7th ANNUAL MEETING OF NTD PROGRAMME MANAGERS IN AFRICA

Leveraging innovative tools & sustainable financing to advance NTD elimination in Africa

13-16 April 2026

Lilongwe, Malawi

African Union

World Health Organization
African Region

ESPEN
EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

SESSION 1

Opening plenary session

9:10 - 10:30

Security briefing

Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)

African Union

World Health Organization
African Region

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Health Break

10:30 - 11:00

SESSION 2

Global and continental progress updates on NTD elimination

11:00 -12:30

AU Continental Framework on NTDs in Africa by 2030, and AU Roadmap

African Union

World Health Organization
African Region

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THE AFRICAN UNION (AU) ROADMAP TO 2030 AND BEYOND

SUSTAINING THE AIDS RESPONSE, ENSURING SYSTEMS STRENGTHENING AND HEALTH SECURITY FOR THE DEVELOPMENT OF AFRICA

2026 ANNUAL NTDS PROGRAMME

MANAGERS MEETING

Purpose

Develop a fully costed Roadmap to 2030 and Beyond: “Sustaining the AIDS Response, Ensuring Systems strengthening and Health Security for the Development of Africa”.

The Roadmap will focus on ending AIDS, TB, Malaria, NTDs and improving maternal health, addressing endemic non-communicable and neglected tropical diseases and conditions in Africa by 2030

Galvanize political advocacy and resource mobilization to end AIDS, TB and Malaria epidemics and other diseases by 2030, encourage governments to take a people-centered, rights-based approach, champion science, mobilize political, domestic and financial support, and strengthen national capacities to end inequalities.

Vision, Mission and Goal

Vision

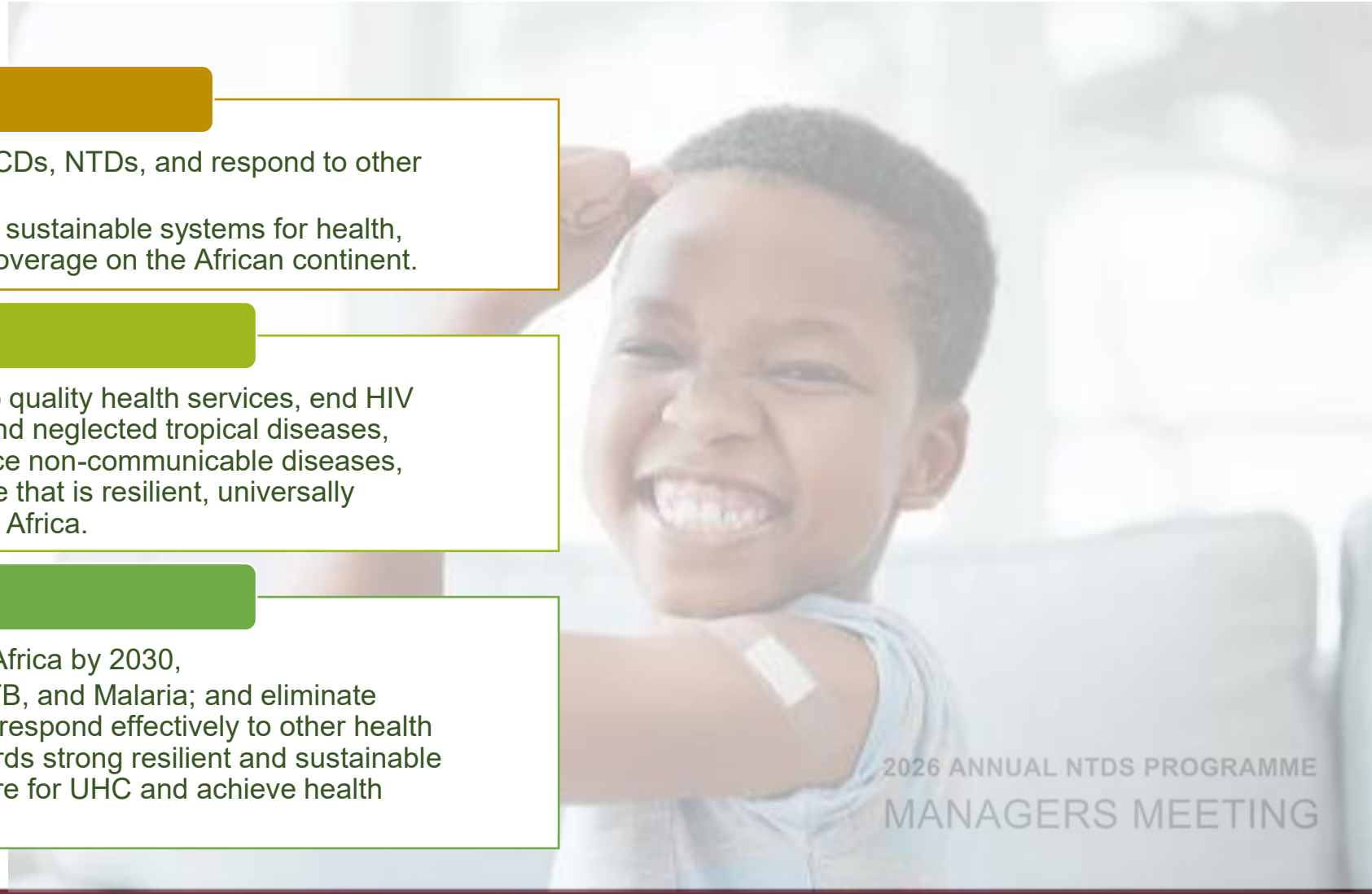
- To end the epidemics HIV, TB, Malaria, NCDs, NTDs, and respond to other epidemics and pandemics;
- and advance health security, resilient and sustainable systems for health, primary health care and universal health coverage on the African continent.

