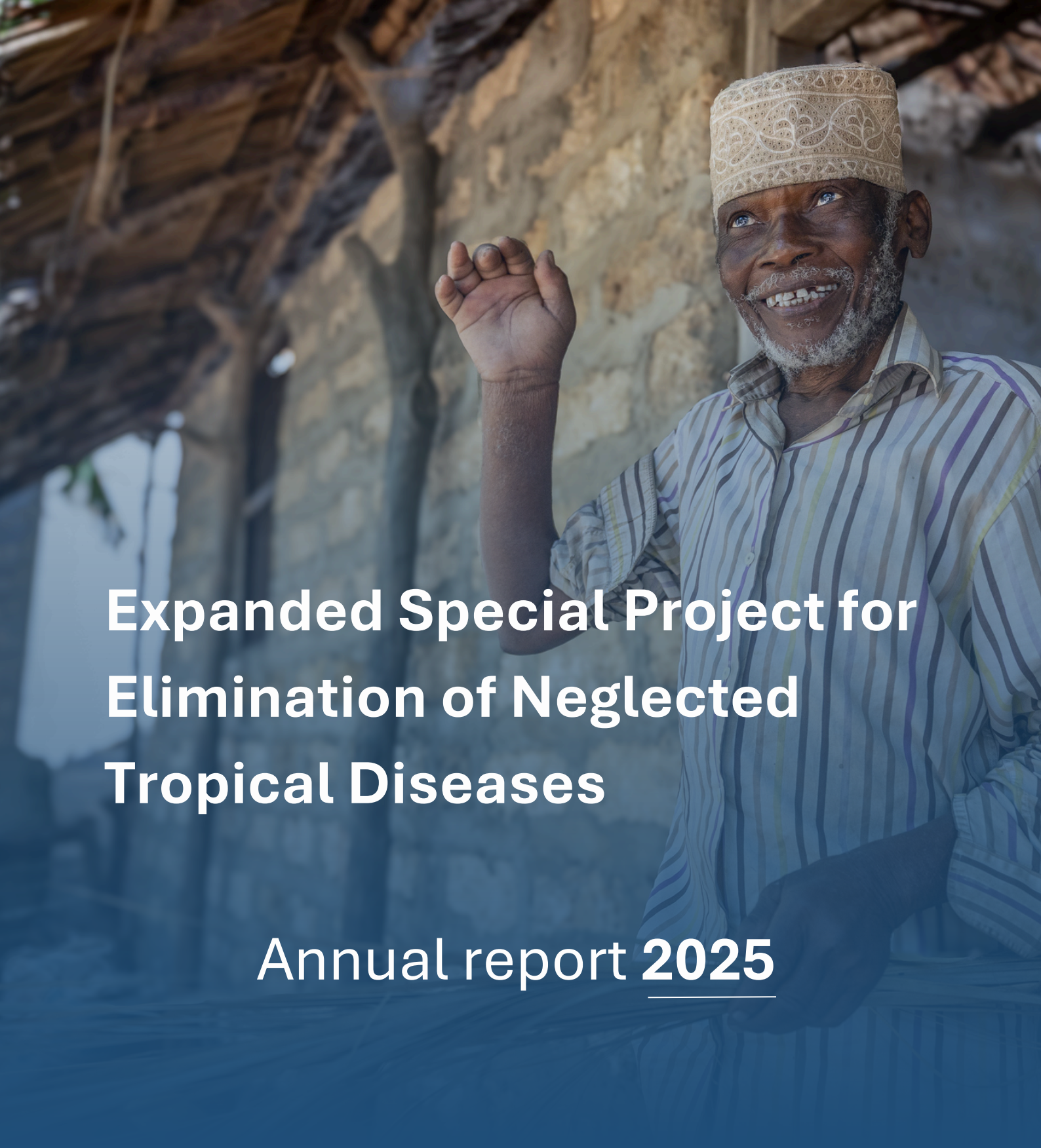




Expanded Special Project for Elimination of Neglected Tropical Diseases

Annual report 2025



World Health
Organization

African Region



EXPANDED SPECIAL PROJECT
FOR ELIMINATION OF
NEGLECTED TROPICAL DISEASES

Expanded Special Project for Elimination of Neglected Tropical Diseases

Annual report **2025**

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Designed in Brazzaville, Republic of Congo

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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 2025, ESPEN supported Member States in the WHO African Region to accelerate elimination of preventive chemotherapy NTDs (PC-NTDs), amid significant funding disruptions, including the USAID funding freeze that affected 16 countries. ESPEN adapted its support to protect programme continuity, safeguard donated medicines and maintain momentum aligned with the WHO NTD Road map 2021–2030.

Progress continued despite constrained financing. In 2024, 305.6 million people received treatment for at least one PC-NTD (60% coverage), with strong performance across major diseases but persistent gaps in some populations and settings.

Key 2025 milestones included Niger’s verification for elimination of onchocerciasis transmission and validation of three countries for elimination of trachoma as a public health problem, bringing the regional total to nine. Several countries also advanced LF and STH elimination through post-treatment surveillance and dossier preparation.

ESPEN strengthened data-driven programme management through digital tools (ESPEN Collect and the ESPEN Portal), improving data quality and decision-making. In 2025, 44 surveys were conducted across 17 countries, portal use increased, and integration of NTD data into national health information systems advanced.

Supply chain coordination improved alignment of medicine requests with resources and programme capacity, contributing to reduced wastage, faster approvals, and US\$ 66.9 million in estimated savings through optimized allocation, including targeted safeguarding in countries affected by funding disruptions.

Capacity-building remained central, strengthening skills in data management, monitoring and evaluation, diagnostics and integrated delivery (including One Health). The ESPEN laboratory further consolidated its role in generating evidence to guide elimination decisions.

Partnerships, governance and advocacy were strengthened, including endorsement of the ESPEN Strategy 2026–2030, which emphasizes country leadership, system strengthening, data and analytics, and integrated delivery with targeted technical assistance.

Key challenges include insufficient funding for surveys and impact assessments, uneven coverage in some populations, persistent transmission in specific settings, and the need to strengthen morbidity management and post-treatment surveillance.

Looking ahead, ESPEN will prioritize data-driven programming, integration of NTD services into national systems, stronger supply chain and laboratory capacity, and coordinated partner support to help countries achieve and sustain PC-NTD elimination by 2030.

Regional progress on selected NTD indicators (2025)



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



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



59.8 %
of estimated treatment coverage on population in need of treatment for at least one PC-NTD



69.5 %
of estimated epidemiological coverage for LF



68.5 %
of estimated epidemiological coverage for onchocerciasis



61.2 %
of estimated epidemiological coverage of school-aged children (SAC) for STH



66.0 %
of estimated epidemiological coverage of SAC for schistosomiasis (SCH)



41 %
of estimated epidemiological coverage for trachoma



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



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



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



83.12 million
of albendazole tablets
for LF shipped to
African countries



46.57 million
of albendazole
tablets for STH
shipped to African
countries



98.65 million
Mebendazole tablets
for STH shipped to
African countries



38.15 million
of praziquantel
tablets for SCH
shipped to African
countries

2025 highlights



Treatment delivery and support

- ✓ 305.5 million people reached with NTD treatment
- ✓ Nearly 60% of population in need treated



First in Africa

- ✓ Onchocerciasis eliminated in Niger
- ✓ Niger verified as a first country to eliminate transmission



