

A photograph of an elderly woman sitting on a wooden stool in a rural setting. She is wearing a vibrant red headscarf and a white dress with a colorful patterned border. Her hands are clasped in her lap, and she is looking upwards and to the left. The background shows a simple building with a textured wall and some yellow containers. The overall scene is set against a clear blue sky.

# Strategy for the Expanded Special Project for Elimination of Neglected Tropical Diseases in the WHO African Region

2026-2030



World Health  
Organization

African Region

**Strategy for  
the Expanded  
Special Project  
for Elimination of  
Neglected Tropical  
Diseases in the WHO  
African Region**

**2026-2030**



African Region

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## Foreword

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The Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) stands as a cornerstone of our collective ambition to eliminate the five most prevalent neglected tropical diseases (NTDs) amenable to preventive chemotherapy in the WHO African Region. This third strategic cycle (2026–2030) comes at a critical juncture, demanding renewed commitment, innovation and solidarity to overcome growing challenges.

In a global health landscape marked by declining external funding and increasingly complex disease dynamics, ESPEN's role has never been more vital. The 2026–2030 strategy reaffirms our belief that country leadership, equity and data-driven action are the foundation of sustainable health progress. It is a direct call to action for governments, partners and communities to collaborate, co-create solutions and drive forward a resilient and inclusive response to NTDs that aligns with national priorities.

The six pillars of the strategy, from strengthening technical capacity and improving access to medicines, to ensuring gender equity and health systems integration, are designed to realize the vision of an Africa free from NTDs. This vision is rooted in the values of the WHO African Region: people-centred care, cross-sector collaboration, and an unwavering commitment to those we serve.

ESPEN's achievements to date, which include millions treated, systems strengthened and countries validated for elimination, demonstrate what is possible when we act together. However, the road ahead requires even greater resolve.

The strategy's focus on results, sustainability and partnership embodies the guiding principles of our regional health agenda. It highlights the importance of digital tools and data for precision public health, the power of regional solidarity, and the critical role of local leadership in delivering lasting health solutions.



This strategy is not just a roadmap; it is a call to action. It challenges all of us – WHO, Member States, donors, implementing partners, scientists and stakeholders – to act with renewed ambition and resolve, united in our mission to eliminate NTDs and build stronger, more equitable health systems for all.

**Dr Mohamed Yakub Janabi**  
*Regional Director*  
*WHO Regional Office for Africa*

# Abbreviations

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<b>AI</b>	artificial intelligence
<b>AWP</b>	annual work plan form
<b>COR-NTD</b>	Coalition for Operational Research on Neglected Tropical Diseases
<b>DALY</b>	disability-adjusted life year
<b>DHIS2</b>	District Health Information Software 2
<b>ELISA</b>	enzyme-linked immunosorbent assay (laboratory technique)
<b>EMS</b>	epidemiological monitoring survey
<b>EPIRF</b>	Epidemiological Data Reporting Form
<b>HSS</b>	health system strengthening
<b>IU</b>	implementation unit
<b>JAP</b>	Joint Application Package
<b>JRF</b>	Joint reporting form
<b>JRSM</b>	Joint request for selected medicines
<b>LIC</b>	low-income country
<b>LMIC</b>	low- and middle-income country
<b>LMIS</b>	logistics management information system
<b>LF</b>	lymphatic filariasis
<b>M&amp;E</b>	monitoring and evaluation
<b>MDA</b>	mass drug administration
<b>MMM</b>	Mwele Malecela Mentorship Programme
<b>NGDO</b>	nongovernmental development organization
<b>NTD</b>	neglected tropical disease
<b>NPO</b>	national programme officer
<b>OCP</b>	Onchocerciasis Control Programme
<b>PC-NTD</b>	preventive chemotherapy neglected tropical disease
<b>PCR</b>	polymerase chain reaction (laboratory technique)
<b>PHC</b>	primary health care
<b>PM</b>	Programme Manager
<b>RPAG</b>	Regional Programme Advisory Group
<b>R&amp;D</b>	research and development
<b>SDG</b>	Sustainable Development Goal

<b>SOP</b>	standard operating procedure
<b>SPPA</b>	Schistosomiasis Practical and Precision Assessment
<b>STH</b>	soil-transmitted helminthiasis
<b>TA</b>	technical assistance
<b>TEMF</b>	Technical and epidemiological monitoring form
<b>UHC</b>	universal health coverage
<b>USAID</b>	United States Agency for International Development
<b>WASH</b>	water, sanitation and hygiene
<b>WHO</b>	World Health Organization

# Executive summary

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This Strategy for the Expanded Special Project for Elimination of Neglected Tropical Diseases in the WHO African Region, 2026–2030 focuses on accelerating the elimination of the five most prevalent NTDs in the WHO African Region that are amenable to preventive chemotherapy (PC-NTDs): lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiases, and trachoma. In line with WHO’s 2021–2030 NTD roadmap, the strategy provides a comprehensive framework to advance elimination goals, strengthen national ownership and support countries through coordinated, evidence-based action.

In 2024 alone, ESPEN facilitated access to treatment for 52.6 million people, coordinated the delivery of nearly 1.2 billion tablets, trained over 580 country programme officers, and processed more than 130 000 entomological and 2000 epidemiological samples as part of its impact assessment and surveillance activities.

Despite these achievements, PC-NTDs under ESPEN’s focus are currently not on track to achieve the WHO 2030 roadmap targets. The sector faces additional challenges due to recent decreases in bilateral and multilateral aid, including the cessation of USAID funding. These changes are expected to affect implementation, technical support and capacity-building activities, potentially intensifying competition for resources among affected countries and further emphasizing ESPEN’s critical role.



**ESPEN’s 2026–2030 strategy** aims to accelerate elimination of **five PC-NTDs** in **Africa** through **country-led, sustainable, data-driven action**, despite **funding challenges**.

## Strategic goal and pillars

This third iteration of ESPEN’s strategy, developed after the extension of its mandate through 2030, provides a more focused and detailed plan to help countries meet the WHO 2030 NTD roadmap goals. Drawing on lessons from previous implementation cycles, the 2026–2030 strategy strengthens ESPEN’s position as a key partner in the elimination of PC-NTDs in Africa. It places country leadership at the forefront and embeds sustainability into all aspects of programme delivery.

The strategy aims to consolidate ESPEN’s position as a public–private partnership that facilitates integrated, country-led efforts to eliminate PC-NTDs. It emphasizes strengthening national systems, ensuring equitable access to diagnostics and medicines, and scaling up the use of data and digital innovation for programmatic decision-making and accountability.



The framework is structured around one overarching goal, four thematic pillars and two cross-cutting pillars, each with clearly defined activities and deliverables.



### Vision

An Africa free of neglected tropical diseases



### Mission

To accelerate the elimination of neglected tropical diseases amenable to preventive chemotherapy (PC-NTDs) in Africa by 2030 through country-led, data-driven and integrated public health interventions while promoting innovation, fostering equity and strengthening partnerships to build sustainable and resilient health systems.



### Goal

By 2030, support endemic countries in the WHO African Region to achieve their PC-NTD elimination targets by strengthening the planning, coordination and delivery of interventions through more responsive health systems and effective partner coordination.



### Thematic pillars

- 1. Foster country leadership and technical capacity for NTD elimination**  
Deliver targeted technical assistance, catalytic funding, laboratory strengthening and support to national coordination structures to accelerate elimination efforts.
- 2. Ensure access to medicines and diagnostics**  
Improve forecasting, supply chain management and equitable access to PC-NTD medicines and diagnostics through enhanced planning, delivery and Joint Application Package (JAP) reporting.
- 3. Harness AI for data-driven planning, monitoring and innovation**  
Enhance programme management through robust survey systems, AI-powered analytics, innovative data tools, and operational research.
- 4. Strengthen regional coordination and partnerships**  
Facilitate joint planning, harmonized approaches and peer learning through technical platforms and stakeholder engagement across the PC-NTD ecosystem.



### Cross-cutting pillars

- 5. Promote integration of PC-NTDs into health systems**  
Advocate for the integration of PC-NTD interventions into national health policies, service delivery platforms and routine systems, including health information and supply chain systems.
- 6. Embed gender equity and social inclusion**  
Prioritize interventions for marginalized groups, mainstream disaggregated data for monitoring, and promote women’s leadership through initiatives like the Mwele Malecela Mentorship Programme.



Central to the 2026–2030 strategy is ESPEN’s strengthened commitment to collective action through strategic partnerships with governments, donors, implementing agencies and the private sector. Recognizing that PC-NTD elimination depends on aligned efforts, ESPEN’s updated model promotes co-creation, joint planning, and technical coordination to maximize shared resources and support streamlined, country-led interventions.

The strategy positions ESPEN as a regional platform for funder alignment and operational efficiency, particularly in an evolving funding landscape. It prioritizes the expansion of data and analytics capabilities, including the use of AI-powered tools, to support countries and their partners to improve planning, monitoring and accountability, while expanding ESPEN’s role in advocacy, integration and stakeholder convening.

ESPEN will adopt a more focused, demand-driven technical assistance model that prioritizes countries and areas with the greatest needs. The strategy advocates for a shift from direct implementation toward country ownership, emphasizing knowledge transfer and sustainable capacity development to empower national programmes with the expertise needed to achieve elimination targets.

## ESPEN’s value proposition for driving progress toward 2030 targets

ESPEN is uniquely positioned to catalyse progress across all six strategic pillars for PC-NTD elimination in the African Region. Its leadership in technical assistance helps countries achieve critical milestones, such as developing NTD master plans and disease elimination dossiers. As a trusted advisor with continent-wide visibility, ESPEN provides a strong platform for thought leadership and advocacy on integration. ESPEN’s pivotal role in coordinating medicine and diagnostics donations in the WHO African Region ensures sustainable access to essential interventions. Through this role, ESPEN has built an unparalleled repository of data on disease burden and treatment coverage via the ESPEN Portal, and has also developed innovative tools like ESPEN Collect, the IU Planner and CHIP, which are increasingly enabling data-driven decision-making at the country level. Its embedded position within WHO and deep local relationships allow ESPEN to foster alignment, accountability and collaboration among stakeholders, driving unified progress toward elimination goals.

## Anticipated impact and case for change

This iteration of ESPEN’s strategy supports the mitigation of approximately 18 million disability-adjusted life years (DALYs) by 2030 through PC-NTD elimination efforts in line with WHO’s 2021–2030 roadmap targets.<sup>1</sup> This impact could potentially reach 58 million DALYs by 2050, and 93 million DALYs in the long run.<sup>2</sup> Since PC-NTDs represent 90% of the African Region’s NTD burden and nearly half of the global burden (in DALYs), ESPEN’s work is central to achieving global elimination targets.

At an estimated cost of US\$ 35–60 per DALY,<sup>3</sup> NTD interventions are highly cost-effective. Mass drug administration (MDA), backed by over US\$ 31 billion in donated medicines to date, remains a top global health investment. Beyond disease control, PC-NTD elimination programmes could reduce household income losses (estimated at US\$ 33 billion annually); yield up to US\$ 25 in community benefits per dollar invested; and strengthen health systems by reaching underserved populations and supporting broader public health efforts. Sustained investment in NTD elimination is essential to the realization of this vision.



- **~18 million DALYs** to be averted by **2030**, with potential to exceed **58 million** by **2050** and **93 million** in the long run
- Highly **cost-effective investment** at **~US\$ 35–60 per DALY**
- Supported by **US\$ 31 billion** in **donated medicines** to date
- Delivers up to **US\$ 25** in **community benefits** for every **US\$ 1 invested** in **NTD programmes**
- Strengthens broader **health systems**

## Resource needs and sustainability

The ESPEN strategy 2026–2030 outlines a comprehensive investment of approximately US\$ 64 million to accelerate the elimination of PC-NTDs across the African Region. The budget is structured around six strategic pillars, with investments allocated as follows:

- US\$12.7 million to strengthen country leadership and technical capacity;
- US\$ 7 million to enhance data analytics and supply chain systems;
- US\$ 3.2 million to support cross-cutting integration interventions; and
- US\$ 5.9 million to embed gender equity and social inclusion.

In addition to pillar-specific investments, an amount of US\$ 24.6 million is earmarked for ESPEN’s technical support functions. By combining strategic resource allocation with deep contextual understanding and leveraging ESPEN’s role in regional coordination, digital innovation and capacity strengthening, this budget will deliver both impactful and sustainable actions in the long term.

<sup>1</sup> By number of countries, onchocerciasis – 31% verified for interruption of transmission; trachoma, LF, schistosomiasis and STH – 100%, 81%, 100% and 96% validated for elimination, respectively.

<sup>2</sup> 18M is a non-discounted estimate of DALYs to be averted between 2021 and 2030, relative to baseline; 58M reflects a discounted scenario projected forward to 2050; and 93M reflects a discounted scenario projected to its terminal value. Full methodology is available in Annex B.

<sup>3</sup> Directional estimate developed to inform ESPEN’s 2026–2030 strategy, relying on available 2021 DALY data for PC-NTDs. Actual US\$ per DALY may vary by disease, intervention type, and country context.

ESPEN remains committed to supporting all countries within its mandate, while prioritizing and tailoring its engagement based on country-specific needs and contexts. This differentiated approach ensures that technical assistance is aligned with national disease burdens, health system capacity, integration readiness, and the availability of partner or donor support. In close collaboration with national stakeholders, ESPEN will assess country- and disease-specific capacities to determine the most appropriate form and intensity of support. ESPEN will focus on coordination with partners and donors to fill critical gaps and maintain continuity of support.

### Implementation and accountability

ESPEN will monitor its impact through a refreshed monitoring and evaluation (M&E) plan that tracks both activity-level and output-level key performance indicators (KPIs). Activity KPIs will ensure internal accountability by measuring progress against strategic actions, while output KPIs will assess broader ecosystem-level outcomes directly linked to ESPEN’s work and aligned with WHO NTD roadmap targets.

The 2026–2030 strategy offers a practical and scalable framework to eliminate PC-NTDs in the African Region. Success will be defined by country leadership, resource efficiency, and sustainability, with investments focused on strengthening laboratory protocols, enhancing data systems, and streamlining supply chains. While challenges persist, sustained and timely investment is critical to preserving progress and advancing toward WHO’s 2030 elimination goals over the next five years.