Mission

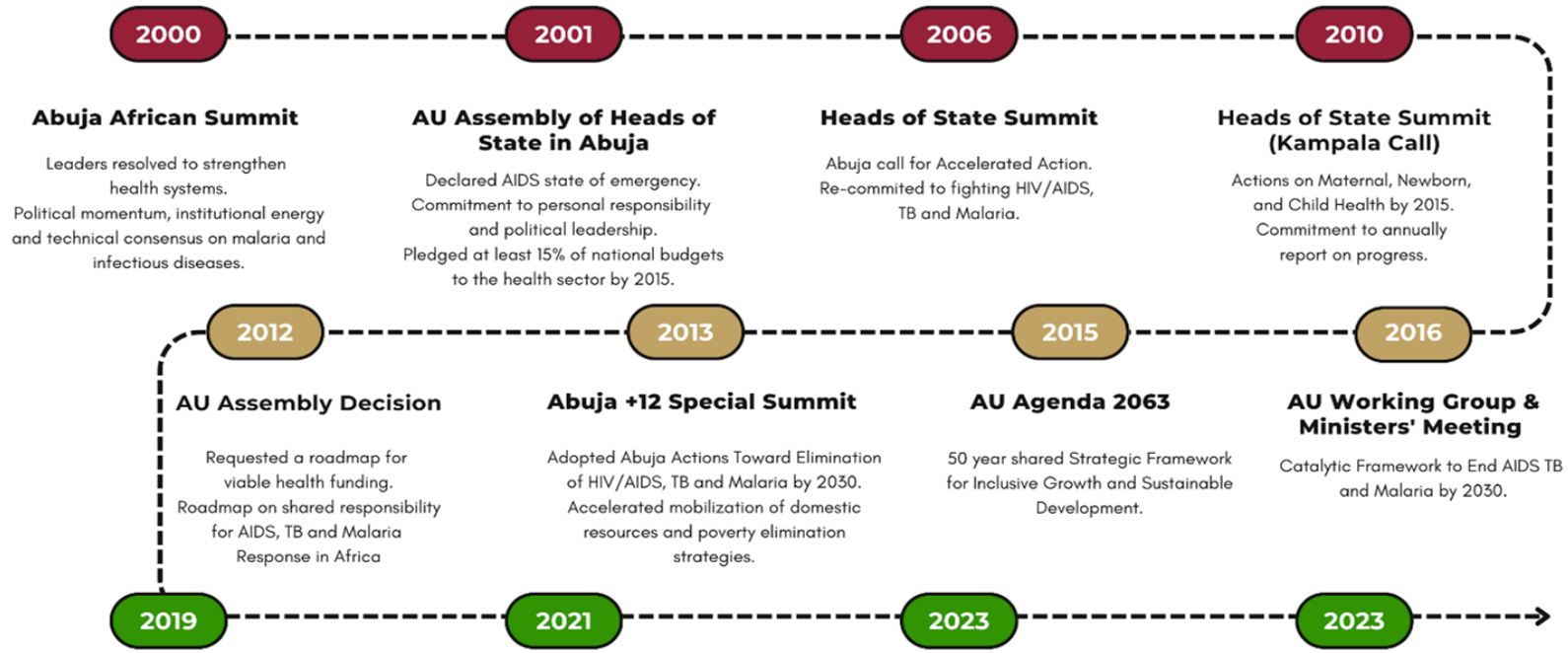
- To establish universal, equitable access to quality health services, end HIV and TB, eliminate and eradicate Malaria and neglected tropical diseases, control communicable diseases, and reduce non-communicable diseases, ensuring an integrated health infrastructure that is resilient, universally accessible and affordable for all citizens in Africa.

Goal

- To achieve a healthier and more resilient Africa by 2030,
- To bring an end to the epidemics of HIV, TB, and Malaria; and eliminate NCDs, and NTDs, improve RMNCAH and respond effectively to other health pandemics and crises, and advance towards strong resilient and sustainable health systems through primary health care for UHC and achieve health security.



AU Roadmap to 2030 Development Timeline



GUIDING PRINCIPLES

- Health as a Human Right
- Ownership and leadership
- **Multi-sectoral Responses**
- **Continuum of Services**
- **Economic Investment**
- **Equity in Access**
- **Effectiveness and Efficiency**
- **Evidence-informed Approaches**
- **People-Centered and Accountable Services**
- **Cultural Diversity and Gender Equality**
- **Preventive Focus**
- **Cross-Border Cooperation**

STRATEGIC PILLARS

Strategic Pillar 1:
Adolescents, Children, Men, Women and Youth

- Enhance the well-being of children, adolescents, youth and women of Africa; Address the unique health needs of these populations:
- Empower them to contribute to broader global health objectives

Strategic Pillar 2:
Health Equity and Vulnerable Populations

- Achieve health equity by eliminating disparities in health outcomes and access to care and health resources.
- Promoting inclusive health systems that 'leave no one behind'
- Addressing the social determinants of health

Strategic Pillar 3:
Access to medicines, regulatory harmonization and local/regional manufacturing of medicines, vaccines and diagnostics

- Ensure universal access to essential medicines, vaccines and diagnostic tools in African countries, promote regulatory harmonization and foster local/regional manufacturing

Strategic Pillar 4:
Health Security and Health Systems Strengthening

- Enhance health systems capacities to prepare for, respond to and recover from public health threats and emergencies;
- Empower communities and fortify health architecture to deliver integrated, people-centred services.
- Build climate resilient and sustainable health systems oriented towards primary health care for UHC and health security.

Strategic Pillar 5:
Diversified and Sustainable Financing

Establish diversified and sustainable financing for HIV, TB, Malaria, STIs, Viral hepatitis, NCDs, NTDs, RMNCAH, epidemic and pandemic responses in African countries,

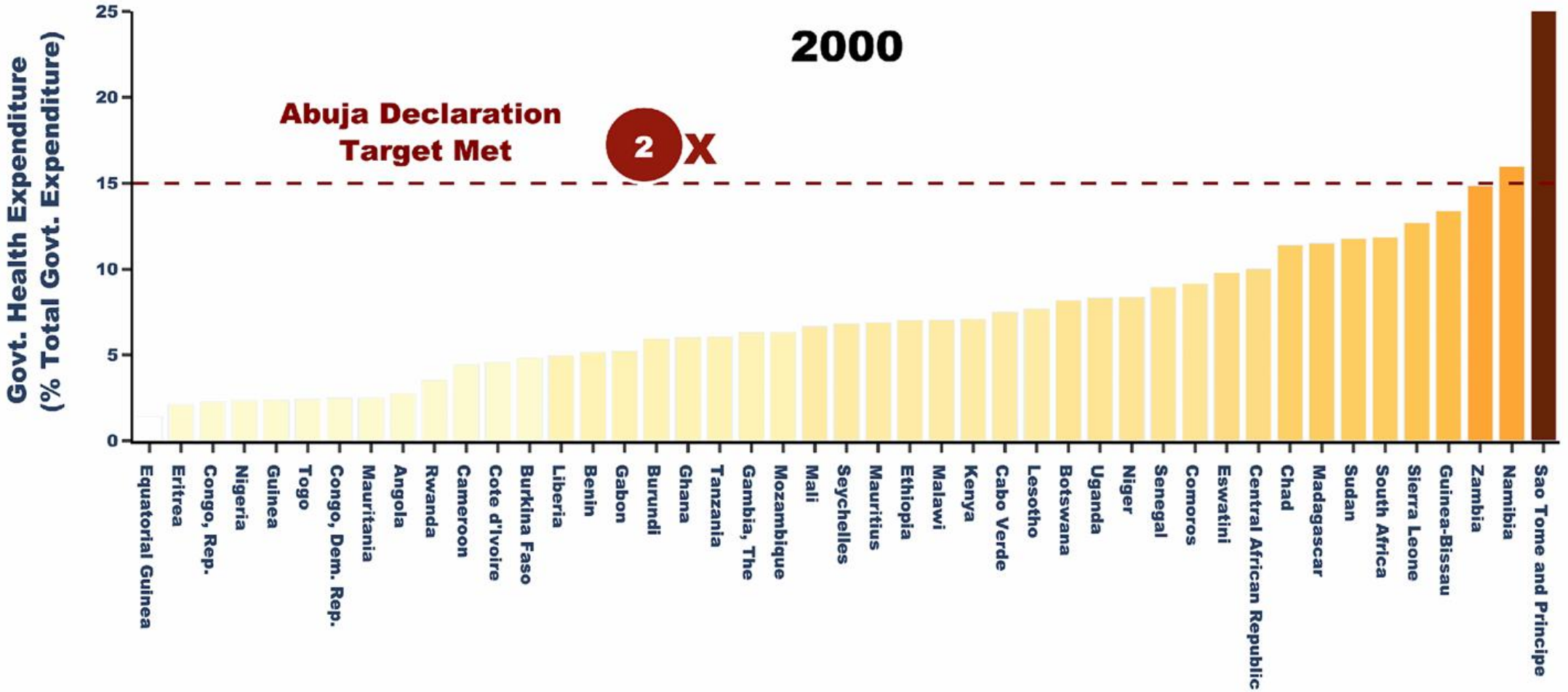
Strategic Pillar 6:
Leadership, Governance, Community Engagement and Oversight for Sustainability