3 Countries eliminated Trachoma in 2025

- ✓ Total reaches 9 countries



44 Surveys

- Stronger data for decision -making
- Across 17 countries with ESPEN Tools



\$ 66.9 M saved through supply chains

- ✓ Reduced wastage of donated medicines



New 2026 - 2030 ESPEN Strategy

- ✓ Country-led, integrated approach launched



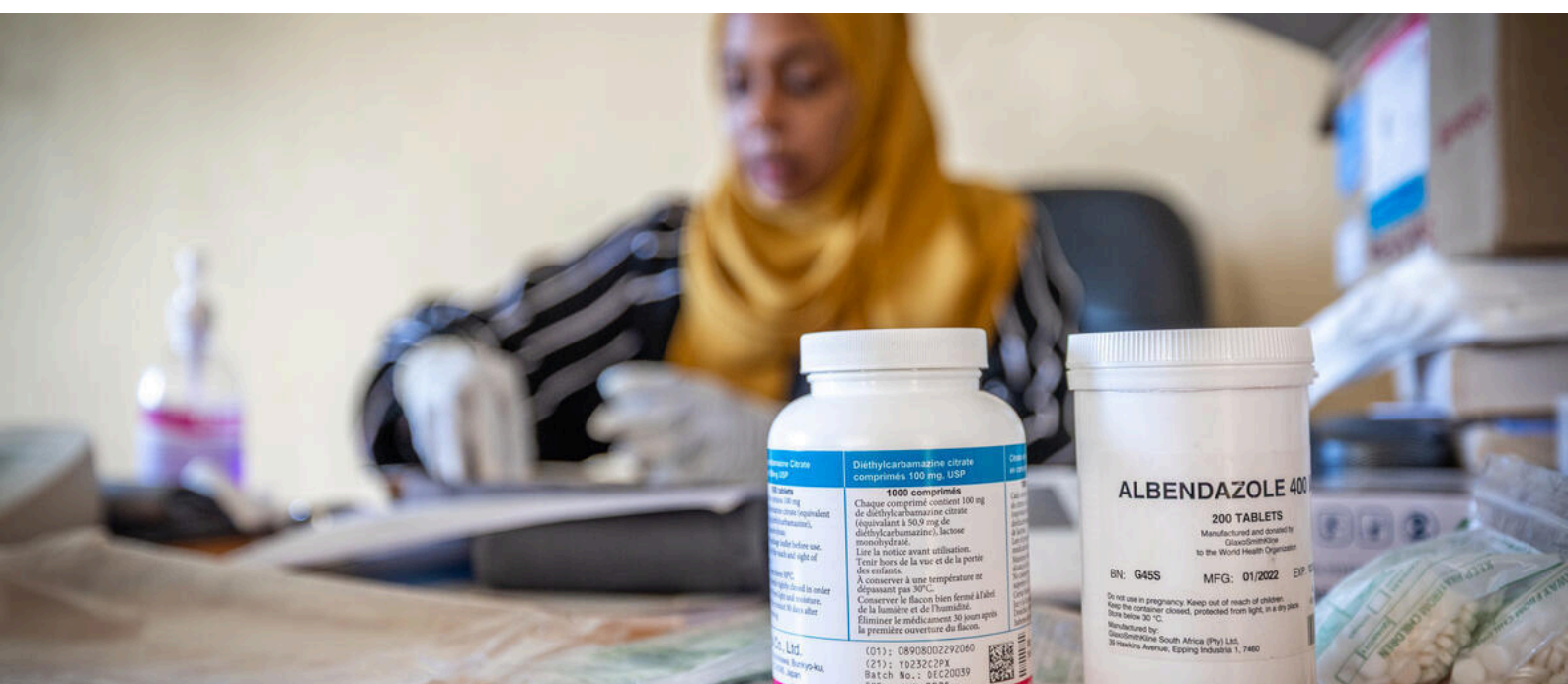
Introduction

Neglected tropical diseases (NTDs) remain a major cause of preventable morbidity and disability in the WHO African Region and disproportionately affect populations living in poverty and in underserved and hard-to-reach settings. The Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) supports Member States to accelerate progress towards the elimination of neglected tropical diseases amenable to preventive chemotherapy (PC-NTDs) through strengthened country programme capacity, improved availability and use of quality data, and enhanced coordination with partners.

In 2025, efforts to achieve the 2030 targets continued in a context characterized by competing health priorities, financing uncertainty and an increasing imperative to institutionalize NTD interventions within national health systems. Accordingly, ESPEN combined support for disease-specific technical assistance with cross-cutting systems strengthening, including support for planning, surveillance, supply chain management, laboratory capacity and country ownership, while promoting integrated approaches, including One Health, where appropriate.

The report is informed by routine programme reporting and validated regional datasets, including Member State submissions through WHO processes and analyses generated through ESPEN digital platforms (including the ESPEN Portal and ESPEN Collect), consolidating regional performance in 2024. Where appropriate, it also reflects outputs from technical missions, regional workshops, laboratory analyses and dossier review processes undertaken in collaboration with Member States and partners.

Aligned with the WHO NTD Road map 2021–2030 and informed by the ESPEN Strategy 2026–2030, the activities summarized in this report emphasize evidence-based programme management, integration within national systems and targeted support to countries approaching key elimination milestones. The subsequent sections describe progress achieved in 2025 and identify priority actions required to sustain momentum towards 2030.





**Progress towards
NTD elimination**

Progress towards NTD elimination



Lymphatic filariasis

Lymphatic filariasis remains a major public health concern in the WHO African Region, which continues to carry a substantial share of the global burden of the disease. As of December 2024, the global population requiring preventive chemotherapy for LF was estimated at 485.4 million people, 139 million of whom were in the WHO African Region.

Despite this burden, substantial progress has been achieved globally toward elimination. The population living in areas no longer requiring mass drug administration was estimated at 349 million, reflecting sustained progress in countries that have successfully interrupted transmission.

Member States milestones

Two countries – Togo (2017) and Malawi (2023) – have been validated for LF elimination as a public health problem, while 10 countries – Benin, Cameroon, Comoros, Eritrea, Kenya, Mali, Niger, Sao Tome and Principe, Senegal and Uganda – have stopped MDA in all their IUs and are at various stages of Transmission Assessment Surveys (TAS).

In 2025, ESPEN continued to support Member States in advancing toward elimination. In Benin, ESPEN financially supported the conduct of TAS3 in seven IUs, positioning the country to prepare its elimination dossier. In Comoros, ESPEN supported TAS implementation in 17 IUs, enabling the completion of final surveys in Anjouan and Mohéli Islands, while surveillance continues in Ngazidja. In Madagascar, ESPEN supported the successful completion of Epidemiological Monitoring Surveys in 22 evaluation units, TAS1 in seven EUs, and Impact Assessment Surveys for ivermectin, diethylcarbamazine and albendazole in 14 EUs.

ESPEN also supported confirmatory mapping in Gabon to clarify the endemicity status of LF in 18 IUs that had remained pending for more than 10 years; 17 IUs were confirmed to be non-endemic, while the remaining IU required further PCR analysis for *Wuchereria bancrofti*.

Challenges in LF elimination

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

- Weak implementation and limited reporting of morbidity management and disability prevention (MMDP) activities
- Essential components for countries seeking validation of elimination
- Limited financial resources for orphan countries with few partners supporting LF elimination activities.



Onchocerciasis

Onchocerciasis, commonly known as river blindness, is a parasitic NTD that predominantly affects the WHO African Region. Onchocerciasis remains a major public health concern in the WHO African Region, which bears approximately 99% of the global burden. The global population requiring preventive chemotherapy was estimated at 252.5 million by early 2025, 251 million of whom were in the Region. By the end of 2024, 219 implementation units had stopped ivermectin MDA and transitioned to post-treatment surveillance, corresponding to 31.2 million people in Equatorial Guinea, Ethiopia, Mali, Nigeria, Senegal, Togo and Uganda. In 2025, ESPEN provided technical support to national programmes and National Onchocerciasis Elimination Committees across multiple countries.

In Equatorial Guinea, ESPEN supported elimination mapping and post-treatment surveillance activities including river prospection at 338 sites, confirmation of 110 productive breeding sites, collection of 10 036 dried blood spot samples across 281 communities, and post-treatment surveillance on Bioko Island, yielding 60 302 adult blackflies and 2259 DBS samples. ESPEN also supported data review by national elimination committees in Burundi, Congo and Senegal, including review of pre-stop MDA survey results and entomological data.



A significant milestone was achieved in January 2025, when Niger was verified by WHO as having eliminated onchocerciasis transmission – the first country in Africa to reach this milestone, joining Colombia, Ecuador, Mexico and Guatemala in the Americas.

Challenges in Eliminating Onchocerciasis

Persistent challenges include:

- Incomplete elimination mapping in formerly hypo-endemic areas
- Limited entomological surveillance capacity
- Constraints in diagnostic procurement.

The possible verification of elimination in Senegal is anticipated in 2026.



Soil-transmitted helminthiases

The WHO African Region accounts for approximately 26.6% of the global population requiring preventive chemotherapy for STH. In 2024, 37 countries required PC, with an estimated 262 million children in need of treatment. A total of 103.6 million children received MDA interventions, corresponding to 44.6% overall child coverage; coverage among school-age children reached 55.5%, while preschool-age children lagged at 21.5%, highlighting a persistent equity gap.

Acceleration towards 2030 will require closing the preschool-age coverage gap, institutionalizing post-MDA surveillance, integrating STH into primary health care and WASH platforms, and sustaining political commitment. No country has yet been formally validated globally for STH elimination, but the validation pathway is now feasible for several countries.



Schistosomiasis

Schistosomiasis remains one of the most consequential NTDs globally, accounting for the highest disability-adjusted life years among the PC-NTDs in the African Region. In 2024, an estimated 288 million people required preventive chemotherapy, including 105 million SAC and 151 million adults.

A total of 64 million people were treated – 52 million SAC and 12 million adults – reflecting continued scale-up beyond school-based platforms. Coverage among SAC reached 49.5%, while combined SAC and adult coverage remained at 25%, underscoring the need to expand community-wide treatment strategies.

In 2025, ESPEN conducted a regional analysis of progress towards elimination of schistosomiasis as a public health problem (EPHP), integrating ESPEN community-level data, WHO-KEMRI Collaborating Centre modelling outputs, and the Composite Elimination Progress Heatmap to assess country readiness against the <1% heavy-intensity infection threshold. The analysis identified Burkina Faso, United Republic of Tanzania (Zanzibar), Togo, Ghana, Nigeria (subnational) and Côte d'Ivoire as having achieved EPHP thresholds. Fourteen countries were assessed for elimination readiness, with six attaining <10% prevalence across all sub-IUs.

WHO convened a regional EPHP readiness and dossier preparation training workshop to strengthen capacity in data validation, sub-IU stratification, impact assessment interpretation and dossier compilation. Notably, Cabo Verde was declared newly endemic following updated epidemiological assessments, underscoring the need for vigilant surveillance, even in previously low-risk settings. Strategically, 2025 marked a transition towards precision epidemiology, micro-stratification and structured EPHP dossier preparation.

