sentinel site protocols for Nigeria and South Sudan as part of the KOICA grant and general M&E, collaborated with NTD country focal points by providing templates and guidance, and reviewed drafts. The protocols have not yet been implemented in the field due to COVID-19.
- Reviewed and approved SCH/STH survey protocols for **Cameroon, Eritrea, Eswatini, Mali and São Tomé and Príncipe**,

03. TECHNICAL SUPPORT AND LEADERSHIP

ESPEN conducted country technical support and SCH/STH programme review missions to Ethiopia, South Sudan and Kenya. ESPEN-GSA engagement meetings: recognizing the Global Schistosomiasis Alliance as a great partner for the ESPEN SCH portfolio, we held several platform meetings to remain aligned, including the GSA elimination and GSA M&E partnership platforms.

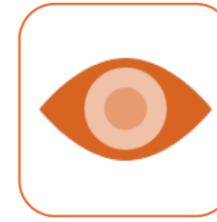
Zimbabwe had conducted high coverage MDAs consistently for six years (2012–2017), and the Regional Programme Review Group (RPRG) had recommended an impact assessment survey to decide if an adjusted strategy for MDA was needed. With ESPEN support, Zimbabwe conducted an SCH/STH impact assessment survey nationwide.

In 2010, epidemiological data were collected from 13 195 school-age children (SAC) in 255 randomly selected schools across all districts nationwide. At a follow-up visit conducted in 2017, specimens were collected from 13 352 children in 336 schools. The national prevalence of STH infection in SAC was estimated at 5.8% at baseline, with 0.8% of moderate- to heavy-intensity infection. PC campaigns targeted all 2.5 million school-age children enrolled in Zimbabwe, with coverage ranging from 49% to 85%. At follow-up in 2018, the national prevalence of STH among SAC was estimated at 0.8%; infections of moderate to heavy intensity had almost disappeared (0.1% prevalence). As a result, Zimbabwe can suspend deworming activities in 54 districts and reduce the frequency of PC in the remaining six districts. The annual requirement for albendazole tablets will now be approximately 100 000 instead of an average of 2.6 million per year. This entails an estimated reduction of 96% in the need for anthelmintic medicines to maintain the situation, with a consequent reduction in programme costs.

Box 3.

Zimbabwe: Country example of success in elimination of STH morbidity.

C. TRACHOMA



SUMMARY

Despite disruptions due to the COVID-19 pandemic, ESPEN's major achievements in 2020 include:

- ESPEN provided gap funding for trachoma MDAs in 20 IUs in four countries targeting 3 478 945 individuals.
 - Eleven IUs in the Democratic Republic of the Congo targeting 2 082 415 people; two IUs in Ethiopia targeting 298 374 people; five IUs in South Sudan targeting 496 719 people; and two IUs in Sudan targeting 601 437 people.
- ESPEN provided support for baseline trachoma mapping in five EUs to close the mapping gap in the Central African Republic.
- ESPEN provided technical support for the revision of Togo's trachoma elimination dossier based on feedback from DRG members.
- ESPEN provided technical support in reviewing the draft trachoma elimination dossiers of The Gambia and Malawi.
- ESPEN provided technical support in leading the training of trainers on HEAD START and TT surgery for the first time in DRC.
- ESPEN participated in and contributed to several relevant international meetings held virtually due to the COVID-19 pandemic.

01. SCALING UP OF INTERVENTIONS

BASELINE MAPPING

In 2020, with co-financing from ESPEN and OPC, the **Central African Republic** (CAR) conducted baseline mapping for trachoma in five EUs in Ouham and Ouham-Pendé in the northern part of the country, moving closer towards filling the mapping gap for trachoma in the country. However, four clusters each in Kabo and Batangafo were not accessible due to serious security issues. CAR would need to cover those four EUs to complete trachoma mapping in the country whenever the security situation in the country allows it.

SCALE-UP OF MASS DRUG ADMINISTRATION

In 2020, the COVID-19 pandemic caused major disruptions to MDAs for PC-NTDs and trachoma MDA was no exception. ESPEN provided gap funding for trachoma MDAs in 11 IUs in the **Democratic Republic of the Congo (DRC)**, namely in the provinces of **Nord-Ubangi** (*Bili, Bosoblo, Karawa and Moboyi-Mbongo*), **Ituri** (*Lita, Ghety,*

Mambassa and Bambu), **Sud Kivu** (Kalehe and Minova) and **Bas Uele** (Bili); two IUs in the Oromia Region of **Ethiopia** (Gindeberet and Abune Gindeberet); five IUs in the Eastern Equatoria State of **South Sudan** (Kapotea East, Kapotea North, Kapotea South, Budi and Lopa-Lafon); and two IUs in the Darfur Province of **Sudan** (Baida and El Geniena), targeting **2 082 415** people in **DRC**, **298 374** in **Ethiopia**, **496 719** in **South Sudan** and **601 437** in **Sudan**.

In Sudan, MDA was conducted in the locality of El Geneina, reaching **318 519** people and resulting in a therapeutic coverage of **83.5%**. The MDA campaign in Baida was postponed to 2021. In **DRC**, MDAs for trachoma were conducted in all 11 IUs in December 2020. In **Ethiopia**, MDAs were conducted in the last two remaining districts in Oromia (Ginderberet and Abune Gindeberet) in April 2020, with funding from ESPEN. This support enabled **Ethiopia** to reach 100% geographic coverage for trachoma MDA in known trachoma endemic districts for the first time.

02. SCALING DOWN

TRACHOMA ELIMINATION DOSSIER

Support in dossier preparation

ESPEN, working in collaboration with WHO headquarters, supported the Ministry of Health of Togo in March 2020 to finalize the revision of its trachoma elimination dossier based on feedback received from members of the ad-hoc DRG in their first review of the trachoma elimination dossier.

ESPEN also provided technical support in reviewing the draft trachoma elimination dossiers of Malawi and The Gambia.

MMDP

ESPEN played a leading role in providing technical expertise to deliver a training-of-trainers (ToT) course in HEAD START and TT surgery for national ophthalmologists in DRC to ensure that the country has the capacity to perform TT surgery in accordance with expected WHO quality standards. The ToT was conducted from 13 to 24 January 2020 in the districts of Libenge and Bwamanda in Sud-Ubangi, one of the provinces with the highest TT backlog in the country. Five people (three ophthalmologists and two MD cataract surgeons), who were selected by the national programme, were trained. None of them had any prior experience with TT surgery as TT cases are not usually treated in big cities, where the universities are based, and where surgery for TT is not part of the residency curriculum.

TECHNICAL SUPPORT AND LEADERSHIP

In 2020, ESPEN played an important role at the regional and global levels. ESPEN participated in and actively contributed to regional and global meetings held virtually due to the COVID-19 pandemic, such as the Trachoma Expert Committee (TEC), COR-NTDs, RAFET (Réseau Africain Francophone des Experts du Trachome), WHO/AFRO NTD Programme Managers and GET2020 meetings.

D. STRENGTHENING INFORMATION MANAGEMENT SYSTEMS

SUMMARY

- ESPEN Portal has seen the number of disease-specific maps increase to over 7000, including data from activities implemented in 2019.
- New disease-specific dashboards displaying major indicators of NTD endemicity and MDA/PC interventions by country have been developed.
- The ESPEN JAP import tool was finalized and 294 reviewed and validated JAP reports have been made publicly available.
- In 2020, a total of 8275 users from 158 countries (with 53 in Africa) visited the ESPEN portal during 19 251 sessions.
- In 2020, seventeen surveys from nine countries (Benin, Burkina Faso, Congo, Côte d'Ivoire, Liberia, South Sudan, Mozambique, Senegal and Togo) used the ESPEN Collect survey support services.

Box 4.
ESPEN's major achievements in 2020

01. INTRODUCTION

Data-driven decision-making is one of the key pillars of EPSEN. If NTD programmes are to be successful, collection and use of programme and epidemiological data are critical.¹ The amount of data collected through NTD programmes is enormous and properly collecting, storing, analysing and using these data might require skilled personnel and platforms. To support countries, ESPEN developed the ESPEN NTD portal. ESPEN Portal is an online platform where data on historical and contemporary disease distribution, disease-specific epidemiological surveys, treatment coverage, and other data are stored and openly shared with users. In its first phase, the ESPEN NTD portal made publicly available endemicity and treatment status maps and related data at the level of the IU. Since launching the portal, more NTD data has been made available, processed and included in the integrated database at regional level. Currently, the ESPEN data repository compiles epidemiological and treatment data from 2014 and significant efforts are under way to collect historical data. ESPEN, with approval from country programmes and health ministries, has begun to release community-level data for lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis and loiasis for all endemic countries in the African Region.

However, the ESPEN team's efforts have also been oriented towards providing NTD country programmes with better tools for data collection and data reporting. In terms of improving data collection within country programmes, ESPEN has set up a survey planning and electronic data capture platform called the ESPEN Collect survey support services, also known as "ESPEN Collect". ESPEN Collect enables standardized data collection with the aim of improving the quality and timeliness of data. It enables NTD country programmes and their implementing partners to collect and upload data into the ESPEN portal via EPIRF submission from supported surveys. ESPEN Collect also aims to reduce data fragmentation for disease-specific epidemiological assessments, such as impact assessments, surveillance surveys and baseline mapping. Likewise, ESPEN has developed the ESPEN Joint Application Package (JAP) import tool, a tool designed to ease the submission and validation of periodic JAP reports by countries. Through the ESPEN portal, NTD country programme teams can submit their JAP reports online and follow up the entire review process together with the other parties involved in the process: WCO, ESPEN data team, and WHO headquarters team.

02. SUPPORTING COUNTRIES TO SUBMIT RELIABLE DATA TO WHO

To monitor progress towards NTD programme goals and planning preventive chemotherapy interventions, health ministries are asked to use five standard electronic workbooks designed by WHO to report on data, namely: the Epidemiological data reporting form (EPIRF); the Joint reporting form (JRF); the Joint request for selected medicines (JRSM); the Annual workplan form (AWP); and the Trachoma evaluation and monitoring form (TEMF). The last one is provided as a stand-alone form while the others form part of the JAP. These forms constitute the main source of data feeding the ESPEN portal.

To ensure that the data reported in these forms meet a minimum quality standard, the ESPEN data management team undertakes a thorough review and provides feedback to the country teams on needed corrections or clarifications as appropriate. Country teams include the WCO NTD focal person, MoH staff and implementing partners.

In 2020, a total of 37 treatment reports (JRF) for 2019 MDA activities, 21 EPIRF reports from 18 countries and 33 medicine requests (JRSM) for 2021 MDA activities were submitted by countries (Figure 4).