- Effective leadership, accountable governance, active community engagement, and robust oversight mechanisms

Strategic Pillar 7:
Service Delivery for HIV, TB and Malaria, NTDS, STIs and Viral Hepatitis, NCDs and RMNCAH.Service Delivery

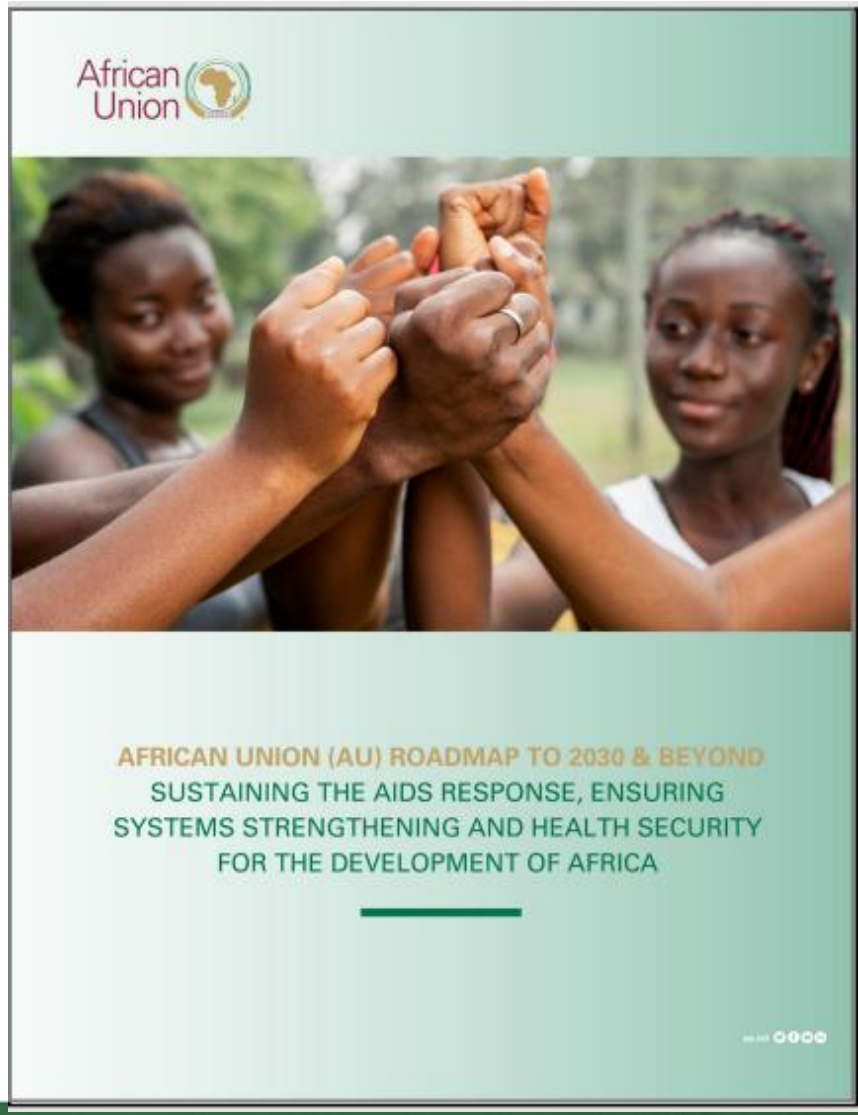
- Eliminate Mother-To-Child Transmission Of HIV, STI And Hepatitis
- *Expand and scale up Treatment, Care and Support for vulnerable and general population*
- *Implement Vector Control for vector borne diseases*

IMPLEMENTATION OF THE ABUJA 2001 DECLARATION



AU Roadmap and DRM

- Roadmap aims to prioritize integrated health service delivery by adopting a **One-Stop-Shop Approach**
- **Promotes integrated services** for HIV, TB, malaria, other infectious diseases, NTDs, NCDs, and RMNCAH to **enhance efficiency and reduce fragmentation,**
- Builds on **One Plan, One Budget and One Approach.**
- Emphasizes **domestic resource mobilization,** urging Member States to meet the **15% Abuja target through innovative financing mechanisms** such as debt relief, sin taxes, and increased government health expenditure**.**
- Advocates for risk pooling and the expansion of **national and community-based health insurance schemes, reducing out-of-pocket** expenses for vulnerable populations**.**
- Strengthens UHC by addressing **social determinants of health** and ensuring **equitable access to quality primary healthcare,** particularly for women, children, and marginalized communities.



HOW THE ROADMAP ADVANCES THE CONTINENTAL NTDS ELIMINATION AGENDA

The AU Roadmap to 2030 & Beyond provides the continental operational framework for achieving NTD elimination by translating political commitments into coordinated, measurable action.

- **Operationalizes AU Assembly Decisions and the AU Continental NTD Framework** through a clear, time-bound, and results-oriented implementation plan.
- **Strengthens harmonized continental and regional coordination mechanisms** to support cross-border collaboration and joint action on NTD elimination.
- **Anchor equity at the centre of implementation** by prioritizing underserved, remote, and border communities within Universal Health Coverage (UHC) and Primary Health Care (PHC) approaches.
- **Establishes standardized continental indicators, milestones, and reporting mechanisms** to enhance accountability, comparability, and collective performance monitoring.
- **Promotes sustainable financing for NTDs** by integrating NTD interventions into domestic health budgets and mobilizing innovative and diversified financing mechanisms.
- **Integrates NTDs within Primary Health Care, WASH, vector control, and school health systems**, ensuring integrated and cost-effective service delivery.
- **Advances African-led research, innovation, and regional manufacturing of medicines and diagnostics**, in line with continental health sovereignty and industrialization priorities.
- **Strengthens Africa's collective voice in global NTD advocacy, diplomacy, and partner engagement,** ensuring alignment with continental priorities.

