World Health Organization
REGIONAL OFFICE FOR Africa

ESPEN
EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

WORKSHOP REPORT

Regional Workshop on Integrated Control of Taeniasis/Cysticercosis and Schistosomiasis

Antsirabe, Madagascar
2-4 December 2025

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Introduction

The Regional Workshop on Integrated Control of Taeniasis/Cysticercosis and Schistosomiasis: Country Capacity Building for One Health Programme Integration and Adverse Event Management during Mass Drug Administration (MDA) was convened from 2–4 December 2025 in Antsirabe, Madagascar, under the leadership of WHO/AFRO–ESPEN. The workshop responded to the growing public health importance of neglected zoonotic diseases such as taeniasis/cysticercosis and their frequent co-endemicity with schistosomiasis across the African Region. As countries scale up preventive chemotherapy and move toward elimination targets outlined in the WHO NTD Roadmap 2030, there is an increasing need for integrated delivery platforms, stronger One Health coordination, and robust systems for preventing, detecting, and managing adverse events associated with praziquantel-based MDAs. The workshop was therefore designed to strengthen national capacities for joint implementation, enhance pharmacovigilance preparedness, and translate One Health principles into operational practice.

The workshop brought together national NTD programme managers, schistosomiasis and cysticercosis focal points, veterinary and One Health representatives, and pharmacovigilance officers from seven priority countries where integration opportunities and public health risk are particularly pronounced: Cameroon, Madagascar, Namibia, South Africa, the United Republic of Tanzania, Uganda, and Zambia. These countries were prioritized based on documented or suspected co-endemicity of schistosomiasis and *Taenia solium*, ongoing or planned MDA programmes, and expressed readiness to advance integrated approaches. Through a combination of technical updates, country case studies, field-based learning, and action-oriented group work, participating countries were supported to strengthen integrated planning, review mapping and safety data, and outline practical next steps for One Health–aligned implementation at national and subnational levels.

Figure 1. Group photo

DAY 1: 2nd December 2025

1. Opening and Workshop Framing

Day 1 of the regional workshop formally opened following completion of the WHO security briefing (PRSEAH) on 1 December 2025. The opening session brought together representatives from WHO headquarters and the Regional Office for Africa, WHO country office representatives, national authorities, and regional and international partners. Opening remarks emphasized the urgency of addressing co-endemic schistosomiasis and *Taenia solium* infections through integrated, multisectoral approaches aligned with the One Health framework.

Addressing the participants virtually during the opening session, ESPEN Team Lead Dr. Elizabeth Juma underscored that tackling co-endemic schistosomiasis and taeniasis/cysticercosis in Africa requires moving beyond siloed programmes to practical One Health integration—linking human and animal health actions, strengthening pharmacovigilance, and turning shared risks into opportunities for more efficient, safer, and sustainable disease control, even in resource-constrained settings. This message was echoed by other panelists including, Dr Amadou Garba, WHO/HQ, NTD; Dr Nicholas Ngwili, ILRI/Unlimit Health, and the Antisrabe Directorate of Health.

Madagascar's WHO Representative, Prof. Laurent MUSANGO was highlighted as a regional leader in integrated control of schistosomiasis and taeniasis/cysticercosis through the One Health approach. In his opening remarks, The Representative emphasized the country's successful multisectoral collaboration, large-scale interventions, strengthened surveillance, and effective management of adverse events. He also stressed the importance of sustainable partnerships, national commitment, and knowledge-sharing to achieve tangible and lasting public health outcomes in the region

The workshop objectives, presented by Dr. Pauline Mwinzi (WHO/AFRO–ESPEN), set a clear strategic direction for the meeting: to strengthen country capacity for integrated control of schistosomiasis and taeniasis/cysticercosis; to operationalize One Health approaches across human, animal, and environmental sectors; and to improve preparedness and response for adverse events during praziquantel-based mass drug administration (MDA). The workshop structure—spanning technical updates, country experiences, and

practical planning—was explicitly designed to ensure participants leave with actionable operational guidance.