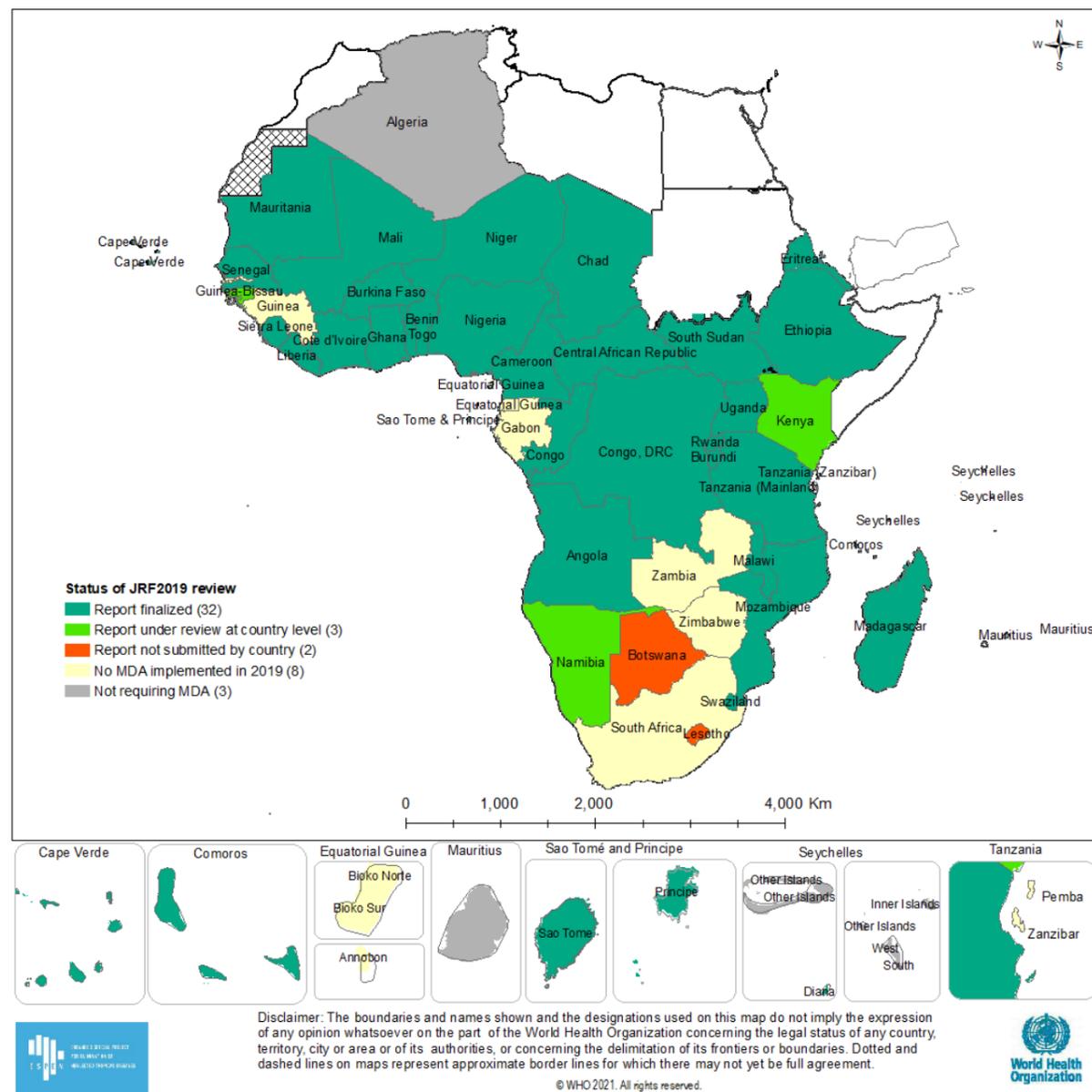
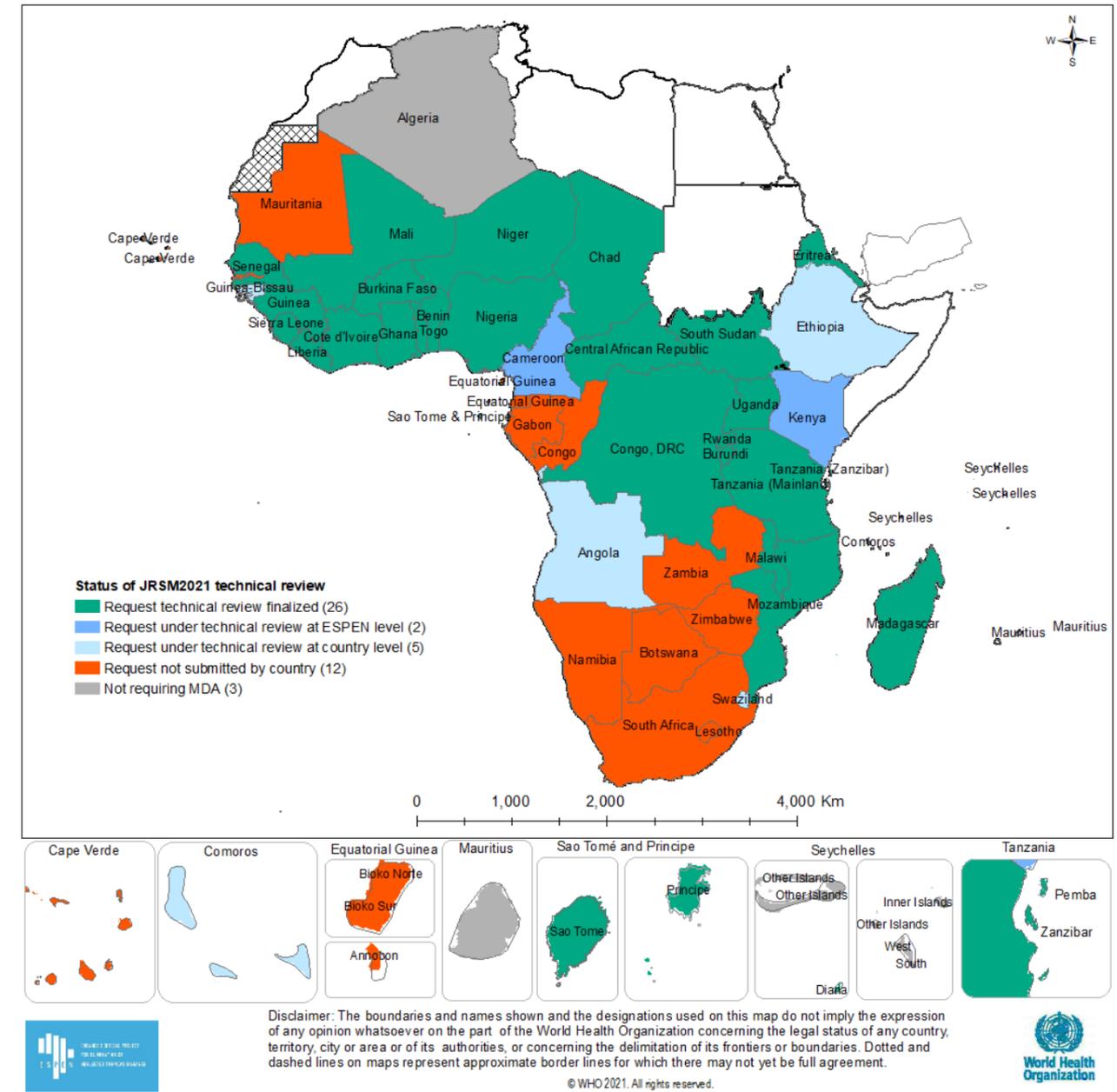


FIG. 4 Joint application forms submitted by country in 2020



Overall, ESPEN has managed to collect 196 JRF reports from countries reporting treatment data between 2014 and 2019, although some JRFs from 2019 are still awaiting validation. Regarding medicine request (JRSM) reports, ESPEN has collected 212 reports between 2015 and 2021, although it is yet to complete the approval of some country reports for 2021 (Figure 5). We have seen an increase in the number of submissions since the inception of ESPEN in 2016. The few countries that did not submit reports are those which did not implement MDA interventions.

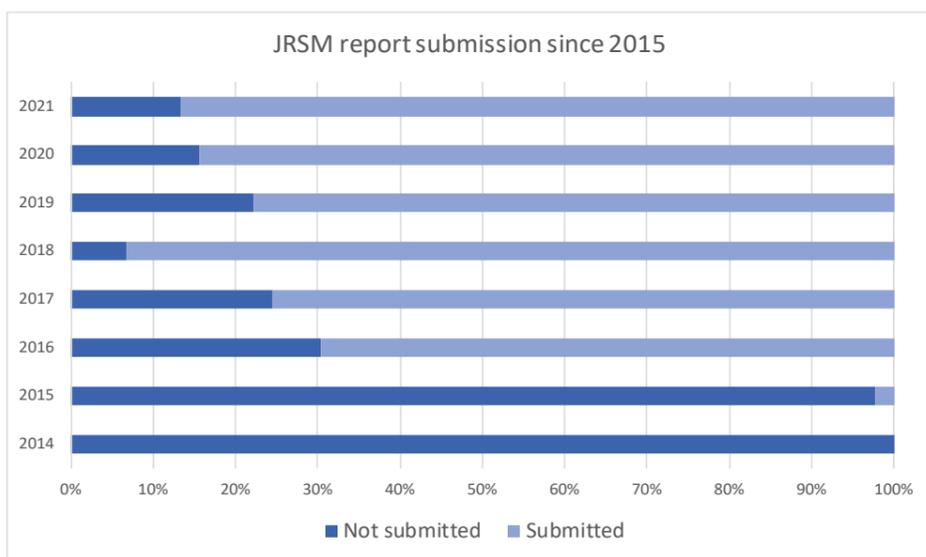
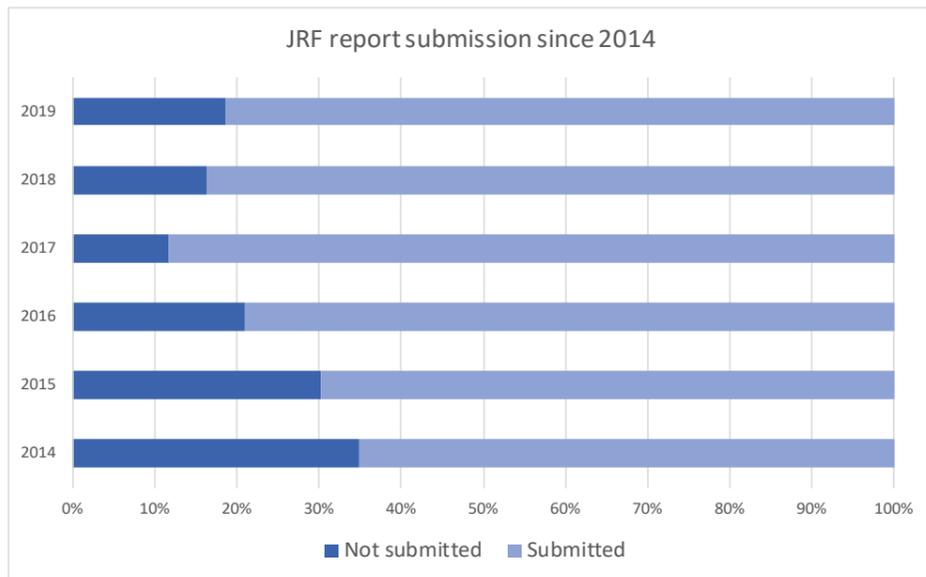


FIG. 5 Joint reporting forms (JRF) and joint requests for selected medicines (JRSM) submitted between 2014 and 2019.