MONITORING, REPORTING AND ACCOUNTABILITY FRAMEWORK

- Actions and Resources to Strengthen Accountability and Partnerships
- Monitoring, Reporting and Accountability Framework of the Roadmap to 2030
- Dissemination, Advocacy and Communication Strategy for Roadmap to 2030

ACTIONS AND RESOURCES TO STRENGTHEN ACCOUNTABILITY AND PARTNERSHIPS

AUC- AFRICA CDC-AUDA-NEPAD and RECs	Coordination, support, facilitation, and monitoring and evaluation and defining the roles and responsibilities of stakeholders
The AUC, RECs, and Member States	Mobilize Technical and financial support from member states, development partners and other regional players.
AUC-AUDA-NEPAD	leverage existing mechanisms that harmonize and align the actions and resources of all actors

INSTITUTIONAL ROLES AND RESPONSIBILITIES

The African Union Commission (AUC-AUDA-NEPAD, Africa CDC)

- Coordination
- Advocacy
- Resource Mobilization
- Implementation
- Monitoring and Evaluation
- Dissemination of Best Practices
- Harmonization of Policies

Regional Economic Communities (RECs) and Regional Health Organizations (RHOs)

- Technical Support to Member States
- Advocacy for Increased
- Harmonization of National Action Plans
- Monitoring and Reporting
- Identification and Sharing of Best Practices
- Promotion of Accountability
- Support for Cross-Border Initiatives

Member States

- Incorporation into National Policies
- Leadership and Advocacy
- Monitoring and Reporting
- Good Governance and Engagement
- Coordination and Leadership
- Enabling Environment
- Resource Mobilization
- Parliamentary Oversight

Partners

1. **International Development Partners**
   - Technical Assistance and Financial Investments
   - Alignment with National and Regional Priorities
2. **Civil Society Organizations**
   - Active Stakeholder Engagement
   - Inclusive Participation
3. **Private Sector**
   - Innovation and Co-Financing
   - Collaboration for Social Impact
   - Expertise and Resources

MEMBER STATE RECOMMENDATIONS FROM 2025 ANNUAL NTDS MEETING

- Develop national climate change mitigation plans that incorporate NTDs
- Prioritize domestic resource mobilization to fund NTDs programs and foster multisectoral collaboration for a more integrated response
- Promote transparency and accountability from partners to ensure mutual trust and effective service delivery for the most vulnerable populations.
- Strengthen cross-border collaboration and establish robust monitoring and evaluation systems to prevent the resurgence of eliminated NTDs
- Create dedicated budget lines for PHC to implement interventions promoting prevention
- Increase investments in research and development, with an emphasis on generating data from Member States
- Engage local champions and philanthropic actors to drive domestic ownership and support
- Investment in national WASH strategies to achieve sustainable NTD control and elimination.
- Promote technology transfer and knowledge sharing among Member States to enhance local capacity and innovation in the fight against NTDs.

2025 ANNUAL NTDS MEETING FOR AU MEMBER STATES

African Union

THANK YOU!

EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

World Health Organization
African Region

2026 ANNUAL NTDS PROGRAMME
MANAGERS MEETING

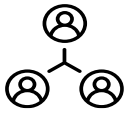
AUDA-NEPAD perspective:
Turning progress reviews into coordinated action:
AFRISHIELD
(IVM+NTD's)

AUDA-NEPAD
AFRICAN UNION DEVELOPMENT AGENCY

WHO ARE WE?

We are the Development Agency of the African Union, coordinating and executing priority regional and continental development projects to promote regional integration towards the accelerated realization of Agenda 2063

1



Co-ordinate and execute priority regional and continental projects

2

Strengthen the capacity of AU members states and regional bodies

3

Advance knowledge-based advisory support to AU member states and regional economic communities

4

Undertake resource mobilization

5

Serve as the continent's technical interface with development partners & stakeholders

AUDA-NEPAD
AFRICAN UNION DEVELOPMENT AGENCY

Africa's Healthcare Challenges in Numbers

In 2021, external funding accounted for approximately

45%

of Africa's total health expenditure

70+ Medical Products Imported

the continent accounts for just 3% of all medicines production globally.

50%

of the population lacks access to essential health services.

(Women and Girls disproportionality affected)

Globally Conducted Trials are in Africa

Despite Africa representing 25% of the global burden of disease and 15% of global population

< 2%

Africa's faces significant challenges due to limited private sector investment.

Accounting for only **1.1%** of global investments in Health (R&D)

Up to 42% medications tested in Africa are substandard or falsified.

In 2020, Sub-Saharan Africa had a maternal mortality ratio of **545 deaths per 100,000 live births,** representing **70%** of global maternal deaths

AUDA-NEPAD
AFRICAN UNION DEVELOPMENT AGENCY

Why AUDA-NEPAD engages in health and NTD elimination?

AUDA's health lens: strengthening the development component of health service delivery

Why this matters for development?

- Healthy populations are the foundation of productive labor, learning, trade and national resilience.
- If citizens are not healthy, they cannot work, serve, innovate or contribute fully to national development.
- Vector-borne diseases and NTDs reduce productivity, household income, school attendance and local economic activity.
- Health spending should therefore be seen not only as a social service cost, but as an investment in human capital and national development.

AUDA-NEPAD lens

- AUDA-NEPAD engages to strengthen the development component of health care delivery across Member States and REC's.
- We bring a development and economic lens that links health systems, vector control and NTD action to growth, resilience and transformation.
- This includes connecting health priorities to value addition chains, local production and economic corridors.
- Through AFRISHIELD, AUDA helps translate health priorities into coordinated systems support, cross-border action and finance-ready pathways.

Key message: AUDA-NEPAD sees health, vector control and NTD elimination as development investments that unlock productivity, human capital and inclusive growth.

AUDA-NEPAD
AFRICAN UNION DEVELOPMENT AGENCY

How AUDA-NEPAD aligns with PMM 2026 priorities

The mission narrative in Lilongwe is built around the four priorities highlighted for the meeting.

01 Integration and resilience

PHC and systems integration
Cross-border coordination
Programme sustainability and resilience

02 Data and collaboration

Dashboards and harmonized reporting
Regional learning and shared intelligence
Country-to-country problem solving

03 Financing and sustainability

Domestic resource mobilization
Investment packaging and co-financing
Follow-up pipeline after the meeting

04 Innovation and independence

Digital tools and analytics
Operational innovation and local capacity
Practical solutions that reduce fragmentation

AUDA-NEPAD
AFRICAN UNION DEVELOPMENT AGENCY

Why AFRISHIELD matters after the progress update

The burden remains high, but the deeper constraint is fragmentation across governance, delivery, evidence and financing.