Fig. 1. PC implementation and progress towards schistosomiasis elimination in the African Region

Mapping not started	First MDA piloted in 2024	MDA started but not at scale or irregular	MDA scaled to all endemic IU's	Readiness to prepare elimination dossiers	Need evaluation to verify interruption of transmission	Dossier submitted
Cabo verde	Equatorial Guinea, South Africa. MDA started in Q1 2024	Angola, Congo, Nigeria (some LGAs), Central African Republic, Chad, Gabon, Guinea-Bissau, South Sudan, Zambia, Botswana, Namibia.	Benin, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Ethiopia, Egypt, Gambia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Senegal, Sierra Leone, Sudan, Eswatini, Togo, United Republic of Tanzania, Uganda, Yemen, Zimbabwe.	2026-2028: Burkina Faso Burundi Rwanda 2030: Cote d'Ivoire Burundi Togo Sao Tome and Principe Ghana Nigeria Malawi Eritrea	Mauritius	Algeria

*IU. Implementation unit

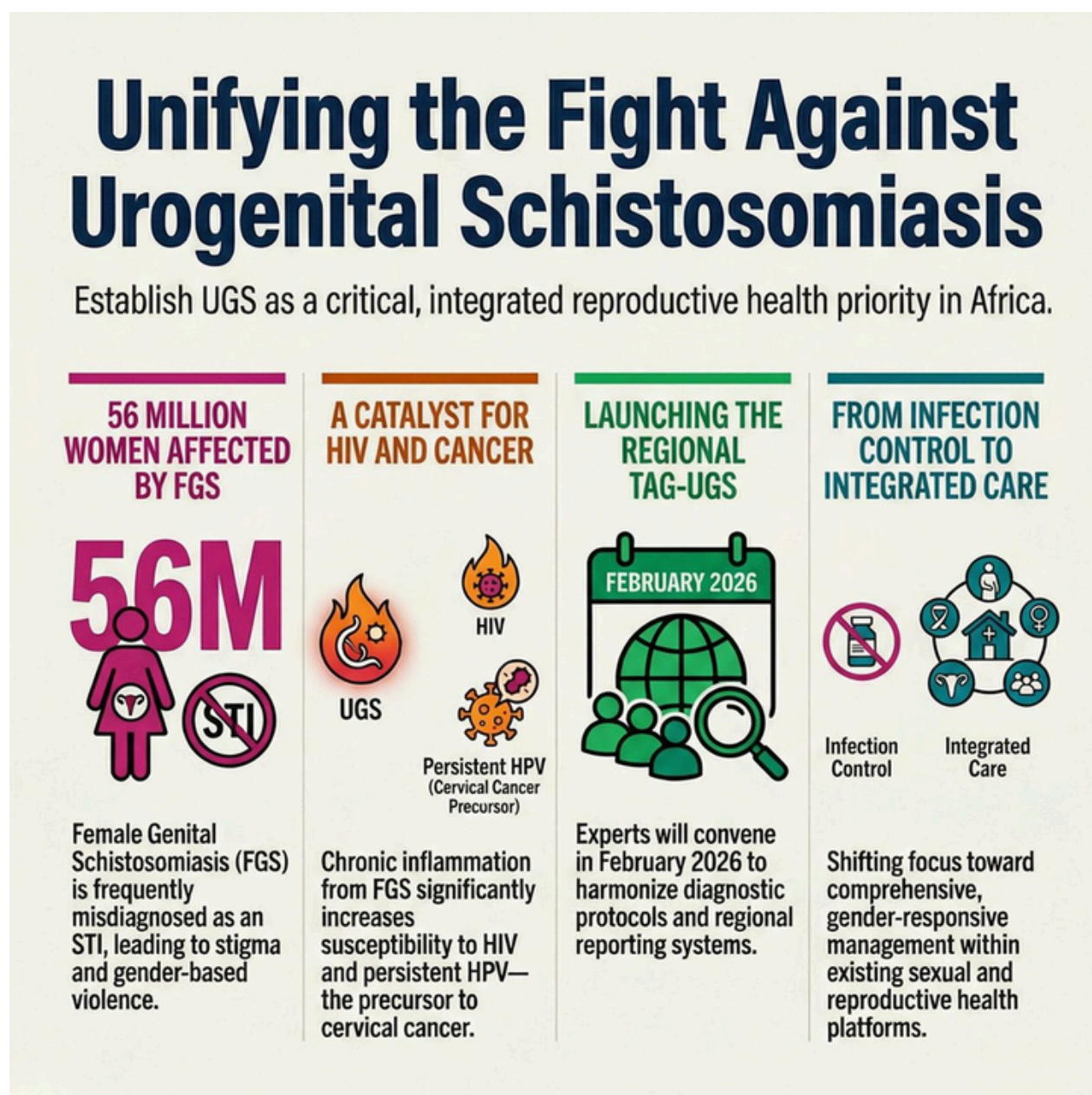
- WHO Africa region is made up of 47 countries
- 44 are endemic for schistosomiasis and 41 require PC except Mauritius and Algeria
- **Cabo Verde is newly endemic**
- Non-endemic countries are Comoros, Lesotho, and Seychelles

Initiative on urogenital schistosomiasis

In 2025, ESPEN strengthened regional leadership and coordination on urogenital schistosomiasis (UGS), positioning female and male genital schistosomiasis (FGS/MGS) at the centre of elimination efforts. A major milestone was the establishment of a dedicated UGS webpage on the ESPEN Portal, hosting country-specific FGS/MGS risk maps and consolidated technical resources – marking the first regional WHO repository focused specifically on genital schistosomiasis.

In parallel, ESPEN advanced the draft Regional Strategy on UGS (2026–2030) following RPAG review and launched the call for experts to establish the Regional Technical Advisory Group on UGS (TAG-UGS), with its inaugural in-person meeting scheduled for February 2026.

Fig. 2. UGS regional coordination and FGS risk mapping activities, 2025



Trachoma remains the leading infectious cause of blindness globally, with 95.5 million people at risk in the African Region, representing 93% of the global total. Of the 32 endemic countries requiring SAFE strategy interventions worldwide, 19 are in the African Region, which also accounts for 84% of the global 1.2 million trachomatous trichiasis (TT) cases.

Country-led progress accelerates: Three new validations and six more countries reaching elimination thresholds

The year 2025 marked a milestone with three additional countries – Burundi, Mauritania and Senegal – validated for elimination as a public health problem, bringing the regional total to nine: Ghana (2018), Gambia (2021), Togo (2022), Malawi (2022), Benin and Mali (2023), and Burundi, Mauritania and Senegal (2025).

Six additional countries – Algeria, Botswana, Guinea, Guinea-Bissau, Namibia and Sierra Leone have reported reaching elimination thresholds; Botswana and Guinea-Bissau submitted their dossiers to the WHO Regional Office in 2025, currently under review, while Algeria, Guinea, Namibia and Sierra Leone are finalizing dossier preparation.

ESPEN Strengthening country capacity for trachoma dossier preparation

ESPEN played a pivotal role in these achievements, acting as secretariat for the respective Dossier Review Groups, facilitating dossier reviews, and providing technical inputs that enabled the successful validation of Burundi, Mauritania and Senegal. ESPEN also covered a critical funding gap for the Central African Republic's Trachoma Impact Survey in Bambari-Ippy and Kouango-Grimari districts in Ouaka Province; field work was completed in December 2025 and results confirmed TF and TT prevalence below elimination thresholds in both districts.

Looking ahead, ESPEN's priorities include baseline survey completion in Angola, the Central African Republic and the Democratic Republic of the Congo; full MDA and TT surgery coverage; and technical guidance for persistent and recrudescing trachoma.

Fig. 3. WHO Director-General handing over the certificate of validation of trachoma elimination to the Minister of Health of Mauritania, WHA78, Geneva



Source: May 2025, Geneva, Switzerland, Presentation of awards at the 78th World Health Assembly, © World Health Organization, Pierre Albouy

One Health: taeniasis and cysticercosis

In December 2025, ESPEN provided targeted technical support to seven priority countries (Cameroon, Madagascar, Namibia, South Africa, United Republic of Tanzania, Uganda and Zambia) to accelerate integrated control of schistosomiasis and *Taenia solium* taeniasis/cysticercosis within a One Health framework.

The initiative brought together national NTD programme managers, veterinary and One Health focal points, pharmacovigilance officers, WHO country offices and technical partners. ESPEN delivered structured training covering: (i) epidemiology and mapping of schistosomiasis and *T. solium*, including neurocysticercosis as a cause of preventable epilepsy;

Field-based demonstrations in Madagascar further reinforced the feasibility of coordinated human–animal health delivery. Countries strengthened their capacity to institutionalize integrated schistosomiasis–*T. solium* control, improved surveillance and pharmacovigilance integration, and reinforced accountability for safe MDA and accurate medicine forecasting.

(ii) One Health coordination mechanisms; (iii) microplanning to improve subdistrict MDA coverage; (iv) standardized procedures for requesting taenicides; and (v) pharmacovigilance preparedness with emphasis on neurological adverse events during praziquantel-based MDA.

Fig. 4. One Health field demonstration integrating MDA, pig vaccination, and community engagement, Madagascar, December 2025



Source: December 2025, Betafo, Madagascar, One Health Field Demonstration, © WHO

As part of the next steps, countries are expected to institutionalize integrated One Health delivery platforms that combine human mass drug administration, pig health interventions and community-based surveillance within national systems.

This will require strengthening subnational microplanning, harmonizing pharmacovigilance across diseases, improving mapping and risk stratification of *Taenia solium*, ensuring access to essential medicines, and embedding human–animal coordination within existing governance structures, while transitioning from campaign-based approaches towards integrated, system-driven implementation, aligned with primary health care and national financing.

ESPEN will continue to support this transition through technical guidance, standardized tools and capacity-building, with a focus on safe praziquantel use, improved forecasting and reporting systems, strengthened training and peer learning, enhanced digital pharmacovigilance and partnership mobilization to accelerate progress towards elimination as a public health problem by 2030.



Strengthening health systems for elimination of NTDs

Strengthening health systems for elimination of NTDs

In 2025, ESPEN continued to strengthen national capacities for data management, monitoring and evaluation (M&E) through targeted regional trainings and hands-on workshops, addressing persistent systemic weaknesses in data quality, reporting timeliness and use of information for planning and decision-making. ESPEN also advanced digital integration of supply chain and Joint Application Package (JAP) data: through the Supply Chain Technical Supporting Mechanism (ESPEN-JSI-InSupplyHealth), support was provided to Benin and Nigeria to explore

integration of NTD medicine and ESPEN Collect data into national systems (DHIS2 and eLMIS). In Benin, feasibility was confirmed for importing more than 200 000 ESPEN Collect records into DHIS2, while in Nigeria, data collection tools were adapted for entomological surveys across 14 states. These experiences are informing a regional integration framework to guide interoperability between NTD data systems and national health information platforms.