*Note: still some submissions still pending completion.

03. ESPEN PORTAL

The ESPEN portal, which was launched in 2017, had over **7000** maps in December 2020, as well as underlying datasets for all PC-NTDs. Data is available at both the IU level for endemicity status and treatment coverage, and at the site level for survey results. New maps displaying estimates of accessibility to safe water and protected sanitation have been added to the portal. In addition, interactive country-level dashboards showing major indicators of treatment and endemicity status for each PC-NTD have been created and placed on each country landing page. In 2020, a total of **8275** users from **158 countries** (with 53 of them in Africa) visited the portal during **19 251 sessions**. Of this number, **78.2%** were new visitors. The portal also includes resources such as country NTD master plans, partner matrices, RPRG reports, ESPEN annual reports, and disease elimination dossiers.

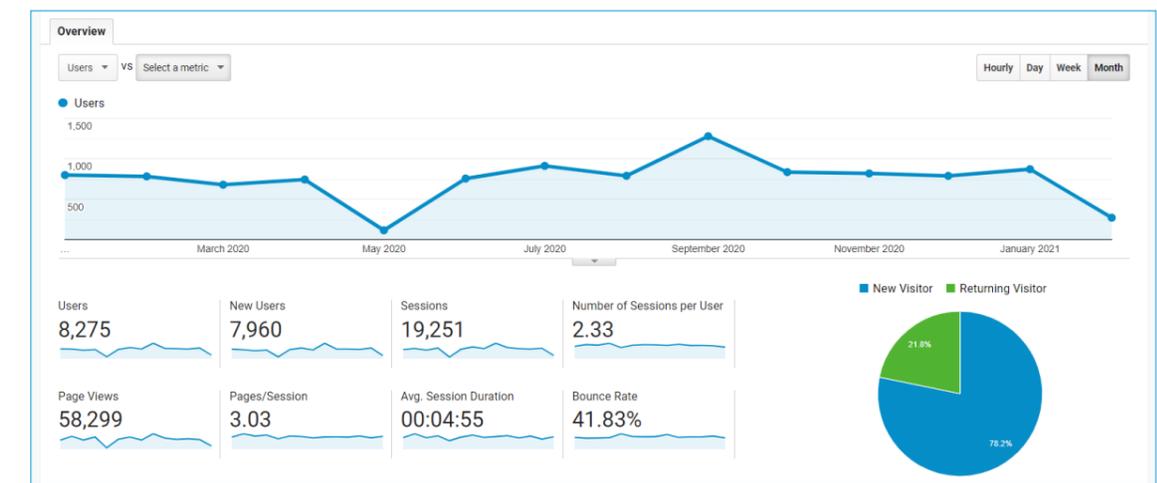


FIG. 6 ESPEN Portal use in 2020.

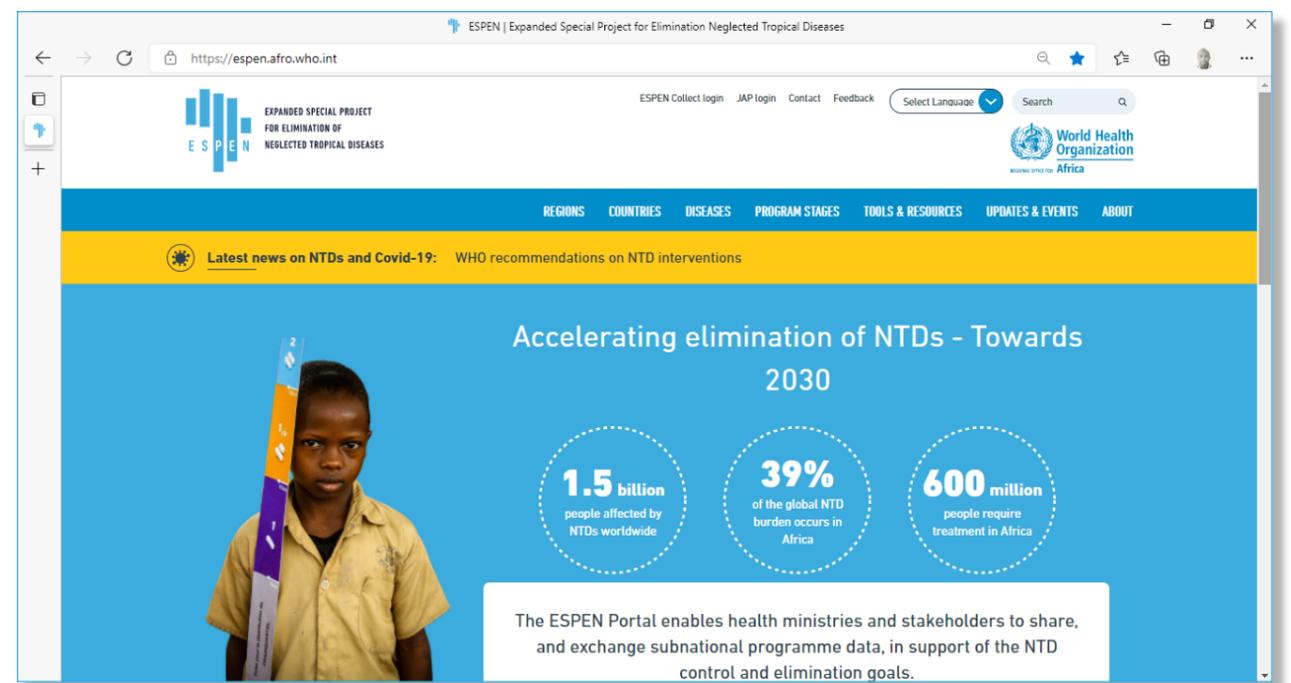


FIG. 7 ESPEN Portal home page.

SCAN QR CODE TO ACCESS ESPEN PORTAL



04. ESPEN COLLECT

In 2020, a total of **17 surveys** were supported in **1606 sites** from nine countries to conduct disease-specific assessments and baseline mappings.

Burkina Faso conducted seven surveys in 895 sites: two coverage surveys (for LF and STH), one pre-TAS survey, one TAS1 survey and two TAS2 surveys in 2020. Helen Keller International (HKI) and Sightsavers supported the country.

In 2020, four new countries benefited from ESPEN Collect survey support services:

- Benin conducted one pre-TAS and one TAS2 surveys for LF and one pre-Stop survey for onchocerciasis in 278 sites.
- Côte d'Ivoire conducted a pre-TAS survey in 91 sites.
- Senegal conducted a pre-TAS survey in 28 sites.
- Togo, supported by Sightsavers, conducted a 'black flies capture' in eight sites.

More than 149 people were trained to use ESPEN Collect for data collection in nine countries: Benin, Burkina Faso, Congo, Côte d'Ivoire, Liberia, South Sudan, Mozambique, Senegal and Togo.

Out of the four PC-NTDs targeted by the use of ESPEN Collect, only three were supported in 2020: LF (65%), Oncho (29%) and schistosomiasis (6%). Tables 4 and 5 show more details on the LF and onchocerciasis monitoring surveys conducted using ESPEN Collect.

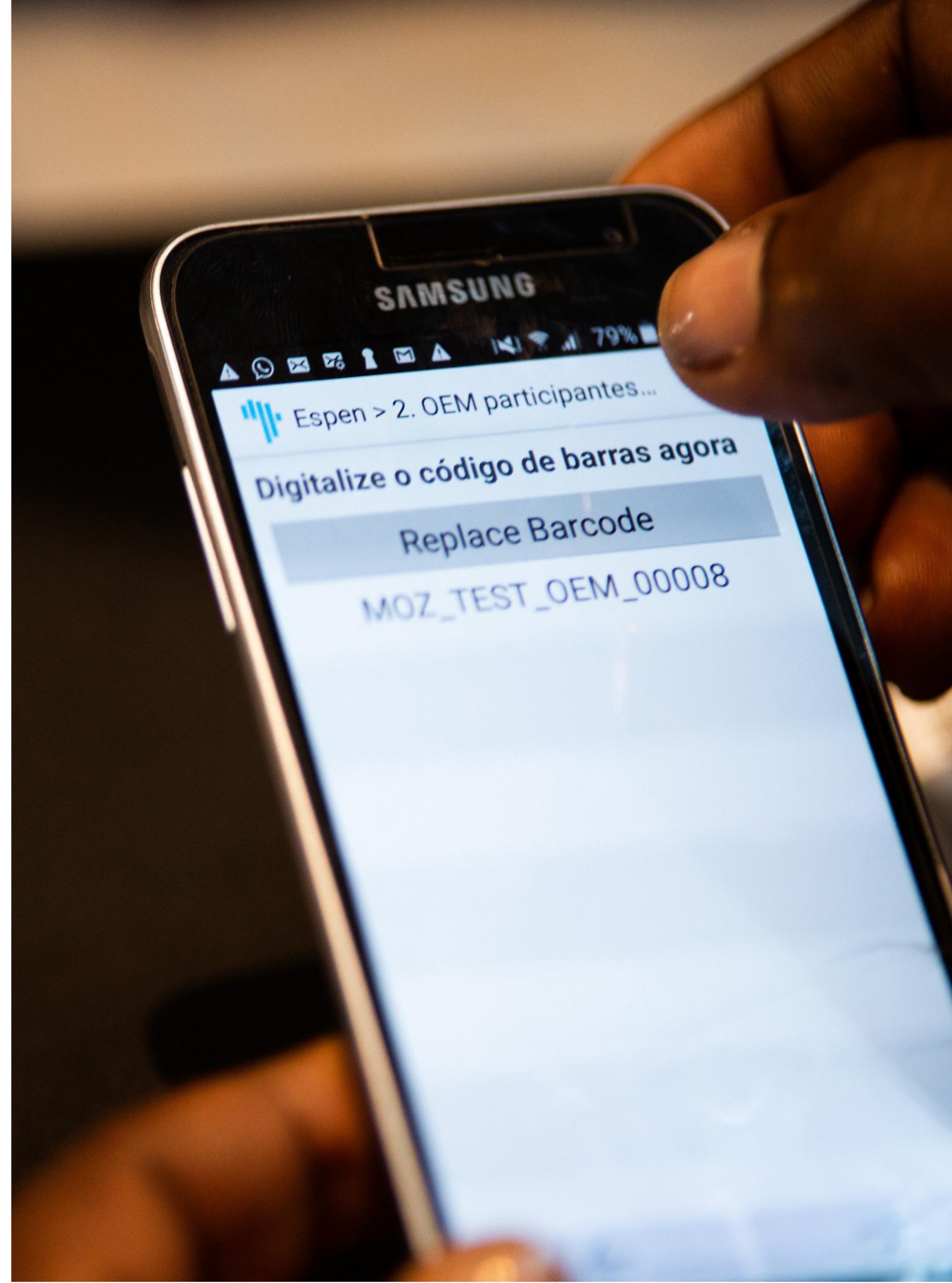
Table 4. Lymphatic filariasis-related surveys