1.495B
people requiring NTD interventions

94% / 95%
Africa share of global malaria cases / deaths

US$12B
estimated annual malaria cost to Africa

93.9%
of those needing schistosomiasis treatment live in Africa

What keeps slowing elimination

- Fragmented coordination across institutions, partners and borders
- Uneven surveillance and inconsistent use of harmonized tools
- Gaps between evidence, technical demand and financing
- Limited follow-through from discussion to implementation support

What AUDA-NEPAD is positioning

- AFRISHIELD as AUDA-NEPAD's permanent continental platform for integrated IVM-NTD systems strengthening
- Technical assistance, peer learning and cross-border coordination support
- Investment-ready workstreams linked to PIFAH and the AfDB flagship pathway
- A country-owned, demand-driven and non-duplicative delivery model

Bottom line: AFRISHIELD gives programme managers a clearer route from continental commitments to country and corridor action.

AUDA-NEPAD
AFRICAN UNION DEVELOPMENT AGENCY

What AUDA-NEPAD HCID is doing through AFRISHIELD

One continentally anchored platform with multiple technical entry points for countries, regions and partners.

AFRISHIELD is AUDA-NEPAD's continental systems accelerator for NTDs and vector-borne disease priorities.

1 Continental convening

Align AU institutions, RECs, Member States and partners around one coherent IVM-NTD agenda and shared priorities.

2 Systems strengthening

Provide practical tools, technical assistance, peer learning and cross-border coordination support.

3 Evidence to policy

Translate assessments, guidance and horizon scanning into usable decision support for uptake and scale-up.

4 Resource mobilization + PIFAH

Package investment cases and fundable workstreams that connect technical demand to financing channels.

Country-owned **Demand-driven** **Standards-based** **Non-duplicative**

AUDA-NEPAD
AFRICAN UNION DEVELOPMENT AGENCY

Where AFRISHIELD sits in AUDA-NEPAD

HCID is the right home because AFRISHIELD is a delivery and systems-strengthening platform, not a parallel technical authority.

Where AFRISHIELD sits

- AUDA-NEPAD mandate: coordinate continental projects, strengthen Member State and REC capacity, mobilize resources and act as Africa's technical interface.
- HCID / Health Cluster: anchors health systems, PHC/UHC, partner engagement and delivery support inside AUDA-NEPAD.
- Bottom line: AUDA delivers through Member States, RECs, AU institutions, technical partners and financing partners—not outside them.

Non-duplication and division of labour

AUC / HHS

Political stewardship and AU policy legitimacy

Africa CDC

Surveillance, preparedness, outbreak intelligence and institutional strengthening

WHO / WHO-ESPEN

Normative guidance, technical standards and disease-specific tools

AFRISHIELD

Implementation acceleration, cross-sector coordination, investment packaging and systems support

HCID is the anchor, but AFRISHIELD works through—not outside—Member State and REC systems.

AUDA-NEPAD
AFRICAN UNION DEVELOPMENT AGENCY

How AFRISHIELD turns strategy into implementation

One platform. Seven mutually reinforcing pillars. One governed pathway from continental commitment to country and corridor action.

1 Engagement

AU alignment, partner convening, REC / Member State dialogue and common positions.

2 Regulatory systems

Governance readiness, harmonization support, guidance, regulator engagement and One Health interfaces.

3 IVM + surveillance

Integrated planning, entomology, surveillance integration, resistance management and cross-border coordination.

4 NTD systems

Microplanning, delivery platforms, surveillance, verification, morbidity management and disability inclusion.

5 Evidence + learning

Evidence synthesis, readiness assessments, knowledge products and decision support.

6 Comms + social acceptance

RCCE, community engagement, trust architecture, ethics and misinformation preparedness.

7 PM, MEL + resource mobilization

Governance, dashboards, reporting, proposal pipeline, investment coordination and financing.

Integrated programme outcome: countries and regional bodies use harmonized tools, stronger delivery systems and finance-ready workstreams for elimination.

AUDA-NEPAD
AFRICAN UNION DEVELOPMENT AGENCY

From approval to delivery: what is already in motion

AFRISHIELD is moving from concept to implementation through structured packages, planning and partnership pathways.

1 Management and Structure

AUDA has already positioned AFRISHIELD at management level and clarified institutional fit, value and launch logic.

2 Establishment package finalized

AFRISHIELD now provides the integrated concept, Division of labour, non-duplication language and the seven-pillar architecture.

3 Three-year strategic plan in place

A 36-month roadmap is in place covering governance, country and REC support, accountability and financing windows.

4 Flagship AfDB pathway prepared

The first flagship project framework translates AFRISHIELD into a practical delivery model with regional integration, capacity building, MDA/MMDP and AUDA-NEPAD coordination.

5 Partnership track opened

Engagement with the END Fund/ Uniting to Combat NTD's/ AfBD /RLMF/& Others has positioned AFRISHIELD as a coordinated, financeable platform for country-owned elimination and catalytic co-financing.

Concept → architecture → implementation planning → flagship delivery → financing and partnership

AUDA-NEPAD
AFRICAN UNION DEVELOPMENT AGENCY

Practical offer to programme managers, RECs and partners

A focused service offer for the Lilongwe discussion and follow-up.

Programme managers

Microplanning and delivery support
PHC/UHC integration and stronger reporting
Case-management readiness and technical backstopping

RECs and cross-border platforms

Corridor planning and synchronized action
Regional performance review and shared learning
Harmonized follow-up in transmission-risk areas

Partners and financiers

Investment packaging and donor alignment
Dashboards, analytics and knowledge products
Catalytic co-financing for country-owned priorities

Outcome Sought: Stronger Programme Quality, Stronger Coordination and more Credible Financing Pathways for Elimination.

AUDA-NEPAD
AFRICAN UNION DEVELOPMENT AGENCY

From progress review to coordinated action

What Lilongwe can unlock now

- Country and corridor follow-up packages
- Better alignment across AUDA, AUC, WHO and partners
- Clearer financing, dashboard and innovation pathways

Thank you

AUDA-NEPAD | AFRISHIELD
13–16 April 2026 | Lilongwe, Malawi

Global Progress toward NTD elimination

World Health Organization

African Union

World Health Organization
African Region

ESPEN
EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

Stronger together, towards 2030:
NTD road map 2021–2030
Brief progress update

Malaria and Neglected Tropical Diseases

Health Promotion, Disease Prevention and Care

World Health Organization

13 April 2026

Neglected tropical diseases at WHO

- Established as a WHO department in 2005
- Merged with Malaria department in 2025
- Functions:
  1. **Normative** >>> 40-50 publications/year (guidance, tools, target product profiles)
  2. **Information sharing & advocacy** >>> reports, news, meetings
  3. **Country support (technical & in-kind)** >>> 19 different types of NTD medicines are currently donated through WHO (ca. 1.5 billion tablets and vials/year)
- Currently managing 21 disease or groups of diseases
- https://www.who.int/teams/control-of-neglected-tropical-diseases/overview

Content

- Background: introduction to NTDs
- Road map indicators: progress update
- Challenges in the fight against NTDs

NTDs: 21+ conditions

Helminths
-Dracunculiasis
-Echinococcosis
-Foodborne trematodiases
-Lymphatic filariasis
-Onchocerciasis
-Schistosomiasis
-Soil-transmitted helminthiases
-Taeniasis and **cysticercosis**