Strong emphasis was placed on participation from ministries of health, agriculture and livestock, veterinary services, WHO country offices, and academic and implementing partners. The expected regional impact highlighted improved coordination, enhanced surveillance and mapping, better integration of zoonotic NTDs into national plans, and safer, more effective preventive chemotherapy campaigns.

2. Global and Regional Update on Schistosomiasis

The first technical session provided a comprehensive global and regional situational analysis of schistosomiasis. Presenters underscored that schistosomiasis remains endemic in 79 countries and territories globally, with over 250 million people requiring preventive chemotherapy in 2024—more than 90% of whom reside in the WHO African Region. Despite substantial progress in treatment scale-up, gaps remain in coverage, particularly among adults, preschool-age children, and hard-to-reach populations.

WHO treatment guidelines and Roadmap 2030 targets were reviewed, including recommendations for annual praziquantel MDA in communities with ≥10% prevalence and expanded access to treatment through health facilities. Clear distinctions were made between elimination as a public health problem (EPHP) and interruption of transmission, including epidemiological criteria and validation/verification processes.

Countries' progress toward EPHP and elimination was presented, alongside updates on ongoing and planned dossier preparation. The role of ESPEN in supporting countries through data analysis, training on dossier preparation, and regional workshops was highlighted as critical to accelerating progress toward 2030 targets.

Cross-cutting challenges were acknowledged, including financing constraints, limited adult treatment coverage, gaps in diagnostics availability, and the need to integrate schistosomiasis more fully into primary health care and surveillance systems.

3. One Health Integration and Zoonotic NTDs

A dedicated session focused on the One Health rationale for integrating control of schistosomiasis with taeniasis/cysticercosis and other zoonotic NTDs. Presentations underscored that at least 16 priority NTDs have human–animal–environment interfaces, and elimination goals for zoonotic NTDs cannot be achieved without functional One Health systems.

The WHO African Region's draft One Health strategy for zoonotic NTDs (2026–2030) was introduced, outlining a shared vision of integrated, resilient, and equitable systems. Strategic objectives included strengthening governance and coordination, integrating zoonotic NTDs into national NTD master plans, building cross-sectoral surveillance and diagnostic capacity, enhancing community engagement, and promoting research and data sharing.

Clear roles were articulated for countries, WHO and partners, and academic institutions, alongside proposed targets such as establishment of national One Health coordination mechanisms, routine zoonotic NTD reporting, and expanded mapping of *T. solium*. The session reinforced that integration is not an abstract concept but an operational necessity, with ESPEN positioned as a regional platform for coordination and implementation support.

Figure 2. Vaccination of pigs

4. Global Update on *Taenia solium* Taeniasis/Cysticercosis

The technical sessions shifted focus to *Taenia solium*, beginning with a global overview of taeniasis, cysticercosis, and neurocysticercosis (NCC). The disease burden was framed not only in terms of infection prevalence but also in terms of epilepsy, disability, stigma, and social impact. NCC was highlighted as a leading cause of preventable epilepsy globally, disproportionately affecting low- and middle-income countries.

Transmission dynamics across humans and pigs were explained, emphasizing the role of free-roaming pigs, poor sanitation, and food safety practices. Mapping tools and WHO risk classification approaches were presented as essential for identifying high-risk areas and guiding programmatic decision-making. The limitations of available diagnostics for taeniasis and cysticercosis in public health settings were discussed, with emphasis on pragmatic use of existing tools alongside risk-based mapping.

Prevention and control strategies were reviewed, including human preventive chemotherapy, pig vaccination (TSOL18), pig treatment with oxfendazole, community education, sanitation improvements, and meat inspection. Evidence from modeling and field studies illustrated that integrated One Health interventions combining human MDA with pig vaccination and treatment can dramatically shorten the time to transmission interruption compared to human-only approaches.

5. Neurocysticercosis and Management of Adverse Events during MDA

A critical component of Day 1 focused on neurocysticercosis and the prevention and management of praziquantel-related adverse events. Presentations highlighted that praziquantel, while essential for schistosomiasis and taeniasis control, can precipitate serious neurological adverse events in individuals with latent NCC due to inflammatory responses as cysts degenerate. These neurological serious adverse events are very rare, but they can be life threatening. Thus, it is of critical importance to take actions to prevent them and quickly identify them to take appropriate actions.