Country	Coverage survey	Pre-TAS	TAS1	TAS2	Total
Benin		1		1	2
Burkina Faso	1	1	1	2	5
Côte d'Ivoire		1			1
Mozambique				1	1
Senegal		1			1
South Sudan	1				1
Grand Total	2	4	1	4	11

Table 5. Onchocerciasis-related surveys

Country	Black flies capture	Breeding site assessment	Coverage survey	Oncho pre-Stop	Total
Benin				1	1
Burkina Faso			1		1
Congo		1			1
Liberia		1			1
Togo	1				1
Grand Total	1	2	1	1	5

An impact assessment survey for schistosomiasis was conducted in Burkina Faso using ESPEN Collect.



In addition to disease-specific assessments, ESPEN has been using ESPEN Collect to deliver a variety of qualitative surveys to collect information on the functioning of programmes.

ESPEN Collect was also used for all the surveys supported by FHI 360 to run a questionnaire intended to collect information on the impact of the COVID-19 pandemic on NTD activities. The questionnaire was administered before, during and after each data collection activity to ensure the team's compliance with the COVID-19 protocol and measures.

We have benefited from the support of implementing partners (**Sightsavers, CBM, HKI, FHI 360 and Ascend Crown Agents**) to buy smartphones for data collection, funding, training facilitation, data management, etc.

05. TRACING THE HISTORY OF IMPLEMENTATION UNIT DISTRICTING OVER THE YEARS

The ESPEN database includes longitudinal treatment data from 2013 to 2019 and medicine request data from 2016 to 2021 reported for each single IU. To help monitor progress towards control/elimination goals and plan future impact assessment surveys, trend analysis is performed on these data. The trend analysis assumes that the data is available for each implementation unit at the end of the year in respect of which the analysis is conducted. One challenge we face is the continuous redistricting of some implementation units as part of governments' efforts to strengthen health systems and bring health facilities closer to patients. In 2018, ESPEN initiated the activity of tracing the history of each IU and the geographical changes they may have undergone (such as splits, merging, reshaping). This activity has been completed for IUs that were reported on by countries until 2020 and a database with all the recorded changes has been set up.

06. UPDATING THE CARTOGRAPHY OF IMPLEMENTATION UNITS

With the update of the IU history, the IU boundaries have been updated to match the existing IUs in each year. This important update allows visualization of PC data using the exact IU division that applies to each year. The IU cartography publicly available on the ESPEN portal is a resource that can be used by other health programmes, in the same way as other programmes such as the WHO Polio Eradication programme are making their specific cartography part of the public domain.

07. INTEGRATION OF TRACHOMA AND WASH DATA

Until 2019, the ESPEN portal included data for four of the five PC-NTDs: lymphatic filariasis, onchocerciasis, schistosomiasis and soil-transmitted helminthiases. Trachoma data was yet to be included as part of the ESPEN data repository. Through a collaborative effort with the International Trachoma Initiative (ITI), this gap has been filled and trachoma endemicity data and maps (TT and TF) are now available. In 2021, we are focusing on the release of information on MDA interventions in trachoma endemic areas, and on automating the process to ensure integration of trachoma-related information in the ESPEN data repository.

ESPEN has used WASH data recently published by the Local Burden of Disease project, WASH collaborators at the Institute for Health Metrics and Evaluation (IHME), to produce IU-level maps on water and sanitation to provide visualization for planning and decision-making. These maps overlay STH and SCH endemicity and access to water and sanitation.

Democratic Republic of the Congo

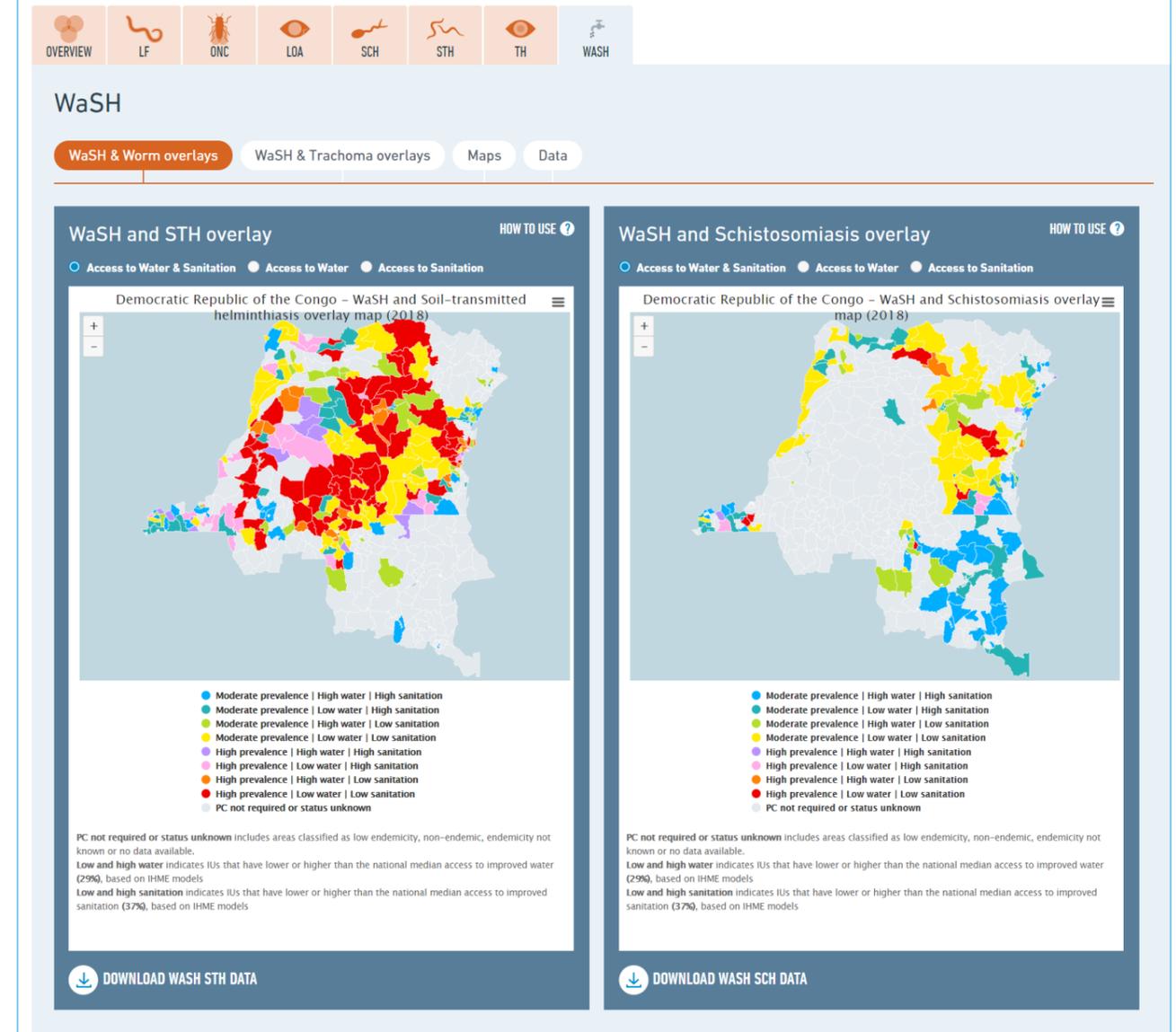


FIG. 8 Country/WASH and worms overlay

08. ESPEN JAP IMPORT TOOL

IMPROVING INTERNAL DATA MANAGEMENT SYSTEMS AND MAKING DATA PUBLICLY AVAILABLE

To improve the availability of preventive chemotherapy for country programmes and stakeholders, ESPEN has improved its internal data management system by developing a new file upload tool and an Extract, Transform and Load tool. Using these tools, the forms below have been made publicly available through the ESPEN portal:

- 37 treatment reports for 2018 MDAs
- 32 treatment reports for 2019 MDAs
- 37 medicine request forms for 2019 MDAs

- 36 medicine request forms for 2020 MDAs
- Three EPIRF submitted in 2019 and 2020.

Overall, the ESPEN portal has made available 141 treatment report forms, 121 medicine request forms, 28 annual workplans and four epidemiological reporting forms.

09. ESPEN ANALYTICS

ESPEN is committed to providing evidence-based guidance to NTD country programmes to ensure that their decisions are better informed and tailored to their current epidemiological situation. To this end, we are processing all the data compiled in the ESPEN data repository to generate key indicators for monitoring and evaluating progress towards disease-specific control and elimination targets. These key indicators are intended to measure the impact of MDA interventions over time to determine the areas which may require more attention by NTD programmes. The ESPEN data team has, through these analyses, generated endemicity- and treatment-related indicators at different geographical levels (IU and country level) and for the whole African Region.

These indicators are being released through the ESPEN portal as maps, tables and more recently using country- and disease-specific dashboards. The latter are still under development but will be made publicly available soon.