Protozoa
-Chagas disease
-Human African trypanosomiasis
-Leishmaniasis

Ectoparasites
-Scabies and other ectoparasitoses

Viruses
-Rabies
-Dengue and **chikungunya**

Bacteria
-Buruli ulcer
-Noma
-Leprosy
-Trachoma
-Yaws

Fungi
-Mycetoma, chromoblastomycosis
and other deep mycoses

Parasites

Toxins
-Snakebite envenoming

Noncommunicable disease (caused by inanimate substances)

Communicable diseases (caused by living microrganisms)

NTDs: public-health endpoint targets set by WHO

More ambitious

Less ambitious

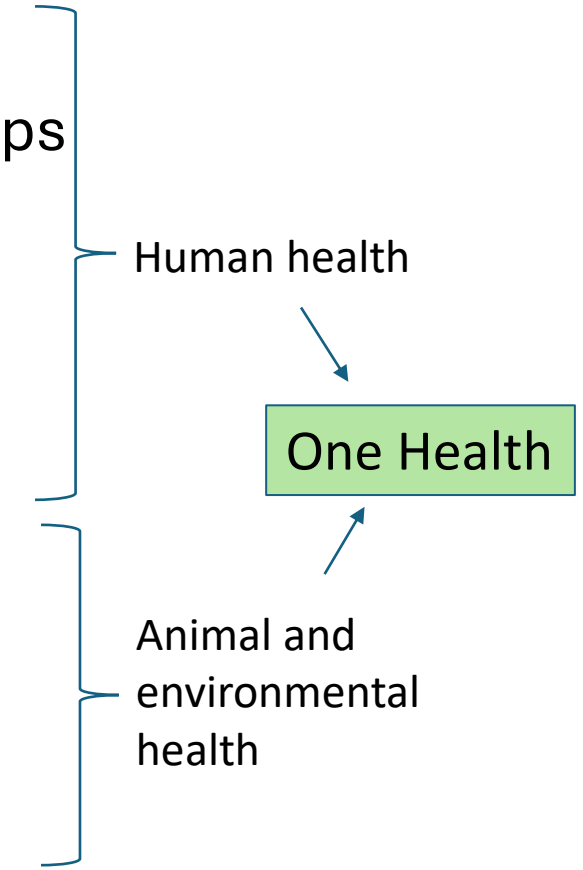
- **Eradication** (interruption of transmission at global level) = 2
  - Dracunculiasis (Guinea worm disease)
  - Yaws
- **Elimination** (interruption of transmission at country level) = 3
  - Onchocerciasis
  - Human African trypanosomiasis (g)
  - Leprosy
- **Elimination as a public-health problem** (elimination of morbidity and/or reduction of transmission) = 8
  - Human African trypanosomiasis (r)
  - Chagas disease
  - Lymphatic filariasis
  - Rabies
  - Trachoma
  - Visceral leishmaniasis
  - Schistosomiasis
  - Soil-transmitted helminthiases
- **Control** (reduction of morbidity) = 10
  - All the others

World Health Organization

WHO has established **certification**, **verification** and **validation** processes to acknowledge the achievement of the above goals at country level

NTDs: WHO-recommended intervention strategies

- **1. Preventive chemotherapy (mass treatment)**
  - Large-scale distribution of medicines to entire population groups
  - Can be implemented by non-medical personnel
- **2. Individual case-management**
  - Patient-focused detection, diagnosis, treatment and follow-up
  - Requires specialized personnel
- **3. Vector control**
- **4. Veterinary public health**
- **5. WASH**

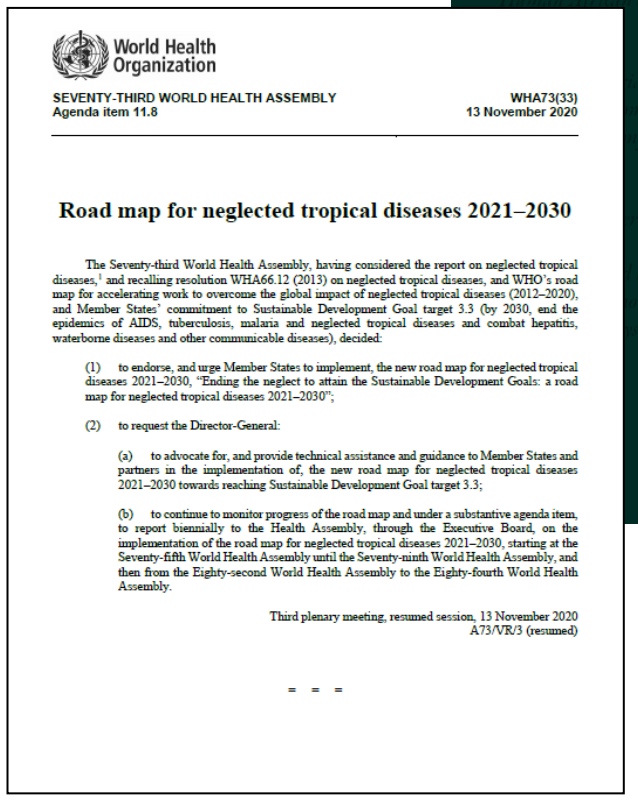


Not all strategies are applicable to all diseases, but usually addressing one disease effectively requires more than one strategy

Road map indicators: progress update

Road map for neglected tropical diseases 2021–2030

- WHO's blueprint to guide global NTD activities, with its pillars, shifts and targets
- Endorsed by the World Health Assembly on 13 November 2020, through decision WHA73(33)
- Launched on 30 January 2021 (World NTD Day 2021)



World Health Organization

SEVENTY-THIRD WORLD HEALTH ASSEMBLY
Agenda item 11.8

WHA73(33)
13 November 2020

Road map for neglected tropical diseases 2021–2030

The Seventy-third World Health Assembly, having considered the report on neglected tropical diseases,[1] and recalling resolution WHA66.12 (2013) on neglected tropical diseases, and WHO's road map for accelerating work to overcome the global impact of neglected tropical diseases (2012–2020), and Member States' commitment to Sustainable Development Goal target 3.3 (by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases), decided:

(1) to endorse, and urge Member States to implement, the new road map for neglected tropical diseases 2021–2030, "Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030";

(2) to request the Director-General:

(a) to advocate for, and provide technical assistance and guidance to Member States and partners in the implementation of, the new road map for neglected tropical diseases 2021–2030 towards reaching Sustainable Development Goal target 3.3;

(b) to continue to monitor progress of the road map and under a substantive agenda item, to report biennially to the Health Assembly, through the Executive Board, on the implementation of the road map for neglected tropical diseases 2021–2030, starting at the Seventy-fifth World Health Assembly until the Seventy-ninth World Health Assembly, and then from the Eighty-second World Health Assembly to the Eighty-fourth World Health Assembly.