Detailed guidance was provided on identifying risk factors, contraindications, and early warning signs—such as progressive headaches, seizures, and signs of intracranial hypertension. WHO recommendations on active and passive

surveillance during MDA, referral pathways, and emergency management protocols were reviewed in depth, with particular attention to feasibility in rural and low-resource settings.

The session reinforced the principle that safe MDA requires not only drugs but also trained health workers, community sensitization, functional referral systems, and availability of essential medicines. Experiences from Madagascar and other endemic countries demonstrated that with proper preparation, serious adverse events remain rare and manageable.

6. Country Experiences and Lessons Learned

The final segment of Day 1 featured country updates from Tanzania, Cameroon, South Africa, Uganda, Namibia, Zambia, and Madagascar. While some countries have been working on identifying the high-risk areas and mapping, others have already completed field surveillance (Namibia) or started control programs based on MDA (Zambia) or a One Health approach (Madagascar). These presentations illustrated the diversity of epidemiological contexts and programmatic maturity across the region, while consistently highlighting opportunities for integration.

Countries shared experiences in mapping, incorporation of schistosomiasis and *T. solium* into NTD master plans and One Health strategies, challenges related to financing and coordination, and plans for integrated surveillance, MDA, WASH, and animal health interventions. The discussions underscored the feasibility—and necessity—of integrated approaches tailored to national contexts.

7. Key Takeaways from Day 1

Day 1 established a strong technical and policy foundation for the workshop. Core messages included the imperative of One Health integration for sustainable NTD elimination, the need for robust surveillance and mapping, and the central importance of safety and preparedness in preventive chemotherapy. The sessions reinforced ESPEN's role as a catalyst for regional coordination and country support, setting the stage for subsequent days focused on field experience, operational planning, and practical implementation.

DAY 2: 3rd December 2025 - Community Integrated One Health activity

Day 2 of the workshop was dedicated to a field visit in Betafo district, Antsirabe, Madagascar, providing participants with practical, on-the-ground exposure to integrated control of schistosomiasis and taeniasis/cysticercosis in a One Health context. The visit enabled country teams to directly observe how human and animal health interventions can be coordinated at community level, and to reflect on operational realities that complement the technical discussions held during plenary sessions.

Participants observed how integration is operationalized in practice, including the coordination of mass drug administration, pig health interventions (simulation of vaccination and treatment), and community-based surveillance. Particular attention was given to biosecurity measures, pig vaccination and treatment strategies, and the identification and follow-up of treated animals. Experiences from Tanzania, Uganda and Madagascar, demonstrated that pig vaccination—when accompanied by clear demonstration, consistent messaging, and local leadership involvement—can gain community acceptance, despite initial cultural concerns. The importance of intensifying community sensitisation and leveraging trusted community leaders emerged as a central lesson to support uptake and sustainability.

The field visit also highlighted the critical role of community ownership and engagement. Strong education and awareness components, use of locally appropriate dose poles, and durable communication materials (such as weather-resistant posters) were observed as effective tools for improving understanding and compliance. House-to-house strategies and remaining within communities for active surveillance were identified as good practices for identifying missed individuals and managing early adverse events. The integration of additional community agents during vaccination and subsequent MDA cycles demonstrated how programmes can improve coverage while maintaining safety and accountability.

Figure 3. Integrated MDA

Overall, Day 2 reinforced that One Health integration is feasible and impactful when implemented at community level, provided interventions are well-coordinated, culturally sensitive, and supported by robust supervision and monitoring. The field experience strengthened participants' understanding of how integrated approaches can enhance programme quality, improve safety, and foster trust between communities and health systems—setting the stage for the microplanning, pharmacovigilance, and action-planning discussions that followed on Day 3.