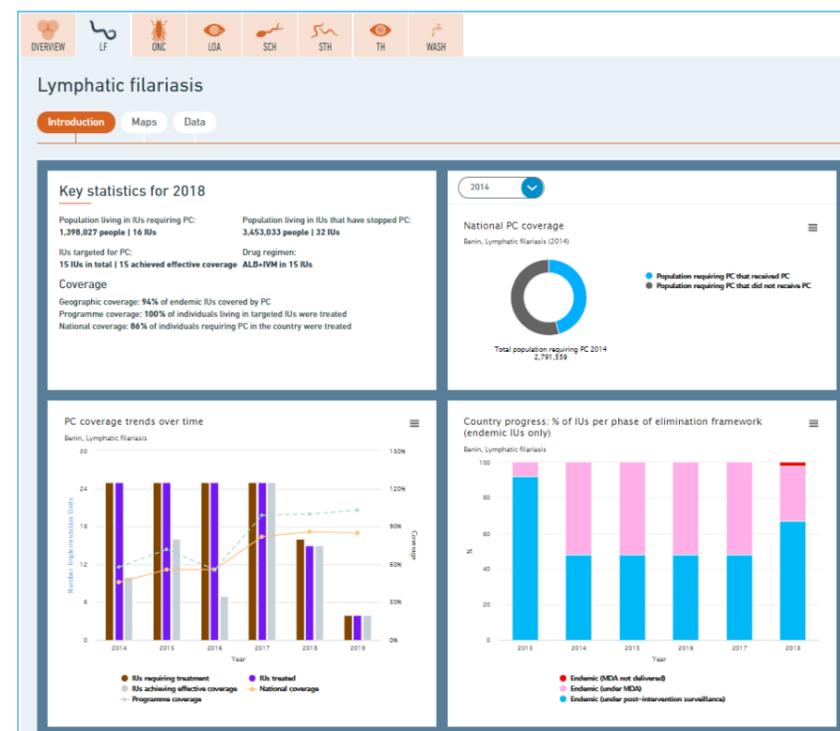


FIG. 9
Disease-specific dashboard

We have also generated disease-specific indicators for the entire African Region (Table 6 to 9). These indicators were shared with partners and country programmes at the most recent Programme Managers' Meeting held in December 2020.

Table 6. Major indicators of LF endemicity and treatment in WHO AFRO from 2014 to 2019

LF	Indicators/AFRO region	2014	2015	2016	2017	2018	2019
Demographics	Countries submitted treatment data (JRF form)	27	30	33	38	36	34
	Total Population	844,312,534	868,236,761	909,142,952	967,055,236	994,762,313	1,022,157,851
	PreSAC population	129,188,027	144,771,360	147,759,711	151,097,687	152,813,871	148,421,074
	SAC population	240,151,476	260,150,705	262,323,716	275,774,191	283,025,111	292,790,828
	Adult population	445,236,911	482,787,528	490,387,283	533,995,885	554,111,572	569,307,462
	Number of reported IU	5,032	5,032	5,202	5,322	5,331	5,369
Endemicity	Endemic (MDA not delivered)	713	617	627	368	434	405
	Endemic (under MDA)	1,183	1,237	1,309	1,516	1,371	1,195
	Endemic (under post-intervention surveillance)	159	260	355	471	587	653
	Endemicity unknown	23	12	21	21	21	15
	Non-endemic	2,483	2,531	2,755	2,866	2,892	2,851
	Not reported	471	375	135	80	26	250
Treatment	Population requiring treatment	337,823,025	345,943,005	357,460,976	347,936,053	345,317,696	333,864,373
	Population no longer requiring treatment or under surveillance	36,922,268	64,618,204	87,589,335	117,880,771	138,591,606	154,633,978
	Population targeted	175,029,082	211,106,100	223,079,459	239,606,419	231,651,771	202,425,500
	Population treated	148,110,772	176,866,645	194,614,903	218,017,835	212,059,201	185,088,727
	Number of IUs implementing MDA	1,189	1,264	1,328	1,540	1,376	1,196
	Number of IUs achieving effective coverage	979	1,026	1,156	1,490	1,323	1,160
	Geographical Coverage	63%	68%	69%	82%	76%	75%
	Programme Coverage (AFRO region)	85%	84%	87%	91%	92%	91%
	Regional Coverage (AFRO region)	44%	51%	54%	63%	61%	55%
	No. IUs treated with ALB+DEC	61	151	102	127	78	70
	No. IUs treated with ALB+IVM	1,128	1,113	1,226	1,379	1,239	1,037
No. IUs treated with ALBx2	-	-	-	34	59	82	
No. IUs treated with IDA	-	-	-	-	-	7	

Table 7. Major indicators of Oncho endemicity and treatment in the WHO African Region from 2014 to 2019

Oncho	Indicators/AFRO region	2014	2015	2016	2017	2018	2019
	Countries submitted treatment data (JRF form)	27	30	33	38	36	34
Demographics	Total Population	844,312,534	868,236,761	909,142,952	967,055,236	994,762,313	1,022,157,851
	PreSAC population	129,188,027	144,771,360	147,759,711	151,097,687	152,813,871	148,421,074
	SAC population	240,151,476	260,150,705	262,323,716	275,774,191	283,025,111	292,790,828
	Adult population	445,236,911	482,787,528	490,387,283	533,995,885	554,111,572	569,307,462
	Number of reported IU	5,032	5,032	5,202	5,322	5,331	5,369
	Endemicity	Endemic (MDA not delivered)	305	285	292	195	272
	Endemic (under MDA)	1,303	1,329	1,371	1,500	1,436	1,469
	Endemic (under post-intervention surveillance)	22	17	27	29	37	78
	Unknown (consider Oncho Elimination Mapping)	842	738	1,031	1,033	1,047	1,033
	Unknown (under LF MDA)	243	217	372	394	396	416
	Non-endemic	1,944	2,097	1,976	2,098	2,119	2,025
	Not reported	373	349	133	73	24	176
Treatment	Population requiring treatment	225,795,166	185,787,877	203,217,969	211,026,685	220,032,906	218,342,679
	Population of Oncho endemic IUs that have stopped MDA	7,655,069	6,520,182	9,832,032	7,874,849	10,997,302	23,322,413
	Population targeted	153,559,052	173,358,060	175,495,864	206,442,621	211,045,546	213,235,898
	Population treated	120,506,636	142,931,844	158,016,646	183,801,053	190,616,327	192,482,292
	Number of IUs implementing MDA	1,306	1,331	1,371	1,501	1,438	1,494
	Number of IUs achieving effective coverage	865	956	1,128	1,265	1,245	1,319
	Geographical Coverage	81%	82%	82%	89%	84%	91%
	Regional Coverage (AFRO region)	78%	82%	90%	89%	90%	90%
	National Coverage (AFRO region)	53%	77%	78%	87%	87%	88%
	No. IUs treated with AL-B+IVM	614	623	656	740	688	637
	No. IUs treated with IVM	692	708	715	761	750	858

Table 8. Major indicators of STH endemicity and treatment in the WHO African Region from 2014 to 2019

STH	Indicators/AFRO region	2014	2015	2016	2017	2018	2019
	Countries submitted treatment data (JRF form)	27	30	33	38	36	34
Demographics	Total Population	844,312,534	868,236,761	909,142,952	967,055,236	994,762,313	1,022,157,851
	PreSAC population	129,188,027	144,771,360	147,759,711	151,097,687	152,813,871	148,421,074
	SAC population	240,151,476	260,150,705	262,323,716	275,774,191	283,025,111	292,790,828
	Adult population	445,236,911	482,787,528	490,387,283	533,995,885	554,111,572	569,307,462
	Number of reported IU	5,032	5,032	5,202	5,322	5,331	5,369
	Endemicity	High prevalence (50% and above)	966	1,054	1,205	1,206	1,223
	Moderate prevalence (20%-49%)	1,636	1,692	1,877	1,929	1,947	1,815
	Low prevalence (less than 20%)	1,267	1,222	1,306	1,414	1,421	1,452
	Unknown	38	31	39	42	41	33
	Non-endemic	319	324	454	533	531	497
	Not reported	806	709	321	198	168	434
Treatment	PreSAC population requiring PC	67,292,771	74,189,189	87,717,462	91,680,135	92,649,606	87,753,508
	SAC population requiring PC	125,026,082	136,286,546	156,268,584	167,577,891	171,137,817	171,772,994
	Total population requiring PC	192,318,853	210,475,735	243,986,046	259,258,026	263,787,422	259,526,502
	PreSAC population targeted for PC	13,167,809	18,976,243	11,394,992	13,566,560	16,005,773	10,447,383
	SAC population targeted for PC	105,041,555	128,722,229	140,369,171	174,663,301	162,347,210	149,961,732
	Total population targeted for PC	119,578,487	147,753,633	153,026,148	188,099,611	177,768,723	161,477,669
	PreSAC population treated	9,019,492	9,901,232	8,278,688	11,424,102	11,797,353	5,881,402
	SAC population treated	91,589,128	103,992,830	125,050,860	151,919,597	150,473,376	135,391,469
	Total population treated	100,608,620	113,894,062	133,329,548	163,343,699	162,270,729	141,272,871
	Number of IUs implementing PC	2,070	2,283	2,722	3,043	2,910	2,711
	Number of IUs achieving effective coverage	1,521	1,456	2,115	2,473	2,554	1,974
	Geographical Coverage	79.6%	83.1%	88.3%	97.1%	91.8%	91.8%
	Programme Coverage (AFRO region) for SAC	87.2%	80.8%	89.1%	87.0%	92.7%	90.3%
Regional Coverage (AFRO region) for SAC	73.3%	76.3%	80.0%	90.7%	87.9%	78.8%	

STH	Indicators/AFRO region	2014	2015	2016	2017	2018	2019
	No. IUs treated with ALB/MBD	636	857	829	1,105	1,241	1,063
	No. IUs treated with ALB+DEC	61	150	99	125	76	68
	No. IUs treated with ALB+IVM	1,082	995	1,122	1,289	1,171	982
	No. IUs treated with PZQ+ALB/MBD	301	369	698	526	428	613
	No. IUs treated with IDA	-	-	-	-	-	7

Table 9. Major indicators of SCH endemicity and treatment in the WHO African Region from 2014 to 2019