Regional Workshop on Data Systems, Tools and Processes for PC-NTD Programmes

A Regional Data Workshop was held in Brazzaville in July 2025, bringing together 69 participants – including 47 representatives from ministries of health and WHO country offices across 15 countries, and 22 from implementing partners and technical agencies. The workshop focused on strengthening practical skills in NTD data management, with emphasis on improving JAP data quality. Building on common challenges, the workshop adopted a problem-solving approach

centred on mapping national data flows, diagnosing bottlenecks across the data lifecycle and identifying root causes of data quality issues. Participants developed data quality improvement plans (DQIPs) tailored to national contexts. Many countries were able to update incomplete treatment reports and correct historical data inconsistencies during the training itself, directly contributing to improved JAP data quality.

Fig. 5. Participants at the Regional Data Workshop on data systems, tools and processes for PC-NTDs, Brazzaville, July 2025



Source: July 2025, Brazzaville, Republic of Congo, Regional Data Workshop on data systems, tools and processes for PC-NTDs, ©WHO/Debora Benedict Kodia

Regional Workshop on Monitoring and Evaluation of PC-NTD Programmes

In December 2025, ESPEN convened a Regional M&E Workshop in Brazzaville, bringing together M&E experts from Ministries of Health, WHO and partner organizations to consolidate lessons from recent data strengthening efforts and define a more coordinated regional approach. The workshop addressed structural challenges including fragmented reporting arrangements, limited harmonization across partners, and insufficient feedback loops between data producers and decision-makers,

emphasizing the strategic importance of transitioning to standardized, integrated and sustainable data architectures. A central outcome was the agreement to establish a Regional M&E Technical Coordination Mechanism and thematic working groups to harmonize indicators, practices and guidance. The workshop also laid the groundwork for regional M&E guidelines and an ESPEN Portal-based online repository of training materials and best practices.

Fig. 6. Regional M&E Workshop on data systems and processes, Brazzaville, December 2025



Source: December 2025, Brazzaville, Republic of Congo, Regional M&E Workshop on data systems and processes © WHO

Fig. 7. Working group sessions at the Regional M&E Workshop, Brazzaville, December 2025



Source: December 2025, Brazzaville, Republic of Congo, Working group sessions at the Regional M&E Workshop ©World Health Organization /Debora Benedict Kodja

Enhancing quality of medicine requests and reporting systems

In 2025, ESPEN continued to strengthen the quality and timeliness of national medicine requests through systematic review and validation of Joint Request and Shipment Forms (JRSM). In 2024, 41 medicine requests were received, 35 of which were approved (85%), highlighting generally strong compliance but persistent challenges related to submission timing. Improved JRSM quality directly supported safeguarding of donated medicines.

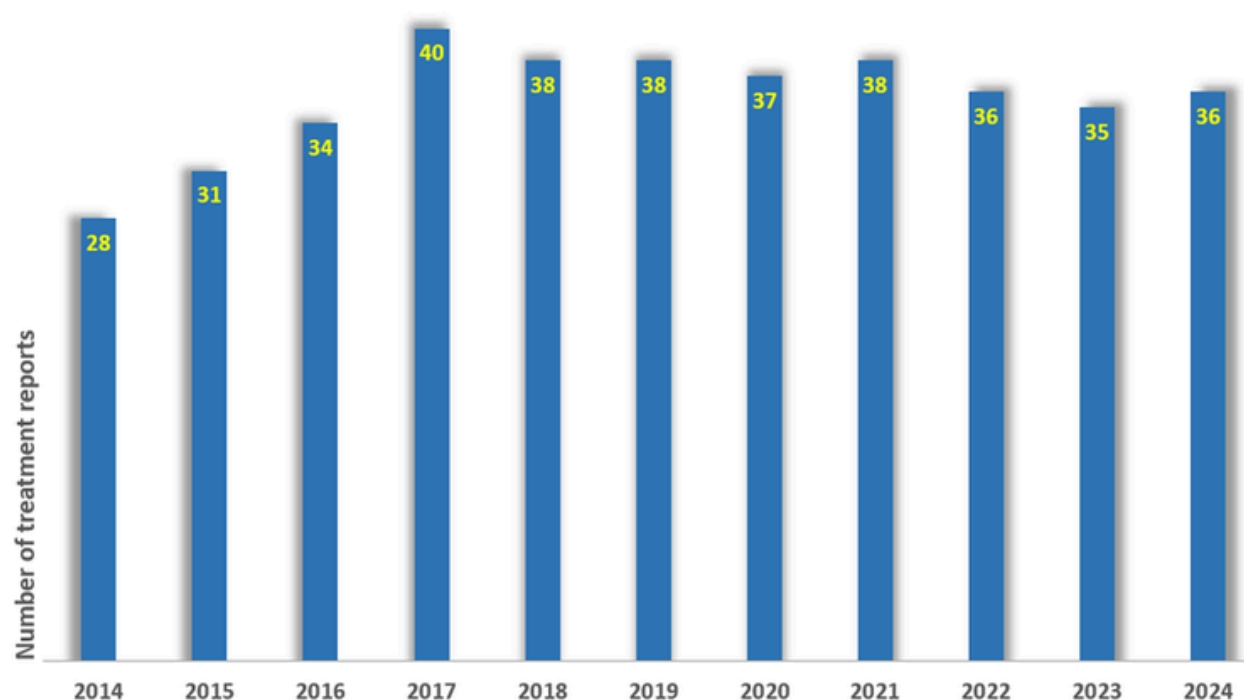
In 2025, ESPEN extended priority support to 16 countries affected by the USAID funding freeze; across these countries, medicine wastage was kept below 3%, and 74% of medicines identified as at risk were successfully safeguarded. These improvements were supported by targeted technical guidance encouraging collective JRSM preparation, alignment of requests with validated epidemiological data, and use of previously approved JRSMs as reference templates.

Data quality assurance and reporting

Only 61% of the 2024 joint treatment reports (JRF) were received as expected by March 2025, a third of which were validated by July 2025 before the technical support workshops. These strong results demonstrate the lasting effectiveness of the 2023 and 2024 training investments.

Thirty-six countries submitted JRF 2024 treatment reports, while nine reported no MDA in 2024; review follow-up is ongoing. Lessons from hands-on data review during regional workshops are being consolidated into a Data Quality Assurance Toolkit to further standardize treatment reporting and validation processes.

Fig. 8. Treatment reports submitted by NTD programmes for 2014–2024 with ESPEN support



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

ESPEN Collect

In 2025, ESPEN Collect continued to play a central role in strengthening the quality and use of survey data for PC-NTD programmes. The platform supported 44 NTD surveys across 17 countries, covering 144 districts and 1517 survey sites, generating 4 Epidemiological Data Reporting Form (EPIRF) reports. Incremental platform enhancements continued throughout 2025,

improving user experience and facilitating clearer data visualization and supervision at national and subnational levels. Surveys focused primarily on onchocerciasis (21 surveys), lymphatic filariasis (15) and schistosomiasis/STH (8), reinforcing ESPEN Collect's role as the primary digital solution for standardized survey implementation and reporting.

Fig. 9. ESPEN Collect survey implementation overview (2018–2025)

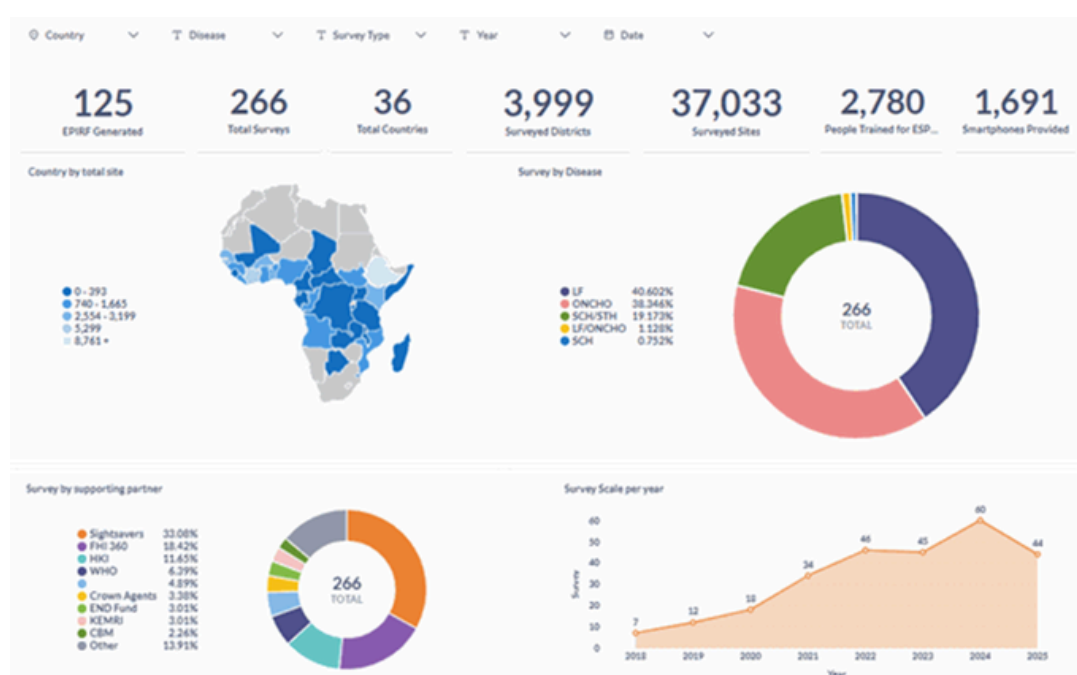
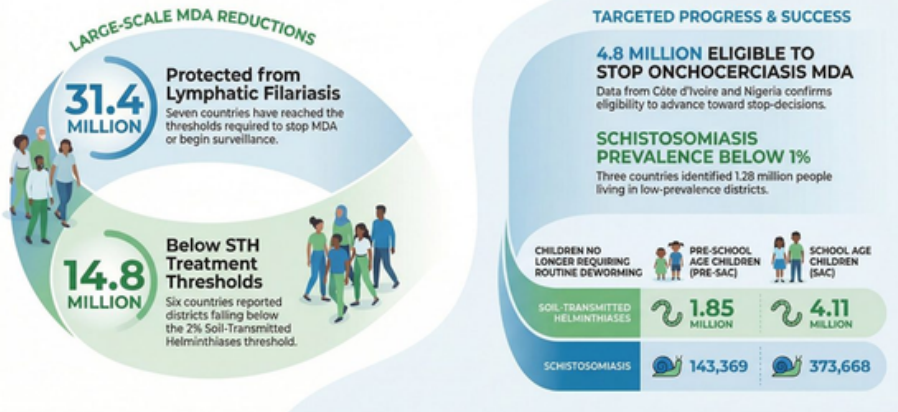


Fig. 10. ESPEN Collect survey evidence supporting stop-MDA decisions and transition to post-treatment surveillance, 2024–2025

ESPEN Collect: Driving the End of Mass Drug Administration

Epidemiological survey data enables countries to safely stop MDA and transition to post-treatment surveillance for major tropical diseases.