DAY 3: 4th December 2025

8. Reflections from the Day 2 Field Visit and Transition to Operational Planning

Day 3 opened with a structured feedback session on the Day 2 field visit, led by Dr. Pauline Mwinzi. Participants were impressed with the good quality of the field work conducted in Madagascar. They appreciated the opportunity to see the activities in the field, and the program 'in action', as it stimulated the thinking on how to implement and adapt similar programs to their own settings. Participants reflected on practical observations from community settings, health facilities, and local coordination mechanisms, linking real-world implementation challenges with the technical discussions of the previous days. The reflections emphasized the importance of operational realism, community engagement, and cross-sectoral coordination when translating One Health concepts into routine program delivery.

The field visit discussions served as a bridge into Day 3's primary focus: operationalization, particularly through microplanning, mainstreaming NTD interventions into health systems, and strengthening the enablers required for safe, integrated implementation—logistics, pharmacovigilance, medicine requests, and coordinated planning.

9. Microplanning for Preventive Chemotherapy: Concept and Rationale

The core technical focus of Day 3 was microplanning as a foundational tool for improving coverage, equity, and quality of preventive chemotherapy. Microplanning was presented as a **bottom-up, cyclical process** that starts at the community and health-facility level and feeds into district, regional, and national plans. It enables tailoring of interventions based on local epidemiology, geography, population mobility, and operational constraints.

The primary objectives of microplanning were highlighted as:

- Improving sub-district MDA coverage and equity.
- Systematically involving frontline health workers (FLHWs), community drug distributors (CDDs), and community leaders in planning.

- Strengthening forecasting of human resources, logistics, transport, and medicine needs.
- Enhancing accountability and ownership at the local level.

Clear definitions were provided for **Implementation Units (IUs)**—the geographic or administrative units where preventive chemotherapy is delivered—and **Supervisory Areas (SAs)**, the smallest units for first-level supervision. The interaction between IUs and SAs was described as essential: SAs generate granular, community-level plans that are consolidated at IU level and aligned with national strategies and budgets.

10. Country Experience: Microplanning in Tanzania

Tanzania's experience was presented as a detailed country case study demonstrating practical application of WHO microplanning guidance. The process was embedded within national NTD strategies and implemented incrementally, beginning with selected health facilities and later expanding to cover all facilities within targeted IUs.

Key features of the Tanzania approach included:

- Capacity building of national, regional, and district facilitators through training-of-trainers.
- Facility-level microplanning led by FLHWs, with participation of CDDs and community leaders.
- Systematic review of existing data to identify priority areas based on high prevalence, low MDA coverage, hard-to-reach populations, and newly identified endemic districts.
- Use of sketch mapping, community profiling, and WHO Excel-based microplanning tools.

The outputs of microplanning sessions included improved estimation of CDD needs, identification of transport and logistical gaps, clearer budgeting for MDA operations, and locally driven monitoring plans. Tanzania reported tangible gains in community ownership, accountability, and problem-solving, particularly in addressing persistent low-coverage areas due to workforce shortages or geographic barriers. Lessons learned underscored microplanning as a critical mechanism for diagnosing operational bottlenecks and tailoring remedial actions.

11. Mainstreaming NTD Interventions into Health Systems

Building on the microplanning discussions, Day 3 explored how preventive chemotherapy and integrated NTD interventions can be **mainstreamed into routine health systems** rather than implemented as vertical, campaign-based activities.

The vision presented emphasized alignment and integration across:

- Primary health care platforms.
- National health budgets and planning cycles.
- Routine data systems such as DHIS-2.
- Supply chain systems based on "pull" mechanisms rather than top-down medicine pushes.

Microplans were positioned as the interface between community realities and national planning instruments, including the Joint Application Package (JAP) for medicine requests. Accountability was reinforced through routine reporting, supervisory visits, and triangulation of community and facility data. Recognition of CDDs and community health workers as integral cadres within the health system was highlighted as central to equity, access, and sustainability.

12. Requests for Taeniasis Medicines and Operational Requirements

A dedicated session addressed **requests for taenicides to WHO**, focusing on the process for requesting niclosamide and praziquantel for preventive chemotherapy against *Taenia solium*. The session clarified that requests must be formally submitted by Ministries of Health through WHO Country Offices, using standardized WHO forms.

