World Health Organization

African Region

Expanded Special Project for Elimination of Neglected Tropical Diseases

Annual report

2024

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Contents

Abbreviations

AWP	Annual Work Plan Form
CIFF	Children's Investment Fund Foundation
DRG	dossier review group
EMS	Epidemiological Monitoring Survey
EPIRF	Epidemiological Data Reporting Form
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
FGS	female genital schistosomiasis
GONE	Global Onchocerciasis Network for Elimination
HMIS	health management information systems
IU	implementation unit
JAP	Joint Application Package
JRF	Joint Reporting Form
JRSM	Joint Request for Selected Medicines
LF	lymphatic filariasis
MDA	mass drug administration
MoH	ministry of health
MMM	Mwele Malecela Mentorship Programme
NGO	nongovernmental organization
NNN	Neglected Tropical Diseases NGO Network
NTD	neglected tropical diseases
OEM	onchocerciasis elimination mapping
PC-NTDs	neglected tropical diseases amenable to preventive chemotherapy
PSAC	preschool-aged children
PZQ	praziquantel
RPAG	Regional Programme Advisory Group
RPRG	Regional Programme Review Group for PC-NTDs
SAC	school-aged children
SAFE	surgery, antibiotics, facial cleanliness and environmental improvements
SCH	schistosomiasis
SPPA	Schistosomiasis Practical and Precision Assessment
STH	soil-transmitted helminthiases
TEMF	Trachoma Elimination Monitoring Form

TT	Trachomatous trichiasis
WASH	water, sanitation and hygiene

Executive summary

In 2024, the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) reinforced its role as a vital driver of disease elimination across the African continent. Amid persistent challenges, ESPEN delivered impactful support to countries, helping over **52.6 million people** receive treatment for onchocerciasis, lymphatic filariasis (LF), schistosomiasis and soil-transmitted helminthiases (STH).

Technical and financial assistance from ESPEN contributed to the submission of **three disease elimination dossiers** to WHO, including Niger's historic bid for onchocerciasis elimination and trachoma elimination dossiers from Botswana and Mauritania. In Madagascar, a landmark integration of LF treatment with polio and routine immunization achieved 100% geographic coverage while saving **US$ 1.43 million**, thus illustrating the power of health system integration.

The year also saw a leap in data-driven programming. Over **60 epidemiological surveys** were supported using ESPEN Collect, while the ESPEN Laboratory processed more than **130 000 entomological** and **2000 epidemiological samples**, which guided national decisions on when and where to scale down mass treatment. The Implementation Unit (**IU) Planner**, launched in 2024, now enables real-time tracking of funding gaps and implementation plans across endemic countries, thus enhancing coordination among partners.

ESPEN leadership in strengthening supply chains yielded remarkable results: **over 1.18 billion tablets** were coordinated for delivery, and **11 million praziquantel tablets** nearing expiry were saved and rapidly deployed. These efforts averted treatment delays and ensured better stewardship of donated medicines.

Health system resilience was further strengthened through the **training of over 587 national staff**, enhanced laboratory capacity in eight countries, and support for integrating zoonotic neglected tropical diseases like taeniasis into national One Health strategies. Meanwhile, the **Mwele Malecela Mentorship Programme** (MMM) continued to empower women in NTD leadership and build momentum for gender equity and professional growth.

Financially, ESPEN managed **US$ 8.3 million** in available funds, 61% of which were directed to country-level implementation. Yet, funding gaps persisted, especially in high-burden settings that rely solely on WHO for technical and operational support. Despite staffing constraints, with 15 core staff and 5 key vacancies, ESPEN continued to deliver efficiently through short-term consultants and strategic partnerships.

The ESPEN Steering Committee endorsed a renewed mandate through **2030**, which underscored the alignment of ESPEN with the WHO NTD road map and Sustainable Development Goals. While progress was steady, the report highlights challenges such as funding delays, incomplete mapping and gaps in water, sanitation and hygiene (WASH) integration, all of which require collective solutions.

Looking ahead, ESPEN remains committed to its mission–to eliminate NTDs as a public health problem and ensure that no community is left behind.

Regional progress on selected NTD indicators (2023)

518.6 million
of people who required treatment for at least one NTD amenable to preventive chemotherapy (PC-NTD)

288.9 million
of people who received treatment for at least one PC-NTD

55.70 %
of estimated treatment coverage on population in need of treatment for at least one PC-NTD

62.64 %
of estimated epidemiological coverage for LF

74.85 %
of estimated epidemiological coverage for onchocerciasis

55.30 %
of estimated epidemiological coverage of school-aged children (SAC) for STH

40.50 %
of estimated epidemiological coverage of SAC for schistosomiasis (SCH)

31 %
of estimated epidemiological coverage for trachoma

312 million
of the cumulative population no longer requiring treatment for LF

30.5 million
of the cumulative population no longer requiring treatment for onchocerciasis

30 million
of diethylcarbamazine citrate (DEC) tablets shipped to African countries

105 million
of albendazole tablets for LF shipped to African countries

60 million
of albendazole tablets for STH shipped to African countries

128 million
Mebendazole tablets for STH shipped to African countries

199 million
of praziquantel tablets for SCH shipped to African countries

2024 highlights

Treatment delivery and support

- 52.6 million people treated for onchocerciasis, LF, schistosomiasis and STH.
- integrated LF, polio and immunization campaign in Madagascar achieved 100% geographic coverage and 77% therapeutic coverage, saving US$ 1.43 million.

Dossier preparation and elimination milestones

- three elimination dossiers submitted:
  - trachoma: Botswana and Mauritania
- One elimination dossier preparation started
  - schistosomiasis: Algeria

Data-driven programming and surveillance

- 60 epidemiological surveys conducted across 17 countries (8436 sites) using ESPEN Collect
- over 130 000 entomological and 2000 epidemiological samples processed in the ESPEN Laboratory.

Medicine management and supply chain efficiency

- 50 medicine requests coordinated across 28 countries, covering over 1.18 billion tablets
- 11 million praziquantel tablets saved from expiry.

Country capacity-building

- 587 staff and partners trained on ESPEN Collect
- over 50 programme managers and staff trained on Joint Application Package (JAP) reporting and validation
- workshops delivered in Congo, Côte d'Ivoire, Namibia and Senegal
- diagnostic capacity strengthened in eight countries.

Innovation and digital tools

- **IU Planner launched for real-time coordination at the IU level**
- **ESPEN Portal upgraded with enhanced dashboards and automated data integration**
- **Schistosomiasis Practical and Precision Assessment (SPPA) tool launched for targeted schistosomiasis survey design.**

Gender equity and leadership

- **MMM Quarterly Webinar Series launched to foster mentorship and leadership for women in NTD programmes.**


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Introduction

ESPEN is a WHO-led initiative launched in 2016 to support African countries in eliminating five preventive chemotherapy (PC) NTDs: LF, onchocerciasis, schistosomiasis, STH and trachoma. With over 600 million people in the Region needing treatment, these diseases continue to affect the most vulnerable among them, causing chronic disability and economic hardship. Through technical support, capacity-building and resource mobilization, ESPEN helps countries to scale up mass drug administration (MDA), enhance surveillance and accelerate progress towards the 2030 NTD road map elimination targets.

ESPEN operates as a public-private partnership that brings together governments, donors, implementing partners and the private sector to support national NTD programmes in the WHO African Region. It works with countries and partners, including pharmaceutical companies, to strengthen health systems, expand access to medicines and promote integrated, data-driven approaches. This collaborative model enables ESPEN to mobilize resources, secure donated medicines and provide technical assistance tailored to country needs. By leveraging private sector innovations, academic research and donor funding, ESPEN supports health system strengthening, improves decision-making through better data use and accelerates the elimination of the five PC-NTDs.

This 2024 annual report presents the key achievements and activities of ESPEN across the WHO African Region, highlighting progress in eliminating PC-NTDs, strengthening NTD health systems, including improved supply chain management, and advancing gender equity in leadership through the MMM. It underscores the growing use of data for informed action and details ongoing advocacy and resource mobilization efforts at regional and global levels. The report also includes a financial summary for the year, outlines the major challenges encountered and describes the adaptive strategies implemented in response. It concludes with ESPEN priorities and planned actions for 2025 and beyond.

Progress towards NTD elimination

Lymphatic filariasis

LF, commonly known as elephantiasis, is a debilitating NTD that predominantly affects the WHO African Region. Despite its burden, substantial progress has been made towards LF elimination in the Region. Togo and Malawi successfully eliminated LF as a public health problem in 2017 and 2020 respectively and are now under post-validation surveillance. Furthermore, Benin, Cameroon, Comoros, Mali, Sao Tome and Principe and Uganda have halted MDA in all their endemic IUs, marking key milestones in the path to elimination.

Health system integration in action: Madagascar's LF MDA success story

In 2023, Madagascar's Ministry of Public Health, with technical and financial support from WHO, ESPEN and partners, implemented three phases of MDA for LF. Phases 2 and 3 were integrated with existing polio supplementary immunization activities (SIA) and Periodic Intensification of Routine Immunization (PIRI). The results showed significant geographic coverage, with 99.98% of the 15 055 targeted villages reached, and a statistically significant difference observed between integrated and non-integrated approaches. Therapeutic coverage was also higher with integration, achieving 76.6% across 68 districts compared to 72.3% across 15 districts without integration. LF morbidity detection revealed 18 085 cases in integrated districts and 2540 cases in non-integrated districts, with no statistically significant difference. Financial efficiency was notable, with costs reduced from an estimated US$ 1.86 million without integration to an actual US$ 425,000 with integration, resulting in total savings of US$ 1.43 million. The primary savings drivers were travel and allowances (41%), community health worker training (25%) and communication (10%).

By aligning logistics, training and community engagement, the country boosted efficiency, reduced costs and strengthened health outcomes. This is a compelling case for integrated public health delivery, a model worth scaling across other NTD and immunization programmes.

Progress with LF elimination in Madagascar

In 2024, a total of 32 IUs completed the epidemiological monitoring survey (EMS) and are eligible for the first transmission assessment survey (TAS-1) scheduled this year. Madagascar has 83 IUs known to be endemic for LF out of which four are in post treatment surveillance. In 2025, the country will conduct (TAS-1)/ivermectin, diethylcarbamazine and Albendazole (IDA) impact assessment surveys in 32 IUs that passed EMS in 2024 and EMS in 27 IUs that have met the eligibility criteria.

Figure 1: Integration of mass treatment for LF and polio vaccination in Madagascar

source: WHO Madagascar

Lymphatic filariasis elimination efforts in the Republic of the Congo

With technical and financial support from ESPEN and Sightsavers the Ministry of Health in the Republic of the Congo conducted an LF Epidemiological Monitoring Survey in Kibangou District. Results showed a Filarial Test Strip (FTS) positivity rate of 4.7% and microfilariae prevalence of 1.0% in sentinel villages. These rates exceeded the WHO thresholds, and the district did not qualify for TAS-1, leading to the recommendation for continued biannual LF MDA for at least 2 more years. The MDA campaign in 13 districts endemic for LF only reached 766 237 (79%) people, with all 13 districts exceeding the minimum therapeutic coverage of 65% and eight districts reaching coverage of above 80%.

Challenges in LF elimination

Despite significant progress in the African Region, several challenges persist:

- incomplete LF mapping in Gabon
- persistent LF hotspots in Burkina Faso
- MDA implementation financing gaps in countries such as Angola and the Central African Republic.

Onchocerciasis

Onchocerciasis, commonly known as river blindness, is a parasitic NTD that predominantly affects the WHO African Region. As of December 2023, over 99.3% of the estimated 249.5 million people requiring preventive chemotherapy for onchocerciasis resided in the African Region. Of the 31 onchocerciasis-endemic countries worldwide, 27 are located in this Region. In 2024, Niger's elimination dossier was under review for verification of onchocerciasis elimination. Senegal stopped MDA in all its IUs; meanwhile Equatorial Guinea, Ethiopia, Nigeria, Togo, Uganda and United Republic of Tanzania had stopped MDA in at least one onchocerciasis focus.

The MDA campaign for onchocerciasis in 13 districts endemic for onchocerciasis only in the Republic of the Congo targeted a population, reached and treated 946 471 (77%) of the population targeted. Only four of the 13 districts surpassed the WHO treatment coverage target of 80%. In six districts co-endemic for both onchocerciasis and LF 140 973 (85%) of the population targeted were treated, and all six districts exceeded the WHO treatment coverage targets.