ESPEN Portal innovations for improved programme performance

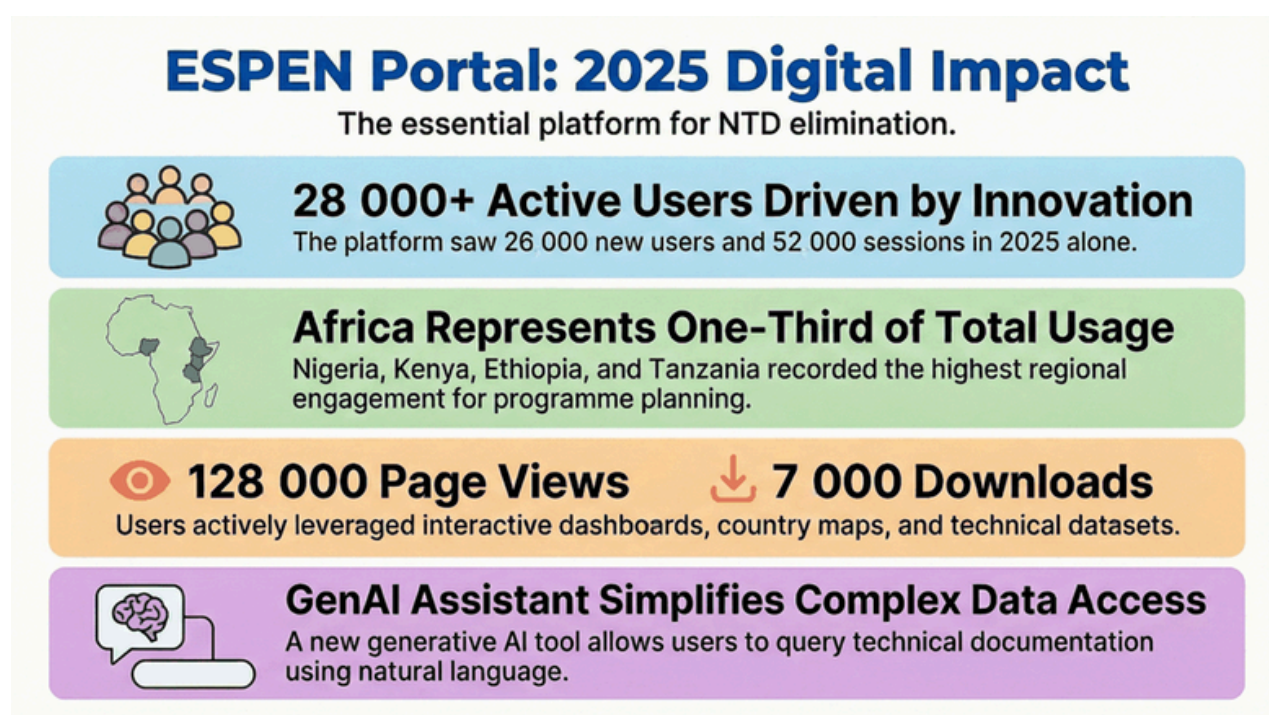
In 2025, the ESPEN Portal consolidated its role as the central digital hub for NTD data access, analysis and programme monitoring. Between January and December 2025, the Portal recorded over 28 000 active users and more than 26 000 new users, generating approximately 52 000 sessions, with an average engagement time of nearly two minutes per user. The highest engagement within the Region was from Nigeria (~1100 users), Kenya (~1070), Ethiopia (~850) and United Republic of Tanzania (~550).

Significant engagement was also observed from China, the United States and the United Kingdom, highlighting the growing global visibility of ESPEN's data products. Users generated over 128 000 page views, 83 000 engagement events and nearly 7000 file downloads, underscoring strong demand for country maps, datasets and technical resources.

A major innovation introduced in 2025 was the launch of the ESPEN GenAI Assistant, an embedded generative AI tool designed to enhance user interaction with the ESPEN Portal. The Assistant supports users in navigating the Portal, exploring country dashboards and datasets, and querying technical documentation through natural language prompts.

Early pilot use demonstrated strong engagement and extended interaction times, representing an important step towards lowering technical barriers to data use and promoting evidence-based decision-making by national NTD programmes and partners.

Fig. 11. ESPEN Portal dashboard and analytics interface, 2025



ESPEN Implementation Unit Planner

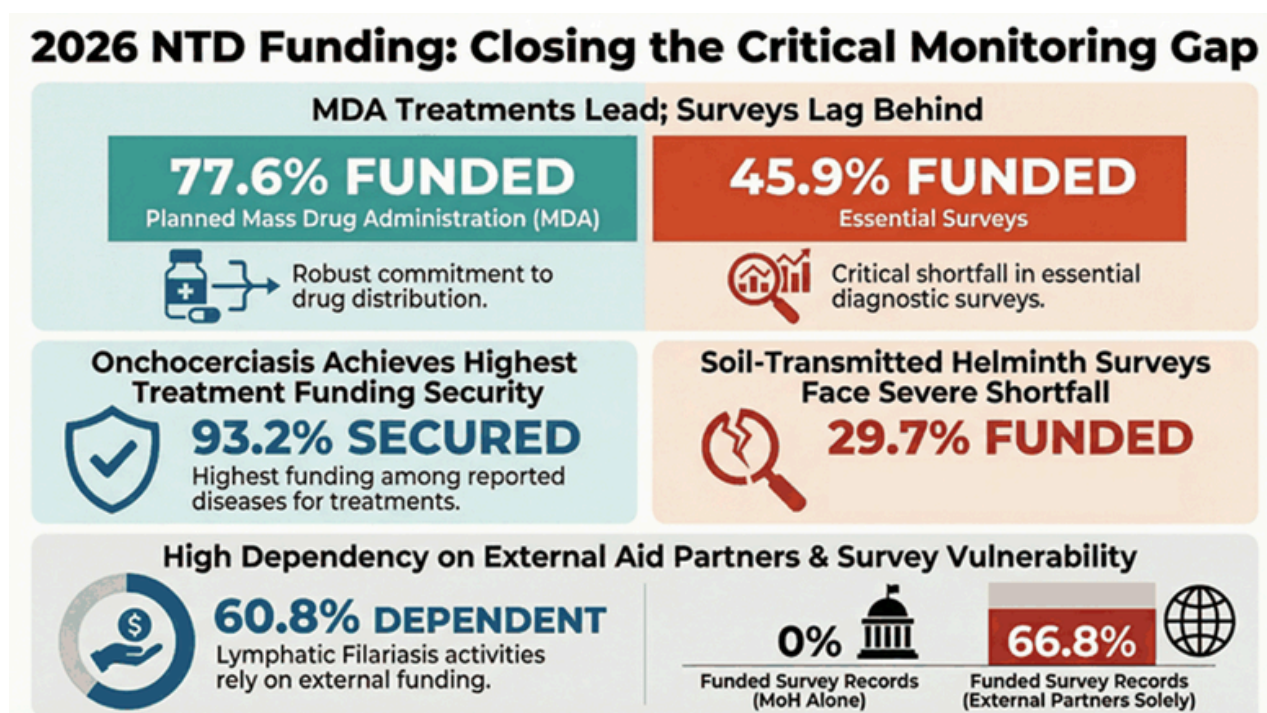
The 2026 IU Financial Planner analysis highlights strong alignment between programme planning and secured funding for MDA, with 77.6% of planned interventions funded across 27 reporting countries. This reflects sustained partner commitment, particularly for onchocerciasis (93.2% funding secured).

Despite this progress, operational bottlenecks remain: only 67% of countries advanced from technical clearance to regional approval, with an estimated lag of approximately seven weeks, largely driven by unconfirmed funding.

A significant shortfall exists in funding for surveys and impact assessments, with only 45.9% secured – particularly pronounced for STH (29.7%) and schistosomiasis (47.8%), creating a critical imbalance between implementation and monitoring.

Encouragingly, domestic financing for MDA is improving, with nearly 17% of interventions fully funded by ministries of health and an additional 36% through joint financing with partners, reflecting a positive shift towards greater country ownership.

Fig. 12. IU Planner – funding coverage for MDA and surveys across the Region, 2026 planning cycle



Strengthening supply chain systems for NTD medicines

In 2025, PC-NTD supply chains in the WHO African Region faced disruption from funding uncertainty, clearance delays and limited inventory visibility. Through coordinated regional supply chain oversight, these risks were actively managed, enabling 85% of endemic countries to receive approved donated medicines for 2025 implementation.