SCH	Indicators/AFRO region	2014	2015	2016	2017	2018	2019
	Countries submitted treatment data (JRF form)	27	30	33	38	36	34
Demographics	Total Population	844,312,534	868,236,761	909,142,952	967,055,236	994,762,313	1,022,157,851
	PreSAC population	129,188,027	144,771,360	147,759,711	151,097,687	152,813,871	148,421,074
	SAC population	240,151,476	260,150,705	262,323,716	275,774,191	283,025,111	292,790,828
	Adult population	445,236,911	482,787,528	490,387,283	533,995,885	554,111,572	569,307,462
	Number of reported IU	5,032	5,032	5,202	5,322	5,331	5,369
Endemicity	High prevalence (50% and above)	345	357	424	454	456	455
	Moderate prevalence (10%-49%)	1,497	1,636	1,967	2,050	1,879	1,784
	Low prevalence (less than 10%)	1,259	1,218	1,223	1,183	1,378	1,294
	Non-endemic	1,220	1,215	1,317	1,480	1,493	1,451
	Not reported	673	576	232	114	84	350
	Unknown	38	30	39	41	41	35
Treatment	SAC population requiring PC	70,141,472	80,276,831	92,904,411	97,182,936	99,965,853	102,287,979
	Adult population requiring PC	56,335,436	70,660,907	82,085,664	84,839,427	91,200,279	90,555,360
	Total population requiring PC	125,964,426	145,198,750	174,269,892	181,507,794	187,555,725	190,919,398
	SAC population targeted for PC	39,996,314	60,001,668	72,181,947	78,745,394	78,365,452	86,294,730
	Adult population targeted for PC	6,305,150	25,290,047	18,111,733	21,087,741	20,351,338	20,802,134
	Total population targeted for PC	46,285,049	81,048,766	84,067,575	97,340,393	97,723,322	100,396,285
	SAC population treated	38,391,741	49,874,991	63,532,840	73,239,739	69,069,221	76,846,606
	Adult population treated	7,056,362	13,127,642	11,225,686	13,000,412	14,800,264	14,250,033
	Total population treated	45,448,103	63,002,633	74,758,526	86,240,151	83,869,485	91,096,639

SCH	Indicators/AFRO region	2014	2015	2016	2017	2018	2019
	Number of IUs implementing PC	943	1,230	1,536	1,603	1,516	1,709
	Number of IUs achieving effective coverage	741	781	1,184	1,245	1,185	1,420
	Geographical Coverage	30.4%	38.3%	42.5%	43.5%	40.8%	48.4%
	Programme Coverage (AFRO region) for SAC	96.0%	83.1%	88.0%	93.0%	88.1%	89.1%
	Regional Coverage (AFRO region) for SAC	54.7%	62.1%	68.4%	75.4%	69.1%	75.1%
	No. IUs treated with PZQ	370	699	698	902	1,008	1,021
	No. IUs treated with PZQ+ALB/MBD	573	532	838	701	508	686

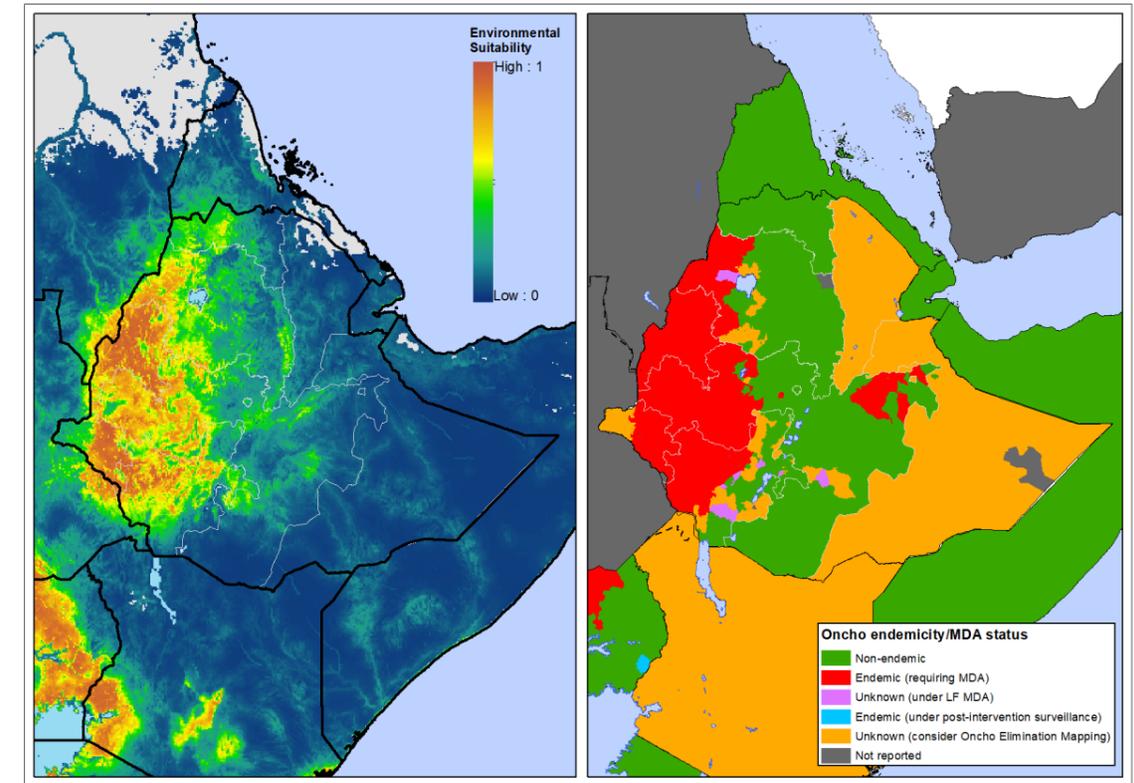


FIG. 10 Onchocerciasis environmental suitability map

Finally, we have started to generate some environmental suitability models for onchocerciasis, lymphatic filariasis and schistosomiasis. These predictive models are intended to be used together with the existing empirical information to better inform decisions dealing with the identification of areas of unclear onchocerciasis and schistosomiasis endemicity status that may require remapping.

10. A STRONG PARTNERSHIP FOR A STRONG DATA SYSTEM

ESPEN established a strong partnership with the London School of Hygiene & Tropical Medicine (LSHTM) and Sightsavers. Two companies, Manta Ray Media and Standard Code were contracted to support the development of the ESPEN portal. In 2020, the LSHTM team continued providing technical support in data analysis and guidance to enhance the contents of ESPEN Portal, and to develop new features to improve interaction with

the data. Manta Ray Media assisted in designing the ESPEN portal and in generating enhanced visualization tools. Standard Code has continued developing new tools for more efficient access to NTD data. Thus, a wealth of application programming interfaces (APIs) has been generated by Standard Code to facilitate user access to the data and ensure more efficient queries against the database. Sightsavers collaborated with ESPEN in advising on overall information flow and dedicated two members of its technical staff to the implementation of the ESPEN Collect support services. In 2020, the partnership worked towards consolidating and enhancing the features available on the ESPEN portal. This year has seen the completion of the JAP upload tool, a new tool intended to improve and ease the submission and monitoring of the Joint Application Package files.

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

SUMMARY

Despite disruptions due to the COVID-19 pandemic, ESPEN's major achievements in 2020 include:

- Over 532.7 million tablets were donated to Africa through the WHO global donation programme, to treat targeted populations in the 44 endemic countries in the Region.
- ESPEN provided technical support and guidance to improve the timeliness, completeness and accuracy of data in JAPs submitted by countries to request medicines for planned MDAs in 2021. By the end of 2020, twenty-four JAPs had been received from endemic countries and jointly reviewed by the technical teams of AFRO and WHO headquarters, achieving exactly 54.5% of the expected 2021 JAPs. This joint review approved roughly 381.6 million tablets for shipment.
- Through a stringent JAP review process, ESPEN supported Member States in the review of submitted JAPs and contributed to saving almost 138.6 million tablets valued at US\$ 11.9 million.

KEY ACHIEVEMENTS IN 2020

- In 2020, over **532.7 million** tablets were donated to Africa through the WHO global donation programme, to treat targeted populations in the 44 endemic countries in the African Region.
- In 2020, ESPEN provided technical support and guidance to improve the timeliness, completeness and accuracy of data in JAPs submitted by countries to request medicines for planned MDAs 2021. By the end of 2020, twenty-four JAPs had been received from endemic countries and jointly reviewed by the technical teams of AFRO and WHO headquarters. The joint review helped to achieve roughly 54.5% of the expected JAP clearance in a remarkable time frame (less than four months), approving roughly 381.6 million tablets for shipment.
- As of December 2020, the JAPs of the following countries had been cleared: Benin, Burkina Faso, Burundi, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Ghana, Liberia, Mali, Malawi, Mozambique, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, South Sudan, Tanzania, Togo, Uganda, Zanzibar. Countries with JAPs under review at the end of the year 2020 included Ethiopia, Kenya, Gabon, Eswatini, Guinea-Bissau, Madagascar, Comoros, Angola and Guinea. The nine JRSM2021 currently under review were submitted rather late or were delayed as a result of inconsistencies or poor quality; they are being reviewed with the national counterparts in order to improve their quality before Regional Office clearance.

- In 2020, through a stringent JAP review process, ESPEN supported Member States to review their submitted JAPs, thus helping to save almost 138.6 million tablets valued at US\$ 11.9 million. This figure increased in view of the additional requests received and those under review, which is why the consolidated figure may be higher in 2021. The 138.6 million tablets were reallocated to countries which needed them most, to avoid overstocking, huge expiries, wastage, leakage and diversion (Table 10).

Table 10. Number of tablets accounted for through country JAP reviews

Medicines	Tablets initially requested	Tablets approved	Number of tablets saved	Total costs saved (US\$)
Praziquantel	191 977 189	114 377 523	77 599 666	10 087 957
Albendazole	311 674 783	250 608 177	61 066 606	1 831 998.18
Diethylcarbamazine	550 421	550 421	-	-
Mebendazole	16 107 597	16 107 597	-	-
Total	520 309 990	381 643 718	138 666 272	11 919 955

- After conducting a JAP review process mapping and workflow gap analysis, ESPEN developed draft internal JAP review SOPs to increase internal stakeholder involvement and traceability in the review of JAPs by technical officers, disease focal points at regional and headquarters levels, and data management teams. This has significantly reduced review delays and improved the lead time and quality of JAPs, including communications. As a result, JAP approvals in 2020 increased by 11.5% compared to 2019, when only 19 JAPs were approved within the same period.
- ESPEN provided technical support through webinars and virtual conferences to countries which had difficulties in properly filling the JRSM2021 and the JRF2019. Overall, 16 countries benefited from such technical assistance opportunities (South Africa, Guinea-Bissau, Burkina Faso, Ethiopia, Madagascar, Sierra Leone, Cameroon, Mozambique, Botswana, Zimbabwe, Liberia, DRC, Togo, Guinea, Ghana and South Sudan).
- ESPEN organized three webinars on the supply chain management SOPs. A total of 316 participants attended the three webinars. The attendees were NTD programme teams and supply chain focal points, pharmacists and M&E focal points.
- ESPEN adapted and customized tools such as the NTD stock management tool and the district consumption tool from the Expanded Programme on Immunization (EPI). These are currently being fine-tuned before all preparations for implementation.
- Readjustment of orders, supply plans and delivery schedules: ESPEN carried out a rapid physical inventory count with NTD programmes, requesting programmes to share real-time stock data with quantities of medicines available in-country by March 2020, as most planned MDA campaigns in quarter one of 2020 were postponed to future dates without clarity due to the impact of the COVID-19 pandemic. This exercise helped to readjust the initial orders for medicines and shipment plans, which were ready for shipment to countries.
- PZQ expiry monitoring in the context of COVID-19: 32.9 million tablets of praziquantel at risk of expiry in 2020 and valued at US\$ 4.2 million were used out of a total of 53.6 million tablets. This achievement was the result of a combination of factors: strong coordination with MERCK and NTD programmes; provision of funding support to cover gaps; use of the NTDeliver expiry alarm notifications; and close follow-ups with countries at risk.
- Transfer of medicines at risk of expiry to countries most in need of them: In 2020, upon the request of Senegal, ESPEN analysed the country's situation and coordinated the transfer of 1 million tablets of PZQ

from Senegal to Guinea. Furthermore, ESPEN funded the transfer of the tablets and ensured that they were fully used before their expiry date in October 2020.