## ESPEN’s 2026–2030 strategy

prioritizes tailored country support, strengthened partnerships, and robust monitoring to eliminate PC-NTDs in Africa

### Priorities



Tailored Country Support



Strengthened Partnerships



Robust Monitoring

### Success drives



Leadership



Efficiency



Sustainability

# Background

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Neglected tropical diseases (NTDs) are a group of diseases and conditions that affect 1.5 billion people globally, with the WHO African Region carrying a significant share of the burden. In 2024, nearly 35% of individuals in need of NTD treatment lived in the Region, where poverty, limited access to clean water and health care and tropical climates drive transmission. Communities in rural, remote and conflict-affected areas are particularly vulnerable, with climate change further exacerbating exposure.

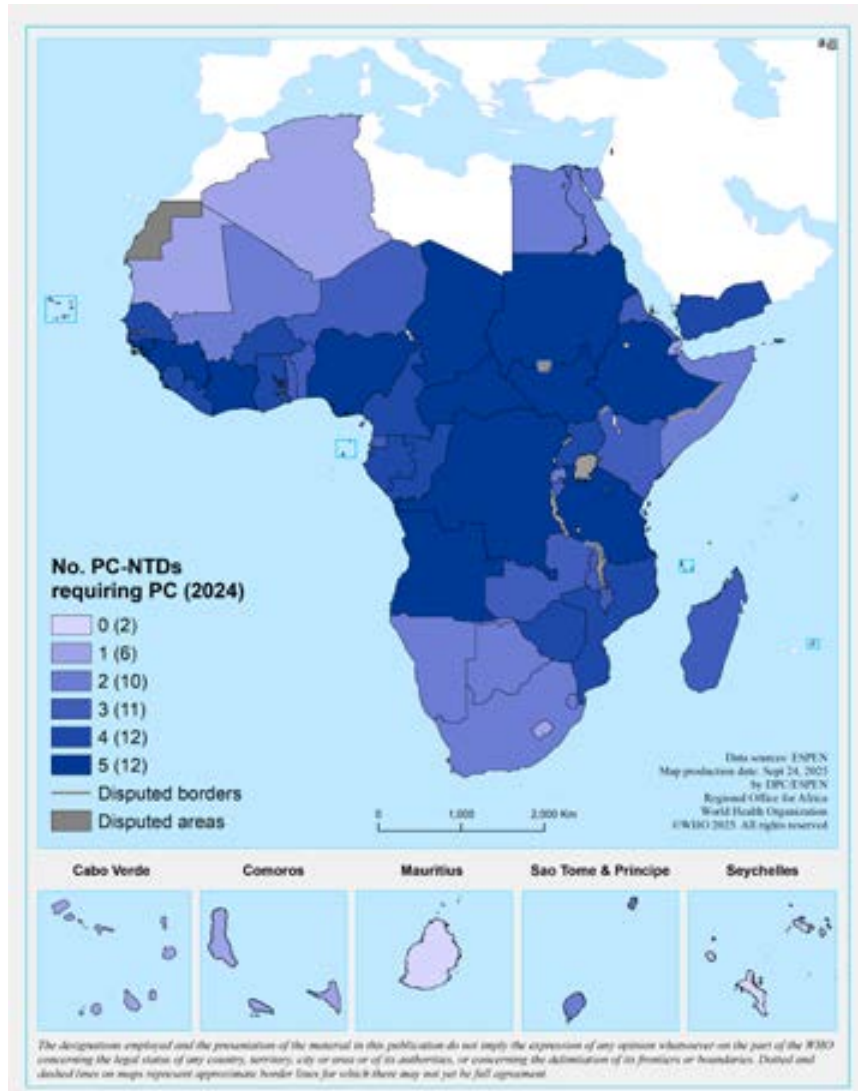
Left untreated, NTDs lead to significant morbidity, including physical and visual impairments, developmental delays in children, chronic pain, disfigurement, and death. Beyond physical harm, these diseases often lead to stigma, social exclusion and economic hardship. In affected communities, where many rely on informal work, the loss of productivity and income can be devastating. WHO estimates that NTDs cause US\$ 33 billion in household income loss annually,

with treatment costs often exceeding 20% of a family's yearly income. NTDs not only harm individuals but also perpetuate cycles of poverty and inequality across the Region.

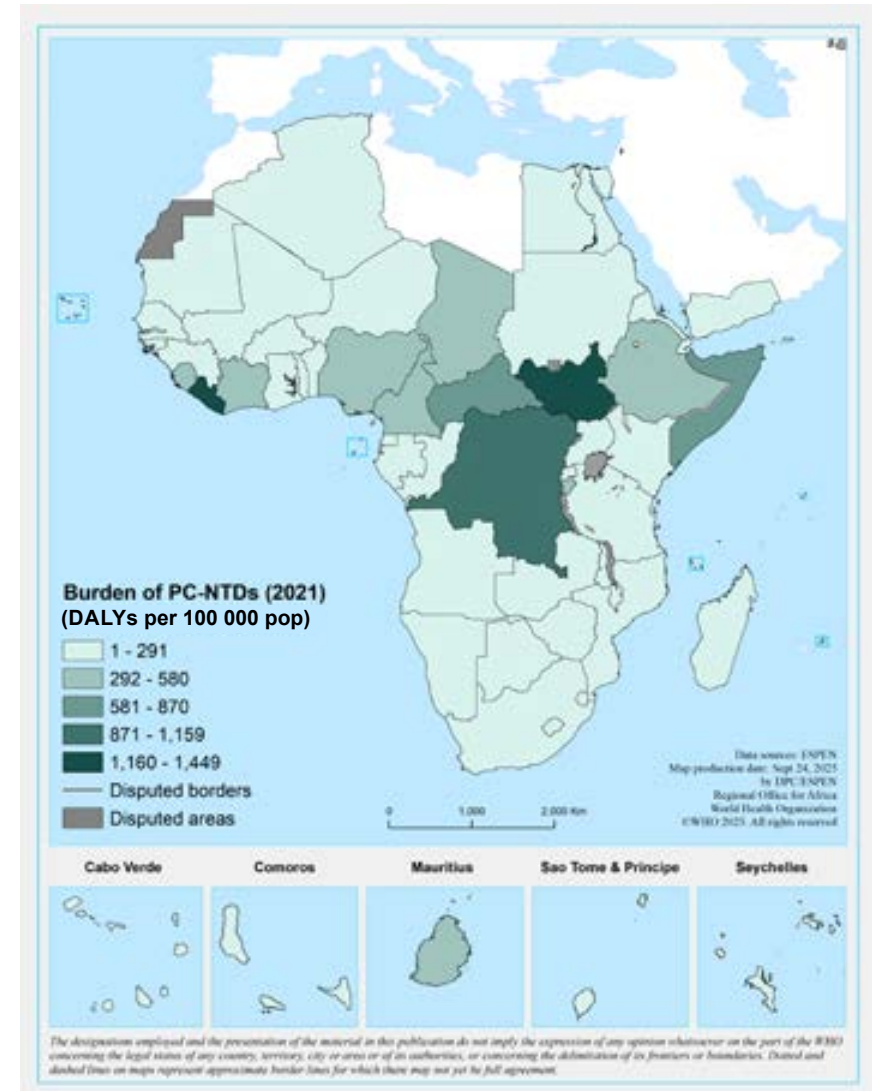
## Preventive chemotherapy neglected tropical diseases

Preventive chemotherapy neglected tropical diseases (PC-NTDs) are a subset of five NTDs that can be controlled or eliminated through large-scale, periodic administration of safe, quality-assured medicines to at-risk populations, an approach known as preventive chemotherapy (PC). These diseases include lymphatic filariasis (LF), onchocerciasis, schistosomiasis, soil-transmitted helminthiasis (STH), and trachoma. Together, these five diseases make up 90% of the total NTD burden in the WHO African Region.

**Fig. 1. Number of NTDs requiring PC in the African Region, 2023 – ESPEN country maps and data**



**Fig. 2. Burden of PC-NTDs in the African Region (in DALYs), 2021<sup>4</sup>**



<sup>4</sup> Developed using data from <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys>

## WHO NTD roadmap targets for PC-NTDs

The WHO NTD roadmap sets ambitious global targets for 2030 to guide progress across all NTDs within the decade. It also defines specific targets for each PC-NTD, expressed as the number of countries validated or verified for elimination relative to the total number of endemic countries for each disease. Among the five PC-NTDs, onchocerciasis is targeted for elimination (interruption of transmission), while the remaining four are targeted for elimination as a public health problem, as defined below.








The **WHO NTD roadmap 2030** sets **elimination targets** for **five PC-NTDs: onchocerciasis** (transmission interruption) and **four others** as **public health problems**.

### Overarching global NTD targets for 2030

<b>90%</b>	Percentage reduction in people requiring interventions against NTDs	<b>100</b>	Number of countries having eliminated at least one NTD
<b>75%</b>	Percentage reduction in disability-adjusted life years (DALYs) related to NTDs	<b>2</b>	Number of NTDs eradicated ( <i>yaws and dracunculiasis; not within ESPEN's scope</i> )



### Disease-specific global PC-NTD targets for 2030

PC-NTD		2030 targets (number of countries globally)	
	<b>Lymphatic filariasis (LF)</b>	<b>81%</b>	<b>Validated for elimination as a public health problem</b> (defined as infection sustained below transmission assessment survey thresholds for at least four years after stopping MDA; availability of essential package of care in all areas of known patients)
	<b>Onchocerciasis</b>	<b>31%</b>	<b>Verified for interruption of transmission</b>
	<b>Schistosomiasis</b>	<b>100%</b>	<b>Validated for elimination as a public health problem</b> (defined as <1% proportion of heavy intensity schistosomiasis infections)
	<b>Soil-transmitted helminthiasis (STH)</b>	<b>96%</b>	<b>Validated for elimination as a public health problem</b> (defined as <2% proportion of soil-transmitted helminth infections of moderate and heavy intensity due to <i>Ascaris lumbricoides</i> , <i>Trichuris trichuria</i> , <i>Necator americanus</i> and <i>Ancylostoma duodenale</i> )
	<b>Trachoma</b>	<b>100%</b>	<b>Validated for elimination as a public health problem</b> (defined as (i) a prevalence of trachomatous trichiasis “unknown to the health system” of <0.2% in ≥15-year-olds in each formerly endemic district; (ii) a prevalence of trachomatous inflammation—follicular in children aged 1–9 years of <5% in each formerly endemic district; and (iii) written evidence that the health system is able to identify and manage incident cases of trachomatous trichiasis, using defined strategies, with evidence of appropriate financial resources to implement those strategies).

## Kigali Declaration on NTDs

Launched in June 2022, the Kigali Declaration on NTDs outlines a practical framework to accelerate progress toward the goals of the WHO NTD roadmap. It calls for increased political commitment, sustainable financing and stronger partnerships among governments, pharmaceutical companies, NGOs and endemic communities. The Declaration emphasizes the importance of scaling up MDA, improving health care systems and enhancing disease surveillance to expand access to treatment and prevention. By aligning global targets with country-led strategies, it aims to ensure that resources are directed where they are most needed. As of January 2025, the Kigali Declaration has been endorsed by 84 partners.

### Overview of progress and barriers to elimination

By April 2025, twenty-one Member States in the WHO African Region had been verified or validated for eliminating at least one NTD as a public health problem – compared to a target of 28 Member States by 2025 and all 47 Member States by 2030.

Notable progress has been made toward the elimination of PC-NTDs in the African Region. By May 2025, seven Member States<sup>5</sup> had been validated for the elimination of trachoma; Malawi and Togo had been validated for

eliminating lymphatic filariasis, with seven other Member States currently under post-treatment surveillance<sup>6</sup>; Niger had achieved verification of transmission elimination for onchocerciasis; and four Member States had met the thresholds to stop mass drug administration for soil-transmitted helminths<sup>7</sup>.

Despite these gains, significant barriers remain, hindering progress toward the goals defined in the WHO NTD roadmap 2021–2030.

### Regional progress toward WHO roadmap targets for 2030

PC-NTD	2030 target	2030 target	2023 milestone	2023 actual status	2025 milestone	2025 actual status (July)
	(% of countries)	(# of countries)	(# of countries)	(# of countries)	(# of countries)	(# of countries)
Lymphatic filariasis	81%	14/36	3/36	2/36	6/36	2/36
Onchocerciasis	31%	12/34	1/34	0/34	2/34	1/34
Schistosomiasis	100%	44/44	12/44	0/44	33/44	0/44
Soil-transmitted helminthiasis	96%	40/42	4/42	0/42	33/42	0/42
Trachoma	100%	66 / 66	28 / 66	18 / 66	43/66	25/66

<sup>5</sup> Benin, Gambia, Ghana, Malawi, Mali, Mauritania and Togo

<sup>6</sup> Benin, Cameroon, Comoros, Eritrea, Mali, Sao Tome and Principe and Uganda

<sup>7</sup> Burkina Faso, Ghana, Mali and Niger.

## Barriers to PC-NTD elimination



**Inadequate disease surveillance hinders effective decision-making.** Incomplete mapping and outdated data on treatment coverage and uptake continue to limit countries' ability to accurately identify endemic areas, prioritize interventions, monitor progress and detect resurgence. For example, outdated onchocerciasis mapping in hypo-endemic regions remains a challenge.



**Domestic funding gaps and reliance on external support threaten programme continuity.** Many countries face financial shortfalls for essential activities like MDA and disease surveys. Heavy dependence on donor funding raises concerns about the long-term sustainability of national efforts, especially amid competing health priorities.



**Declining political commitment and weak accountability mechanisms risk setbacks.** As disease prevalence declines, maintaining political and financial support becomes harder. For example, trachoma programmes often lose momentum after elimination thresholds are met. Limited cross-border collaboration and weak tracking systems increase the risk of resurgence, particularly among mobile and underserved populations.



**Fragmented health systems and insufficient collaboration slow progress.** Poor integration of PC-NTD programmes into broader health systems and limited cross-sector collaboration reduce efficiency and impact. For instance, inadequate coordination with water, sanitation and hygiene (WASH) initiatives continues to fuel transmission of STH and schistosomiasis.



**Epidemiological complexities require new and tailored technical solutions.** Ongoing transmission, exacerbated by climate change and emerging biological challenges, demands continuous knowledge and skills transfer to country NTD programmes. Examples include persistent LF hotspots in Burkina Faso, expanding vector habitats, and parasite hybridization that may increase resistance risks to praziquantel.