Throughout the year, supply planning and inventory follow-up were strengthened through

targeted country capacity-building, improved alignment of medicine requests with funding availability, stronger inventory reporting, and coordinated planning with countries and partners. By December 2025, 52% of countries were already approved for 2026 donated medicines, reducing future delays and expiry risk. The review of 2025 medicine requests and approvals resulted in estimated savings of US\$ 66.9 million through prevention of excess supply.

Table 1. NTD donated medicines delivered in 2025

Medicines	Requested Tablets (M)	Approved Tablets (M)	Difference (M)	Approved value (US\$M)	Estimated cost saved
PZQ (SAC)	251.1	166.7	84.4	19	9.6
ALB (LF)	111.6	75	36.6	1.5	0.7
ALB (STH)*	93	94.5	(1.5)	1.9	(-0.03)
MEB*	152.6	37.1	115.5	3.9	12.1
DEC	55.9	24.8	31.1	0.4	0.5
IVM**	844.6	635.2	209.4	133.4	44
Total	1508.8	1033.3	475.5	160.1	66.9

Note: figures are presented in millions. *Includes women of reproductive age (WRA), Preschool-age children (Pre-SAC) and school-age children (SAC). ** Ivermectin (IVM) is managed by Mectizan Donation Program in collaboration with WHO.

Fig. 13. Praziquantel supply chain technical mission, Zambia, July 2025

Source: July 2025, Lusaka, Zambia, Praziquantel supply chain technical mission, © WHO

Enhancing diagnostic and surveillance capacities through the ESPEN Laboratory

In 2025, the ESPEN Laboratory reached a strategic inflection point, consolidating its transition into an integrated regional systems platform supporting elimination efforts across Africa. During the year, ESPEN generated decision-grade evidence to inform national strategies, strengthened laboratory autonomy through capacity-building and quality systems support, operationalized a regional supply hub to improve access to standardized diagnostic inputs, and advanced its pathway towards international accreditation and WHO Collaborating Centre designation.

The ESPEN Laboratory continued to provide high-volume, quality-assured evidence for onchocerciasis elimination decisions. In Senegal, polymerase chain reaction (PCR) testing of 92 188 blackflies from the Falémé and Gambia basins collected between July 2024 and January 2025 confirmed infection rates well below WHO thresholds. In Burundi and Cameroon, enzyme-linked immunosorbent assay (ELISA) testing of >6 000 and 14 995 DBS samples, respectively, guided pre-stop CDTI decisions, identified priority foci and supported intensified interventions.

Quality control acceptance exceeded 98% for PCR/ELISA, with a fully operational CAPA system and strengthened traceability across all analytical phases.

At the end of the year, ESPEN organized a 10-day regional laboratory capacity building workshop in Ouagadougou, bringing together 30 professionals from 11 endemic countries. The workshop covered end-to-end diagnostics including blackfly processing, DNA extraction, PCR/qPCR (O-150/ND5), Ov16 ELISA/RDT, biosafety and quality systems across six workstations; participants achieved an average performance score of 2.8/3.

ESPEN also operationalized a regional diagnostic supply platform supporting 16 countries, and coordinated more than 35 structured international shipments of key diagnostics and laboratory consumables, ensuring continuity of elimination mapping, stop-MDA surveys and entomological monitoring.

Fig. 14. National laboratory personnel undertaking practical training at the ESPEN Laboratory



Source: December 2025, Ouagadougou, Burkina Faso, Laboratory technicians undergoing training during the regional laboratory training, © WHO



**Governance, partnerships
and coordination**

Governance, partnerships and coordination

Mwele Malecela Mentorship Programme: gender equity in NTD leadership

The Mwele Malecela Mentorship (MMM) Programme continued in 2025 to advance gender equity in NTD elimination by strengthening leadership opportunities for women across the WHO African Region. As a flagship initiative in ESPEN, the programme supports emerging women leaders through structured mentorship, leadership development and expanded professional networks, contributing to a more diverse, skilled and resilient NTD workforce.

The programme honours and carries forward the legacy of Dr Mwele Malecela by fostering a new generation of leaders equipped to shape policies, research and strategies necessary to eliminate NTDs. In the reporting year, 15 mentees (10 from Cohort I and five from Cohort II) were supported through structured mentorship, leadership development planning and peer learning exchanges.

Mentor-mentee relationships remained at the core of the Programme's impact, with mentorship pairs working closely on leadership development, career planning and advocacy for NTD elimination.

In 2025, the Programme further strengthened its governance and operational frameworks: The WHO Regional Office for Africa introduced improved selection tools and standardized scoring guidance to enhance transparency and consistency in the Cohort III selection process, ensuring balanced representation across anglophone, francophone and lusophone contexts. The MMM Programme expanded opportunities for mentee visibility and professional engagement: four Cohort II mentees participated in the NTD Programme Managers Meeting in April 2025, and the Programme co-hosted a joint advocacy webinar with the Injaz Fellowship.

Mentees from Cohorts I and II also participated in the Neglected Tropical Disease NGO Network (NNN) Conference. Looking ahead, the MMM Programme will build on 2025 progress by launching Cohort III and continue to strengthen a cohort of women leaders capable of driving NTD elimination across the Region.

Fig. 15. Mwele Malecela Mentorship Programme – Cohort activities, peer learning exchanges and leadership webinars, 2025



Source: October 2025, Lome, Togo, NTD Programme Managers Meeting, © WHO

ESPEN Steering Committee

The ESPEN Steering Committee, established by the WHO Regional Director for Africa, provides strategic oversight to guide ESPEN's work and ensure alignment with regional PC-NTD elimination goals. In November 2025, the Committee held its 10th meeting in Brazzaville (24–25 November) to review ESPEN's progress and provide strategic direction.

The Committee endorsed the ESPEN Strategy 2026–2030, including a strategic shift towards higher-level support through strengthened supply chain systems, laboratory systems and multisectoral coordination, with emphasis on reinforcing country leadership and integration.

Two key governance decisions were made: the endorsement of a transition to a co-chair leadership structure and the approval to expand the financial donor constituency from three to four representatives to reflect the evolving partner landscape.

The Committee also endorsed the draft ESPEN resource mobilization strategy and discussed prioritized support for countries close to dossier submission amid wider sustainability and funding risks.

Fig. 16. PC-NTD Regional Programme Advisory Group Meeting held in Kintele, October 2025



Source: October 2025, Kintele, Republic of Congo, PC-NTD Regional Programme Advisory Group Meeting, ©World Health Organization/Deborah Benedict Kodia

Regional Programme Advisory Group

In October 2025, ESPEN convened the 10th meeting of the PC-NTD Regional Programme Advisory Group (RPAG), which provides strategic, technical and operational guidance to national programmes. The meeting discussed country-facing implementation challenges for schistosomiasis and STH, a regional One Health framework including zoonotic NTDs, a memorandum of understanding on cross-border NTD collaboration and issues affecting donated medicine delivery.

Key recommendations included strengthening morbidity assessment and management as a core schistosomiasis elimination component, sustaining cross-border collaboration, advancing One Health approaches linking NTD interventions with WASH and veterinary public health, closing data gaps through better use of programme information, completing impact assessments, improving diagnostics for strongyloidiasis, and continuing capacity-building and dissemination of new WHO guidelines.

Regional coordination

Sixth Annual NTD Programme Managers Meeting

ESPEN convened the Annual NTD Programme Managers Meeting in Lomé, Togo from 15 to 17 April 2025, providing a key regional platform for Member States and partners to review progress, address implementation bottlenecks and align on priority actions to sustain and accelerate progress towards the 2030 targets.

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.

Fig. 17. Participants at the Sixth Annual NTD Programme Managers Meeting in Lomé, Togo



Source: April 2025, Lomé, Togo, Sixth Annual NTD Programme Managers Meeting, © WHO

2025 ASTMH Meeting

At the 2025 Annual Meeting of the American Society of Tropical Medicine and Hygiene (ASTMH), discussions across scientific sessions and symposia underscored that progress towards the 2030 NTD elimination targets in Africa will depend on stronger, more integrated data systems and delivery models, moving beyond siloed, disease-specific approaches.

ESPEN participated in key sessions, including a presentation on “Implementing moxidectin where it is needed to support countries’ onchocerciasis elimination efforts” and the END Fund session of successful progress towards the elimination of onchocerciasis in the WHO African Region.

ESPEN at InCORNTD

ESPEN’s engagement at the International Conference on Neglected Tropical Diseases Research (InCORNTD) 2025 in Kigali strengthened regional partnerships, advanced coordinated approaches to NTD elimination and showcased innovative tools to support national programmes.

taeniasis/cysticercosis, ESPEN facilitated cross-country exchange of practical experiences from Cameroon, Madagascar, Namibia and United Republic of Tanzania, generating priority operational research questions and reinforcing multisectoral coordination for integrated NTD control.

The conference also provided a platform to enhance collaboration among researchers, policy-makers and partners, aligning research with programme implementation. ESPEN further demonstrated its leadership in digital transformation through the introduction of the GenAI Assistant for the ESPEN Data Portal, expanded ESPEN Collect features for onchocerciasis vector surveillance and the Implementation Unit Financial Planner, all of which strengthen data-driven decision-making, real-time monitoring and resource coordination.

Collectively, these engagements reinforced ESPEN's role as a regional convener and technical leader, supporting country-led, integrated and evidence-based approaches to accelerate progress towards NTD elimination.

A man and a woman are walking away from the camera on a sandy beach. The man is wearing a yellow shirt, a blue safety vest with a logo, and a black cap. The woman is wearing a black hijab, a black long-sleeved shirt, and a brown backpack. They are walking towards a line of palm trees under a blue sky with white clouds. The beach is sandy and there is some debris on the right side.