F. TECHNICAL SUPPORT AND LEADERSHIP

In 2020, ESPEN played an important role at the regional and global levels. ESPEN participated in, and contributed to the World Supply Chain Forum organized in February 2021. In order to ensure a well-coordinated supply of donated PZQs, ESPEN frequently took part in the meetings of the steering committee established between WHO and MERK, the PZQ pharma donor. The objectives of the meetings were to review praziquantel donations for 2020 and analyse forecasts for the year 2021. ESPEN contributed to the annual NNN meeting and many other strategic meetings at global and regional levels.

G. PARTNERSHIPS AND COORDINATION

THIRD MEETING OF NTD PROGRAMME MANAGERS

The Second Joint Programme Managers' Meeting on case management (CM) and preventive chemotherapy (PC) neglected tropical diseases in the WHO African Region was held in Addis Ababa in July 2019. The Regional NTD Programme and ESPEN held the Third Meeting of NTD National Programme Managers virtually on 7–11 December 2020. The objective of the meeting was to review the implementation of the 2014–2020 NTD Regional Strategic Plan and the ESPEN partnership goals and milestones, to guide the next phase of NTD control and elimination in line with the NTD road map 2021–2030.

The meeting attracted 564 registered participants from WHO headquarters, WHO in the African Region, programme managers from ministries of health, national professional officers in country offices, and partners. During the five-day meeting, participants reviewed regional and national NTD-related achievements since 2012, the challenges and constraints encountered in the Region, lessons learnt and best practices adopted. Action points on aligning with the 2021–2030 NTD road map and incorporating recommendations from the NTD road map into country master plans were proposed. Discussions also focused on implementing NTD activities in the context of COVID-19 and how to mitigate the impact of the pandemic on long-term NTD programme targets. Finally, participants agreed on the way forward in developing NTD regional and national goals, targets and priority interventions in line with the global NTD road map 2021–2030, and the ESPEN Strategic and Sustainability Framework.

FINANCIAL OVERVIEW

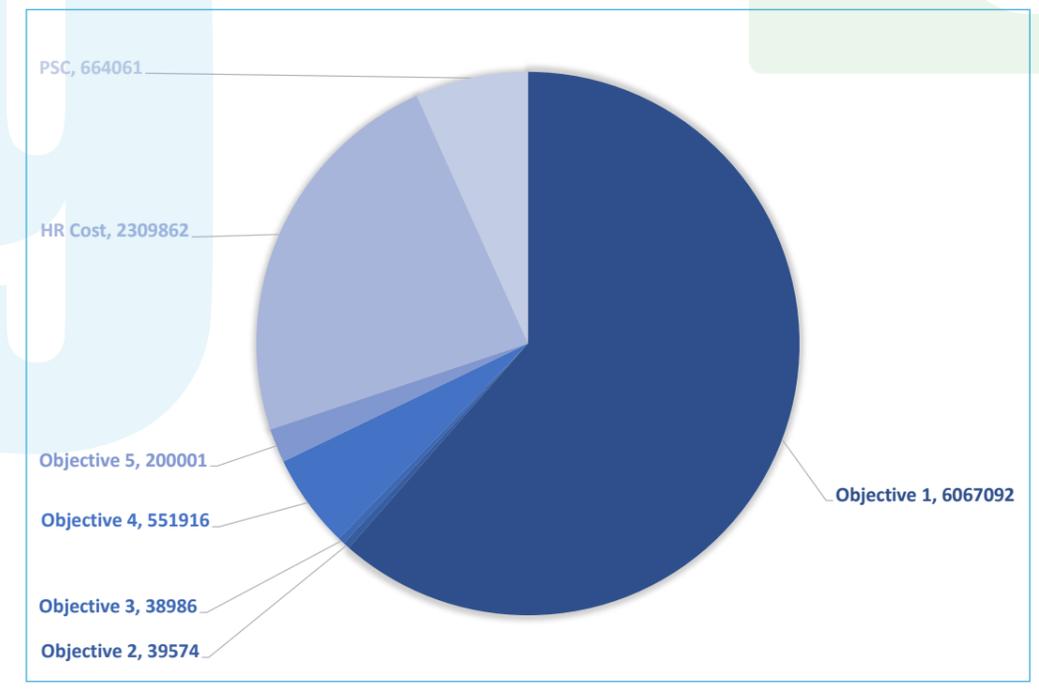


FIG. 11
January to December 2020 utilization by objective

Objective	Utilization (US\$)
Objective 1	6 067 092
Objective 2	39 574
Objective 3	38 986
Objective 4	551 916
Objective 5	200 001
HR Cost	2 309 862
PSC	664 061
Grand Total	10 191 492

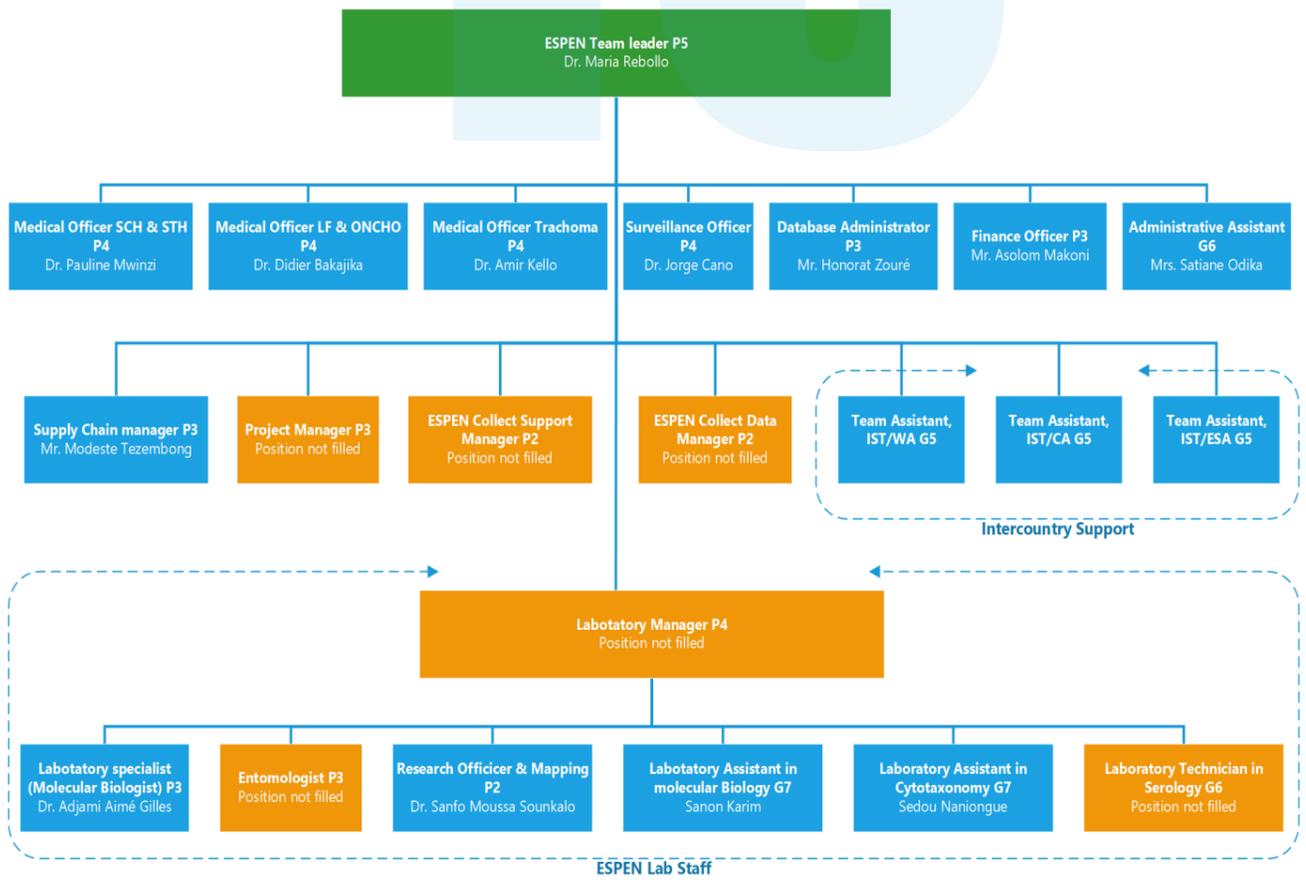
Table 11. Funds distribution and utilization by Country Office in 2020

Implementing Budget Center	Objective Funded	Distributed to Budget Centre in 2020 (USD)	Utilization in 2020 (USD)	Unutilized balance in 2020 (USD)
AF_COD Democratic Republic of Congo	Objective 1	1,556,890	1,441,648	115,242
AF_ZMB Zambia	Objective 1	1,369,205	171,555	1,197,650
AF_SSD South Sudan	Objective 1	1,304,363	784,668	519,695
EM_SUD Sudan	Objective 1	925,350	214,637	710,713
AF_NGA Nigeria	Objective 1	903,000	545,721	357,279
AF_MDG Madagascar	Objective 1	791,000	731,691	59,309
EM_SOM Somalia	Objective 1	510,275	432,584	77,691
EM_YEM Yemen	Objective 1	440,958	240,958	200,000
AF_COG Congo, Republic of	Objective 1	359,723	339,042	20,681
AF_GNQ Equatorial Guinea	Objective 1	313,558	292,062	21,496
AF_TCD Chad	Objective 1	276,000		276,000
EM_EGY Egypt	Objective 1	270,000	269,999	1
AF_AGO Angola	HR Costs	212,000	112,472	99,528
AF_ERI Eritrea	Objective 1	194,858		194,858
AF_STP Sao Tome & Principe	Objective 1	150,826	131,674	19,152
AF_NGA Nigeria	HR Costs	145,000	95,450	49,550
AF_MWI Malawi	Objective 2	131,085	6,577	124,508
AF_BDI Burundi	Objective 1	102,171	87,841	14,330
AF_COM Comoros	Objective 1	97,313	93,498	3,815
AF_MOZ Mozambique	Objective 1	91,494		91,494
AF_GIN Guinea	Objective 1	78,681	67,747	10,934
AF_ZWE Zimbabwe	Objective 1	78,210	73,097	5,113
AF_CAF Central African Republic	Objective 1	55,574		55,574
AF_GHA Ghana	Objective 1	50,000		50,000
HQ/UCN/NTD-ACT-PTC	Objective 5	42,035	42,035	-
AF_LBR Liberia	Objective 1	33,032	30,966	2,066
AF_CMR Cameroon	Objective 2	20,000	20,000	-
AF_COM Comoros	Objective 2	19,486	15,866	3,620
AF_SEN Senegal	Objective 3	18,988	18,196	792
AF_MRT Mauritania	Objective 2	14,050	3,587	10,463
AF_SLE Sierra Leone	Objective 1	14,000	12,541	1,459
AF_GIN Guinea	Objective 3	12,141		12,141
AF_AGO Angola	Objective 1	8,500	7,771	729
AF_COG Congo, Republic of	Objective 2	5,820		5,820
AF_BEN Benin	Objective 3	1,408		1,408
Total		10,596,994	6,283,882	4,313,112