In 2024, ESPEN provided both technical and financial support for the constitution and convening of the first onchocerciasis elimination meeting whose role will be to provide technical guidance to the national programme until elimination is achieved. Additionally, ESPEN coordinated the finalization of Niger's onchocerciasis elimination verification process, thus reinforcing the Region's commitment to achieving the 2030 elimination targets.

Leadership in action: Congo's journey to end river blindness

In 2024, Congo achieved 80% MDA coverage across 19 districts, reaching nearly 700,000 people. Strong leadership, community engagement through 6,000 trained distributors, and partner support have sustained progress, despite emerging urban challenges. The country remains firmly on course to eliminate onchocerciasis.

Figure 2: A community drug distributor (right) provides treatment for onchocerciasis to a family in Congo

source: ESPEN

Challenges in onchocerciasis elimination

- Incomplete onchocerciasis elimination mapping in IUs classified formerly as hypo-endemic based on Rapid Epidemiological Mapping for Onchocerciasis (REMO) during the onchocerciasis control era.
- Need for technical support to delineate onchocerciasis operational transmission zones.
- Absence of established national onchocerciasis elimination committees in some countries.
- Lack of funding for the implementation of pre-STOP MDA surveys where they are due.
- Inadequate resources for the efficient processing of blood and blackfly samples collected during pre-STOP and STOP MDA surveys

Soil-transmitted helminthiases

STH remain a significant public health challenge in the African Region, given that they affect about 200 million people who require PC, particularly in communities with inadequate sanitation and hygiene. As of 2024, all 47 countries in the African Region were considered endemic for STH, but only 42 require PC.

Table 1: Status of STH prevalence in countries after 5 or more years of PC

Region	<2%	≥2% <10%	≥10% <20%	≥20% <50%	≥50%	Evaluation not done/ results of evaluation not available	No data
Africa	Burkina Faso, Ghana, Mali, Niger, Senegal and Zimbabwe	Cabo Verde, Chad, Côte d'Ivoire, Kenya, Sierra Leone and United Republic of Tanzania (mainland)	Benin, Burundi, Cameroon, Liberia and Togo	Ethiopia and Rwanda	Comoros	Botswana, Central African Republic, Congo, Democratic Republic of the Congo (DRC), Gabon, Gambia, Guinea, Guinea-Bissau, Lesotho, Madagascar, Malawi, Mozambique, Sao Tome and Principe, South Africa, South Sudan, Swaziland, Uganda and Zambia.	Angola, Equatorial Guinea and Nigeria

Six countries, namely Burkina Faso, Ghana, Mali, Niger, Senegal and Zimbabwe have achieved reduction of low, moderate and heavy morbidity to less than 2% as defined in the NTD road map and qualify to proceed to validation of elimination of STH as a public health problem and should proceed to validate this status through a WHO-guided process.

Several others, including Cabo Verde, Chad, Côte d'Ivoire, Kenya, Sierra Leone and United Republic of Tanzania (mainland) have reduced their national prevalence levels to less than 10%. High transmission rates persist in Ethiopia and Rwanda with, prevalence rates of 20–50%, while Comoros has the highest prevalence in the Region of over 50% infection rates. Progress with STH elimination in Angola, Equatorial Guinea and Gabon could not be assessed due to paucity of data.

Challenges in STH elimination

- **Inadequate treatment coverage and reporting for women of reproductive age.** Only 20% are reached through LF programmes, and 15% through maternal and child health services.
- **Lack of impact assessments and data.** This affects 22 countries, thus limiting the ability to track regional progress effectively.
- **Delayed inclusion of preventive treatment for strongyloidiasis in national policies.** There is also limited access to ivermectin for mass treatment.
- **Limited access to adequate sanitation and hygiene infrastructure.** This remains a major driver of disease transmission. An estimated 220 million people across the continent still practise open defecation, and hundreds of millions more lack access to safely managed sanitation services.

Schistosomiasis

Schistosomiasis is endemic in 43 of 47 African countries, with 41 requiring PC. Transmitted through contact with contaminated freshwater, the disease causes chronic inflammation and organ damage, including bladder and kidney complications, reproductive health issues and liver disease.

Algeria and Mauritius have reached the transmission interruption phase, with validation of EPHP ongoing in Algeria. Equatorial Guinea and South Africa launched their schistosomiasis control programmes in 2024 together with their first MDA campaigns. Overall, an estimated 254 million people required PC for SCH, including SAC and adults in the African Region. However, only 89.8 million people received treatment across 33 countries, comprising 75.6 million SAC and 14.2 million adults. Additionally, 741 860 preschool-aged children (PSAC) received treatment in just two countries: 627 008 in the DRC and 114 852 in Zanzibar, United Republic of Tanzania.

Despite ongoing control efforts, 12 countries – Botswana, Eswatini, Gabon, Gambia, Guinea-Bissau, Madagascar, Mozambique, Namibia, Sao Tome and Principe and Zimbabwe – did not conduct MDA for schistosomiasis in 2024.

Milestone for South Africa: first MDA campaign for schistosomiasis launched

In 2024, South Africa, with technical and operational support from ESPEN, the Department of Health, and the World Health Organization, successfully launched its first MDA campaign against schistosomiasis. The campaign reached over 224 000 individuals aged 5–19 years, demonstrating a strong commitment to tackling NTDs. Praziquantel was supplied by the national government and supplemented by medicines from the WHO medicine donation programme (Merck), which ensured broad access to treatment. This pilot campaign not only expanded access to essential medicines but also provided valuable lessons to guide future national scale-up efforts.

Zambia's schistosomiasis MDA campaign exceeds targets amid cholera efforts

Zambia received exceptional financial support from ESPEN to carry out a fifth consecutive round of integrated schistosomiasis and soil-transmitted helminths MDA to avert expiry of praziquantel and meet the requirements for a scheduled key impact assessment. The campaign was carried out in 37 high- and moderate-prevalence districts across Central, Luapula, Southern, Northern, Muchinga, Western and Lusaka provinces, despite ongoing national efforts to control cholera outbreaks. Using both school- and community-based strategies, the MDA reached 1 213 928 children aged 5–14, surpassing the target of 1 055 590 by 15%.

Challenges in schistosomiasis elimination

Health system challenges

- Limited treatment access for adults and PSCAC
- Weak diagnostics
- Low cross-sectoral collaboration

Biological and environmental threats

- Zoonotic schistosomiasis
- Parasite hybridization and risk of drug resistance
- Climate change expanding snail habitats

Sustainability and programmatic challenges

- Poor access to safe water and hygiene (WASH)
- Suboptimal treatment coverage
- Reliance on external
- Inadequate post-treatment surveillance fundingcollaboration

Trachoma

Trachoma is the leading infectious cause of blindness and predominantly affects the WHO African Region. As of April 2024, 90% of the estimated 103 million people at risk globally lived in the African Region. Of the 39 endemic countries worldwide, 22 are in the African Region. Moreover, 80% of the 1.5 million global *Trachomatous trichiasis* (TT) cases were found in this Region. Trachoma is prioritized for elimination as a public health problem by 2030.

Despite the burden, progress is being made. Six countries in the African Region have achieved trachoma elimination in the following order: Ghana (June 2018), Gambia (April 2021), Togo (May 2022), Malawi (September 2022), Benin and Mali (May 2023).

ESPEN functions as a secretariat for the independent dossier review groups (DRGs) of submitted trachoma elimination dossiers and assists countries in addressing feedback from these groups on their elimination dossiers. In 2024, ESPEN provided technical support by informally reviewing the draft trachoma elimination dossiers of Botswana, Mauritania and Senegal leading to the finalization of the documents. Furthermore, ESPEN supported the preparation of the draft trachoma elimination dossier of Namibia. Botswana, Burundi and Mauritania officially submitted their dossiers to WHO for validation in 2024, while Namibia and Senegal are expected to submit theirs in 2025.

Empowering countries for success: ESPEN support for trachoma dossier preparation

In 2024, ESPEN intensified support for trachoma elimination efforts by strengthening national capacities for dossier preparation and submission. In February, ESPEN facilitated a francophone trachoma dossier preparation training workshop in Abidjan, Côte d'Ivoire, bringing together 16 national NTD and trachoma programme managers from 10 endemic countries. Participants gained critical skills to advance country-led dossier processes. In March, ESPEN further supported Burundi's Ministry of Health through a dedicated workshop to revise their trachoma dossier in response to DRG feedback. As a result, Burundi resubmitted its updated dossier for review in April 2024.

Figure 3: Participants at the francophone trachoma dossier preparation workshop in Abidjan, February 2024

Challenges with trachoma elimination

Epidemiological progress

- Delayed achievement of TT elimination thresholds where the elimination threshold for trachomatous inflammation follicular (TF) has been achieved (for example, Algeria, Burkina Faso, Eritrea, Guinea and Zimbabwe)
- Persistent and recrudescent trachoma in endemic countries requiring bespoke interventions

Health access and equity

- Surgical backlogs for TT persist in several countries.
- Hard-to-reach, insecure and mobile populations remain underserved.
- Limited access to follow-up care and quality eye health services in some endemic areas.

Programmatic sustainability

- Difficulty maintaining political and financial commitment for interventions as disease prevalence declines.
- Need for integration of trachoma interventions into routine health systems.
- Cross-border collaboration to interrupt transmission between neighboring countries.
- Gaps in robust surveillance and early detection systems to identify transmission resurgence.

One Health: taeniasis and cysticercosis

Taeniasis and cysticercosis, caused by *Taenia solium*, remain major public health concerns in Africa. Infection occurs via undercooked pork or self-infection, with taeniasis often asymptomatic. However, its larval form can cause cysticercosis, and neurocysticercosis is a leading cause of epilepsy responsible for up to 70% of cases in some areas. Despite the importance of the One Health approach for zoonotic NTDs, these diseases remain under-prioritized in national health strategies, highlighting the need for stronger integration and policy support.

In the WHO African Region, 27 countries are endemic and 11 are suspected to be endemic. Transmission evidence includes reports of porcine cysticercosis, human taeniasis and widespread risk factors such as poor sanitation and open defecation, especially in countries like Madagascar, Uganda and Zambia. Madagascar and Zambia have conducted MDA using praziquantel, niclosamide and albendazole. However, adverse neurological effects from praziquantel in individuals with undiagnosed neurocysticercosis highlight the need for cautious administration.

Driving One Health integration into national NTD strategies

Recognizing the interconnectedness of human, animal and environmental health in addressing zoonotic NTDs, ESPEN provided technical and financial support to 11 African countries, namely Cabo Verde, Central African Republic, Comoros, Gabon, Guinea, Lesotho, Mozambique, Niger, Sao Tome and Principe, Seychelles and South Africa in integrating the One Health approach into national NTD master plans, aligned with the 2021–2030 WHO road map. The masterplans were developed through a participatory approach led by national programmes and including cross-sectoral stakeholders and aligned with the 2021–2030 NTD road map.

Taeniasis mapping for better targeting of integrated interventions

Mapping co-endemic areas for schistosomiasis and taeniasis helps in targeting interventions better, thus avoiding serious adverse events that may be associated with mass treatment in undiagnosed communities. ESPEN provided technical and financial support for taeniasis mapping using WHO standard protocols in Cameroon, Namibia and the United Republic of Tanzania (mainland) in 2024. In all three countries, the mapping delineated areas that require mass community treatment, or case diagnosis and treatment, depending on disease prevalence thresholds. The presence of free roaming pigs, identified infections in the pigs and lack of sanitation facilities were major risk factors for the transmission of *T. solium* in surveyed communities. A unified, One Health approach focused on integrated mass treatment or intensive case identification and treatment for both schistosomiasis and taeniasis, identification and treatment of taenia-infected animals, access to clean water and proper sanitation facilities; strong community engagement will be required.

Figure 4: Taeniasis mapping survey, Namibia

source: WHO Namibia

Strengthening multisectoral action to leave no one behind in NTD elimination

Recognizing that One Health is an integrated approach which aims to sustainably balance and optimize the health of humans, animals and ecosystems, ESPEN, with support, provided technical and financial support for the mobilization and sensitization of One Health stakeholders in six countries (Madagascar, Malawi, Namibia, United Republic of Tanzania (mainland and Zanzibar), Zambia and Zimbabwe through facilitated workshops. The expected outcomes were the recognition and prioritization of zoonotic NTDs under national One Health platforms, and the setting up (where not present) of coordination mechanisms for One Health to prioritize and oversee national One Health actions, including those highlighted in NTD masterplans.