## Navigating shifts in the global health funding landscape

Global public health funding is undergoing major shifts, with serious implications for NTD elimination efforts. The closure of USAID in 2025, which previously contributed about 40% of PC-NTD donor funding, disrupted medicine supply chains and technical support, particularly affecting onchocerciasis and schistosomiasis programmes in the African Region and impacting over 280 million people.

While pharmaceutical donations continue, funding for the delivery of these much needed medicines has been severely affected by broader geopolitical shifts, including reductions in overseas development assistance from major donors. These changes threaten programme continuity and risk reversing gains.

The ESPEN 2026–2030 strategy responds to this challenge by emphasizing sustainability through (1) strengthened country leadership and ownership of the NTD elimination agenda; (2) targeted, needs-based support; and (3) efficient resource use through integrated approaches. This ensures continued progress toward WHO roadmap targets, even within a constrained funding environment.



**Global funding shifts, including USAID’s 2025 exit, threaten NTD progress, but ESPEN’s 2026–2030 strategy emphasizes country leadership, targeted support, and efficient resources to sustain elimination efforts.**





# Introduction to ESPEN



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The Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) is a public-private partnership established by WHO Regional Office for Africa. It brings together Member States, donors, nongovernmental organizations (NGOs), academic and research institutions and pharmaceutical companies to support the elimination of five PC-NTDs across the African Region. ESPEN’s collaborative model includes financial support, medicine donations, technical and data partnerships, and programmatic oversight from key advisory bodies.

ESPEN collaborates directly with ministries of health (MOH), NTD programme stakeholders, and the broader NTD community to amplify the impact of PC-NTD control and elimination initiatives. Its mission is to strengthen NTD programme implementation by advancing data-driven decision-making through the ESPEN Portal and tools, enabling programmes to collect, visualize and analyse data for more effective

planning, monitoring and accountability. ESPEN also coordinates the equitable distribution of donated NTD medicines and diagnostics, ensuring access for affected communities across the Region. It provides technical assistance to health ministries in developing national master plans, implementation guidelines and disease elimination dossiers. ESPEN also fosters regional collaboration and advocacy by convening stakeholders through forums and webinars, mobilizing resources and promoting the integration of NTD interventions into broader health systems.

ESPEN hosts the Mwele Malecela Mentorship (MMM) Programme for Women in NTDs, another flagship initiative of The Regional Office. This programme supports mid-career African women to become leaders and champions in NTD elimination at national and international levels.

## Geographic scope

ESPEN provides technical support to all 47 Member States in the WHO African Region, 45 of which require preventive chemotherapy for at least one PC-NTD. It also extends technical assistance, upon request, to four NTD programmes in the WHO Eastern Mediterranean Region (Djibouti, Somalia, Sudan and Yemen).

## Impact

Since its establishment, ESPEN has contributed to significant achievements in the fight against neglected tropical diseases in the African Region. As of June 2025, seven<sup>8</sup> Member States have been validated for the elimination of trachoma; Malawi and Togo have been validated for eliminating lymphatic filariasis, with seven<sup>9</sup> more undergoing post-treatment surveillance; Niger has achieved verification for the elimination of onchocerciasis; and four Member States<sup>10</sup> have met the thresholds to stop mass drug administration for soil-transmitted helminths. Notably, the number of people no longer requiring treatment for lymphatic filariasis increased from 37 million in 2014 to 312 million in 2023, while those no longer needing treatment for onchocerciasis rose from 9 million to 30.4 million over the same period, reflecting substantial progress in reducing the burden of these diseases.



**ESPEN** supports all **47 African countries** and **4 WHO EMRO countries**, driving major **progress** with **validations for trachoma, lymphatic filariasis, and onchocerciasis**, and reducing **millions** needing **treatment**.



<sup>8</sup> Benin, Gambia, Ghana, Malawi, Mali, Mauritania and Togo

<sup>9</sup> Benin, Cameroon, Comoros, Eritrea, Mali, Sao Tome and Principe and Uganda

<sup>10</sup> Burkina Faso, Ghana, Mali and Niger

## Highlights of achievements in 2024

<p><b>Delivery of NTD interventions</b></p>	<ul style="list-style-type: none"> <li>• <b>52.6 million people treated for onchocerciasis, lymphatic filariasis, schistosomiasis and soil-transmitted helminthiases</b></li> <li>• <b>An integrated LF, polio and immunization campaign in Madagascar achieved 100% geographic coverage and 77% therapeutic coverage, resulting in US\$ 1.43 million in cost savings.</b></li> <li>• <b>50 medicine requests coordinated across 28 countries, covering over 1.18 billion tablets</b></li> <li>• <b>11 million praziquantel tablets saved from expiry and deployed through supply chain coordination</b></li> </ul>
<p><b>Enabling key PC-NTD elimination milestones</b></p>	<ul style="list-style-type: none"> <li>• <b>Three elimination dossiers submitted</b> by Botswana, Mauritania and Niger</li> <li>• <b>60 epidemiological surveys conducted</b> across 17 countries (8436 sites) using ESPEN Collect</li> <li>• <b>Over 130 000 entomological and 2000 epidemiological samples processed</b> at the ESPEN laboratory</li> </ul>
<p><b>Building country capacity</b></p>	<ul style="list-style-type: none"> <li>• <b>587 staff members and partners trained</b> on ESPEN Collect and over 50 programme managers and staff members trained on JAP reporting and validation, with workshops delivered in four countries</li> <li>• <b>Diagnostic capacity strengthened</b> in eight countries</li> <li>• <b>Launch of the Mwele Malecela Mentorship (MMM) Programme quarterly webinar series</b>, fostering mentorship and leadership for women in NTD programmes</li> </ul>
<p><b>Innovative NTD data tools</b></p>	<ul style="list-style-type: none"> <li>• <b>ESPEN Portal upgraded</b> with enhanced dashboards and automated data integration</li> <li>• <b>Launch of Schistosomiasis Practical and Precision Assessment (SPPA) tool</b> for targeted survey design</li> <li>• <b>Introduction of the IU Planner tool</b> for real-time coordination at the implementation unit level</li> </ul>

## Key learnings informing ESPEN’s third strategy

In 2024, a rapid scoping exercise was undertaken to assess ESPEN’s strengths, ecosystem positioning, operational effectiveness and governance model. This informed a comprehensive strategy development process in 2025. Both efforts were anchored in broad-based consultations with external stakeholders, aimed at refining ESPEN’s priorities and core functions. Key takeaways include:

- **Sustained demand for ESPEN’s technical leadership.** Countries reaffirmed the need for ESPEN’s disease-specific expertise and strategic guidance, especially as donors and implementing partners reassess their engagement. ESPEN remains essential to sustaining progress and optimizing resources.
- **Integration and cross-sector collaboration are strategic priorities.** Stakeholders underscored the urgency of integrated approaches in the face of widening funding gaps. As a WHO-led programme, ESPEN is uniquely positioned to disseminate regional best practices, support the scale-up of integrated programming, and engage key ministries, including Health and Finance.
- **Enhanced data management systems are critical for decision-making.** There is a strong call to improve data quality, interoperability and timeliness for PC-NTDs. Stakeholders recommend expanding capacity-building and integrating ESPEN tools with national health and logistics information systems (HMIS/LMIS).
- **Surveillance capacity gaps require urgent investment.** The exit of major funders such as USAID has created significant gaps in regional surveillance. Countries highlighted the urgent need for expanded laboratory training, strengthened epidemiological and entomological assessments, and streamlined diagnostic and procurement systems.
- **ESPEN’s convening role remains underleveraged.** Stakeholders highlighted the opportunity for ESPEN to strengthen coordination across the PC-NTD landscape by aligning more proactively with nongovernmental development organizations (NGDOs), implementing partners and industry stakeholders, revitalizing its public-private partnership origins.
- **Direct country support should prioritize long-term sustainability.** While immediate financial support to countries remains necessary, stakeholders advocated for a dual approach that pairs short-term funding with efforts to connect countries to sustainable financing sources and long-term partnerships.



**ESPEN’s 2024–2025** review confirmed strong demand for its **technical leadership**, the urgency of **integration** and **cross-sector collaboration**, the need for stronger **data systems** and **surveillance capacity**, a more proactive **convening role**, and a focus on **sustainable country support**.



<sup>11</sup> Full list of stakeholders interviewed for the strategy development is available in Annex C.

# ESPEN Strategy 2026–2030



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## Vision and guiding principles



### Vision

An Africa free of neglected tropical diseases



### Mission

To accelerate the elimination of neglected tropical diseases amenable to preventive chemotherapy (PC-NTDs) in the African Region by 2030 through country-led, data-driven and integrated public health interventions while promoting innovation, fostering equity and strengthening partnerships to build sustainable and resilient health systems.



### Goal

By 2030, support endemic countries in the WHO African Region to achieve their PC-NTD elimination targets by strengthening the planning, coordination and delivery of interventions through more responsive health systems and effective partner coordination.

## Guiding principles

**Comprehensive response to NTD elimination:** ESPEN provides tailored technical support aligned with disease-specific guidelines and ensures access to essential commodities. It strengthens institutional capacity for mapping, stratification and programme implementation, promotes universal health coverage (UHC) and supports multisectoral action (WASH, One Health) to address the underlying social and environmental determinants of NTDs and drive sustainable elimination.

**Government leadership and ownership:** ESPEN promotes country leadership by supporting the integration of NTDs into national health plans, budgets and policies. It advocates for the inclusion of NTD services in universal health coverage (UHC) benefit packages, strengthens stakeholder coordination and accountability through national platforms, and facilitates multisectoral action to ensure adequate resources for NTD elimination efforts.

**People-centred and integrated delivery:** ESPEN champions an integrated and equity-driven approach that places communities at the heart of service delivery. It supports the use of data to inform risk stratification, tailor intervention packages and monitor progress, ensuring that no one is left behind.

**Community engagement:** ESPEN advocates for the active engagement and empowerment of communities to address disease drivers, demand services and hold health systems accountable.

**Collaboration and mutual accountability:** ESPEN offers a platform for international cooperation and shared learning. It promotes robust dialogue on a range of operational and technical issues and brings together Member States, NGOs, pharmaceutical companies, funders and other stakeholders for joint planning, progress reviews and accountability.

## Overview of pillars and strategies

ESPEN's 2026–2030 strategy outlines a refined approach to supporting countries in their journey toward PC-NTD elimination. The strategy is built on four thematic pillars and two cross-cutting pillars, each defining ESPEN's scope of responsibilities and strategic priorities.

### Thematic pillars

- 1. Foster country leadership and technical capacity for NTD elimination**  
Deliver targeted technical assistance, catalytic funding, laboratory strengthening and support to national coordination structures to accelerate elimination efforts.
- 2. Ensure access to medicines and diagnostics**  
Improve forecasting, supply chain management and equitable access to PC-NTD medicines and diagnostics through enhanced planning, delivery and JAP reporting.
- 3. Harness AI for data-driven planning, monitoring and innovation**  
Enhance programme management through robust survey systems, AI-powered analytics, innovative data tools, and operational research.
- 4. Strengthen regional coordination and partnerships**  
Facilitate joint planning, harmonized approaches and peer learning through technical platforms and stakeholder engagement across the PC-NTD ecosystem.

### Cross-cutting pillars

- 5. Promote integration of PC-NTDs into health systems**  
Advocate for the integration of PC-NTD interventions into national health policies, service delivery platforms and routine systems, including health information and supply chain systems.
- 6. Embed gender equity and social inclusion**  
Prioritize interventions for marginalized groups, mainstream disaggregated data for monitoring, and promote women's leadership through initiatives like the Mwele Malecela Mentorship Programme.

**ESPEN Strategy 2026-2030**

**Strategic goal**

**By December 2030, support endemic countries in the WHO African Region to achieve their PC-NTD elimination targets by strengthening planning, coordination and delivery of interventions through more responsive health systems and effective partner coordination**

**Thematic pillars**



**1: Foster country leadership and technical capacity for PC-NTD elimination**

- Targeted technical support and catalytic funding
- Strengthen laboratory capacity for surveillance and verification
- Multisectoral coordination and One Health integration



**2: Ensure access to medicines and diagnostics**

- Strengthen NTD medicine supply chain management
- Expand and enhance equitable access to diagnostics
- Quality and timeliness of JAP reviews and reporting



**3: Harness AI for data-driven planning, monitoring and innovation**

- Enhance and maintain ESPEN Portal, survey data and surveillance tools
- Promote artificial intelligence for innovation and data use
- Support operational research for programme improvement



**4: Strengthen regional coordination and partnerships**

- Strategic convening of and participation in stakeholder forums
- Partner engagement and resource mobilization
- Advocacy and strategic communications



**Cross-cutting pillars**

**5: Promote integration of PC-NTDs into health systems**

Advocate for the integration of PC-NTD interventions into national health plans and universal health coverage programmes  
 Provide technical assistance for integrated/co-delivery of PC-NTD interventions  
 Facilitate the integration of PC-NTD data and supply chain systems into national systems



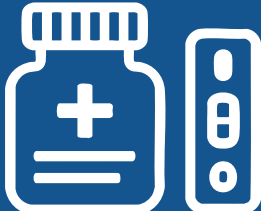
**6: Embed gender, equity and social inclusion**

Focus on hard-to-reach and marginalized populations with targeted NTD interventions  
 Data-driven gender and inclusion monitoring  
 Empowering women in NTD leadership through the Mwele Malecela Mentorship Programme

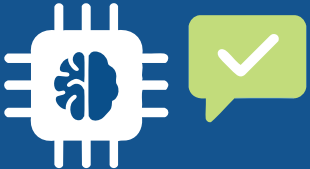
## Scope of responsibilities

Strategic objectives	Description of responsibilities
<p><b>Thematic pillars</b></p> <p><b>Thematic pillar 1 – Foster country leadership and technical capacity for elimination</b></p>  <p>ESPEN will strengthen national NTD programmes through tailored technical support, capacity building and catalytic funding. Focus areas include facilitating high-quality mass drug administration and impact assessments in priority settings; building national and regional laboratory capacity for surveillance and verification; and providing targeted financial or partnership support as needed.</p>	
<p><b>Targeted technical support and catalytic funding</b></p>	<ul style="list-style-type: none"> <li>• <b>Mass drug administration and morbidity management and disability prevention (MMDP) in priority countries:</b> coordinate and support the delivery of MDA campaigns in priority implementation units; build capacity for MMDP and integrate services into primary health care</li> <li>• <b>Epidemiological surveys:</b> provide technical and operational support for the implementation of mapping, impact and surveillance surveys, leveraging digital tools such as ESPEN Collect.</li> <li>• <b>Dossier preparation and national coordination:</b> deliver structured and innovative support in the preparation and review of elimination dossiers, by convening independent review groups, offering targeted feedback, developing standardized online training platforms, and integrating AI-assisted guidance to streamline the process.</li> </ul>
<p><b>Strengthen laboratory capacity for surveillance and verification</b></p>	<ul style="list-style-type: none"> <li>• <b>Laboratory excellence and quality assurance:</b> organize and deliver regional and country-level training on standardized molecular and serological protocols, emphasizing quality assurance and decentralization of testing.</li> <li>• <b>Expanding regional diagnostic capacity:</b> build partnerships and referral systems to scale up testing capacity beyond the ESPEN laboratory. Promote cross-country collaboration to increase cost-effectiveness and resilience.</li> <li>• <b>Capacity building and knowledge transfer:</b> facilitate WHO accreditation of national laboratories in partnership with regional bodies such as the African Society for Laboratory Medicine.</li> </ul>
<p><b>Multisectoral coordination and One Health integration</b></p>	<ul style="list-style-type: none"> <li>• <b>National coordination mechanisms:</b> facilitate the formation of national coordination mechanisms for NTDs to bring together all partners, foster national leadership and promote cross-sectoral engagement in support of NTD elimination.</li> <li>• <b>NTD master plan development:</b> provide tools, guidance and direct support for the development or revision of national NTD master plans and sustainability plans.</li> <li>• <b>One Health integration:</b> facilitate multisectoral collaboration across human, animal and environmental health systems to address zoonotic and vector-borne NTDs.</li> </ul>

Continued...