Financial overview & strategic priorities 2026 & beyond

Financial overview

In 2025, ESPEN operated within a constrained financial environment influenced by global funding shifts, including cost containment measures implemented across WHO, following the withdrawal of USAID funding. Despite these challenges, ESPEN sustained delivery of priority activities and continued to support Member States in advancing NTD elimination.

Total available funding for 2025 amounted to US\$ 6.39 million, with contributions from key partners, including CIFF, the END Fund, the Gates Foundation, GIZ, the Kuwait Fund, Swiss Development Cooperation, the Task Force for Global Health, WHO and Merck, alongside carryover funds from 2024. Expenditure totalled US\$ 4.91 million (77% of the budget), primarily directed at core programme delivery.

Implementation rates were highest for mass drug administration (99%), impact assessments (88%) and country support (83%), ensuring continuity of essential interventions.

Spending on data systems (46%) and supply chain management (36%) was lower due to cost-containment measures that limited recruitment, travel and the scale of workshops.

Despite these constraints, ESPEN disbursed US\$ 850 572 to countries, supporting treatment delivery, surveillance, impact assessments and capacity-building activities.

Overall, financial implementation in 2025 reflects prudent resource management and strategic prioritization of critical programme areas.

Deferred activities are expected to be implemented in 2026 in line with the ESPEN Strategy 2026–2030.

Table 1. NTD donated medicines delivered in 2025

Donor	Funding for 2025 US\$	Funding for 2026 US\$
Various (carry over from 2024)	1 743 154	-
End Fund (Country Support)	1 759 230	81 770
GIZ Germany (2019 Grant)	1 025 225	974 775
Children's Investment Fund Foundation (UK)	1 231 400	868 600
Gates Foundation	45 695	129 358
Gates Foundation (MMM)	134 308	
Kuwait Fund	106 931	
GIZ Germany (2025 Grant)	40 000	
Swiss Development Cooperation Agency	50 000	
Task Force for Global Health (TFGH)	112 228	
WHO	30 000	
Merck	111 497	
Total	6 389 668	2 054 503

Table 3. Expenditure

Expenditure by Strategic Objective	Budget 2025	Expenditure
Scaling up mass drug administration	372 468	369 989
Impact assessments for scaling down mass drug administration	882 165	778 541
Strengthening information systems for evidence-based decision-making	789 158	359 585
Strengthening supply chain management of donated NTD medicines	392 081	139 214
Enhancing collaboration, country leadership and ownership	454 665	379 133
Mwele Malecela Mentorship Programme	112 225	79 923
ESPEN Technical Capacity (Human Resources)	2 990 448	2 408 950
Total programme costs	5 993 210	4 515 335
Indirect costs (programme support costs and UN Levy)	396 458	396 458
Total amount	6 389 668	4 911 793

Table 4. Disbursements to countries

Country	Amount (US\$)	Activities
Botswana	23 104	SCH/STH MDA Training Workshop
Central African Republic	43 300	Trachoma impact surveys in two districts
Comoros	21 887	LF TAS 2 (one district) and TAS 3 (two districts)
Congo	42 263	SCH MDA for school age children in two districts
Eswatini	37 000	SCH and STH Impact Assessment
Guinea	12 800	Workshop to update NTD Masterplan
Equatorial Guinea	211 821	Serological and entomological surveys for onchocerciasis
Gabon	200 000	LF confirmatory mapping surveys in 18 districts
Lesotho	11 437	Workshop to develop standard operating procedures for planning and implementation of MDA campaigns
Madagascar	161 161	(a) LF TAS 3 in 32 districts (b) Regional One Health workshop
Namibia	4027	Development of treatment protocol for management of Taeniasis /Cysticercosis
Sao Tome & Principe	46 741	(a) Impact assessment for SCH and STH (b) SCH and STH MDA for school-age children
South Africa	29 953	Training for scale-up of integrated SCH and STH MDA
Zambia	2148	In-country mission with Merck to strengthen supply chain for PZQ
Zimbabwe	2930	In-country mission with Merck to strengthen supply chain for PZQ
Total funding 2025	850 572	

V. Strategic priorities for 2026 and beyond

In 2026, ESPEN will implement the ESPEN Strategy 2026–2030 through the following priorities to accelerate progress towards the 2030 targets.

Priority area (ESPEN Strategy 2026–2030)	2026 focus
Country leadership and technical capacity 	Deliver targeted technical assistance for planning, quality implementation and elimination milestone readiness.
Medicines and diagnostics 	Improve forecasting, request quality and access to validated diagnostics to sustain delivery and surveillance.
Data, analytics and innovation 	Strengthen routine data use through ESPEN digital platforms, responsible analytics (including AI) and operational research.
Coordination, partnerships and governance 	Strengthen partner alignment, peer learning and resource mobilization to close critical gaps.
Integration into health systems 	Advance integration of PC-NTD services, data and logistics within national systems to improve sustainability.
Gender equity and social inclusion 	Strengthen equity-based targeting, disaggregated monitoring and inclusive leadership.



Annexes

Annex 1: Progress towards the elimination of PC-NTDs

Elimination status for PC-NTDs in the WHO African Region

Country	Onchocerciasis	Trachoma	Lymphatic filariasis	Schistosomiasis	Soil-transmitted helminthiasis
Algeria	Not endemic	Claims to have eliminated	Not endemic	Pending validation	Pending validation
Angola	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Benin	Endemic	Elimination as PHP 2023	Pending validation	Requiring PC	Requiring PC
Botswana	Not endemic	Claims to have eliminated	Not endemic	Requiring PC	Requiring PC
Burkina Faso	Endemic	Endemic	Endemic	Requiring PC	Not requiring PC
Burundi	Endemic	Elimination as PHP 2025	Not endemic	Requiring PC	Requiring PC
Cameroon	Endemic	Endemic	Pending validation	Requiring PC	Requiring PC
Cape Verde	Not endemic	Not endemic	Not endemic	Suspected endemic	Requiring PC
Central African Rep.	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Chad	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Comoros	Not endemic	Not endemic	Pending validation	Not requiring PC	Requiring PC
Congo	Endemic	Not endemic	Endemic	Requiring PC	Requiring PC
Democratic Republic of Congo	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Equatorial Guinea	Pending verification	Not endemic	Endemic	Requiring PC	Requiring PC
Eritrea	Not endemic	Endemic	Pending validation	Requiring PC	Not requiring PC
Eswatini	Not endemic	Not endemic	Not endemic	Requiring PC	Requiring PC
Ethiopia	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Gabon	Endemic	Not endemic	Endemic	Requiring PC	Requiring PC
Gambia	Not endemic	Elimination as PHP 2021	Not endemic	Requiring PC	Requiring PC
Ghana	Endemic	Elimination as PHP 2018	Endemic	Requiring PC	Not requiring PC
Guinea	Endemic	Claims to have eliminated	Endemic	Requiring PC	Requiring PC
Guinea Bissau	Endemic	Claims to have eliminated	Endemic	Requiring PC	Requiring PC
Cote d'Ivoire	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Kenya	Not requiring PC	Endemic	Endemic	Requiring PC	Requiring PC
Lesotho	Not endemic	Not endemic	Not endemic	Not requiring PC	Requiring PC
Liberia	Endemic	Not endemic	Endemic	Requiring PC	Requiring PC
Madagascar	Not endemic	Not endemic	Endemic	Requiring PC	Requiring PC
Malawi	Endemic	Elimination as PHP 2022	Elimination as PHP 2020	Requiring PC	Requiring PC
Mali	Endemic	Elimination as PHP 2023	Pending validation	Requiring PC	Not requiring PC
Mauritania	Not endemic	Elimination as PHP 2025	Not endemic	Requiring PC	Not requiring PC
Mauritius	Not endemic	Not endemic	Not endemic	Not requiring PC	Not requiring PC
Mozambique	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Namibia	Not endemic	Claims to have eliminated	Not endemic	Requiring PC	Requiring PC
Niger	Elimination achieved 2025	Endemic	Endemic	Requiring PC	Not requiring PC
Nigeria	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Rwanda	Not requiring PC	Not endemic	Not endemic	Requiring PC	Requiring PC
Sao Tome & Principe	Not endemic	Not endemic	Pending validation	Requiring PC	Requiring PC
Senegal	Endemic	Elimination as PHP 2025	Endemic	Requiring PC	Requiring PC
Seychelles	Not endemic	Not endemic	Not endemic	Not requiring PC	Not requiring PC
Sierra Leone	Endemic	Not endemic	Endemic	Requiring PC	Requiring PC
South Africa	Not endemic	Not endemic	Not endemic	Requiring PC	Requiring PC
South Sudan	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
United Republic of Tanzania	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Togo	Endemic	Elimination as PHP 2022	Elimination as PHP 2017	Requiring PC	Requiring PC
Uganda	Pending verification	Endemic	Pending validation	Requiring PC	Requiring PC
Zambia	Not endemic	Endemic	Endemic	Requiring PC	Requiring PC
Zimbabwe	Not endemic	Endemic	Endemic	Requiring PC	Requiring PC

Legend

	Endemic / requiring preventive chemotherapy (PC)
	Pending validation or verification, or country claim under review
	Not endemic / not requiring PC
	Suspected endemic
	Elimination achieved or elimination as a public health problem (PHP)

Abbreviations: PC = preventive chemotherapy; PHP = elimination as a public health problem.

Prepared from the source workbook provided by the user (27 Mar 2026); text spacing and line breaks standardised for publication.