Challenges with taeniasis control

Taeniasis control is challenged by gaps in awareness, sanitation, diagnosis, collaboration and political prioritization.

- **Limited awareness and health education.** Many communities lack knowledge about *T. solium* transmission, sanitation practices and pig management. Myths and stigma hinder prevention efforts.
- **Poor sanitation and hygiene.** Open defecation and limited access to safe toilets sustain environmental contamination and the parasite's life cycle between humans and pigs.
- **Unregulated pig rearing and slaughtering.** Free-range pigs and informal slaughter practices without veterinary oversight allow infected pork to enter the food chain undetected.
- **Lack of diagnostics and weak surveillance.** Few countries have strong diagnostic systems or integrated surveillance for taeniasis and neurocysticercosis, which delays detection and response.
- **Limited access to treatment.** Anti-parasitic drugs for taeniasis and neurocysticercosis are often unavailable or unaffordable, although ESPEN is supporting access through donation mechanisms.
- **Insufficient One Health coordination.** The zoonotic nature of *T. solium* requires collaboration across human, animal and environmental health sectors, but coordination remains weak.
- **Low prioritization in national NTD programmes.** Until 2023, taeniasis and cysticercosis were largely absent from NTD master plans, which limited funding and technical support, despite their significant public health burden.
- **Misdiagnosis and stigma around neurocysticercosis.** Epilepsy caused by neurocysticercosis is often misunderstood or misdiagnosed, thus delaying appropriate care and masking the true impact of the disease.

Strengthening health systems for elimination of NTDs

Strengthening data systems for sustainable NTD programming

WHO plays a critical role in assisting countries with the accurate submission of data to monitor progress towards the goals of NTD programmes. This process includes planning PC interventions and utilizing five standardized electronic workbooks for reporting. These WHO-designed workbooks are: Epidemiological Data Reporting Form (EPIRF), Joint Reporting Form (JRF), Joint Request for Selected Medicines (JRSM), Annual Work Plan Form (AWP) and Trachoma Elimination Monitoring Form (TEMF). Except for TEMF, all these forms constitute the JAP and are integral for feeding data into the ESPEN Data Portal.

Enhancing quality medicine requests and reporting systems

With its strengthened data platforms, ESPEN provides ongoing electronic support, virtual engagements and regional/country workshops to enhance countries' ability to manage medicine requests and treatment reporting.

In 2024, a key regional training workshop was held in Brazzaville, Republic of Congo, bringing together 46 participants from 12 national NTD programmes and partners. The training focused on using JAP data for PC planning, and covered data validation, timely medicine distribution, monitoring and evaluation protocols, and updates on the 2021–2030 NTD road map. Participants engaged in detailed sessions on JAP forms, demographic indicators and ESPEN Collect Support Services. Country presentations led to agreements on demographics and target populations for PC, which will inform medicine requests through 2025. Countries also reviewed schistosomiasis workbooks and received technical support to complete critical reporting forms (JRF2023, JRSM2025, EPIRF).

Additionally, in July 2024, ESPEN facilitated a capacity-building workshop organized by Senegal's NTD team, providing hands-on training in the JAP tool and updates on new WHO guidelines and recommendations.

Figure 5: Participants at the regional data workshop in Brazzaville, Congo

Source: ESPEN

Data quality assurance and reporting

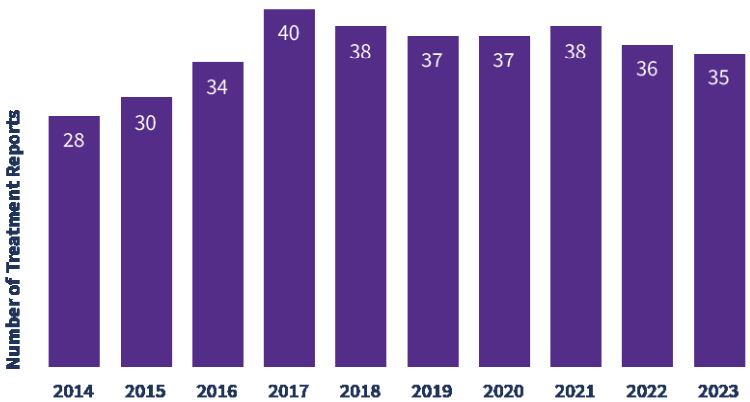
To uphold data quality, ESPEN reviews country submissions and provides feedback through written reports and country-specific virtual meetings involving WHO NTD focal points, ministries of health, and implementing partners. Feedback highlights inconsistencies and offers corrective guidance.

In 2024, ESPEN supported 35 national NTD programmes in preparing and submitting reports for 2023 MDA activities. Ten countries – Botswana, Cabo Verde, Comoros, Gabon, Gambia, Lesotho, Namibia, Sao Tome and Principe, South Africa and Zimbabwe – reported no MDA due to funding shortfalls, delayed medicine deliveries or limited programme capacity.

Fifteen countries scaling down MDA activities submitted impact assessment survey results using the EPIRF form, with 28 survey reports reviewed against WHO monitoring and evaluation frameworks.

As a result of strengthened capacity-building and virtual support, 50% of expected reports were received by March 2024, and 97% of received reports were validated by July 2024.

Figure 6: Treatment reports submitted by NTD programmes for 2014–2023 with ESPEN support



Strengthening supply chain systems for NTD medicines

Enhancing efficiency for NTD medicines

In 2024, WHO, ESPEN and partners made significant strides in improving national health system performance, with a strong focus on optimizing supply chain management for NTD medicines. Collaborating closely with ministries of health, pharmaceutical donors and implementing partners, efforts were made to better align medicine approvals with country needs, existing stock levels and confirmed funding. This coordinated approach enhanced medicine access, minimized waste and ensured timely delivery to at-risk communities.

The ESPEN supply chain strategy combined technical support, data-driven planning and targeted country engagement to strengthen national systems and improve responsiveness. Key interventions included:

- **Improved forecasting and inventory reconciliation** to match country requests with actual stock availability;
- **Proactive validation of funding** to prevent distribution delays and bottlenecks;
- **Enhanced partner coordination** to ensure alignment and visibility across supply chains;

Key Outcomes

Regional Coordination: Reviewed and coordinated 50 medicine requests across 28 countries.

Reduced Overstock: 160 million tablets were reconciled across country inventories, enabling the delivery of 131 million additional treatments and significantly reducing surplus.

Averted Expiries: 11 million praziquantel tablets nearing expiry were rapidly deployed through integration with child health activities, providing treatment for 5.5 million School aged children at risk of schistosomiasis.

Value and Cost savings: Facilitated the delivery of medicines valued at **US$ 190.4 million,** while achieving an estimated **US$ 38.3 million in cost savings**

Impact of Supply Chain Interventions in 2024

Timely access to essential medicines directly supported MDA campaigns across several countries. For instance:

In Mozambique, **8 million Praziquantel tablets was successfully rerouted to Madagascar,** ensuring the delivery of 4 million additional treatments and optimizing use of available resources.

In Uganda, **ll million short dated tablets** were used effectively by **integrating NTD treatment with the immunization platform,** showcasing adaptability and increased treatment reach.

Advocacy and regulatory support **in Nigeria facilitated the clearance and deployment of 15 million Mebendazole tablets,** ensuring implementation of treatment campaigns.

Table 2. below provides a detailed breakdown of NTD medicine requests and approvals in 2024, highlighting the alignment of supply with existing stock, confirmed funding, and cost efficiency.

Table 2: Summary of NTD Medicine Requests and Approvals

Medicines	Requested tablets (millions)	Approved tablets (millions)	Difference (millions)	Approved value (US$ millions)	Estimated cost US$ value saved (US$ millions)
Praziquantel (SAC)	226.3	143.8	82.5	16.4	9.4
Albendazole (LF)	95.5	83.1	12.4	1.7	0.2
Albendazole (STH)*	74.7	46.6	28.1	0.9	0.6
Mebendazole*	142.6	98.7	43.9	10.3	4.6
Diethylcarbamazine (DEC)	64.9	45.9	19.0	0.7	0.3
Ivermectin (OCT 2024) **	874.0	763.7	110.3	160.4	23.2
Total approved tablets (millions)	**1 478.0**	**1 181.8**	**296.2**	**190.4**	**38.3**

Note: figures are presented in millions.

*Includes women of reproductive age (WRA), Preschool-aged children (Pre-SAC) and school-aged children (SAC).

** Ivermectin (IVM) is managed by Mectizan Donation Program in collaboration with WHO. The cost values - in effect as of Jan 2021- as reported on the shipping invoices =cost from production to delivery at the designated country warehouses.

The discrepancy of 296.2 million tablets between the requested and approved quantities was primarily due to adjustments based on the available implementation funding and the existing surplus stock already present in the country. This approach helped prevent potential overstocking and ensured that the available medicines were allocated efficiently. As a result of these efforts, ESPEN and its partners improved the availability and efficiency of NTD medicine delivery and supported countries in progressing towards their disease control and elimination goals while maintaining responsible stewardship of donated NTD medicines.

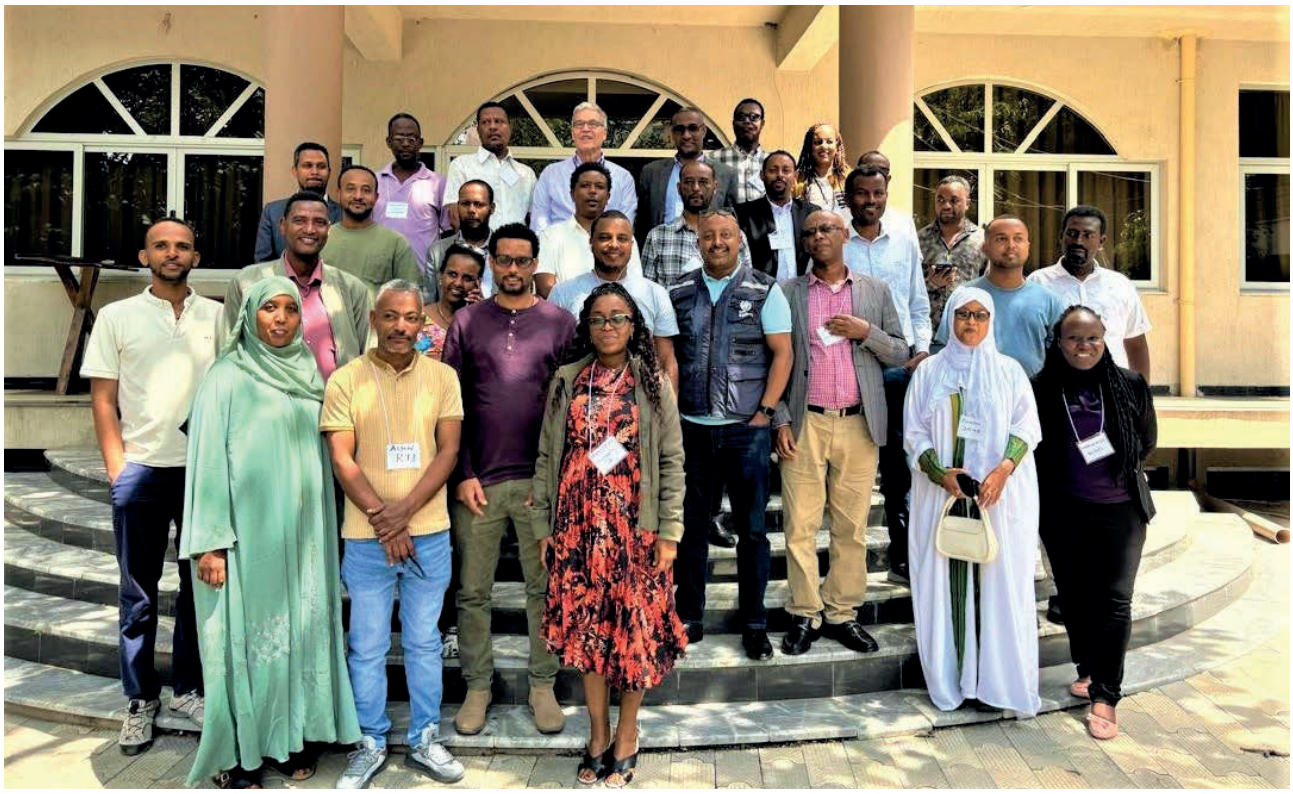
Building resilient supply chain systems

Beyond immediate improvements, 2024 marked significant system-level progress in NTD medicine supply chains. Countries advanced in tracking and reporting medicine wastage, laying the foundation for more accurate forecasting and stronger accountability.