Strategic objectives	Description of responsibilities
	<p><b>Thematic pillar 2 – Facilitate access to medicines and diagnostics</b></p> <p>ESPEN will coordinate with countries, medicine donors and partners to ensure effective planning, supply, use and accountability for essential NTD medicines and diagnostics. This pillar strengthens country-led implementation and equity through improved accountability and efficiency in the JAP process.</p>
<p><b>Effective coordination for the optimal use of donated medicines across the Region</b></p>	<ul style="list-style-type: none"> <li>• <b>Regional forecasting and supply planning:</b> support countries to develop accurate, timely medicine forecasts informed by subnational stratification, population dynamics and JAP data, and ensure alignment with donation windows and supply timelines.</li> <li>• <b>Inventory visibility and accountability:</b> strengthen national and regional capacity to track medicine inventories, including stock levels, expiry dates and stockouts, using tools such as the JAP and complementary dashboards to promote transparency and mitigate wastage.</li> </ul>
<p><b>Equitable access to diagnostics</b></p>	<ul style="list-style-type: none"> <li>• <b>Access to new diagnostic tools and services:</b> facilitate country access to new and validated diagnostic tools for PC-NTDs, including support for test selection, procurement, and integration into survey and surveillance systems.</li> </ul>
<p><b>Quality assurance and timely submission and review of JAP reports</b></p>	<ul style="list-style-type: none"> <li>• <b>Review and approve JAP applications:</b> provide technical guidance to countries in completing JAP submissions, including validation of drug requests, review of treatment coverage data, and inventory analysis to ensure alignment with programmatic targets and donor expectations.</li> <li>• <b>JAP capacity building workshops:</b> organize regular workshops and bilateral sessions with country teams to strengthen their capacity and improve the quality and timeliness of JAP submissions.</li> <li>• <b>Schistosomiasis community data workbook (CDW) enhancements:</b> lead the technical upgrade of the schistosomiasis CDW to reflect new WHO treatment thresholds and subdistrict-level granularity.</li> </ul>


Continued...

Strategic objectives	Description of responsibilities
 <p><b>Thematic pillar 3 – Harness AI for data-driven planning, monitoring and innovation</b></p>	<p>ESPEN will support countries in strengthening evidence-based decision-making through the deployment of AI-powered analytics, predictive modelling and intelligent dashboards. This pillar reinforces ESPEN’s role in promoting the use of quality-assured, real-time data for strategic planning, programme monitoring, learning, and operational research.</p>
<p><b>Strengthen and sustain ESPEN’s digital infrastructure for data collection and planning</b></p>	<ul style="list-style-type: none"> <li>• <b>Maintain and enhance the ESPEN Collect platform:</b> sustain and expand ESPEN Collect by improving its hosting, stability and functionality; develop new modules, dashboards and real-time analytics features tailored to country needs.</li> <li>• <b>Maintain and upgrade ESPEN Portal:</b> ensure continued technical performance and usability of the ESPEN Portal through regular content updates, visualizations and programmatic dashboards.</li> <li>• <b>Enhance and support the IU Planner and CHIP dashboard:</b> maintain and improve the IU Planner and CHIP tools to support resource alignment, partner coordination and operational gap identification at national and regional levels.</li> </ul>
<p><b>Promote artificial intelligence for innovation and data use</b></p>	<ul style="list-style-type: none"> <li>• <b>GenAI for ESPEN Portal access:</b> deploy and scale the ESPEN GenAI assistant to enable user-friendly, AI-powered navigation of ESPEN’s digital data platforms and technical documentation.</li> <li>• <b>Model-based geostatistics:</b> support countries to adopt model-based geostatistical (MBG) tools to refine treatment strategies and subnational targeting, particularly for diseases like schistosomiasis.</li> <li>• <b>Continuous strengthening of the capacity of NTD programmes to collect and use data:</b> host regular workshops and peer learning exchanges to help countries optimize the use of ESPEN digital tools while integrating AI-powered modules to enhance training and real-time virtual support.</li> </ul>
<p><b>Support operational research for programme improvement</b></p>	<ul style="list-style-type: none"> <li>• <b>Regional operational research priorities:</b> facilitate the identification and advancement of regional operational research priorities aimed at optimizing intervention strategies and resolving implementation bottlenecks.</li> <li>• <b>Policy recommendations:</b> translate research findings into actionable policy guidance and disseminate best practices through case studies, technical briefs and peer-reviewed publications.</li> </ul>


Continued...

Strategic objectives	Description of responsibilities
	<p><b>Thematic pillar 4 – Strengthen regional coordination and partnerships</b></p> <p>ESPEN will convene governments, donors, partners and technical experts to foster alignment, coordination, collaboration, resource mobilization and effective advocacy towards PC-NTD elimination across the Region.</p>
<p><b>Strategic convening of stakeholders</b></p>	<ul style="list-style-type: none"> <li>• <b>Programme managers meeting:</b> organize annual regional meetings for national NTD programme managers to share progress, challenges, and lessons learnt, fostering peer learning and regional alignment.</li> <li>• <b>Stakeholder webinars:</b> facilitate thematic webinars to maintain regular engagement with countries and partners, disseminate new technical guidance, and showcase innovative tools and practices.</li> <li>• <b>ESPEN Steering Committee:</b> convene regular meetings of the ESPEN Steering Committee to provide high-level strategic direction, review progress, and reinforce governance of ESPEN-supported initiatives.</li> <li>• <b>Regional Programme Advisory Group (RPAG):</b> support RPAG as a technical coordination platform to promote cross-country collaboration and harmonization of PC-NTD strategies and standards.</li> <li>• <b>Technical advisory groups and conferences:</b> coordinate ESPEN-led or co-hosted technical meetings, conferences and working groups that bring together researchers, programme implementers and thematic experts to address emerging issues and shape evidence-based policies.</li> </ul>
<p><b>Partner engagement and resource mobilization</b></p>	<ul style="list-style-type: none"> <li>• <b>Resource mobilization strategy:</b> develop and implement a structured strategy to mobilize financial and technical resources, including mapping funding gaps, developing targeted donor engagement plans, and preparing investment cases aligned with the 2030 roadmap.</li> <li>• <b>High-level events (World Health Assembly, Regional Committee, UN General Assembly, etc.):</b> represent the PC-NTD agenda at global and regional policy forums to elevate visibility, advocate for sustained financing, and secure political support from governments and global partners.</li> </ul>
<p><b>Advocacy and strategic communications</b></p>	<ul style="list-style-type: none"> <li>• <b>ESPEN communication strategy:</b> roll out an updated communication strategy to ensure consistent messaging, strengthen brand recognition and enhance outreach to countries, donors and the public.</li> <li>• <b>NTD and ESPEN information products:</b> produce user-friendly communication and knowledge products, including brochures, infographics, factsheets and digital briefs, to inform stakeholders and promote transparency.</li> <li>• <b>Advocacy and information dissemination:</b> support the dissemination of results, best practices and country experiences through multilingual content, targeted advocacy campaigns and media engagement, amplifying the visibility of progress toward elimination.</li> </ul>

Continued...

Strategic objectives	Description of responsibilities
<p><b>Cross-cutting pillars</b></p>  <p><b>Cross-cutting pillar 5 – Promote integration of PC-NTDs into health systems</b></p> <p>ESPEN will advocate for the integration of PC-NTD interventions into national health strategies, service delivery platforms and data systems through targeted advocacy with policy makers, health leaders and development partners. ESPEN will leverage regional forums, technical consultations and strategic communications to embed NTD interventions within universal health coverage (UHC) frameworks and ensure programme sustainability.</p>	
<p><b>Technical support and guidance for integration of PC-NTD interventions into national health plans and universal health coverage</b></p>	<ul style="list-style-type: none"> <li>• <b>Tools for joint planning, budgeting and implementation of interventions:</b> provide countries with planning tools and guidance to help them include PC-NTDs in national health strategies and essential service packages, including costed roadmaps and joint workplans.</li> <li>• <b>Documentation and dissemination of best practices:</b> compile and share lessons from successful integration efforts, including examples of NTDs embedded within UHC, maternal and child health programmes, or primary health care systems.</li> </ul>
<p><b>Integrated delivery of PC-NTD interventions with other health campaigns and routine service delivery platforms</b></p>	<ul style="list-style-type: none"> <li>• <b>Mainstreaming integrated delivery:</b> support countries to embed MDA, surveillance and morbidity management into school health programmes, primary health care services and community-based platforms.</li> </ul>
<p><b>Integration of PC-NTD data and supply chain systems with national systems</b></p>	<ul style="list-style-type: none"> <li>• <b>Health management information system (HMIS) integration for PC-NTD routine and surveillance data:</b> assist countries in incorporating PC-NTD indicators into national health information systems (such as DHIS2) to enable routine monitoring, programme evaluation and sustainability tracking.</li> <li>• <b>Logistics management information system (LMIS) integration for NTD medicines:</b> support the integration of NTD medicine inventory and logistics data into national LMIS to improve forecasting, visibility and stock accountability.</li> </ul>

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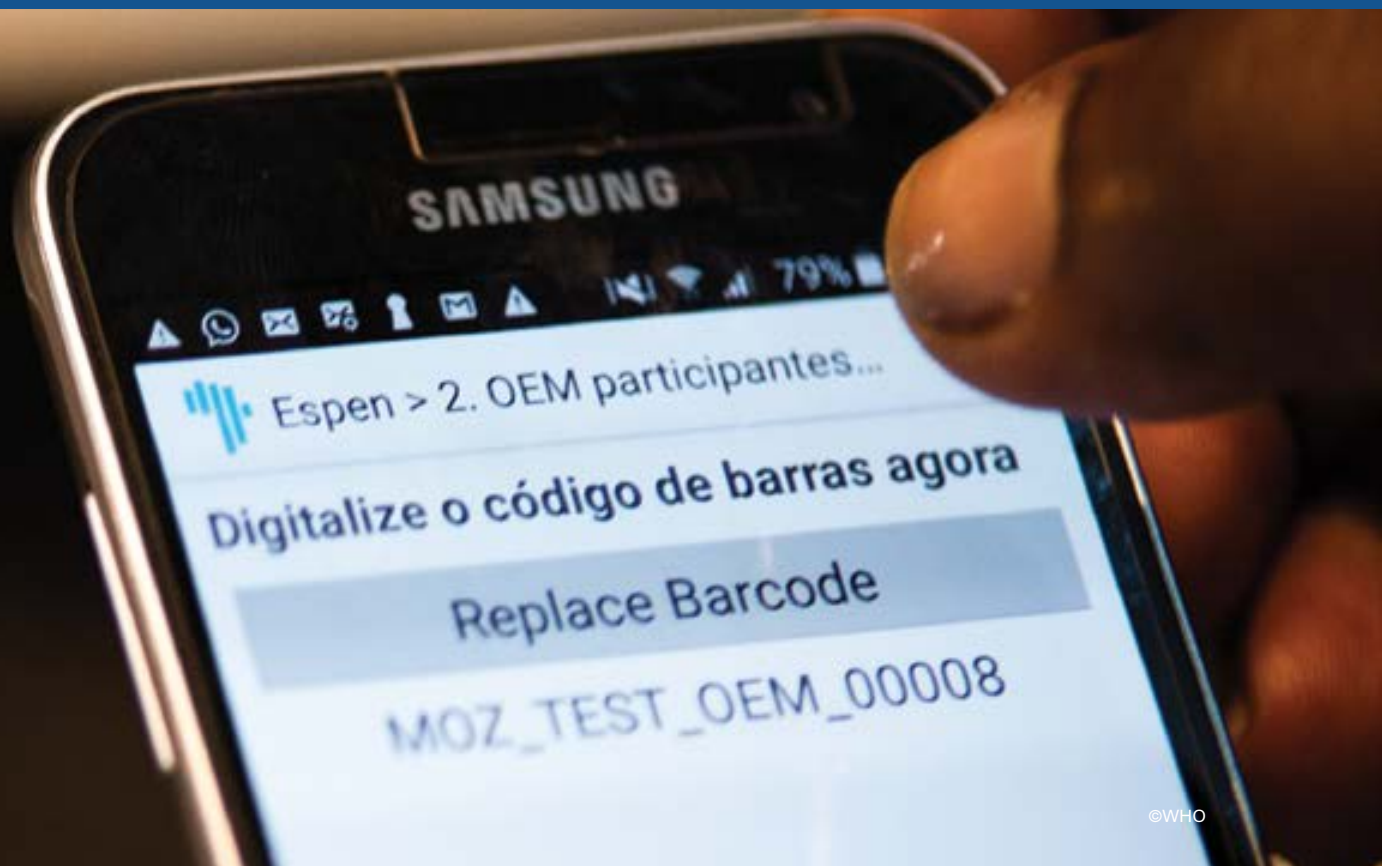
Strategic objectives	Description of responsibilities
	<p><b>Cross-cutting pillar 6 – Embed gender equity and social inclusion</b></p> <p>ESPEN will ensure that PC-NTD programmes are inclusive and equitable, prioritizing underserved populations to leave no one behind. Efforts will focus on improving the use of disaggregated data to support evidence-based decision-making, and advancing women’s leadership in NTD initiatives.</p>
<p><b>Equity-based targeting of NTD interventions</b></p>	<ul style="list-style-type: none"> <li>• <b>Genitourinary schistosomiasis policy development:</b> lead the development, dissemination and country-level adaptation of regional public health goods, including technical guidance documents and strategic information tools.</li> <li>• <b>Technical guidance and support for interventions:</b> guide and support NTD interventions to populations affected by humanitarian crises, conflict or other special conditions.</li> </ul>
<p><b>Gender and inclusion analysis in data and monitoring systems</b></p>	<ul style="list-style-type: none"> <li>• <b>Technical support for disaggregated data:</b> strengthen country capacity to collect and use disaggregated data (by sex, age, location) and promote the integration of equity indicators into monitoring frameworks and planning dashboards.</li> </ul>
<p><b>Promote women’s leadership and inclusive participation in NTD programmes</b></p>	<ul style="list-style-type: none"> <li>• <b>Mwele Malecela Mentorship Programme:</b> lead and coordinate the implementation of the Mwele Malecela Mentorship Programme to elevate women’s leadership and visibility within national NTD programmes.</li> </ul>