Participants were guided step-by-step through the Request for Selected Medicines (RSM) forms, including:

- Population data entry at district level.
- Endemicity coding and adjustment for focal transmission.
- Forecasting of treatment rounds and quantities needed.
- Inclusion of existing stock balances and validation checks.

Criteria for prioritization of donated taenicides were outlined, including availability of mapping data, submission of forecasts and reports, continuity of programmes, and progress toward elimination goals. The discussion reinforced the importance of strong epidemiological evidence, accurate forecasting, and timely submission to ensure access to donated medicines.

13. Pharmacovigilance and Safety Systems

A round-table session on pharmacovigilance highlighted the importance of integrated safety monitoring in settings where praziquantel is used for schistosomiasis and taeniasis control, particularly in *T. solium* endemic areas. Building on Day 1's technical guidance on adverse events, this session focused on **systems** rather than clinical detail.

Country representatives discussed existing pharmacovigilance structures, reporting pathways, and opportunities for integration with routine health information systems and other NTD programmes. The discussion emphasized active surveillance during and after MDA, clear referral pathways, and coordination between NTD programmes, regulatory authorities, and clinical services.

14. Group Work: Advancing One Health Integration

Interactive group work sessions allowed countries to reflect on:

- Current opportunities for integration across surveillance, logistics, implementation, and monitoring—both within and beyond NTD programmes.
- Existing One Health platforms and gaps.
- Practical next steps to advance the One Health agenda at country level.

Country groups developed context-specific priorities for integration, often focusing on joint surveillance, shared logistics platforms, co-delivery of interventions, and harmonized planning between health, livestock, water, and environment sectors.

15. Country Presentations and Collective Learning

The afternoon featured structured country presentations from Madagascar, Namibia, South Africa, Tanzania, Zambia, Cameroon, and Uganda. These presentations highlighted progress, challenges, and future plans for

microplanning, One Health integration, pharmacovigilance, and *T. solium* control.

Despite differing epidemiological contexts, common themes emerged: the need for stronger subnational planning, improved intersectoral coordination, sustainable financing, and institutionalization of integrated approaches within national systems.

16. Summary of Lessons Learnt

The workshop and field visit demonstrated that **integrated control of schistosomiasis and taeniasis/cysticercosis is feasible, effective, and operationally practical when implemented through a One Health approach**. The Madagascar field experience clearly illustrated "One Health in action," showing how coordinated human and animal health interventions, combined with strong community engagement, can enhance programme quality, coverage, and trust.

i. Community Ownership Is Central to Success

High levels of **community ownership and participation** emerged as a decisive factor for successful implementation. Engagement of community leaders, teachers, farmers, and community health assistants (CHAs) strengthened awareness, improved acceptance of interventions (including pig vaccination), and supported management of rumours and stigma. Demonstrations of medicines and vaccines, use of public address systems, and locally adapted information materials reinforced confidence and demand for services.

ii. Integration Enhances Coverage, Efficiency, and Impact

Integrated delivery of human MDA, pig vaccination and treatment, and biosecurity measures reduced duplication and allowed programmes to identify missed populations, including children and hard-to-reach households. Experiences from multiple countries showed that sequencing interventions (e.g. pig vaccination followed by MDA within a few days) and deploying additional community agents improved reach and follow-up. Integration between public health and veterinary teams was consistently highlighted as a strength.

iii. Microplanning and Decentralised Approaches Improve Performance

Lessons from Tanzania demonstrated that **microplanning at facility and community level** improved ownership, accountability, and logistical accuracy.