ESPEN supported targeted supply chain scoping missions in Ethiopia, Kenya and Mozambique, gathering field insights and facilitating consultations with national stakeholders. These missions helped address last-mile delivery challenges and informed country specific strategies to improve medicine availability.

Regional coordination platforms promoted shared learning and collaborative problem solving among countries. These efforts are laying the groundwork for more resilient, data-driven supply chains that can support sustained progress in tackling NTDS.

Figure 7: WHO supply chain team, in collaboration with partners from Supply Chain Technical Support Mechanism (SCTSM) project, conducted a scoping mission workshop in Ethiopia



Source: ESPEN

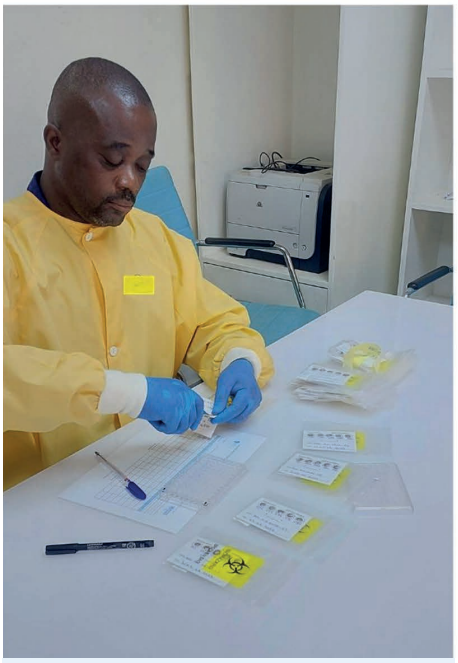
Laboratory capacity strengthening: enhancements in diagnostic and surveillance capacities

In 2024, the ESPEN Laboratory significantly contributed to strengthening country-level capacities for onchocerciasis elimination through technical support, diagnostic services and supply chain support.

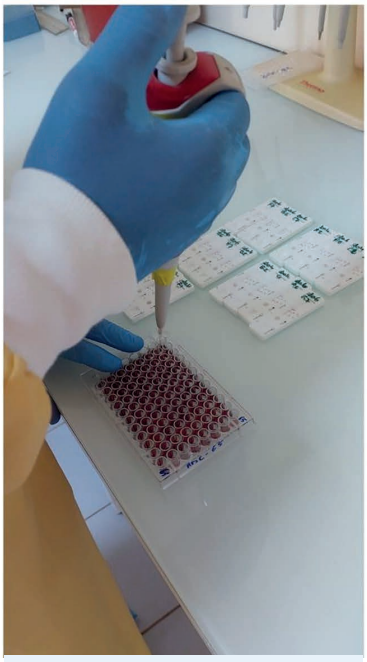
Onchocerciasis surveillance

The ESPEN Laboratory conducted molecular and serological analyses to support epidemiological and entomological surveillance in Burkina Faso, Chad, Niger and Senegal, and provided critical data to guide national programme decisions on treatment and elimination strategies. Analysis of 2087 blood samples from children aged 5 to nine years in Burkina Faso, using the Ov16 IgG4 test exceeded the 2% WHO recommended seroprevalence signalling potential ongoing transmission. Thus, the country is advised to enhance community awareness and reinforcing epidemiological surveillance with bordering countries, Ghana and Cote d'Ivoire. In Niger, more than 12 000 blackflies tested via O-150 polymerase chain reaction (PCR) following additional requests from the onchocerciasis independent verification team during the verification process showed no positive pools detected, confirming transmission elimination. Likewise, over 110 000 blackflies from Senegal and 6900 from Chad were analysed, with no evidence of *Onchocerca volvulus* transmission found, indicating no active transmission in the Falémé and Gambia river basins (Senegal) and surveyed areas in Chad. These results provided robust evidence confirming no transmission one year after MDA stoppage in Senegal and informed onchocerciasis elimination strategies in Chad.

Figure 8: Processing of dried blood spot (DBS) samples at the ESPEN Laboratory



Step 1: Processing of DBS samples at the ESPEN laboratory: Punching of dried blood spots and preparation of ELISA plates



Step 2 (RDT): Processing of DBS samples at the ESPEN laboratory using the Ov16 lgG4 rapid diagnostic

Step 2 (ELISA): Processing of DBS samples at the ESPEN laboratory using the OEPA Ov16 lgG4 ELISA

Source: ESPEN

Capacity strengthening for national laboratories

The ESPEN Laboratory strengthened the capacity of national laboratories in eight countries, namely Burkina Faso, Chad, Democratic Republic of Congo, Guinea, Guinea-Bissau, Malawi, Mali and Nigeria for analysis of epidemiological and entomological samples through the supply of laboratory reagents and other supplies.

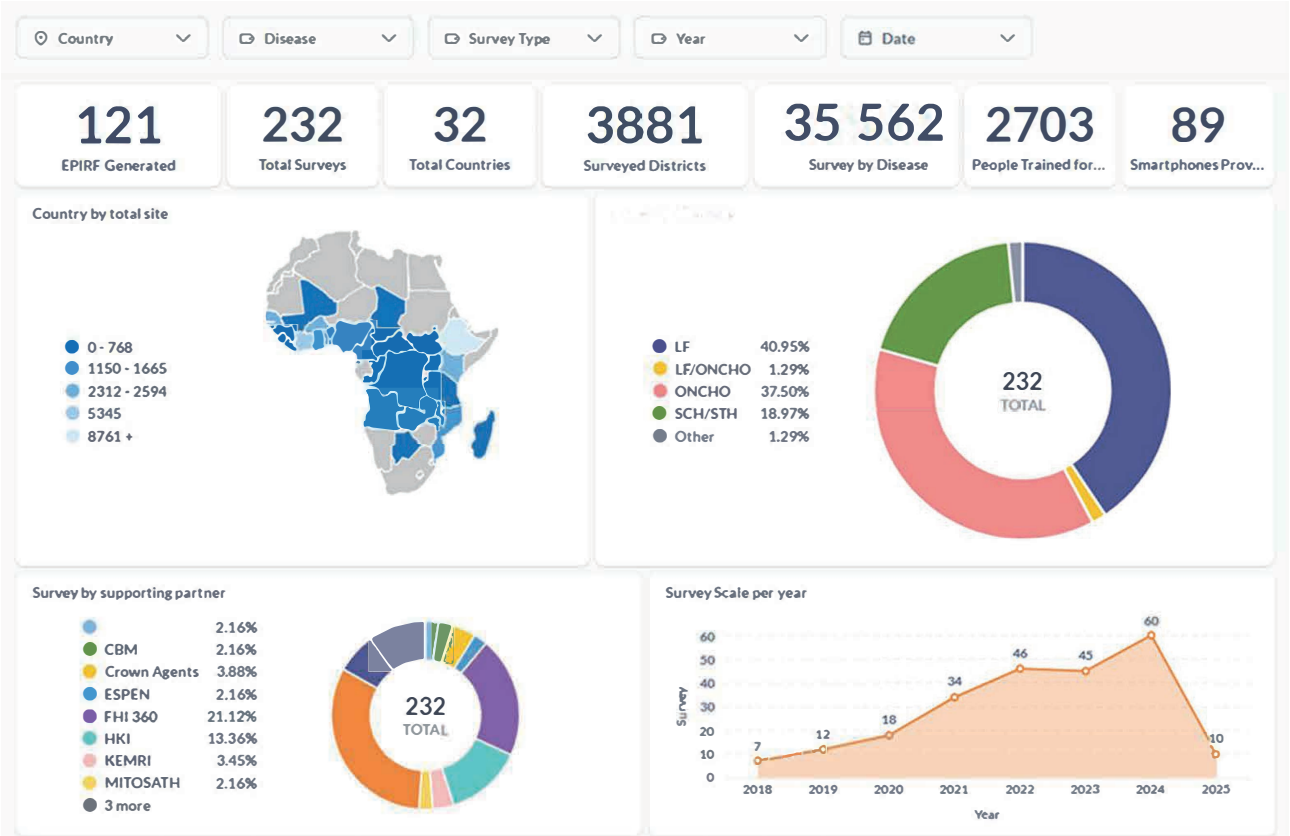
The analyses included Ov16 rapid tests, Whatman 903® dried blood spot (DBS) collection cards, silica desiccants, reagents for enzyme-linked immunosorbent assay (ELISA) and PCR, blackfly capture tubes and binocular microscopes. The laboratories were thus able to provide quality-assured analytics in support of entomological and serological surveys in the respective countries, in accordance with WHO guidelines.

Leveraging NTD data and analytics: ESPEN Data Portal, ESPEN Collect, and IU Planner

ESPEN Collect

ESPEN Collect has been crucial in improving survey data quality and usage for NTD programmes. Between January and December 2024, it supported 60 surveys across 17 countries, covering 632 districts and 8436 sites. Training was provided to 587 individuals, and 37 smartphones were distributed for mobile data collection. Surveys mainly focused on LF (41.7%), SCH/STH (38.3%), onchocerciasis (18.3%) and schistosomiasis-only assessments (1.7%). Partnerships with organizations such as Sightsavers and WHO generated 39 EPIRF reports. Côte d'Ivoire, Liberia and Nigeria recorded high survey site volumes, which significantly aided NTD decision-making.

Figure 9: ESPEN Collect survey implementation overview (2018–2025)



In 2024, the SPPA tool was integrated into ESPEN Collect. This digital tool aids countries in optimizing schistosomiasis surveys by considering epidemiological, ecological and health system factors. Requests to use the SPPA tool can be made through ESPEN Collect, resulting in cost-effective interventions, reduced resource waste and stronger evidence for decision-making, thus advancing NTD elimination.

ESPEN Portal innovations for improved programme performance

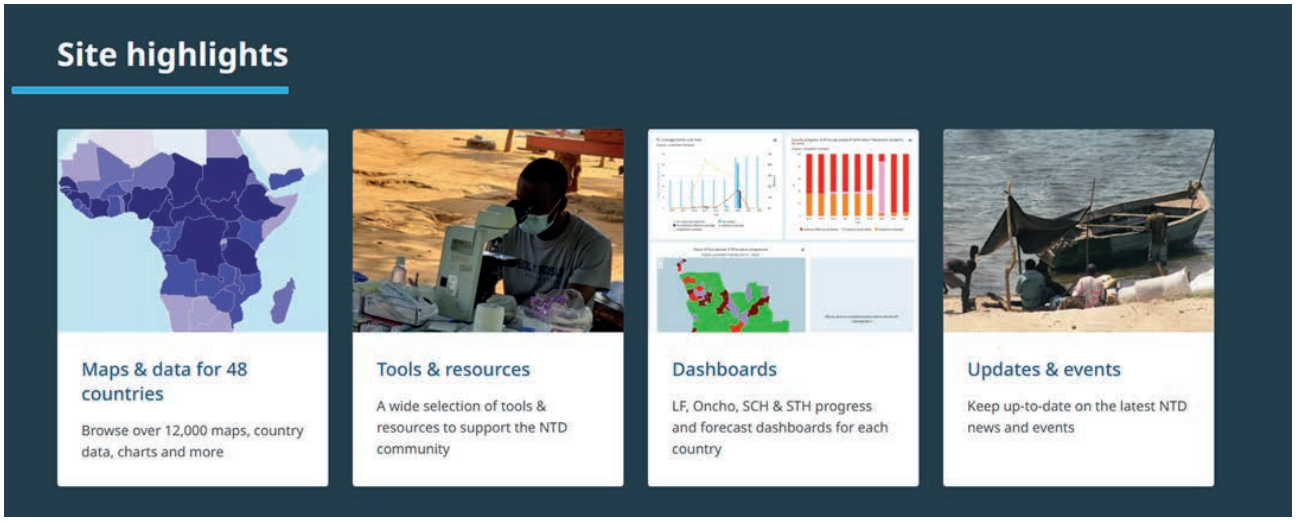
Recent upgrades to the ESPEN Portal have enhanced its performance and expanded its reach as the leading digital platform for NTD data and knowledge sharing in the WHO African Region. Key improvements are outlined below.