## Tailored approach to delivery of technical assistance

To drive scalable and sustainable impact in its next strategic cycle, ESPEN will ensure that all country-support activities are tailored to national contexts and aligned with country-specific priorities. As a WHO entity, ESPEN will continue to respond to requests for support from all countries within its mandate, maintaining equitable regional coverage. To optimize the effectiveness and efficiency of its technical assistance, ESPEN will prioritize support based on a standardized assessment of each country’s capacity to address the burden of each PC-NTD. This assessment will consider factors such as health system strength, availability of domestic resources, technical expertise, and the presence of external funding and implementing

partners, relative to disease burden. Where direct support cannot be provided in a timely manner, ESPEN will coordinate with WHO country offices and regional partners to mobilize complementary assistance. A transparent decision-making framework outlining the modalities of technical support across activities will be provided, ensuring clarity and alignment with both country expectations and partner engagement.

# Monitoring and evaluation framework



ESPEN's 2026–2030 strategy is underpinned by a robust monitoring and evaluation (M&E) framework designed to track performance, inform decision-making and maximize impact. The framework includes both activity-level and output-level key performance indicators (KPIs):

- **Activity KPIs** monitor the implementation of key strategic actions (for example, number of countries supported in dossier development).
- **Output KPIs** measure the direct results of ESPEN's support on country progress (for example, number of countries successfully submitting elimination dossiers with ESPEN's assistance).

Together, these indicators will provide timely insights to guide course correction and ensure alignment with broader elimination goals. They are also designed to feed into progress

tracking against WHO NTD roadmap targets, including the number of countries verified or validated for PC-NTD elimination – a joint priority for ESPEN regionally and WHO globally.



## ESPEN's 2026–2030

strategy uses a robust **M&E framework** with **activity KPIs, output KPIs** to track progress, guide decisions, and align with **WHO NTD roadmap targets**.

## Overview of key KPIs and targets for 2026–2030

Activity area	Activity KPIs	Output KPIs*	2026–2030 targets for output KPIs	Reporting platform and cadence
<b>Thematic pillar 1</b>				
<b>Targeted technical support and catalytic funding</b>	Number of countries receiving technical assistance for MDA or epidemiological surveys	Number of IUs covered with ESPEN-supported MDA Number of surveys completed with ESPEN technical support	<i>At least 30 countries receive targeted technical assistance by 2030</i>	<i>ESPEN IU Planner; ESPEN Portal; dossier tracking dashboard; annual reports</i>
	Number of countries supported with dossier development and submission	Number of dossiers submitted or validated with ESPEN input		
<b>Strengthen laboratory capacity for surveillance and verification</b>	Number of national/regional laboratories supported with training, tools or QA oversight	Number of laboratories implementing standardized PC-NTD testing protocols	<i>20 laboratories supported; 10 laboratories meeting QA benchmarks</i>	<i>ESPEN laboratory tracker; training rosters; WHO accreditation records</i>
	Number of countries with access to regional or alternative diagnostic services	Number of countries achieving WHO laboratory accreditation milestones		
<b>Multisectoral coordination and One Health integration</b>	Number of countries supported to develop or revise national NTD master plans	Number of updated national master plans submitted with ESPEN technical input	<i>25 countries submit updated master plans; 10 countries implement One Health actions</i>	<i>Country planning records; meeting minutes; regional One Health collaboration logs</i>
	Number of countries with formal coordination platforms engaging One Health sectors	Number of One Health initiatives implemented that include PC-NTDs		
<b>Thematic pillar 2</b>				
<b>Effective coordination for the optimal use of donated medicines across the Region</b>	Number of countries submitting medicine forecasts through the JAP on time	Share of countries with forecasted medicine needs matched by donation requests	<i>35 countries meet JAP forecasting deadlines annually; stock visibility in 90% of countries</i>	<i>JAP platform; ESPEN IU Planner; LMIS dashboards</i>
	Number of countries reporting medicine stock levels through ESPEN or national platforms	stockouts averted through improved forecasting and inventory tracking		
<b>Equitable access to diagnostics</b>	Number of countries supported with new or improved diagnostics for PC-NTDs	Number of countries using enhanced diagnostics in surveys, surveillance or impact assessments	<i>20 countries adopt updated diagnostics for at least one PC-NTD</i>	<i>ESPEN diagnostics inventory; survey toolkits; country annual reports</i>

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Activity area	Activity KPIs	Output KPIs*	2026–2030 targets for output KPIs	Reporting platform and cadence
<b>Quality assurance and timely submission and review of JAP reports</b>	Number of countries receiving feedback or validation support during the JAP process	Share of countries submitting complete and validated JAP applications	<i>40 countries meet minimum JAP quality standards; 20 countries apply new CDW tools</i>	<i>JAP platform tracking; training records; CDW digital log</i>
	Number of JAP capacity-building sessions conducted			
	Number of countries oriented on updated SCH CDW tools	Number of countries using the revised CDW for SCH forecasting		
<b>Thematic pillar 3</b>				
<b>Strengthen and sustain ESPEN's digital infrastructure for data collection and planning</b>	Number of countries using ESPEN Collect, ESPEN Portal, or IU Planner for survey, planning or coordination	Percentage of national surveys implemented using ESPEN Collect	<i>At least 35 countries using ESPEN Collect or Portal tools annually</i>	<i>ESPEN Collect backend data; analytics dashboards; IU Planner usage logs; JAP submissions</i>
	Number of new features, tools or dashboards added across ESPEN digital platforms (Collect, Portal, IU Planner, CHIP)	Number of users accessing ESPEN Portal, IU Planner, or CHIP annually		
	Number of technical updates released for ESPEN digital infrastructure	Number of countries reporting use of ESPEN digital tools in national planning, JAP or partner coordination		
<b>Maintain ESPEN digital platform and tools</b>	Number of technical updates and new features released on ESPEN Portal and IU Planner	Number of users accessing ESPEN Portal, IU Planner or CHIP tools annually	<i>10 new tools or dashboards published; 80% of endemic countries use ESPEN Portal tools</i>	<i>ESPEN Portal usage metrics; IU Planner access logs</i>
	Number of countries accessing and using the CHIP dashboard	Number of countries reporting use of ESPEN digital tools for planning or coordination		
<b>Promote innovation and data use</b>	Number of countries supported to use GenAI, MBG or other analytics tools	Number of NTD programme staff trained in data analysis and use	<i>25 countries supported with GenAI or MBG tools; 100 staff members trained</i>	<i>Training attendance logs; GenAI usage reports; MBG application records</i>
	Number of virtual training and onboarding sessions delivered	Number of decisions or planning documents informed by ESPEN analytics or MBG tools		

Continued...

Activity area	Activity KPIs	Output KPIs*	2026–2030 targets for output KPIs	Reporting platform and cadence
<b>Support operational research for programme improvement</b>	Number of priority research questions identified with countries	Number of policy briefs or recommendations published and disseminated	<i>At least 15 operational research projects supported; 10 policy briefs disseminated</i>	<i>ESPEN research tracker; WHO IRIS; regional operational research publications</i>
	Number of operational research projects supported or co-developed	Number of countries applying operational research findings to programmatic changes		
<b>Thematic pillar 4</b>				
<b>Strategic convening of stakeholders</b>	Number of regional and subregional meetings convened by ESPEN (for example, PMMs, webinars)	Number of countries participating in at least one ESPEN technical platform per year	<i>At least one regional meeting and two stakeholder webinars annually; all endemic countries participate in at least one event per year</i>	<i>ESPEN event reports; participant rosters; RPAG and committee minutes</i>
	Number of technical platforms activated and maintained (for example, RPAG, Steering Committee)	Number of joint decisions or recommendations issued through convening mechanisms		
<b>Partner engagement and resource mobilization</b>	Number of resource mobilization briefs, investment cases or donor maps produced	Number of new or renewed funding partnerships aligned with ESPEN strategy	<i>Five new funding sources secured; 15 countries supported in donor alignment</i>	<i>ESPEN donor engagement tracker; event summaries; partnership records</i>
	Number of global/regional events where ESPEN presented or co-hosted sessions	Number of countries connected to donors via ESPEN facilitation		
<b>Advocacy and strategic communications</b>	Number of advocacy and communication products developed (for example, briefs, videos, dashboards)	Number of website visits, content downloads or newsletter subscriptions	<i>100+ knowledge and advocacy products developed; visibility in 90% of endemic countries</i>	<i>ESPEN Portal analytics; mailing list stats; newsletters; campaign reach metrics</i>
	Number of countries or stakeholders targeted with customized advocacy materials	Number of countries reporting use of ESPEN advocacy tools in national engagement		

Continued...

Activity area	Activity KPIs	Output KPIs*	2026–2030 targets for output KPIs	Reporting platform and cadence
<b>Thematic pillar 5</b>				
<b>Technical support and guidance for integration of PC-NTD interventions into national health plans and universal health coverage</b>	Number of countries supported to develop joint NTD health planning or budgeting tools	Number of countries including PC-NTDs in national health plans or UHC benefit packages	<i>20 countries adopt integrated PC-NTD planning tools</i>	<i>Country masterplans; national UHC/UHP reviews; ESPEN planning database</i>
	Number of integration tools, guides or checklists disseminated	Number of countries applying joint implementation or budgeting frameworks		
<b>Integrated delivery of PC-NTD interventions with other health campaigns and routine service platforms</b>	Number of countries supported to implement integrated NTD delivery with other health programmes (for example, deworming, immunization)	Number of joint campaigns conducted with PC-NTD services	<i>30 countries implement integrated NTD delivery strategies</i>	<i>JAP reports; ESPEN integration tracker; country MDA plans</i>
	Number of integration case studies published	Percentage of districts delivering NTD interventions through schools or primary health care platforms		
<b>Integration of PC-NTD data and supply chain systems with national systems</b>	Number of countries supported to integrate PC-NTD data into DHIS2 or national HMIS	Number of PC-NTD indicators routinely reported through national HMIS	<i>25 countries report PC-NTD indicators via HMIS; 20 countries link NTD medicines into LMIS</i>	<i>DHIS2 dashboards; ESPEN system integration reports; LMIS export logs</i>
	Number of countries integrating NTD medicine logistics into national LMIS	Percentage of NTD commodities managed through national LMIS		

Continued...

Activity area	Activity KPIs	Output KPIs*	2026–2030 targets for output KPIs	Reporting platform and cadence
<b>Thematic pillar 6</b>				
<b>Equity-based targeting of NTD interventions</b>	Number of countries supported with technical guidance on genitourinary schistosomiasis (GS)	Number of countries integrating GS into NTD strategies or schistosomiasis plans	<i>15 countries adopt GS strategies; five countries implement humanitarian NTD adaptations</i>	<i>Technical guidance tracking; ESPEN support logs; country delivery reports</i>
	Number of countries supported to adapt NTD delivery in conflict or humanitarian settings	Number of subnational areas implementing equity-based delivery adaptations (for example, refugee/IDP settings)		
<b>Gender and inclusion analysis in data and monitoring systems</b>	Number of countries trained or supported to disaggregate NTD data by gender, age and geography	Percentage of ESPEN-supported surveys or JAP submissions reporting sex-disaggregated data	<i>25 countries report disaggregated data; 10 countries apply equity indicators in planning</i>	<i>ESPEN Portal; JAP system; country M&amp;E frameworks</i>
		Number of countries integrating equity indicators into ESPEN Portal dashboards or national M&E systems		
<b>Promote women’s leadership and inclusive participation in NTD programmes</b>	Number of women mentees and mentors enrolled in the Mwele Malecela Mentorship Programme	Share of countries with female representatives in national NTD coordination bodies	<i>100 mentees trained; 20 mentees placed in national/regional NTD roles</i>	<i>Mentorship tracking database; country NTD team rosters; ESPEN leadership metrics</i>
	Number of mentorship sessions, workshops or coaching exchanges conducted	Number of mentees taking on leadership or technical roles within NTD programmes		

# Financial overview

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ESPEN's 2026–2030 strategy is underpinned by a costed framework that outlines the financial requirements to deliver on its mission of eliminating PC-NTDs in Africa. The projected five-year budget totals approximately US\$ 64 million, strategically aligned across six priority pillars.

This investment reflects a deliberate focus on high-impact activities in countries with the greatest burden and highest need. While the costing includes essential support for technical assistance, integration, data systems and coordination, it remains conservative, capturing only the minimum required to sustain momentum. Notably, the estimates do not fully account for the optimal level of human resource support needed to meet the increasing demand for technical and financial assistance from countries, with the changing global landscape for NTD financing.