Bottom-up planning enabled better estimation of resources, clearer role definition across levels, and more effective MDA implementation. Decentralised approaches supported tailored responses to local epidemiology and access challenges.

iv. Pharmacovigilance Systems Exist but Need Strengthening and Harmonisation

The workshop confirmed that **pharmacovigilance structures are already in place in most participating countries**, supported by national regulatory authorities and existing health-system protocols. Good practices included pre-positioning of medicines for adverse events, use of standard reporting forms, and remaining in communities for several days post-MDA to conduct active surveillance. However, the need for better harmonisation across diseases and integration of pharmacovigilance into routine NTD implementation was emphasized, alongside expanded training of frontline workers and communities.

v. Community Sensitisation Mitigates Risk and Improves Safety

Effective sensitisation before and during MDA was shown to reduce fear, improve reporting of adverse events, and support timely management. Messaging that framed adverse events as uncovering pre-existing conditions rather than being caused by medicines helped build trust. Durable, weather-resistant IEC materials and clear protocols posted in schools and health facilities were identified as cost-effective and impactful investments.

vi. Biosecurity and Animal Health Measures Are Critical Enablers

Field observations underscored the importance of **biosecurity practices**, particularly in areas endemic for animal diseases. Measures such as disinfection of footwear by veterinary teams and identification of vaccinated animals helped prevent disease spread and reinforced professional standards. Communities also reported tangible economic benefits, including increased preference for vaccinated pigs, which further incentivised participation.

vii. Sustainability Requires System Integration and Policy Support

Sustained impact depends on embedding integrated interventions within **national health systems, policies, and budgets**. Pre-positioning of essential medicines (including for seizure management), alignment with education and veterinary sectors, and continued WHO/ESPEN technical support were identified as necessary conditions for scale-up and sustainability

17. Closing Session and Key Messages

Day 3 concluded with reflections from participants, partners, WHO, and the Ministry of Health, reinforcing shared commitment to operationalizing the workshop outcomes. The closing messages emphasized that achieving elimination targets for schistosomiasis and taeniasis/cysticercosis requires moving beyond policy consensus to practical, system-embedded implementation. Day 3 consolidated the workshop's transition from technical evidence to operational action—leaving countries better equipped with concrete planning tools, clearer processes for medicine access, and a strengthened collective vision for One Health–driven NTD control and elimination.

18. Meeting Recommendations

i. Strengthen Integrated One Health Implementation at Community Level

- WHO HQ to include taeniasis in the EPIRF forms of the Joint Application Package, to collect data on endemicity
- WHO to provide guidance to use the existing forms of Praziquantel (PZQ) for children under 5, in the absence of pediatric formulations, ensuring accurate dosing.
- Countries should institutionalize integrated schistosomiasis and taeniasis/cysticercosis delivery, combining human MDA with pig vaccination and treatment, biosecurity measures, and WASH-related sensitization.
- Community-based approaches—including house-to-house strategies, outreach from health centres, and engagement of community vaccinators and additional agents—should be adopted to improve coverage and reduce missed populations.
- Clear identification and recording of treated and vaccinated animals and individuals should be standardized to support monitoring, follow-up, and evaluation.
- Durable and context-appropriate community communication materials (e.g. posters printed on vinyl, adapted to local languages) should be prioritized to reinforce awareness and behaviour change.
- To minimize the risk and effects of serious neurological adverse events, actions have to be taken in 2 areas: 1) prevention by identifying people with symptoms and signs compatible with neurocysticercosis who

shouldn't receive praziquantel, and 2) early identification and adequate management of neurological adverse events. This requires training and awareness at all levels of the health system, and availability of the appropriate drugs at health centers.

- Drugs to manage neurological adverse events, are the same drugs to manage seizures and epilepsy, which should be included in the Essential Medicine List and already be available in health centers in any area endemic to *T. solium* for case management.
- Training on the appropriate management of neurocysticercosis as per WHO guidelines should be cascaded through the health system.

ii. Enhance Community Engagement, Ownership, and Social Mobilisation

- Countries should intensify community sensitisation through involvement of community leaders, teachers, farmers' groups, and village health structures, recognizing their critical role in acceptance and trust.
- Messaging on neurological adverse events should balance risk communication with reassurance, framing adverse events as unmasking pre-existing conditions rather than being caused by medicines, to reduce fear and misinformation.
- Any barriers arising from cultural beliefs and other community concerns—particularly regarding pig vaccination and neurological conditions—must be addressed through continuous dialogue, demonstrations, and visible government engagement.