- **Real-time data visualization.** New interactive dashboards and dynamic charts allow users to filter, compare and analyse programme data by country, disease, year and intervention type.
- **Enhanced automation.** Automated integration of survey results, MDA coverage reports, and JAP submissions reduces manual errors, accelerates data availability and ensures indicator consistency.
- **Redesigned user interface.** A streamlined, responsive design improves navigation, making the Portal more accessible to programme managers, partners, donors and researchers.

These improvements make the ESPEN Portal a central source for evidence-based information on NTDs, for use by national programmes for planning and implementation, to guide regional policy, and to inform donor investment.

Figure 10: Landing page for downloadable epidemiological maps on the ESPEN portal

Figure 11: Featured highlights of the ESPEN Portal landing page



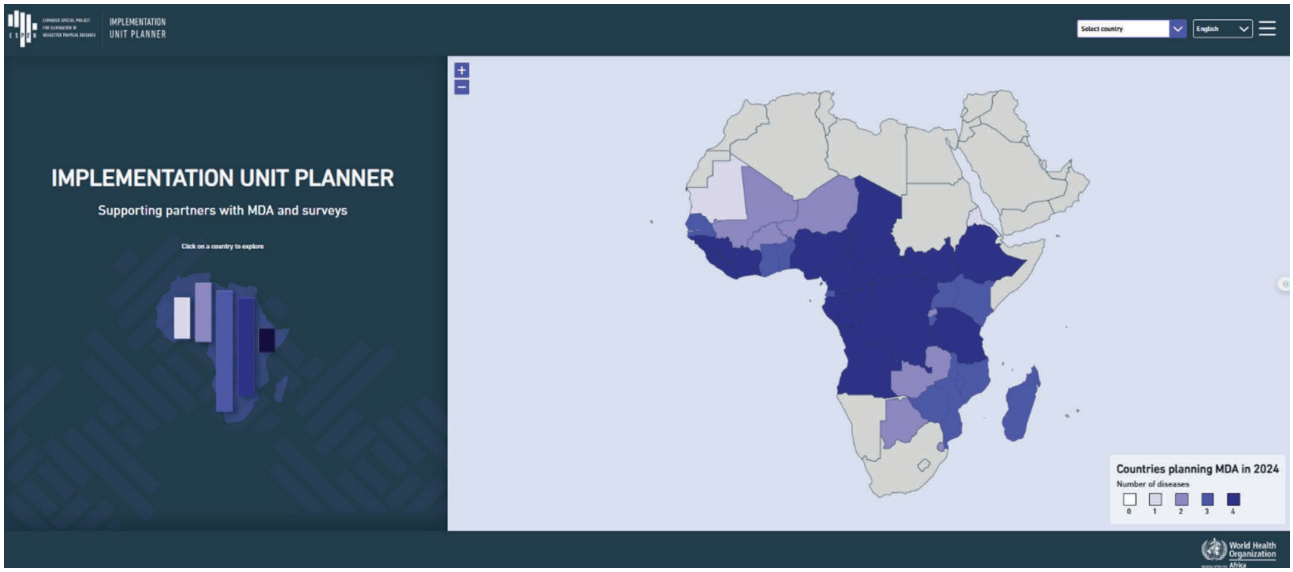
The IU Planner

In 2024, ESPEN launched the **IU Planner** (iuplanner.app), a new digital platform integrated into its data infrastructure to strengthen planning and coordination for NTD interventions. The IU Planner provides real-time visibility into funding gaps for MDA and disease survey activities at the IU level across endemic countries.

Designed as a strategic planning tool, the IU Planner allows national programmes, WHO country teams, and implementing partners to assess whether planned interventions are financially supported–and if so, by which partners. The platform visually maps intervention schedules alongside confirmed partner contributions, offering a clear view of **who is doing what, where and when.**

To date, ESPEN has populated the platform with funding and implementation data for 2023 and 2025, drawing from JAP submissions and follow-up consultations with partners. Implementing partners have started engaging with the platform, validating country-reported support and identifying both areas of alignment and funding gaps. This collaborative verification process ensures that operational plans are accurate, up-to-date and geared towards timely interventions, which minimize duplication and missed opportunities.

Figure 12: The IU Planner landing page



Partnerships, coordination and advocacy

Mwele Malecela Mentorship Programme: gender equity in NTD leadership

The MMM is driving transformative change in the fight against NTDs by advancing gender equity and building robust health leadership. As a flagship initiative under ESPEN, MMM is creating a pipeline of female leaders who are shaping the policies, research and strategies necessary for NTD elimination. A strong health system requires a diverse and skilled workforce with continuous opportunities for learning and collaboration. The Mwele Malecela Mentorship Journey Plan offers a structured approach to career development, leadership and policy advocacy, providing mentees with the tools to make meaningful contributions to NTD elimination. Success stories are shared through the ESPEN Portal and newsletters, highlighting the achievements of women professionals and amplifying their impact.

In 2024, the MMM Quarterly Webinar Series was launched, featuring prominent leaders such as Dr Moeti Matshidiso, WHO Regional Director for the African Region. This initiative has cultivated a dynamic community of practice, facilitated mentorship and dialogue, and shared learning to accelerate progress in the fight against NTDs.

Figure 13: Snapshot from the MMM Quarterly Webinar Series

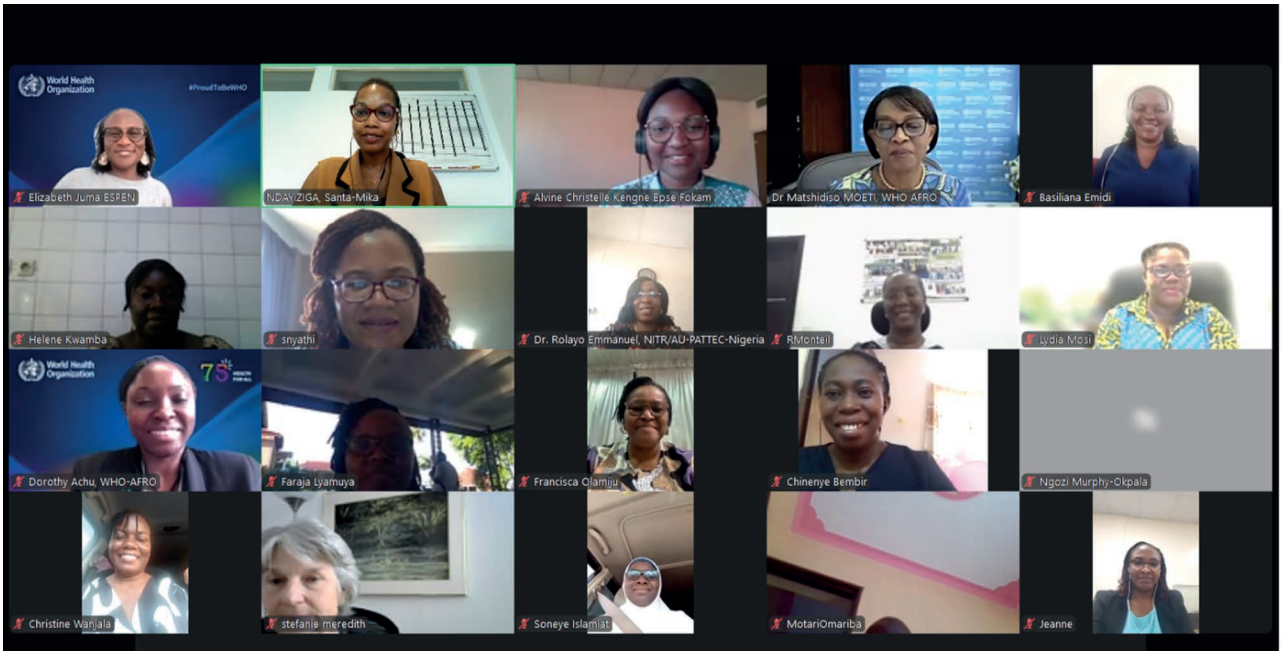


Figure 14: Strategic objectives of the MMM

A Gender Intentional Approach: breaking barriers

The MMM Programme champions gender equity by supporting women across Francophone, Lusophone, and Anglophone countries in Africa. It helps dismantle barriers to leadership in health. Mentees like Dr. Deborah Mensah and Dr. Basiliana Emidi have secured influential positions, contributing to national and global NTD strategies. This inclusive approach ensures women's voices shape the future of NTD elimination.

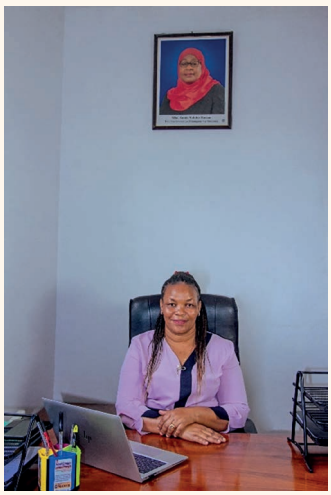
Strategic Mentorship: catalyzing leadership development

Eliminating NTDs requires strong leadership. Through mentor-mentee partnerships developed with Menttium, the MMM Programme equips women with the guidance and skills to shape health policies and lead programs. Many mentees have advanced to high-impact roles and earned international recognition. A notable example is Dr. Christine Wanjala Ludwin, a first-cohort mentee, who received the MMM ASTMH Award and attended the ASTMH Annual Conference, expanding her global engagement in NTD work.

Leading the Charge: a strategic investment in NTD elimination

The MMM Programme is a strategic investment in resilient health systems. By strengthening women's leadership, expanding networks, and promoting advocacy and sustainability, the programme puts women at the forefront of NTD elimination. It builds leadership capacity while advancing progress toward ending NTDs.

From mentorship to movement: women leading the fight against NTDs



Dr Basiliana Emidi, Centre Manager at the National Institute of Medical Research, Dodoma, United Republic of Tanzania, and a mentee of the (MMM), exemplifies how strategic support, capacity-building, and mentorship can drive sustainable change.

Through ESPEN' technical support and regional engagement, including participation in key meetings such as the WHO African Regional NTD Programme Managers Meeting, the WHO Regional Committee for Africa, and the Neglected Tropical Diseases NGO Network (NNN) Conference, Dr. Emidi has strengthened her leadership and expanded her professional network. Her journey reflects the role mentorship and strategic guidance play in empowering women leaders to drive NTD elimination efforts.

Governance

ESPEN Steering Committee endorses new mandate through to 2030

The ESPEN Steering Committee, established by the WHO/African Regional Director, acts as a strategic advisory body that guides ESPEN work, and ensures alignment with regional control and elimination goals for PC-NTDs. Over the years, the committee has been pivotal in shaping ESPEN priorities and providing recommendations to the Regional Director.

Figure 15: ESPEN Steering Committee members meeting in Brazzaville, October 2024

Source: ESPEN

At its annual meeting held on 9–10 October, the Steering Committee's objectives were to realign the project's strategic direction and governance at a time when the ESPEN mission to support WHO African Regional Office's efforts against NTDs is more urgent than ever. A key outcome of this meeting was the endorsement of the third ESPEN mandate and extend its work through 2030 to align with the ambitious goals of the 2021–2030 NTD road map.

As the global health landscape evolves, so must the role of ESPEN. The project has made significant progress in recent years, underscoring its essential role in the fight against NTDs in the African Region. However, emerging challenges and cross-cutting health issues demand that the ESPEN mandate be expanded to meet new needs. This extraordinary meeting provided a unique opportunity to realign the ESPEN strategy, and allow for a more holistic approach that integrates health systems strengthening while continuing to drive progress towards the 2030 NTD road map targets.