Table 12. Available Funding 2020-21, and beyond

Donor	Award Number	Award End Date	Award Amount USD	PSC Amount (USD)	Amount net PSC (USD)	Available 2020-21 (USD)	Available for future years (USD)
Bill & Melinda Gates Foundation	66012	15-Feb-21	565,000	65,000	500,000	143,032	-
Bill & Melinda Gates Foundation	67856	31-Mar-22	6,003,107	392,727	5,610,380	2,760,132	-
Bill & Melinda Gates Foundation	68341	31-May-21	7,500,000	490,654	7,009,346	2,839,448	-
Christoffel-Blindenmission	69152	31-Jul-20	111,483	7,293	104,190	104,190	-
Department for International Development (DFID), United Kingdom	68666	31-Mar-22	5,235,620	342,517	4,893,103	3,403,701	382,021
End Fund	68391	30-Jun-21	935,000	61,168	873,832	124,842	-
End Fund	69385	1-Sep-20	259,762	16,994	242,768	240,958	-
HQ Control of Neglected Tropical Diseases	67593	31-Dec-20	130,000	-	130,000	56,353	-
Korea International Cooperation Agency (KOICA)	69326	22-Sep-23	4,950,495	323864	4,626,631	2,876,136	1,750,495
Kuwait Fund for Arab Economic Development (KFAED)	66976	31-Dec-21	4,022,826	462,803	3,560,023	1,031,517	-
Merck Sharp and Dohme Corp.,	68340	31-Dec-21	500,000	32,710	467,290	453,275	-
Qatar Fund For Development	68297	31-Dec-21	3,000,000	196,262	2,803,738	1,331,648	-
Swiss Development Cooperation Agency (SDC/DDC)	69148	31-Jul-24	7,890,000	516,168	7,373,832	4,638,552	1,418,045
United States Agency for International Development (USAID)	65701	30-Sep-20	3,997,175	261,497	3,735,678	57,765	-
United States Agency for International Development (USAID)	68986	31-Mar-21	3,997,175	261,497	3,735,678	3,374,192	-
World Bank	66301	31-Dec-21	2,893,721	189,309	2,704,412	317,369	-
Christoffel-Blindenmission	71025	31-Jul-21	115,801	7,575	108,226	108,226	-
End Fund	69818	31-Dec-21	1,108,348	72,509	1,035,839	1,035,839	-
Germany	70127	28-Feb-21	557,414	64,127	493,287	493,287	-
Japan	70377	31-Dec-22	974,463	63,750	910,713	910,713	-
Japan	70765	31-Dec-21	934,213	61,117	873,096	873,096	-
Merck KGAA	71245	31-Dec-21	50,000	3,271	46,729	46,729	-
Qatar Foundation for Education, Science and Community Development	71350	31-Dec-21	50,000	3,271	46,729	46,729	-
Sightsavers	69845	31-Dec-21	297,030	19,432	277,598	277,598	-
China	68724	30-Sep-22	336,735	38,739	297,996	55,381	-
China	69190	31-Dec-21	23,150	2,663	20,487	20,487	-
Total						27,621,195	3,550,561

ESPEN ORGANIGRAM



SCIENTIFIC PUBLICATIONS WITH CONTRIBUTION BY ESPEN 2016-2020

Crosscutting

1. Baseline Mapping of Neglected Tropical Diseases in Africa: The Accelerated WHO/AFRO Mapping Project. 2021. *Accepted for publication at the American Journal of Tropical Medicine and Hygiene.*
2. Monitoring equity in universal health coverage with essential services for neglected tropical diseases: an analysis of data reported for five diseases in 123 countries over 9 years. *Lancet Glob Health.* 2018 Sep;6(9):e980-e988.
3. Community-based door to door census of suspected people living with epilepsy: empowering community drug distributors to improve the provision of care to rural communities in Cameroon. *BMC Public Health.* 2020 Jun 5;20(1):871.
4. Identifying co-endemic areas for major filarial infections in sub-Saharan Africa: seeking synergies and preventing severe adverse events during mass drug administration campaigns. *Parasite & Vectors,* 2018; 11:70.

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2. Onchocerciasis Elimination: Progress and Challenges. *Research and Reports in Tropical Medicine,* 11, 81.
3. African regional progress and status of the programme to eliminate lymphatic filariasis: 2000–2020. *International Health,* 13(Supplement_1), S22-S27.
4. Single dose moxidectin versus ivermectin for *Onchocerca volvulus* infection in Ghana, Liberia, and the Democratic Republic of the Congo: a randomised, controlled, double-blind phase 3 trial. *Lancet.* 2018 Oct 6;392(10154):1207-1216.
5. On-going transmission of human onchocerciasis in the Massangam health district in the West Region of Cameroon: Better understanding transmission dynamics to inform changes in programmatic interventions. *PLoS neglected tropical diseases,* 12(11), e0006904.
6. Cross-border collaboration in Onchocerciasis elimination in Uganda: progress, challenges and opportunities from 2008 to 2013. *Globalization and Health.*14(1),16
7. Central and Peripheral Nervous System disorders following Ivermectin mass administration: a description study based on the Democratic Republic of the Congo pharmacovigilance system. *Drug Real World Outcomes* 4:151-158.
8. Onchocerciasis in the Democratic Republic of the Congo: Survey of knowledge, attitude and perception in Bandundu province. *J Infect Public Health.* 2017;10(5):600-607.
9. Factors Associated with Ivermectin Non-Compliance and Its Potential Role in Sustaining *Onchocerca volvulus* Transmission in the West Region of Cameroon. *PLoS Negl Trop Dis.* 2016 Aug 16;10(8):e0004905.

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10. Onchocerciasis: shifting the target from control to elimination requires a new first-step-elimination mapping. *Int Health*. 2018 Mar 1;10(suppl_1):i14-i19.

 11. Identifying co-endemic areas for major filarial infections in sub-Saharan Africa: seeking synergies and preventing severe adverse events during mass drug administration campaigns. *Parasit Vectors*. 2018 Jan 31;11(1):70.

 12. Projected Number of People With Onchocerciasis-Loiasis Coinfection in Africa, 1995 to 2025. *Clin Infect Dis*. 2020 May 23;70(11):2281-2289.

 13. How Can Onchocerciasis Elimination in Africa Be Accelerated? Modeling the Impact of Increased Ivermectin Treatment Frequency and Complementary Vector Control. *Clin Infect Dis*. 2018 Jun 1;66(suppl_4):S267-S274.

 14. Community-directed distributors-The “foot soldiers” in the fight to control and eliminate neglected tropical diseases. *PLoS Negl Trop Dis*. 2021 Mar 4;15(3):e0009088.

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16. The global progress of soil-transmitted helminthiasis control in 2020 and World Health Organization targets for 2030. *PLoS Negl Trop Dis*. 2020 Aug 10;14(8):e0008505.

 17. Sartorius B, et al. Prevalence and intensity of soil-transmitted helminth infections of children in sub-Saharan Africa, 2000-18: a geospatial analysis. *Lancet Glob Health*. 2021 Jan;9(1):e52-e60.

 18. Evaluating survey designs for targeting preventive chemotherapy against *Schistosoma haematobium* and *Schistosoma mansoni* across sub-Saharan Africa: a geostatistical analysis and modelling study. *Parasit Vectors*. 2020 Nov 18;13(1):555.

 19. Is praziquantel preventive chemotherapy associated with visual disorders in Eritrea? A comment on the case series reported by Debesai and Russom. *PLoS Negl Trop Dis*. 2020 Nov 5;14(11):e0008827.

 20. Evaluating the potential impact of interruptions to neglected tropical disease programmes due to COVID-19. *Trans R Soc Trop Med Hyg*. 2021 Mar 6;115(3):201-204.

 21. Impact of Different Mass Drug Administration Strategies for Gaining and Sustaining Control of *Schistosoma mansoni* and *Schistosoma haematobium* Infection in Africa. *Am J Trop Med Hyg*. 2020 Jul;103(1_Suppl):14-23.

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25. The simplified trachoma grading system, amended. *Bull World Health Organ*. 2020; 98(10):698-705.

 26. The Importance of Failure: How Doing Impact Surveys That Fail Saves Trachoma Programs Money. *Am J Trop Med Hyg*. 2020 Dec;103(6):2481-2487.

 27. Quality Assurance and Quality Control in the Global Trachoma Mapping Project. *Am J Trop Med Hyg*. 2018 Oct;99(4):858-863.

 28. Epidemiology of trachoma and its implications for implementing the “SAFE” strategy in Somali Region, Ethiopia: results of 14 population-based prevalence surveys. *Ophthalmic Epidemiol*. 2018; 25:sup1, 25-32.

 29. Oral doxycycline for the prevention of postoperative trachomatous trichiasis in Ethiopia: a randomised, double-blind, placebo-controlled trial. *Lancet Glob Health* 2018; 6: e579-92.

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31. The Prevalence of Trachoma in Tigray Region, Northern Ethiopia: Results of 11 Population-Based Prevalence Surveys Completed as Part of the Global Trachoma Mapping Project. *Ophthalmic Epidemiol*. 2016;23(sup1):94-99.

 32. Posterior lamellar versus bilamellar tarsal rotation surgery for trachomatous trichiasis in Ethiopia: a randomised controlled trial. *Lancet Glob Health*. 2016 Mar;4(3):e175-84.

ACKNOWLEDGEMENTS

Thank you to our partners and valued donors!

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