ESPEN is committed to maximizing value for money. The strategy builds on over a decade of efficiencies achieved through medicine donations, regional coordination and digital innovation. By supporting this strategy, donors and partners could catalyse measurable progress toward the WHO 2030 NTD roadmap targets, advance equity, and strengthen country-led systems.

The financial summary below provides a breakdown of projected needs in US dollars, by strategic pillar and year. ESPEN welcomes strategic partnerships to fully realize this shared vision.

## Budget breakdown

	2026	2027	2028	2029	2030	Total
<b>Thematic pillar 1 – Strengthen country leadership and technical capacity for elimination</b>						
1.1 Targeted technical support and catalytic funding	1 250 000	1 080 000	1 250 000	1 080 000	1 080 000	5 740 000
1.2 Strengthen laboratory capacity for surveillance and verification	1 497 700	951 200	831 200	816 200	816 200	4 912 500
1.3 Multisectoral coordination and One Health integration	615 600	615 600	282 600	282 600	282 600	2 079 000
<i>Total pillar 1</i>	<b>3 363 300</b>	<b>2 646 800</b>	<b>2 363 800</b>	<b>2 178 800</b>	<b>2 178 800</b>	<b>12 731 500</b>
<b>Thematic pillar 2 – Facilitate access to medicines and diagnostics</b>						
2.1 Strengthen NTD medicine supply chain management	225 000	230 000	235 000	240 000	245 000	1 175 000
2.2 Equitable access to diagnostics	100 000	180 000	220 000	220 000	220 000	940 000
2.3 Quality assurance, timely submission and review of JAP	305 000	305 000	305 000	305 000	305 000	1 525 000
<i>Total pillar 2</i>	<b>630 000</b>	<b>715 000</b>	<b>760 000</b>	<b>765 000</b>	<b>770 000</b>	<b>3 640 000</b>
<b>Thematic pillar 3 – Advance data-driven planning, monitoring and innovation</b>						
3.1 Enhance and maintain ESPEN digital platforms and tools	312 000	312 000	312 000	312 000	312 000	1 560 000
3.2 Promote innovation and data use	274 400	274 400	274 400	274 400	274 400	1 372 000
3.3 Support operational research priorities	90 000	90 000	90 000	90 000	90 000	450 000
<i>Total pillar 3</i>	<b>676 400</b>	<b>676 400</b>	<b>676 400</b>	<b>676 400</b>	<b>676 400</b>	<b>3 382 000</b>
<b>Thematic pillar 4 – Strengthen regional coordination and partnerships</b>						
4.1 Strategic convening of stakeholders	711 000	711 000	711 000	711 000	711 000	3 555 000
4.2 Partner engagement and resource mobilization	140 000	140 000	240 000	140 000	140 000	800 000
4.3 4.3 Advocacy and strategic communications	378 000	468 000	378 000	378 000	378 000	1 980 000
<i>Total pillar 4</i>	<b>1 229 000</b>	<b>1 319 000</b>	<b>1 329 000</b>	<b>1 229 000</b>	<b>1 229 000</b>	<b>6 335 000</b>
<b>Thematic pillar 5 – Promote integration of PC-NTDs into health systems</b>						
5.1 Technical assistance for integration of PC-NTD interventions into UHC	70 000	70 000	70 000	70 000	70 000	350 000
5.2 Integrated delivery of PC-NTD interventions	350 000	350 000	350 000	80 000	80 000	1 210 000
5.3 Integration of PC-NTD data and supply chain systems	250 000	230 000	230 000	230 000	230 000	1 170 000

Continued...

	2026	2027	2028	2029	2030	Total
<i>Total pillar 5</i>	<b>670 000</b>	<b>650 000</b>	<b>650 000</b>	<b>380 000</b>	<b>380 000</b>	<b>2 730 000</b>
<b>Thematic pillar 6 – Embed gender equity and social inclusion</b>						
6.1 Equity-based targeting of NTD interventions	650 000	650 000	650 000	650 000	650 000	3 250 000
6.2 Gender and inclusion analysis in data and monitoring	250 000	250 000	250 000	250 000	250 000	1 250 000
6.3 Promote women’s leadership in NTD programmes	311 000	211 000	311 000	211 000	311 000	1 355 000
<i>Total pillar 6</i>	<b>1 211 000</b>	<b>1 111 000</b>	<b>1 211 000</b>	<b>1 111 000</b>	<b>1 211 000</b>	<b>5 855 000</b>
ESPEN technical capacity	4 921 000	4 921 000	4 921 000	4 921 000	4 921 000	24 605 000
Subtotal	12 700 700	12 039 200	11 911 200	11 261 200	11 366 200	59 278 500
UN levy and programme support costs	1 016 056	963 136	952 896	900 896	909 296	4 742 280
<b>Grand total</b>	<b>13 716 756</b>	<b>13 002 336</b>	<b>12 864 096</b>	<b>12 162 096</b>	<b>12 275 496</b>	<b>64 020 780</b>

## Investment case for PC-NTD elimination in Africa

Eliminating PC-NTDs in Africa delivers strong economic returns by reducing disability and death, improving productivity, and boosting education outcomes at remarkably low cost. Based on projected disability-adjusted life years (DALYs) averted by meeting the WHO NTD roadmap targets and the estimated investment required for implementation between 2021 and 2030, the cost-effectiveness ranges from US\$ 35 to US\$ 60 per DALY averted (see Annex B for methodology).

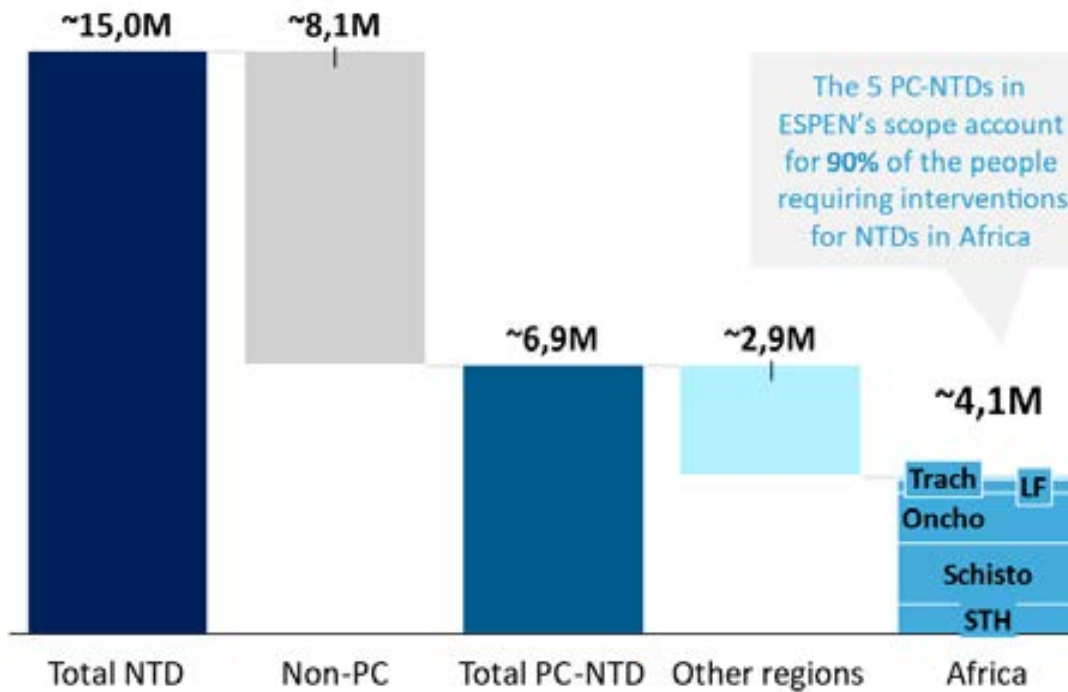
By 2030, an estimated 18 million DALYs could be averted globally, with the WHO African Region accounting for nearly half of global DALYs and PC-NTDs accounting for 90% of this burden. The cost estimate reflects the financial requirements for strategic planning, technical support and service delivery, totalling US\$ 1.8–3.1 billion globally (and US\$ 0.88–1.9 billion for the African Region) depending on programmatic variables. It does not include the value of donated medicines (assumed to continue), broader system investments (for example, universal health coverage), or cross-sectoral inputs (for example, WASH).

Importantly, an investment of US\$ 35–60 per DALY averted remains well below internationally accepted cost-effectiveness thresholds for health interventions in low- and lower-middle-income countries. This reaffirms PC-NTD elimination as one of the most impactful and cost-efficient public health investments available.

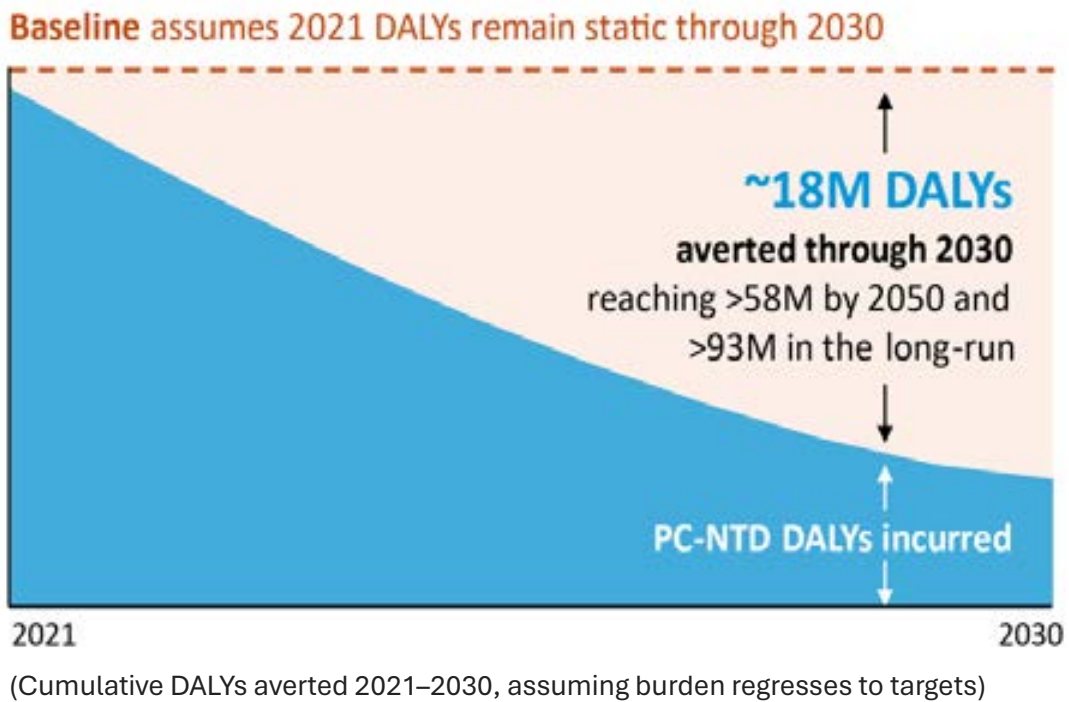


*Achieving the 2030 PC-NTD elimination targets in Africa would cost about*  
**US\$ 35–60 per DALY**

**Fig. 4. Scale of global DALYs for NTDs (2021)**



**Fig. 5. Estimated impact of achieving roadmap targets<sup>12</sup>**



<sup>12</sup> The estimate assumes full achievement of disease-specific 2030 targets for each PC-NTD as outlined in the WHO NTD roadmap. DALYs are assumed to be evenly spread across countries, meaning that roadmap targets expressed as a percentage of countries are directly translated into an equivalent percentage of DALYs for each PC-NTD. Based on 2021 country-level DALY data for each PC-NTD. ~18M reflects a non-discounted estimate of DALYs to be averted between 2021 and 2030, relative to baseline; ~58M reflects a discounted scenario projected forward to 2050; and ~93M reflects a discounted scenario projected to its terminal value (perpetuity), both of which assume “benefit” beyond 2030. These estimates are triangulated with the overall goal of reducing NTD DALYs by 75%.

## ESPEN’s alignment with global, regional and national priorities



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ESPEN’s work aligns with global and regional targets identified in the WHO NTD global roadmap 2021–2030, predominantly anchoring on the pillar “Accelerating programmatic action”. Additionally, ESPEN’s activities align with WHO’s Fourteenth General Programme of Work 2025–2028 and the United Nations Sustainable Development Goals (SDGs).