Reflecting on this milestone, **Dr Matshidiso Moeti, WHO African Regional Director,** emphasized the importance of sustained support for ESPEN:

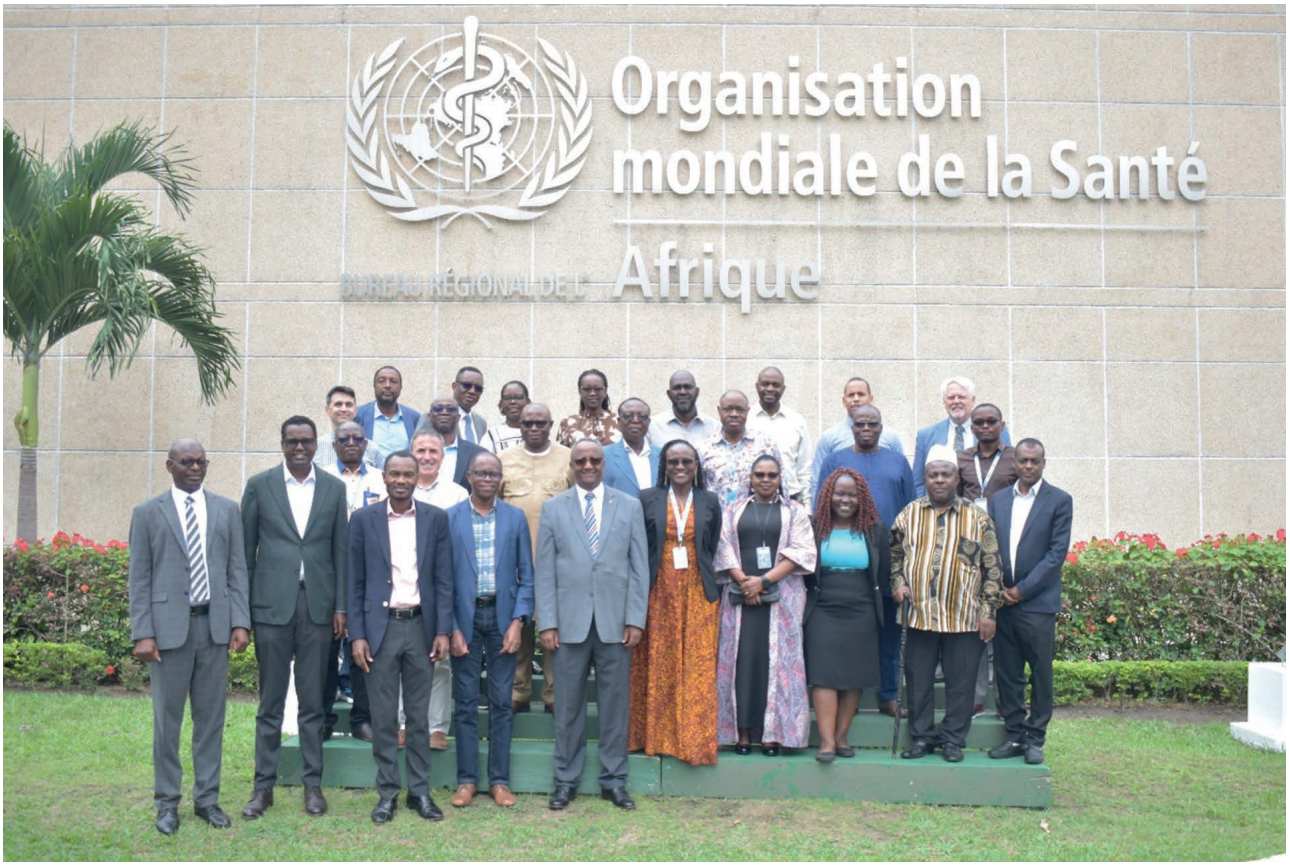
> *Looking back on my ten-year tenure, one of the most rewarding aspects has been seeing the transformation of our NTD efforts, moving from a focus on control to an ambition of elimination. As a committee, we must ensure ESPEN is adequately resourced to deliver the coordination and technical support needed to achieve our regional elimination goals for neglected tropical diseases. ESPEN has proven to be a lean and effective mechanism, but we rely on this committee to advocate with our partners for the essential support required to continue this work. We must ensure that we do not slow down the progress we have worked so hard to achieve.*

Dr Moeti's call to action underscored the urgency of ensuring that ESPEN has the resources it needs to remain an agile, effective, and impactful team. While ESPEN has demonstrated its ability to operate efficiently, this moment demands securing the additional capacity required to continue driving results and delivering the technical support that countries need.

Regional Programme Advisory Group provides recommendations to accelerate programmatic action for elimination

In October 2024, the Regional Programme Advisory Group (RPAG) on Preventive Chemotherapy for Neglected Tropical Diseases (PC-NTD RPAG) convened to address the pressing challenges in achieving the NTD road map 2030 targets. The meeting emphasized the importance of sustained advocacy, smarter use of tools like the ESPEN IU Planner and data-driven decision-making, with the ESPEN Portal as a key resource. The RPAG highlighted the importance of local partnerships and innovative solutions for mapping and eliminating onchocerciasis. It also advocated for the inclusion of loiasis among recognized NTDs and tailored interventions to support the onchocerciasis elimination goal. Key recommendations included strengthening advocacy, promoting cross-border initiatives, enhancing data accessibility, and integrating NTD interventions with national routine health systems for long-term sustainability.

Figure 16: ESPEN RPAG members meeting in Brazzaville, October 2024



Source: ESPEN

International and regional engagements

Promoting innovative solutions and partnerships at NNN and ASTMH conferences

In 2024, ESPEN played a pivotal role in addressing last-mile challenges in the elimination of NTDs by co-facilitating sessions at two major global conferences: the American Society of Tropical Medicine and Hygiene (ASTMH) and the NNN Conference. One of the sessions, titled "Innovative Local Solutions and Technology Development and Use Toward Last Mile Efforts in Eliminating NTDs," showcased how community-driven innovations and data-informed tools are being utilized to overcome persistent obstacles in achieving elimination targets. This session highlighted programmatic innovations from Haiti, Sierra Leone and Uganda, alongside the ESPEN IU Planner, and demonstrated practical solutions to bottlenecks in treatment coverage and surveillance in hard-to-reach or underserved areas.

Another session focused on the dissemination of the newly launched WHO monitoring and evaluation framework for schistosomiasis and STH. It provided a platform for feedback on the ESPEN schistosomiasis community data tool for mapping schistosomiasis and advocated for evidence-based screening and diagnostic guidance for the control of female genital schistosomiasis (FGS).

The active participation ESPEN reinforced its leadership in supporting national NTD programmes with tools that identify funding and implementation gaps. The sessions underscored the importance of equity-driven, inclusive strategies aligned with the WHO NTD Road map 2021–2030 and helped catalyse new partnerships and insights

to accelerate NTD elimination, thus ensuring that no one is left behind

Breaking the silence on female genital schistosomiasis at the 2024 World Health Summit

At the 2024 World Health Summit in Berlin, Germany, the Federal Ministry for Economic Cooperation and Development (BMZ), Germany, launched a new initiative to accelerate progress in the international fight against FGS, partnering with the Ministry of Health, Malawi. The new initiative, "From Neglect to Action: Invest in Women, Invest in Health", was launched by Minister Svenja Schulze as part of the "Investing in Women's Health: Driving Global Development" session held at the World Health Summit. As a key implementing partner and pilot country, Honourable Khumbize Kandodo Chiponda, Minister of Health for Malawi, highlighted her country's commitment to ending the silent suffering of women from a treatable disease.

On the sidelines of the World Health Summit, BMZ in collaboration with WHO hosted a roundtable on FGS entitled, "From Neglect to Action: Invest in Women, Invest in Health", in which ESPEN participated. Discussions centred on finding solutions to improving evidence for enhancing diagnosis and treatment of FGS, integration of FGS into sexual and reproductive health services, community involvement, countering stigma and empowering women, cross-sectoral policy guidance for control and elimination, and sustainable financing and investing in the control of FGS.

Figure 17: Minister Svenja Schulze launches "Investing in Women's Health: Driving Global Development" at World Health Summit 2024

About FGS

FGS is a common but often unnoticed disease affecting about 56 million women and girls in sub-Saharan Africa. It comes from untreated schistosomiasis, caused by parasitic worms in freshwater. FGS can cause infertility, miscarriage and stillbirth. Women and girls with FGS are three times more likely to get HIV and twice as likely to get human papilloma virus (HPV), which can lead to cervical cancer. Even though FGS is easy to prevent and treat, it is often misdiagnosed as a sexually transmitted infection, resulting in ineffective treatment and those affected may face stigma from their families and communities.

Financial mobilization and donor coordination

In 2024, ESPEN secured the following commitments amounting to **US$ 16.8 million** in multi-year funding to support its initiatives from **2025 to 2028.** These contributions indicate global confidence in the strategy and capability to achieve impact across the African Region.

- **US$ 6.8 million** from the **Bill & Melinda Gates Foundation** will support improvements in **regional NTD data quality and evidence for decision-making** and the **NTD medicine supply chain,** thus enhancing efficiency and accountability in programme delivery.
- **US$ 5 million** from the **Children's Investment Fund Foundation (CIFF)** is dedicated to **regional monitoring and evaluation,** as well as **strengthening laboratory systems** for NTD diagnosis and surveillance.
- **US$ 5 million** from the **Kuwait Fund for Arab Economic Development** offers **flexible support,** allowing us to address **critical gaps in mapping, impact assessments, institutional capacity-building** and boosting country leadership for **intersectoral coordination** essential for achieving NTD elimination.

Figure 18: Dr Assad Hafeez, WHO Representative Kuwait (2nd left) and Mr Waleed Sh. Al-Bahar, acting Director General KFAED (centre) at the signing of the multi-year ESPEN grant agreement in Kuwait City

Source: WHO Kuwait

ESPEN extended advocacy efforts in Japan, making a presentation on the project's progress and social impact on NTDs at a Parliamentary League against NTDs meeting specially hosted for advocacy for NTDs. The meeting in Japan brought together key members of the House of Representatives, including Daishiro Yamagiwa (Acting Chairman), Ayano Kunimitsu (Secretary-General), Takako Suzuki and Matsumoto Takeaki. The meeting also welcomed representatives from the Ministry of Health, Labour and Welfare, Ministry of Foreign Affairs, Japan International Cooperation Agency, GHIT Fund, and local nongovernmental agencies. Discussions highlighted the significant strides made in eliminating LF and other NTDs and concluded with a commitment to advocate for increased resources and support NTD initiatives, while recognizing the critical role these efforts play in improving public health and social well-being.

Figure 19: Honourable Ayano Kunimitsu (Secretary-General) and Daishiro Yamagiwa (Acting Chairman) facilitate the stakeholder meeting of the Japan Parliamentary League against NTDs

Source: ESPEN

Financial overview

In 2024, ESPEN managed US$ 8.3 million in available funds–US$ 3 million in new disbursements and a US$ 5.3 million carryover from 2023. Expenditure totalled US$ 6.5 million, with 61% (US$ 2.1 million) directed to country-level support for MDA, impact assessments, data systems, supply chain improvements and health system strengthening. The remainder funded regional technical assistance, including masterplans, training and capacity-building. Despite this progress, funding gaps persist, especially in high-burden countries reliant on WHO support. ESPEN maintains 15 staff, with five key roles vacant, and continues to rely on short-term consultants for targeted support. With backing from WHO and donors, ESPEN remains committed to NTD elimination and resilient health systems.

Table 3: Financial report

Revenue		**Amount (US$)**
Balance brought forward 1 Jan 2024		*5 279 500*
Item	**Donor**	
Designated funding	End fund RLMF countries	1 130 000
	End fund ESPEN	400 000
	Sightsavers RLMF countries	417 333
	Gates Foundation	959 000
	Merck	50 000
Flexible funding	Government of Japan	80 000
Revenue 2024		**3 036 333**
Funding available		**8 315 833**
Item	**Activities**	**Amount (US$)**
Core activities	Scaling up MDA	1 245 419
	Impact assessments for scaling down MDA	756 986
	Strengthening information systems for evidence-based decision-making	599 735
	Strengthening supply chain management of donated NTD medicines	199 931
	Enhancing collaboration and country ownership for sustainability	674 419
	Mwele Malecela Mentorship Programme	59 591
Sub-total core activities		**3 536 081**

Continued...

Revenue 2024		**3 036 333**
Funding available		**8 315 833**
Item	**Activities**	**Amount (US$)**
Other costs	Programme support costs WHO headquarters	666 862
	Global Onchocerciasis Network for Elimination (GONE) Secretariat	35 000
	ESPEN technical support capacity	2 334 736
Sub-total programme and technical support		**3 036 598**
Total expenditure 2024		6 572 679

Table 4: Implementation funding sent to countries in 2024

Country office	Amount (US$)
Burundi	3 115
Cameroon	107 954
Central African Republic	10 000
Congo	674 118
DRC	42 225
Equatorial Guinea	28 128
Gambia	100 000
Guinea	43 439
Kenya	21 393
Lesotho	16 468
Madagascar	441 827
Malawi	11 704
Namibia	273 122
Nigeria	72 009
Sao Tome and Principe	45 294
United Republic of Tanzania	77 581
Zambia	176 961
Total	**2 145 338**

Challenges and future directions

Challenges

Funding and resource mobilization challenges

Chronic funding shortfalls remained a significant barrier to NTD elimination. For example, up to 30% MDA funding gaps for schistosomiasis and 21% for STH in 2024 forced countries like Gambia, Madagascar and Mozambique to skip planned activities. Trachoma-endemic countries struggled to finance critical TT surgeries and community-based interventions. In addition, delays in securing implementation funding for MDAs and surveys averaged 34 days, with some countries waiting up to 100 days for financial confirmation, which disrupted planning cycles and delayed drug procurement and delivery.