iii. Standardise and Strengthen Pharmacovigilance Systems for Integrated MDA

- Pharmacovigilance should be fully integrated into NTD programmes, aligned with existing national systems for medicines and vaccines, and extended—where feasible—to animal and environmental health within a One Health framework.
- Countries are encouraged to establish or strengthen national technical committees on adverse events prevention and surveillance, with clear mechanisms for investigation, trace-back, and feedback to regulators and programmes.
- Active surveillance during the first 3 days post-MDA, followed by at least 7 days of passive surveillance, should be adopted as standard practice in *Taenia solium*–endemic areas. It is important to collect the on-set time of

the neurological adverse events in relation to the MDA, to increase the understanding and gather evidence on the timings.

- Reporting tools should be harmonised across diseases and programmes, ensuring that adverse-event notification is not limited to health professionals but can include teachers, community workers, and other trained observers.

iv. Build Capacity Through Training and Decentralisation

- Countries should implement training-of-trainers (ToT) models that cascade from national level to regions, districts, and health facilities, ensuring frontline health workers and community actors can identify, manage, and report adverse events.
- Reference hospitals and specialized centres should serve as mentorship hubs for lower-level facilities, for neurocysticercosis case management, and particularly for neurological adverse events.
- Joint training modules that integrate NTDs, pharmacovigilance, epilepsy management, and community engagement should be developed or adapted using existing national platforms.

v. Promote Digitalisation and Data Use for Decision-Making

- Countries are encouraged to transition toward electronic adverse-event reporting systems, using context-appropriate platforms (e-reporting tools, mobile applications, WhatsApp-based alerts) to improve timeliness and completeness of data.
- Routine triangulation of MDA coverage data, adverse-event reports, and supervisory findings should be strengthened to guide programme adjustments and resource allocation.
- Data collected through pharmacovigilance should be systematically used to inform medicine safety decisions, programme improvements, and community communication strategies.

vi. Ensure Policy Alignment, Sustainability, and WHO Support

- Ministries of Health should align integrated schistosomiasis and taeniasis/cysticercosis interventions with national health policies, NTD master plans, and One Health strategies, ensuring budgetary and institutional support.

- Availability of essential medicines—including taenicides and epilepsy medications at appropriate levels of care—should be addressed as a policy priority.
- WHO/ESPEN should continue to provide technical guidance, advocacy support, and justification frameworks to assist countries in addressing cost-effectiveness, workforce needs, and sustainability of integrated interventions.

vii. WHO and countries should systematically include scientists and research institutions—from public health, veterinary, environmental, and social sciences—in the design, implementation, and monitoring of One Health (OH) programmes to strengthen the evidence base, support adaptive implementation, and ensure that operational strategies are informed by local data, innovation, and multidisciplinary expertise. Scientists should be formally linked to national OH coordination mechanisms to contribute to surveillance, evaluation, innovation, and translation of research into policy and practice.

viii. Based on the demonstrated impact of this workshop in catalysing concrete action among countries preparing to implement One Health approaches for zoonotic NTDs, WHO/ESPEN should sustain the annual One Health (OH) country training workshop hosted in Madagascar, recognising the country as a regional frontrunner in translating OH principles into operational practice. Madagascar's advanced integration of human, animal, and environmental health interventions—and the availability of real-world, community-level demonstrations of OH in action—make it an ideal learning hub. The workshop should function as a structured capacity-building and mentorship platform, with each edition welcoming a new cohort of countries for hands-on training, field immersion, and peer exchange. This model should continue until another country attains comparable maturity and leadership in OH integration, at which point hosting responsibilities can be progressively transitioned, fostering a rotating centre of excellence and sustained regional learning.

Annexes:

Annex 1: Meeting slide decks and adverse event prevention/management video:

https://drive.google.com/drive/folders/1qDp_yJB5BXvHqZk-TYOApDwjmHewMJ5Y?usp=drive_link

Annex 2: Workshop photos

Google drive link will be shared separately with participants.

Annex 3: List of in-person participants

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