“

**ESPEN aligns with the WHO NTD roadmap 2021–2030, GPW14 (2025–2028), and the UN SDGs, focusing on accelerating programmatic action.**

WHO NTD roadmap dimensions	ESPEN’s relevant leadership
<b>1. Accelerating programmatic action</b>	
<ul style="list-style-type: none"> <li>• <b>Technical progress</b> <ul style="list-style-type: none"> <li>• Scientific understanding</li> <li>• Diagnostics</li> <li>• Effective intervention</li> </ul> </li> <li>• <b>Strategy and service delivery</b> <ul style="list-style-type: none"> <li>• Operational and normative guidance</li> <li>• Planning, governance and programme implementation</li> <li>• Monitoring and evaluation (M&amp;E)</li> <li>• Access and logistics</li> <li>• Health care infrastructure and work-force</li> </ul> </li> <li>• <b>Enablers</b> <ul style="list-style-type: none"> <li>• Advocacy and funding</li> <li>• Collaboration and multisector action</li> <li>• Capacity and awareness building</li> </ul> </li> </ul>	<p>ESPEN provides technical assistance to help countries develop NTD master plans, prepare elimination dossiers and achieve critical milestones, leveraging its position within WHO.</p> <p>ESPEN has developed a unique repository of data on disease burden and treatment coverage. Tools like the ESPEN Portal and ESPEN Collect enable countries to make data-driven decisions for targeted interventions.</p> <p>The ESPEN laboratory in Burkina Faso strengthens health care systems by training national laboratory personnel in diagnostics for diseases like onchocerciasis and lymphatic filariasis.</p> <p>ESPEN remains effectively positioned to ensure sustainable access to interventions through its role in coordinating medication donations via the JAP process.</p> <p>As part of WHO, ESPEN is well-placed to foster alignment, accountability and collaboration among governments, NGOs and communities for effective NTD elimination.</p> <p>Its strong local relationships help tailor initiatives, mobilize resources and sustain progress.</p>
<b>2. Cross-cutting approaches</b>	
<ul style="list-style-type: none"> <li>• <b>Integrating across NTDs:</b> common delivery platforms combining efforts across multiple diseases</li> <li>• <b>Mainstreaming within national health systems:</b> improving the quality of NTD management in the context of UHC</li> <li>• <b>Coordinating among ecosystem stakeholders:</b> working with other sectors within and beyond health to support NTD-relevant interventions</li> <li>• <b>Strengthening health systems</b> <ul style="list-style-type: none"> <li>• Through in-country foundational systems</li> <li>• Through global and regional resources and expertise</li> </ul> </li> </ul>	<p>ESPEN’s new strategy introduces a stronger focus on integrating PC-NTD efforts with other NTD programmes, disease verticals, and primary health care.</p> <p>Through WHO country offices, ESPEN has a clear pathway to support cross-sector coordination, particularly with WASH and One Health, to address shared challenges.</p> <p>As a regional body, ESPEN is uniquely positioned to convene stakeholders, leveraging its continent-wide visibility into PC-NTD control efforts to foster collaboration and alignment.</p> <p>With a strong track record as a trusted advisor, ESPEN provides a credible platform for thought leadership and advocacy on integration.</p>
<b>3. Operating model and culture</b>	
<ul style="list-style-type: none"> <li>• <b>Country ownership</b> at national and subnational levels</li> <li>• <b>Clear stakeholder roles</b> across the NTD ecosystem</li> <li>• <b>Organizational setups, operating models and mindsets</b> aligned to deliver on 2030 targets</li> </ul>	<p>ESPEN equips Member States with tools and training to build capacity across all stages of the NTD programme cycle, reinforcing country ownership.</p> <p>ESPEN convenes annual meetings for national NTD programme managers in the WHO African Region to review progress toward targets, share best practices, and align national plans with global and regional frameworks.</p> <p>ESPEN often acts as a liaison between country NTD programmes and key stakeholders (including WHO headquarters, donors and pharmaceutical companies) to facilitate effective collaboration.</p>

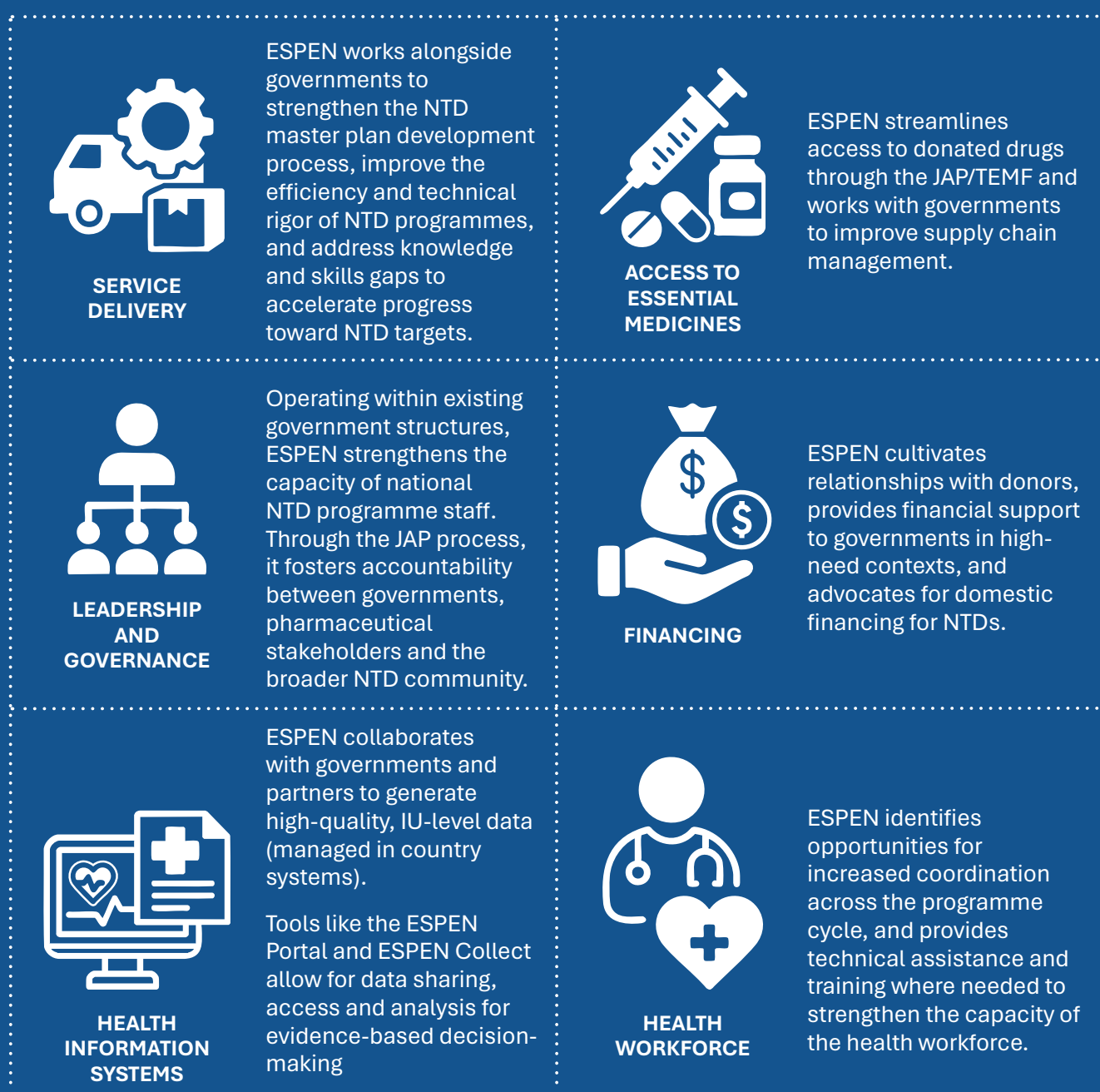
## Alignment with WHO health system building blocks

Country NTD programmes are on the path to sustainability, and progress is anticipated to accelerate over the next five years. ESPEN is committed to supporting governments to take the next steps in deepening their commitment to sustainability along each building block of their health systems, as outlined in Figure 6.



ESPEN supports countries to strengthen **health system building blocks**, ensuring sustainable **NTD programmes** and accelerating progress over the next five years.

Fig. 6. Alignment with health system building blocks



## Commitment to universal health coverage (UHC)

Progress in eliminating PC-NTDs directly supports the achievement of universal health coverage (UHC), as outlined in the WHO NTD roadmap 2021–2030. Many NTD interventions, particularly those delivered through community-based platforms, can be integrated into national health systems across the continuum of prevention, case detection, diagnosis, treatment, care and rehabilitation.

ESPEN supports countries in demonstrating that access to NTD treatment, and ultimately disease elimination, is achievable even in resource-limited settings. Through this work, NTD programmes help address barriers that UHC aims to overcome.

**Access to care:** integrating NTD prevention and treatment within UHC is a sustainable way to reach underserved populations, placing NTDs at the forefront of equitable health system expansion.

**Low service capacity:** community-based delivery of PC-NTD interventions often requires minimal technical expertise and can be effectively scaled when paired with other community initiatives, such as WASH, thereby strengthening service delivery in hard-to-reach areas.

**Low trust in health services:** community engagement approaches embedded in NTD programming offer replicable models for mobilizing populations and improving trust in public health services.

ESPEN will continue to advocate for the inclusion of NTD services in minimum essential health benefit packages.

## Supporting government leadership in cross-sector collaboration

ESPEN will advocate for and provide technical support to enable national leadership in cross-sectoral efforts that accelerate progress toward sustainable PC-NTD elimination. Over the next five years, ESPEN will:

- **advocate for stronger country-led coordination mechanisms** that empower governments to convene donors, implementing partners and stakeholders for joint planning and streamlined implementation of the NTD elimination agenda;
- **provide technical support to bolster national leadership** in aligning cross-sectoral strategies, harmonizing interventions and facilitating knowledge sharing on the five PC-NTDs;
- **promote integrated, multi-disease approaches** that enable governments to optimize resources and improve health outcomes in underserved communities;
- **advocate for collaboration with adjacent sectors**, including WASH and One Health, to address critical environmental and zoonotic drivers of NTDs.



# Organizational structure and funding flow



## Organizational structure

ESPEN is one of eight programmes under the coordination and leadership of the Director of the Disease Prevention and Control (DPC) Cluster, who reports directly to the Director of Programme Management and the Regional Director. As part of the DPC Cluster, ESPEN collaborates closely with other programmes, including the Tropical and Vector-borne Diseases programme, which encompasses malaria and other vector-borne diseases. At the regional level, ESPEN works closely with WHO global and country offices to identify and fill technical gaps.

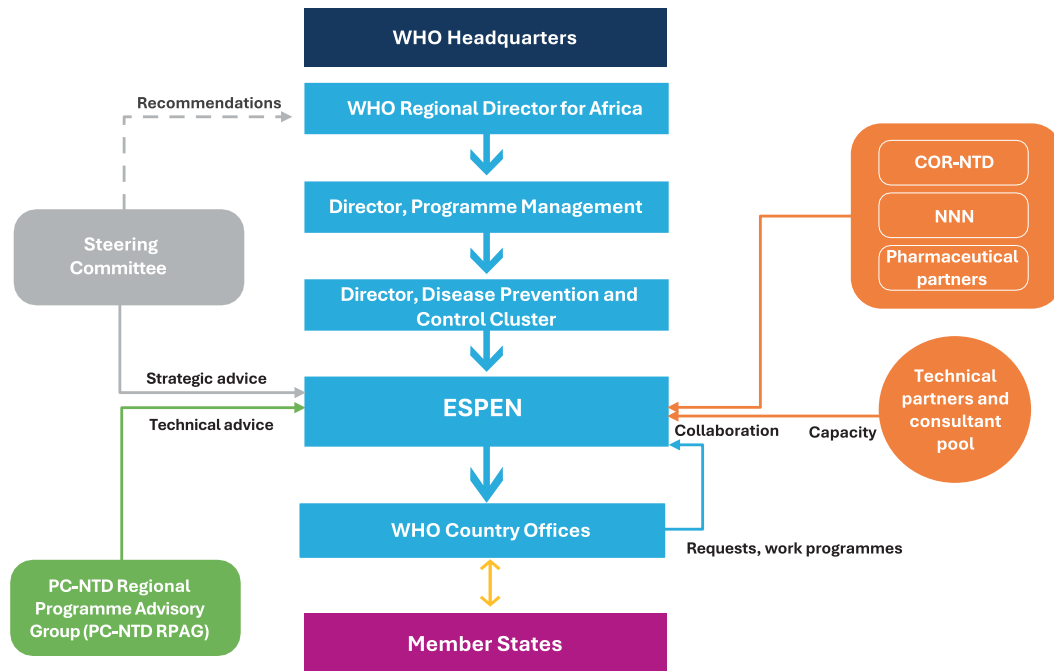
Its success in advancing PC-NTD elimination is rooted in strong collaborative partnerships with Member States, donors, NGOs, research and academic institutions, financial contributors and pharmaceutical companies supporting medication donation programmes. ESPEN's governance structure includes strategic and

programmatic oversight provided by two key advisory bodies: the ESPEN Steering Committee and the Regional Programme Advisory Group (RPAG).



**ESPEN**, under the Regional Office's **DPC Cluster**, drives **PC-NTD elimination** through strong **partnerships** with **countries, donors, NGOs, academia, and pharma**, guided by its **Steering Committee and RPAG**.

**Fig. 7. ESPEN organization and governance structure**



## Financing mechanisms

ESPEN receives funding and in-kind donations through two separate mechanisms. The administrative and financial management of the funds is conducted according to WHO procedures, policies, rules and regulations.

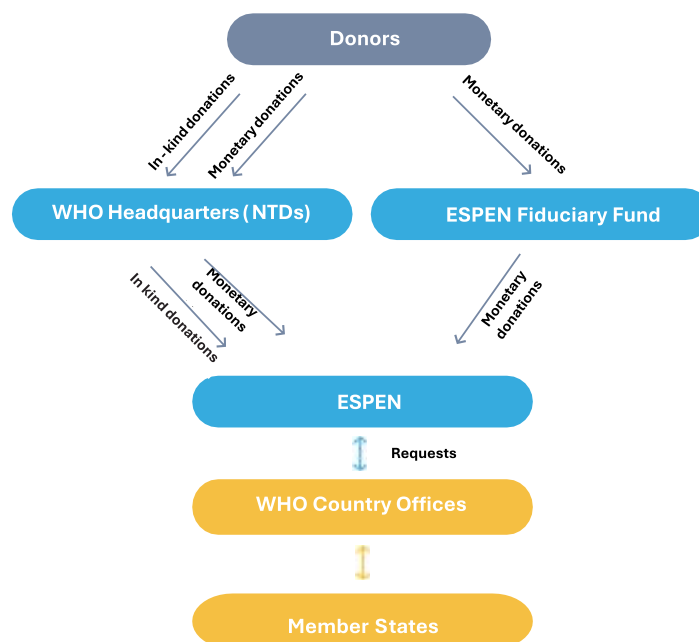
In-kind donations (such as medicines) and monetary contributions are routed through WHO headquarters and subsequently allocated to the Regional Office for ESPEN. Monetary donations that are not specifically designated for ESPEN are subject to a 13% programme support cost.

The ESPEN Fiduciary Fund is dedicated to ESPEN and accepts both restricted and nonrestricted financial donations. Donations through this mechanism are subject to a programme support cost of 7%.



**ESPEN** is financed through **WHO-managed funds** and the **ESPEN Fiduciary Fund**, supported by **monetary** and **in-kind donations**. Contributions are subject to **7–13% programme support costs** under WHO rules.