Supply chain and operational bottlenecks

Countries faced persistent challenges in drug supply and distribution. Delays in customs clearance and logistical disruptions impacted the delivery of albendazole, mebendazole and praziquantel. Inventory reconciliation often took 3–7 months, thus slowing validation processes for the JRSM. The push for local pharmaceutical manufacturing, while promising sustainability, introduced new complexities in accessing donated medicines, including delays in clearing 15 million mebendazole tablets in 2024.

Data gaps and systems integration

Many NTD programmes continued to face data-related obstacles. Several countries delayed EPIRF submissions despite completed surveys, while limited capacity for data cleaning and validation hampered timely reporting. Outdated demographic data affected accuracy in treatment coverage reports. For STH, impact assessment data was unavailable in 21 countries, which hindered progress tracking. Moreover, fragmented integration of NTD indicators into national health management information systems (HMIS) impeded harmonization and long-term sustainability of surveillance efforts.

Technical and programmatic limitations

Technical challenges slowed progress across multiple diseases. For onchocerciasis, incomplete mapping in former hypo-endemic areas and delays in pre-STOP MDA surveys posed serious obstacles. Several countries lacked national elimination committees, and there were gaps in technical support for delineating operational transmission zones and processing blackfly and blood samples from STOP surveys. For trachoma, reaching the last TT cases required intensified microplanning in remote or insecure settings, and persistent or recrudescent cases demanded adaptive strategies and improved WASH integration. In STH, there was limited progress in updating strongyloidiasis treatment protocols due to the lack of ivermectin for MDA.

Cross-sectoral coordination and integration

Efforts to integrate NTD interventions with broader health initiatives such as WASH, maternal and child health, and nutrition faced operational and coordination challenges. These difficulties slowed the scale-up of sustainable interventions, especially in

areas with high reinfection rates like Comoros, Ethiopia and Rwanda. Weak WASH infrastructure remained a key barrier to sustained STH control, while the integration of schistosomiasis programmes with other NTDs encountered delays in planning and implementation.

Lessons learnt and adaptive strategies

01 Leveraging periods of stability and community engagement to sustain progress in trachoma elimination

In areas affected by insecurity, taking advantage of temporary windows of peace proved essential for conducting trachoma control activities such as surveys, MDA, and surgeries. Engaging community leaders and local networks enhanced trust and enabled safer, more effective implementation even in volatile contexts.

02 Enhancing STH control through collaboration and innovation

In 2024, STH programs advanced by embracing integrated and adaptive approaches. Strengthened collaboration with nutrition, maternal and child health, and WASH sectors improved impact and delivery efficiency. Enhancements in drug supply chain management through better forecasting, local procurement, and coordination with manufacturers helped reduce treatment delays. Investments in WASH infrastructure and behavior change communication played a key role in lowering reinfection rates. Programs also adopted digital tools for real-time data collection and monitoring, boosting responsiveness and decision-making. To ensure sustainability, countries began exploring alternative funding mechanisms, including domestic budgeting and private sector engagement.

03 Scaling impact through innovation and partnerships in Schistosomiasis control

Adaptive strategies for schistosomiasis in 2024 focused on strengthening multi-sectoral collaboration particularly with education, WASH. and health sectors to improve program sustainability. Investments in digital data systems enhanced real-time tracking and decision-making, while diversified funding streams, including private and philanthropic sources, helped address financial gaps. Efforts to improve supply chain resilience ensured timely praziquantel delivery, and advances in diagnostics especially for female genital schistosomiasis, enhanced case detection and treatment efforts

04 Prioritizing targeted training and centralized support for data cleaning

Providing tailored training for national data teams and allocating centralized technical support to high-priority countries significantly improved the quality and timeliness of cleaned datasets, enabling faster validation and use.

Integrating reporting timelines early in the survey planning phase

Embedding submission deadlines into the initial planning stages of surveys fostered better coordination between field teams and national programs, ensuring timely EPIRF submission and reducing last-minute delays.

Improving data transparency and timeliness through regular portal updates

Committing to monthly updates of data and analytics on the ESPEN Portal enhanced data accessibility for national programs and partners, supporting more responsive program planning and performance monitoring.

Strategic priorities for 2025 and beyond

Accelerating Disease-Specific Inverventions for Elimination

Lymphatic Filariasis

- Advocating for the completion of baseline surveys
- Ensuring 100% geographical coverage with MDA
- Support orphan countries in conducting impact and surveillance surveys
- Provide technical guidance to address persistent transmission and recrudescence
- Offer technical support to countries implementing post-validation surveillance

Onchocerciasis

- Advocating for the establishment of national onchocerciasis elimination committees where they are not yet in place
- Providing technical and financial support for onchocerciasis pre-STOP MDA surveys
- Facilitating delineation of operational transmission zones
- Ensuring free processing of blood and black fly samples collected during pre-STOP and STOP MDA surveys

Schistosomiasis

- Scaling up of MDA
- Strengthening surveillance and data systems
- Advancing diagnostics and case management
- Improving integration with other NTD and health programs
- Securing sustainable funding and partnerships

Soil Transmitted Helminths

- Expanding MDA coverage
- Enhancing surveillance and data-driven decision making
- Integrating STH control with other health Programs
- Improving drug supply chain and delivery Systems
- Securing sustainable funding and partnerships

Trachoma

- Advocate for completion of outstanding baseline surveys
- Support scale-up of treatment coverage and TT surgical services
- Strengthen support for impact and surveillance surveys
- Provide technical guidance for managing persistent and recrudescent trachoma
- Support countries in trachoma elimination dossier preparation and finalization
- Assist countries validated for elimination in their post-validation surveillance

Expanding Strategic Partnerships and Resource Mobilization

- Identify and engage new donors aligned with NTD elimination priorities
- Leverage high-level advocacy through champions and strategic influencers
- Mobilize sustainable funding and partnerships to fill program gaps

Strengthening data systems and use for decision making

- Train countries in data cleaning and validation with targeted support
- Transition ESPEN platforms to WHO infrastructure for sustainability and security
- Support integration of NTD indicators into national HMIS for ownership and use in decision-making

Strengthening Supply Chain for NTDs

- Build country capacity for inventory tracking via integration into national logistics systems
- Expand reverse logistics to redistribute unused medicines
- Improve coordination within countries for JAP and supply mechanisms
- Facilitate cross-country collaboration through regular meetings
- Support JAP data quality and optimize funding processes for better forecasting and faster approvals

Sustaining the Mwele Malecela Mentorship Programme for Women in NTDs

- Advocate for greater female leadership in NTDs at national and regional levels.
- Mobilize sustainable funding by engaging gender-focused donors.
- Document programme impact and build a structured alumni network to sustain leadership and peer support

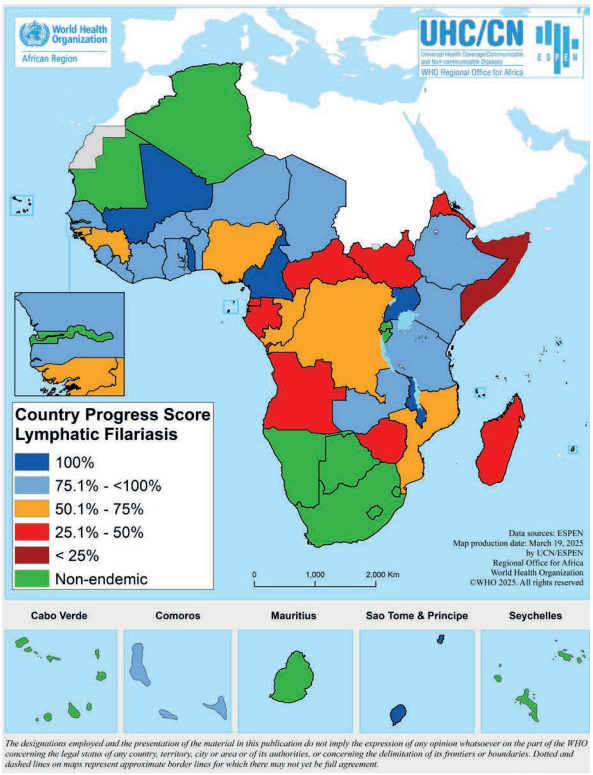
Annexes

Annex 1: Progress with the elimination of PC-NTDs

Composite indicator for PC-NTD progress monitoring

The PC-NTD Disease-Specific Progress Scorecard introduces a composite indicator designed to measure and track country-level progress towards the control and elimination of four preventive chemotherapy NTDs: LF, onchocerciasis, STH and schistosomiasis. This indicator is intended to provide a simple, informative and comprehensive assessment by combining multiple monitoring and evaluation indicators in a structured and weighted scoring system.

Figure 1A: Progress towards the elimination of LF (2023): progress index



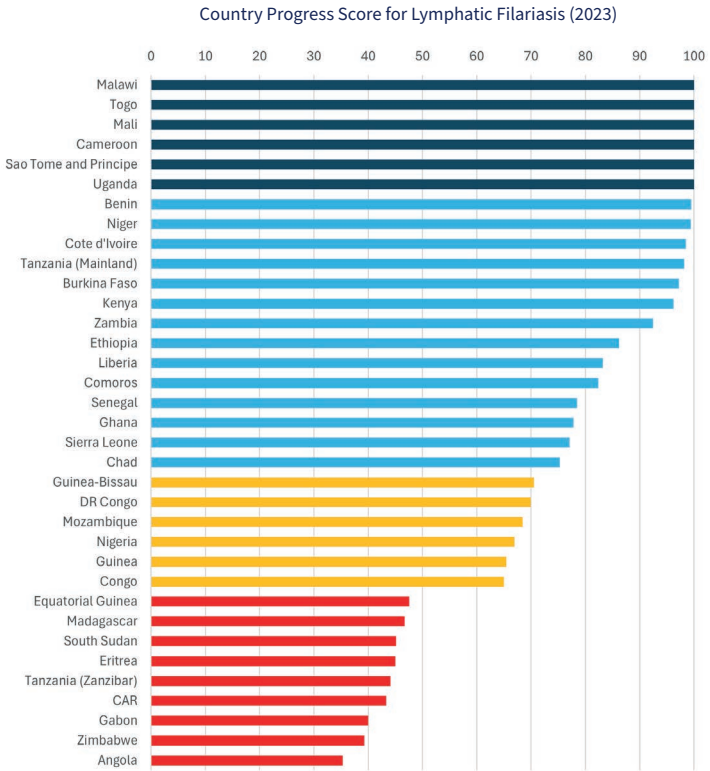
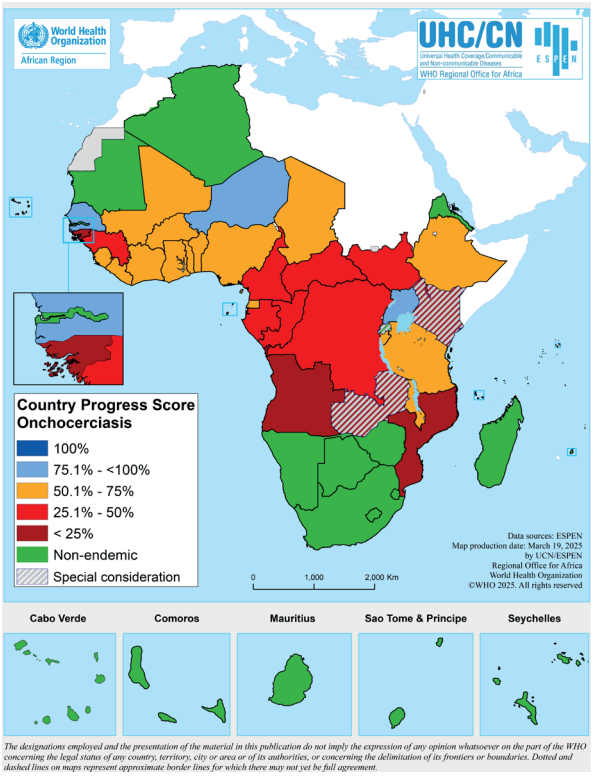