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

Training topic	Date	Location	N	Countries/institutions	Training outcome
Integrated Data Workshop on Collection, Reporting and Utilization for PC-NTDs	21 – 25 July 2025	Brazzaville, Congo	69	Benin, Cameroon, Ethiopia, Guinea, Kenya, Madagascar, Nigeria, Congo, Sierra Leone, United Republic of Tanzania Partners: The END Fund, The Carter Centre	(1.) Strengthened country ownership and sustainability through data integration; (2.) Improved capacity for timely, accurate planning using ESPEN digital tools; (3.) Promoted continuous, action-oriented data use and explored AI-enabled decision support.
Country Capacity Building for One Health Programme Integration and Adverse Event Management	2 – 4 December 2025	Antsirabé, Madagascar	73	Cameroon, Madagascar, Namibia, United Republic of Tanzania, Uganda, Zambia Partners: University of South Florida, The End Fund	(1.) Country teams strengthened capacity to implement integrated schistosomiasis–T. solium control within a One Health framework; (2.) Participants improved microplanning, medicine forecasting and standardized taenicide request processes; (3.) Countries enhanced pharmacovigilance preparedness to ensure safe praziquantel-based MDA in co-endemic settings.
Regional M&E Workshop on Data Systems, Tools and Processes for PC-NTDs	8 – 12 December 2025	Brazzaville, Congo	70	Angola, Benin, Burkina Faso, Ethiopia, Ghana, Madagascar, Mozambique, Senegal, South Sudan, United Republic of Tanzania Partners: African Institute for Health & Development, AMREF Health Africa, Crosscut, CBM, CHAI, Dimagi, JSI, inSupply Health, Sightsavers, The Carter Center, THE END Fund, UnlimitHealth, OPC	(1.) Participants strengthened capacity to apply structured approaches to improve data quality and use in PC-NTD programmes; (2.) Built consensus to establish a Regional M&E Technical Coordination Mechanism; (3.) Initiated development of regional M&E guidelines and ESPEN Portal-based repository of tools and best practices.
Regional Training Workshop on Laboratory Diagnostics for Onchocerciasis and Quality Management	9 – 18 December 2025	Ouagadougou, Burkina Faso	30	Burkina Faso, Burundi, Chad, Côte d'Ivoire, DRC, Ghana, Malawi, Mali, South Sudan, United Republic of Tanzania, Uganda	(1.) Participants completed practical, end-to-end laboratory diagnostics training, demonstrating strong technical gains and achieving an average performance score of 2.8/3 2. National diagnostic capacity was strengthened by building staff competency and reinforcing quality systems, including the strengthening of external quality assessment (EQA)

Partners: African Institute for Health & Development, AMREF Health Africa, Crosscut, The Christian Blind Mission (CBM), Clinton Health Access Initiative (CHAI), Dimagi, John Snow Inc (JSI), inSupply Health, Sightsavers, The Carter Centre, THE END Fund, UnlimitHealth, Organisation pour la Prévention de la Cécité (OPC), University of South Florida, The End Fund.

Annex 3: Progress towards the elimination of PC-NTDs

Fig. 3A. Progress towards the elimination of lymphatic filariasis and onchocerciasis (2024)

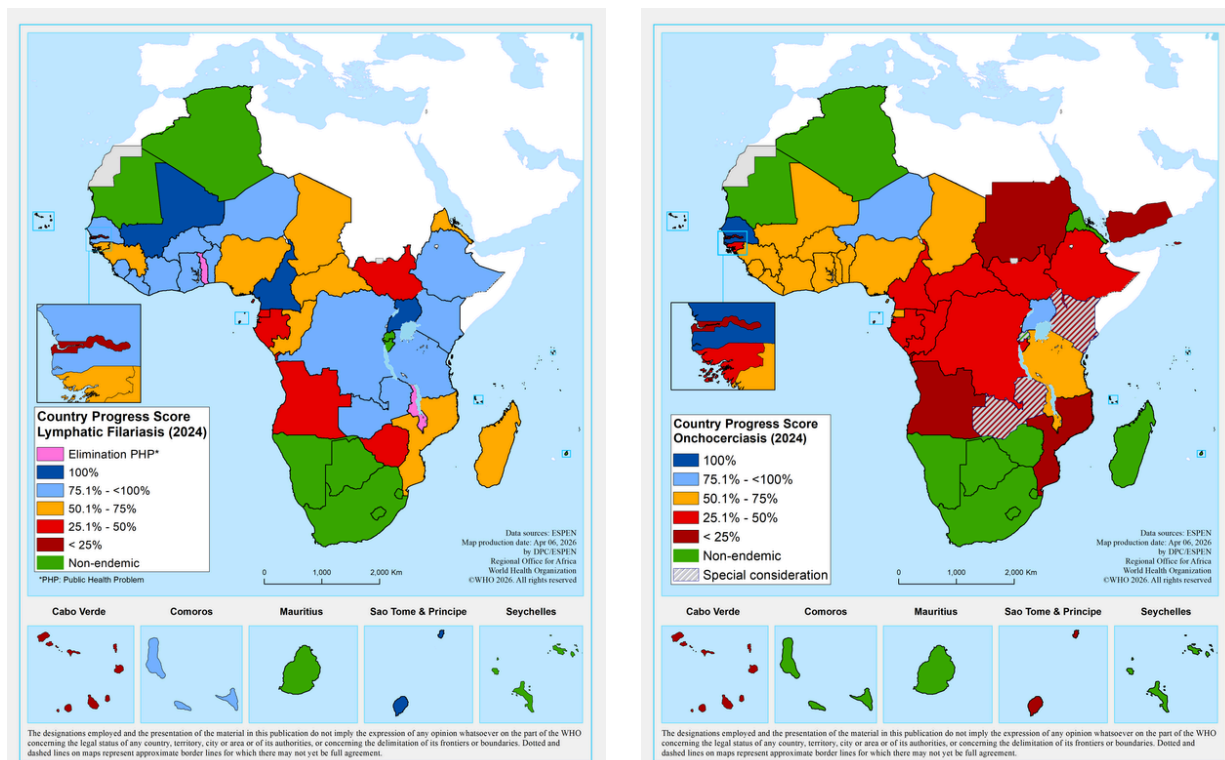
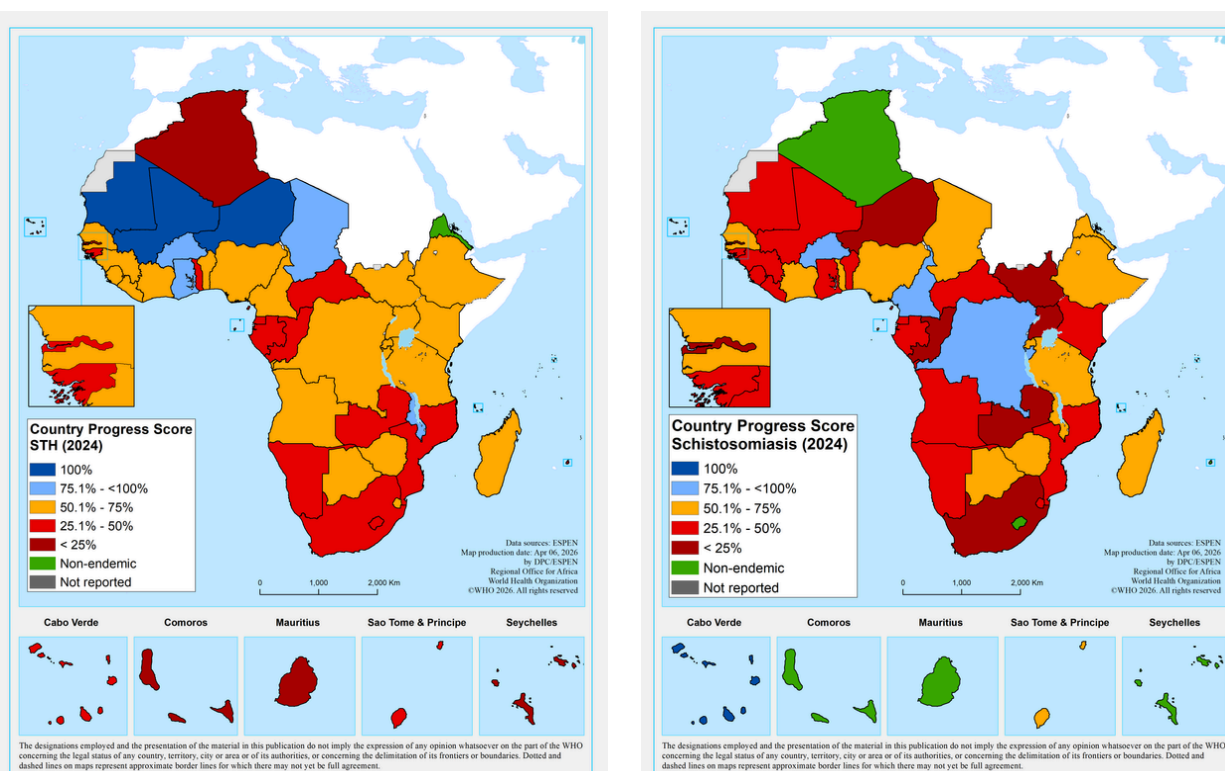


Fig. 3B. Progress towards the elimination of soil-transmitted helminthiases and schistosomiasis (2024)



Composite indicator for PC-NTD progress monitoring. The PC-NTD Disease-Specific Progress Score 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.

The WHO Regional Office for Africa

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Algeria	Lesotho
Angola	Liberia
Benin	Madagascar
Botswana	Malawi
Burkina Faso	Mali
Burundi	Mauritania
Cabo Verde	Mauritius
Cameroon	Mozambique
Central African Republic	Namibia
Chad	Niger
Comoros	Nigeria
Congo	Rwanda
Côte d'Ivoire	Sao Tome and Principe
Democratic Republic of the	Senegal
Congo Equatorial Guinea	Seychelles
Eritrea	Sierra Leone
Eswatini	South Africa
Ethiopia	South Sudan
Gabon	Togo
Gambia	Uganda
Ghana	United Republic of Tanzania
Guinea	Zambia
Guinea-Bissau	Zimbabwe
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