**Fig. 8. Financial mechanisms supporting ESPEN and country NTD programmes**



### ESPEN’s core team

<p><b>Purpose</b></p>	<p>The ESPEN team plays a pivotal role in supporting ministries of health across the African Region to achieve country-specific and regional PC-NTD elimination targets. This is accomplished through a country-led, data-driven and partnership-based approach.</p>
<p><b>Functions</b></p>	<p>All functions of the ESPEN core team are guided by the Steering Committee and the WHO Regional Director for Africa.</p> <ul style="list-style-type: none"> <li>• <b>Medicine coordination and treatment delivery:</b> ESPEN manages the distribution of donated NTD medicines, supports national forecasting, and ensures timely reporting through the Joint Application Package (JAP).</li> <li>• <b>Data systems strengthening:</b> ESPEN supports Member States to generate high-quality NTD data, enabling real-time, evidence-based decision-making through innovative tools like ESPEN Portal, ESPEN Collect and IU Planner.</li> <li>• <b>Technical assistance and institutional capacity building:</b> ESPEN coordinates technical support for disease mapping, intervention implementation, impact assessments, and elimination dossiers, while strengthening national institutions for sustainability.</li> <li>• <b>Regional coordination and knowledge exchange:</b> ESPEN facilitates cross-country collaboration through high-level convenings, peer learning platforms and strategic alignment forums.</li> <li>• <b>Country leadership and coordination of partners:</b> ESPEN promotes country-led integrated approaches (including elimination master plans) that link NTD efforts with WASH, One Health, education and gender equity to address broader determinants of disease.</li> <li>• <b>Resource mobilization and partnership management:</b> ESPEN coordinates stakeholders – including donors, NGOs and technical partners – to align resources and sustain momentum toward elimination goals.</li> <li>• <b>Consultant roster management:</b> ESPEN maintains a roster of qualified consultants to support ESPEN priorities and monitors the quality of technical assistance provided.</li> <li>• <b>Mwele Malecela Mentorship Programme:</b> ESPEN facilitates and coordinates this the Regional Office flagship programme to empower mid-career African women to become leaders in NTD elimination.</li> </ul>

Continued...

<p><b>Human resources</b></p>	<p>ESPEN maintains a staffing structure intended to support strategic objectives while ensuring operational efficiency. This approach aligns with donor requirements and internal priorities, allowing ESPEN to provide technical support, coordination and data services across the African Region without increasing its workforce beyond what is considered necessary. All ESPEN team members are WHO staff.</p> <ul style="list-style-type: none"> <li>• <b>Team leader:</b> oversees planning, management, recruitment, supervision and mentoring of the technical staff to ensure high-quality performance.</li> <li>• <b>Disease-specific technical/medical officers (x3):</b> provide technical and operational support, coordinate expert contributions, and perform other functions related to their specific areas.</li> <li>• <b>Database manager:</b> manages the ESPEN Portal and ESPEN Collect, supports country engagement with those tools, and ensures a quality-assured database.</li> <li>• <b>Surveillance officer and data analyst:</b> lead the development of the NTD data repository and ensure data quality for Member States.</li> <li>• <b>ESPEN Collect project officers:</b> coordinate and optimize the use of the ESPEN Collect platform for hundreds of annual surveys.</li> <li>• <b>Supply chain management officers (x2):</b> manage medicine donations for PC-NTDs across 44 countries, coordinate JAP reviews, and build institutional capacity for integrated supply chain management of NTD medicines.</li> <li>• <b>Technical project manager:</b> supports grant management, resource mobilization and coordination efforts within ESPEN; tracks the progress of ESPEN programmes and prepares stakeholder and donor reports.</li> <li>• <b>Laboratory manager:</b> oversees laboratory operations to ensure responsiveness to country needs.</li> <li>• <b>Laboratory biologist and research officer:</b> develop quality standards, oversee all onsite entomological and epidemiological analyses, and build national laboratory capacity.</li> <li>• <b>Advocacy, partnership and mentorship officer:</b> leads communications and partnerships, and coordinates the Mwele Malecela Mentorship (MMM) Programme.</li> <li>• <b>Programme and administrative officer:</b> oversees the financial and operational management of ESPEN’s activities to ensure efficient resource utilization, timely reporting and financial accountability and transparency.</li> <li>• <b>Administrative assistant:</b> supports the day-to-day administration of ESPEN.</li> </ul>
	<p><b>Independent consultant roster</b></p>
	<p>ESPEN maintains a roster of independent regional experts who serve as consultants, providing complementary support to WHO country offices and national programmes.</p>

## Governance structures

### ESPEN Steering Committee

Established by the WHO Regional Director for Africa, the ESPEN Steering Committee serves as a high-level advisory body guiding ESPEN's strategic direction and alignment with regional PC-NTD elimination goals.

The Committee comprises 18 members drawn from Member States, financial donors, implementing partners, pharmaceutical donors and WHO. It provides forward-looking strategic recommendations, supports resource mobilization, and reviews ESPEN's annual action plans and fiduciary allocations.

The Committee meets annually, with additional sessions convened as needed. It operates by consensus to ensure coordinated, country-led action across the Region and reports to the Regional Director.

### Regional Programme Advisory Group on PC-NTDs (RPAG)

The PC-NTD RPAG is a regional technical advisory group that supports the Regional Office and Member States in the coordination, implementation and evaluation of PC-NTD programmes. It provides technical guidance, facilitates knowledge sharing, and promotes harmonization among stakeholders working on preventive chemotherapy interventions for NTDs in the African Region. The group makes its technical recommendations to the Cluster Director and the ESPEN Steering Committee.



**ESPEN's governance** is led by the **Steering Committee** (18 members from countries, donors, partners, pharma, WHO) providing **strategic guidance** and resource oversight, and the **RPAG**, a regional **technical body offering technical advice, knowledge sharing, and harmonization** for PC-NTD programmes.



# Annexes

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## Annex 1. Regional overview of PC-NTD endemicity by disease

	Onchocerciasis	Trachoma	Lymphatic filariasis	Schistosomiasis	Soil-transmitted helminthiasis
Algeria	Not endemic	Endemic	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	Claims to have eliminated	Not endemic	Requiring PC	Requiring PC
Cameroon	Endemic	Endemic	Pending validation	Requiring PC	Requiring PC
Cabo Verde	Not endemic	Not endemic	Not endemic	Not requiring PC	Requiring PC
Central African Republic	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 the Congo	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Equatorial Guinea	Pending validation	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	Endemic	Endemic	Requiring PC	Requiring PC
Guinea Bissau	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Côte 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

Continued...

	Onchocerciasis	Trachoma	Lymphatic filariasis	Schistosomiasis	Soil-transmitted helminthiasis
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	Suspected endemic	Not endemic	Requiring PC	Requiring PC
Niger	Elimination of transmission 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 and Principe	Not endemic	Not endemic	Pending validation	Requiring PC	Requiring PC
Senegal	Endemic	Endemic	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 validation	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

## Annex 2. Investment case methodology

The investment case for ESPEN’s 2026–2030 strategy provides a cost-effectiveness estimate for PC-NTD elimination in Africa, expressed as a dollar value per DALY averted. This estimate is derived by comparing the “potential benefit” of DALYs to be averted by achieving the WHO NTD roadmap targets for 2021–2030, against the “estimated cost” of implementing the roadmap, specifically for PC-NTDs in the African Region, based on a 2023 analysis conducted by the Bill & Melinda Gates Foundation.

The “potential benefit” assumes that the burden of PC-NTDs in the African Region will regress to disease-specific targets outlined in the WHO NTD roadmap by 2030 (for example, LF eliminated as a public health problem in 81% of countries). Cumulative DALYs to be averted are estimated relative to country-level “baseline” DALYs from 2021 for each PC-NTD. These DALYs are assumed to be evenly spread across countries, meaning that roadmap targets expressed as a percentage of countries are directly translated into an equivalent percentage of DALYs for each PC-NTD. Both verification of transmission interruption and validation of elimination as a public health problem are assumed to result in a complete reduction of DALYs to zero. While DALYs have been calculated by disease, they are presented cumulatively in the investment case.

The “**potential benefit**” of DALYs to be averted has been evaluated under several scenarios.

- **Four scale parameters** – 1, 1.2, 1.5 and 1.8 – have been tested to reflect the potential rate of DALY decline toward roadmap targets (for example, from linear to highly front-loaded logistic decline in burden).
- **Three time horizons** have been considered for DALY decline:
  - **2030** (non-discounted) – reflects impact within the 2021–2030 timeframe, yielding **~18M DALYs**;
  - **2050** (discounted) – projects impact ~20 years beyond the target year, yielding **>58M DALYs**; and
- **Perpetuity** (discounted to terminal value), yielding **>93M DALYs**.

A discount rate of 5% has been applied to both discounted scenarios based on external literature on appropriate rates for low- and middle-income country (LMIC/LIC) contexts. The ultimate cost-effectiveness measure, expressed in dollars per DALY averted, is anchored on cumulative DALYs discounted to terminal value.

The “**estimated cost**” range of US\$ 1.80–3.1 billion reflects two variable cost components:

- **the inclusion or exclusion of technical activities** (for example, research and development) in addition to core strategy and service delivery components of the NTD value chain, and
- **the assumed extent of MDA co-delivery** for PC-NTDs.

Enabling functions – including strategic activities led by governments, broader health system strengthening initiatives and activities in adjacent sectors (such as WASH) – are not included in the cost calculation. The investment case also assumes that medication donations will continue as planned; therefore, the dollar value of donated medicines has not been factored into the cost base. All cost variations have been discounted to 2030 to ensure consistency with the impact calculations.

Dividing the “potential benefit” by the “estimated cost” of executing on the roadmap in 2021–2030 yields a **directional cost-effectiveness measure of approximately US\$ 35–60 per DALY**. This range encompasses all cost and impact scenario variations outlined above. In practice, the actual cost per DALY may vary by disease, intervention type and country context.

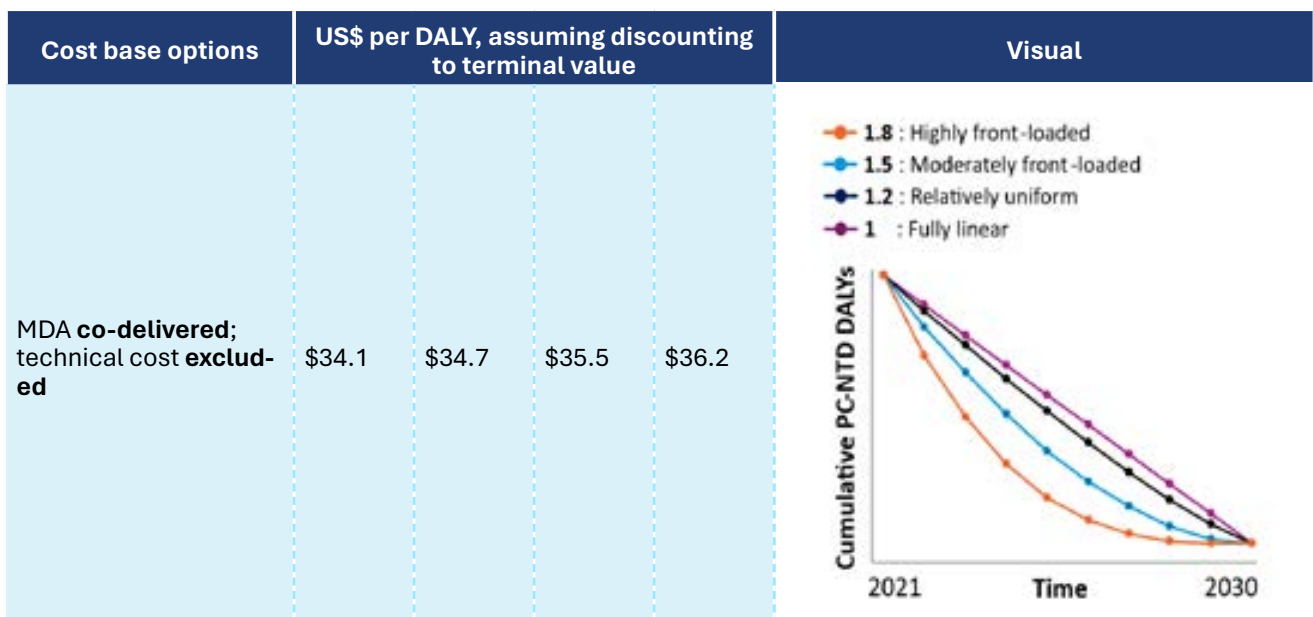


**Meeting the 2030 PC-NTD elimination targets** offers a **highly cost-effective investment**, averting **~18M DALYs by 2030, >58M by 2050, and >93M in the long term**, at an estimated **US\$ 35–60 per DALY**.



**US\$ 35 – 60 per DALY**

Fig. 9. Illustrative visualization of rates of DALY decline encompassed in range



### Annex 3. Stakeholders interviewed for the 2026–2030 strategy

Name	Affiliation	Role
<b>Kebede Kassaye</b>	CIFF	Director of NTDs
<b>Carol Karutu</b>	The END Fund	Vice President Programmes
<b>Yao Sodahlon</b>	Mectizan Donation Program	Director
<b>Greg Noland</b>	The Carter Center	Lead, NTDs
<b>Phil Downs</b>	Sightsavers	Technical Director, NTDs
<b>Alex Pavluck</b>	Sightsavers	Health Systems Lead
<b>Sebastian Ilomuanya</b>	Clinton Health Access Initiative	Lead, ARISE
<b>Julia Dunn</b>	Clinton Health Access Initiative	Director, Analytics and Surveillance, Malaria & NTDs
<b>Katie Gass</b>	Task Force for Global Health	COR-NTD Technical Director
<b>Sarah Andersson</b>	John Snow, Inc. (JSI)	Project Director, Supply Chain Technical Support Mechanism for NTD Programmes
<b>TJ Muehleman</b>	Standard Co.	CEO
<b>Elizabeth Elhassan</b>	Independent Consultant	RPAG co-chair
<b>Boezemwendé Ouoba</b>	Burkina Faso	NTD Programme Manager
<b>Georges Nko’Ayissi</b>	Cameroon	NTD Programme Manager
<b>Uvon Pitchouna</b>	Democratic Republic of Congo	NTD Programme Manager
<b>Balla Jatta</b>	Gambia	NTD Programme Manager
<b>Ndéye Mbacké Kane</b>	Senegal	NTD Programme Manager
<b>Clarer Mwansasu</b>	Tanzania	NTD Programme Manager
<b>Piham GNOSSIKE</b>	Togo	NTD Programme Manager
<b>Shaali Makame Ame</b>	Zanzibar	NTD Programme Manager

## 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 Member States 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 Congo	Senegal
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
Kenya	

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