Figure 2A: Progress towards the elimination of onchocerciasis (2023): progress index



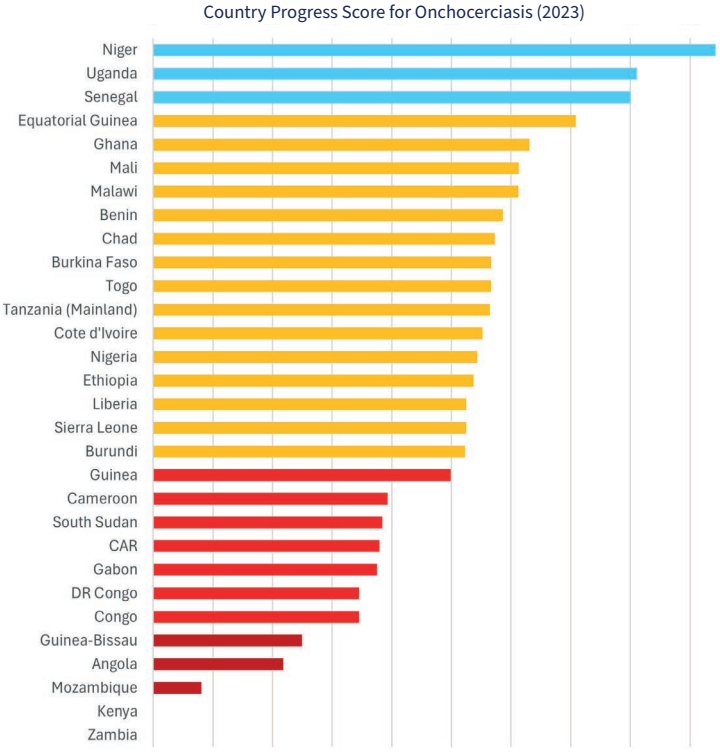
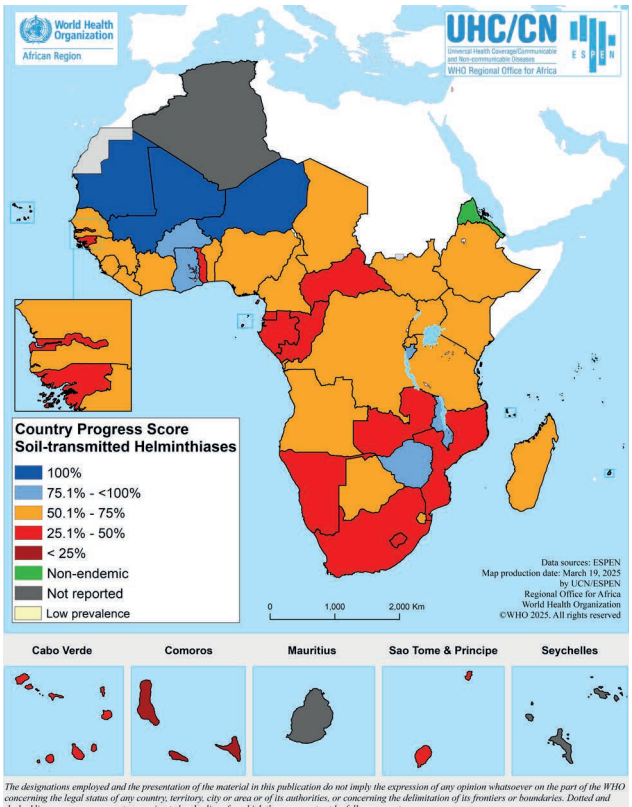


Figure 3A: Progress towards the elimination of STH (2023): progress index



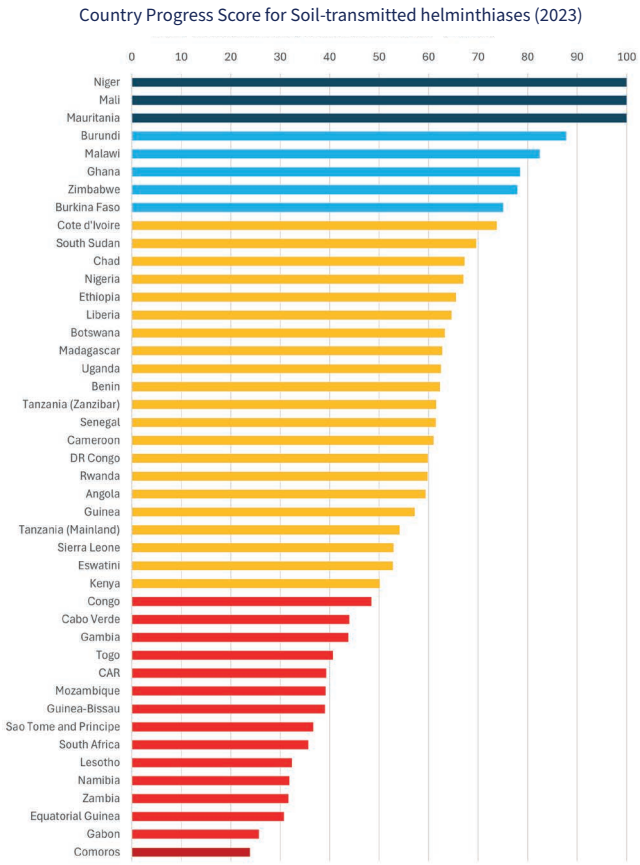
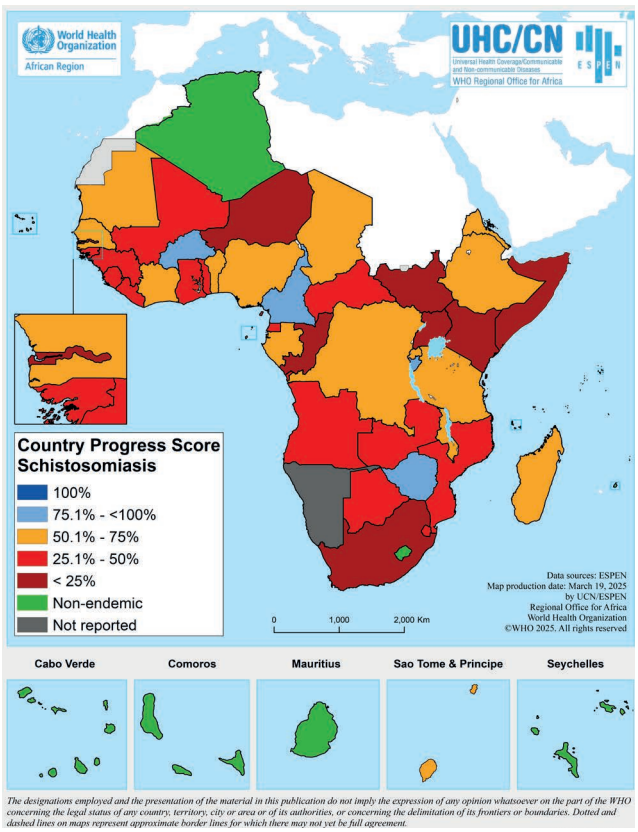
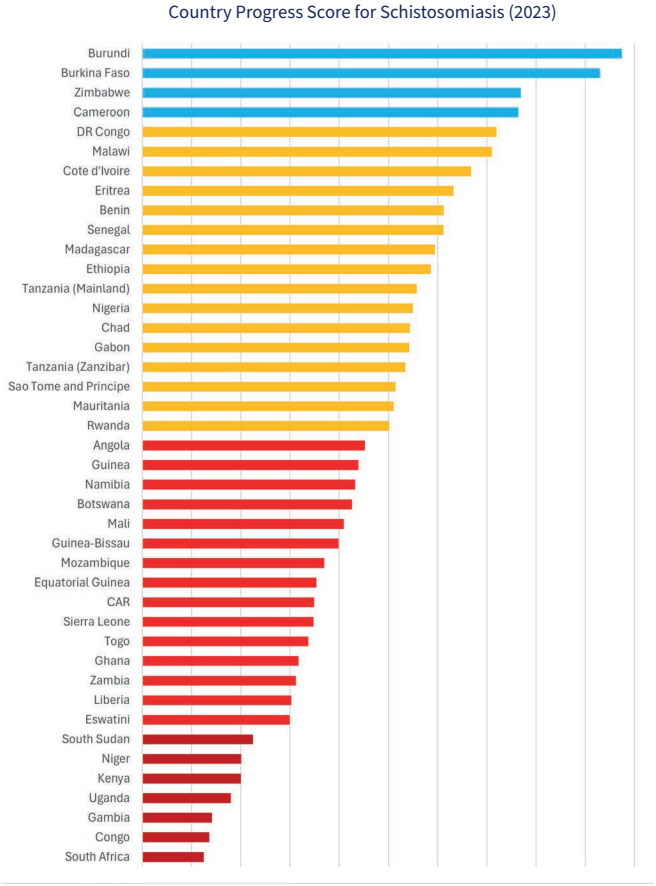


Figure 4A: Progress towards the control and elimination of schistosomiasis (2023)





Annex 2: List of capacity-building workshops facilitated by ESPEN

Training topic	Date	Location	Number of participants	Countries/institutions	Training outcome
Trachoma dossier development training workshop	20–22 February 2024	Abidjan, Côte d'Ivoire	38	Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, DRC, Guinea, Mali and Senegal	Technical capacity for country leadership and coordination of the dossier preparation and submission process
Preparation and submission of JAP forms	15–19 April 2024	Brazzaville, Congo	46	Benin, Congo, DRC, Ethiopia, Madagascar, Nigeria, Rwanda, Sierra Leone, South Africa, Togo, United Republic of Tanzania (mainland and Zanzibar programmes)	Efficient completion of JAP tools (JRF2023, JRSM2025) and supply chain management of NTD medicines
First meeting of the onchocerciasis and LF elimination committee	12–14 June 2024	Brazzaville, Congo	34	Elimination Committee Members, ministries of health, Sightsavers, WHO/Congo	Programme staff and committee members updated on WHO guidelines for onchocerciasis verification and LF elimination validation
JAP upload tool and updated monitoring and evaluation guidelines for SCH/STH	29–30 July 2024	Thiès, Senegal	27	Senegal NTD Programme staff and partners	National NTD programme staff have the capacity to complete and submit online JAP forms
SCH-STH-–taeniasis integrated mapping survey training	17 June–2 August 2024	Windhoek, Namibia	78	Ministry of Health Namibia and aligned departments	Participants successfully implemented the integrated mapping survey in target areas; findings will inform implementation of MDA for SCH/STH.
Monitoring and evaluation of PC-NTD programmes	12–16 August 2024	Brazzaville, Congo	94	Angola, Burundi, Cameroon, Chad, Congo, Côte d'Ivoire, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Madagascar, Malawi, Mali, Mozambique, Niger, Nigeria, Senegal, Sierra Leone, Togo, Uganda, Zimbabwe and Partners[1]	Participants trained on JAP tools, forecast methodologies, and data integration systems, thus enhancing their programme implementation skills. Monitoring and Evaluation Technical Committee established to harmonize regional tools and processes.

1 African Institute for Health and Development, Amref Health Africa, Gates Foundation, Christian Blind Mission (CBM), Clinton Health Access Initiative (CHAI), Crosscut, Evidence Action, FHI 360, Helen Keller International, inSupply Health Ltd, JSI Research & Training Institute, Inc., Manta Ray Media Ltd., NALA Foundation, Orbis International Ethiopia, Organisation pour la Prévention de la Cecité (OPC), RTI International, Sightsavers, Standard Co, The Carter Center, The END Fund, The Fred Hollows Foundation , The Task Force for Global Health, United Front Against River blindness (UFAR), United States Agency for International Development.

Continued...

Training topic	Date	Location	Number of participants	Countries/institutions	Training outcome
LF EMS	4–5 September 2024	Brazzaville, Congo	24	Ministries of health, Sightsavers, WHO Country Office in Congo	LF epidemiological monitoring survey successfully conducted in target areas
Onchocerciasis and LF treatment coverage surveys	20–22 November 2024	Brazzaville, Congo	73	Ministries of health, WHO-Congo, Sightsavers	Successful implementation of post-MDA treatment coverage survey with recommendations on strengthening future implementation to achieve effective coverage.

The WHO Regional Office for Africa

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