Third plenary meeting, resumed session, 13 November 2020
A73/VR/3 (resumed)

= = =

World Health Organization

The NTD road map 2021-2030 **M&E framework**

Quantitative monitoring

Overarching global targets for 2030

90% Reduction in people requiring interventions against NTDs

75% Reduction in NTD-related disability-adjusted life years

100 Countries having eliminated at least one NTD

2 NTDs eradicated

Cross-cutting targets for 2030

Integrated approaches (3 indicators)

Multisectoral coordination (3 indicators)

Universal health coverage (2 indicators)

Country ownership (2 indicators)

Disease-specific targets for 2030 (with 2023 and 2025 milestones)

1-5 indicators per disease (55 in total)

Progress against the 3 road map pillars

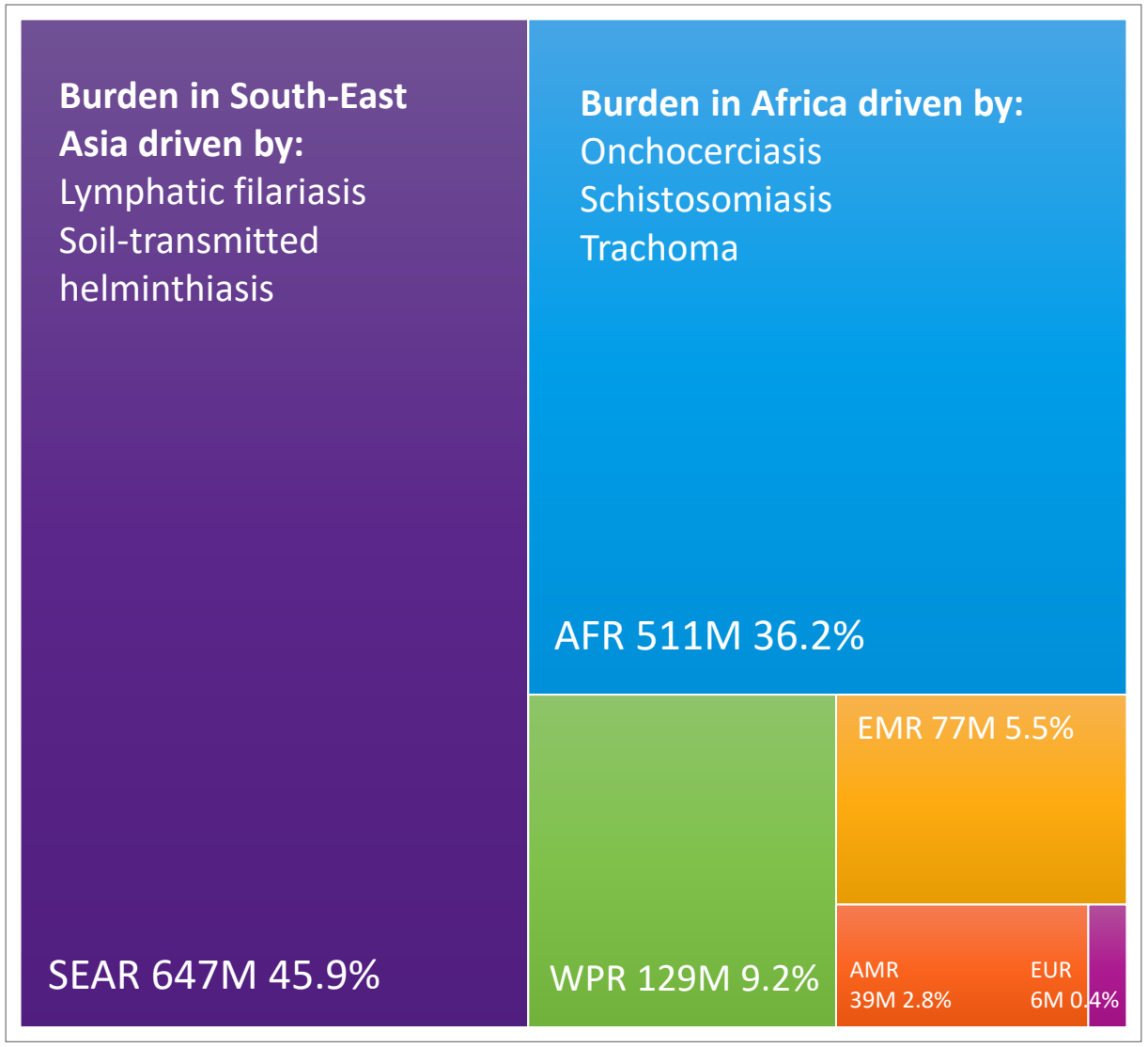
Pillar 1: accelerating programmatic action

Pillar 2: intensifying cross-cutting approaches

Pillar 3: changing operating models and culture to facilitate country ownership

Qualitative monitoring

Number of people requiring NTD interventions (SDG3.3.5)



Target:

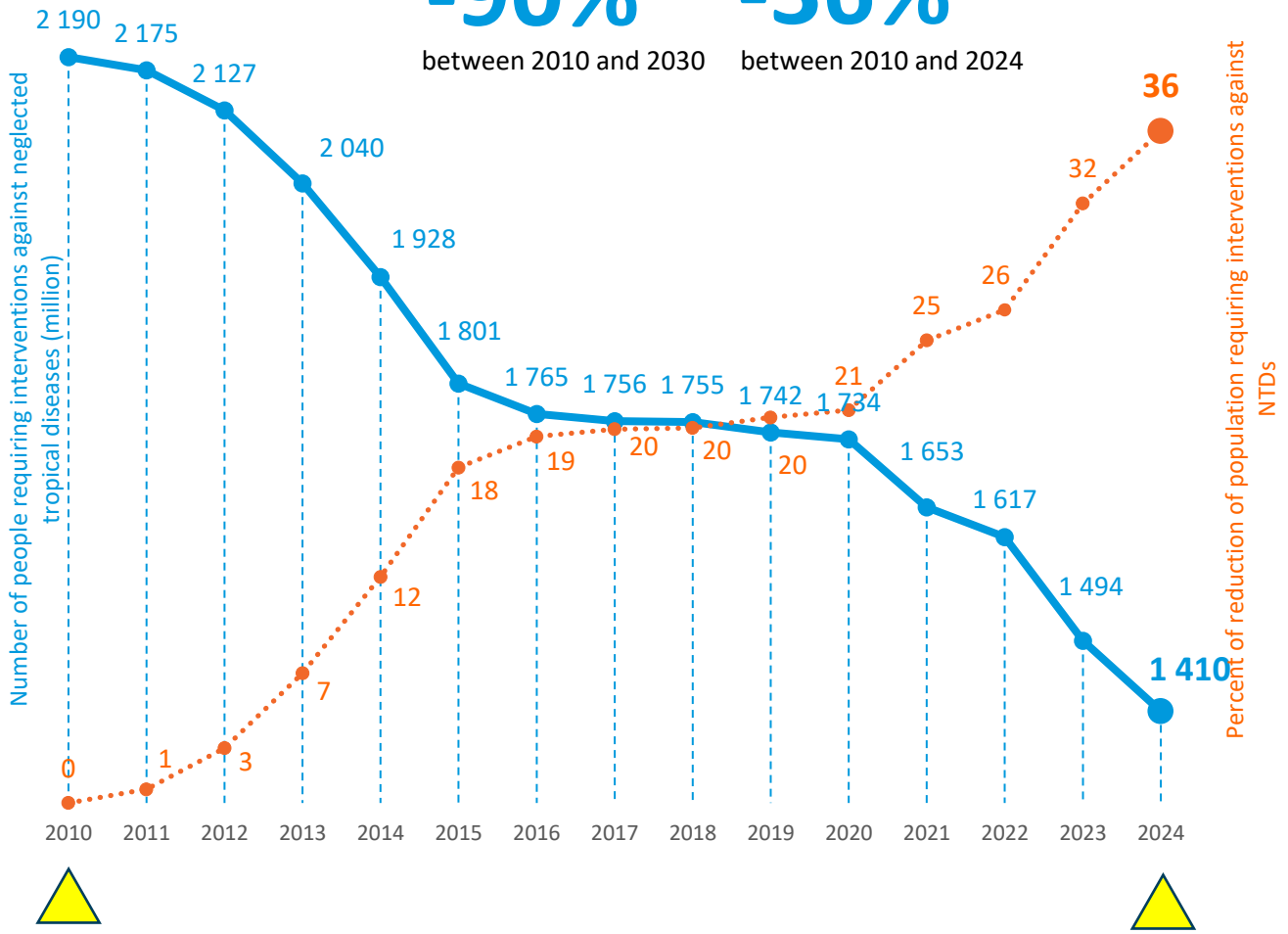
-90%

between 2010 and 2030

Achieved:

-36%

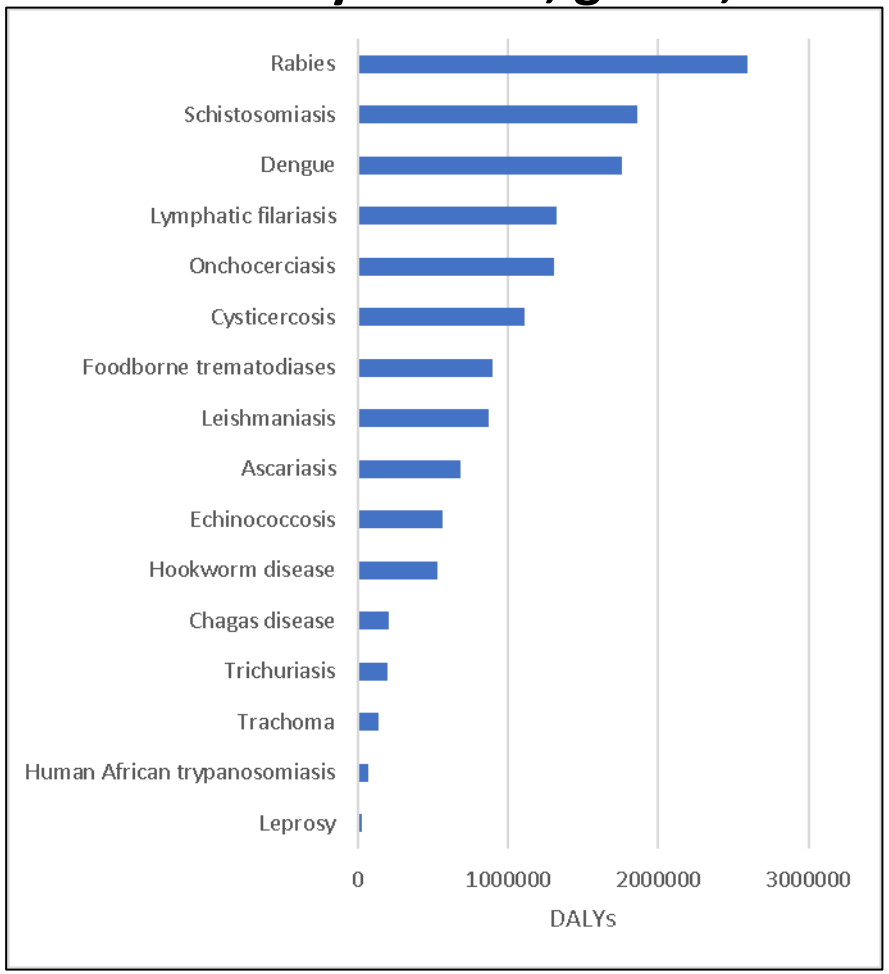
between 2010 and 2024



31.2% of world population (7 billion)

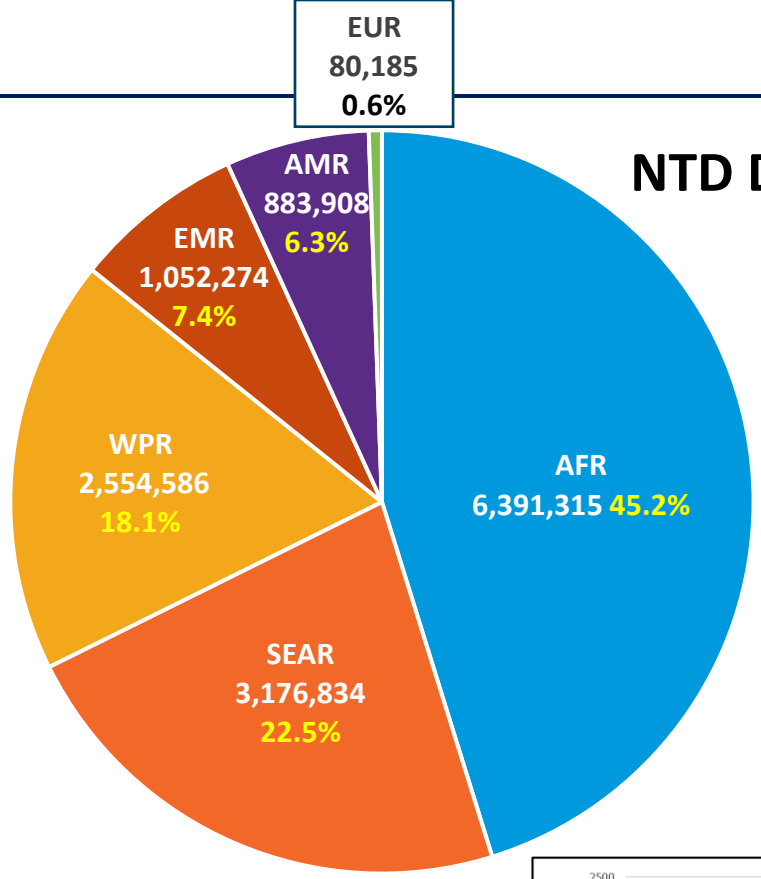
17.2% of world population (8.2 billion)

NTD DALYs by disease, global, 2021

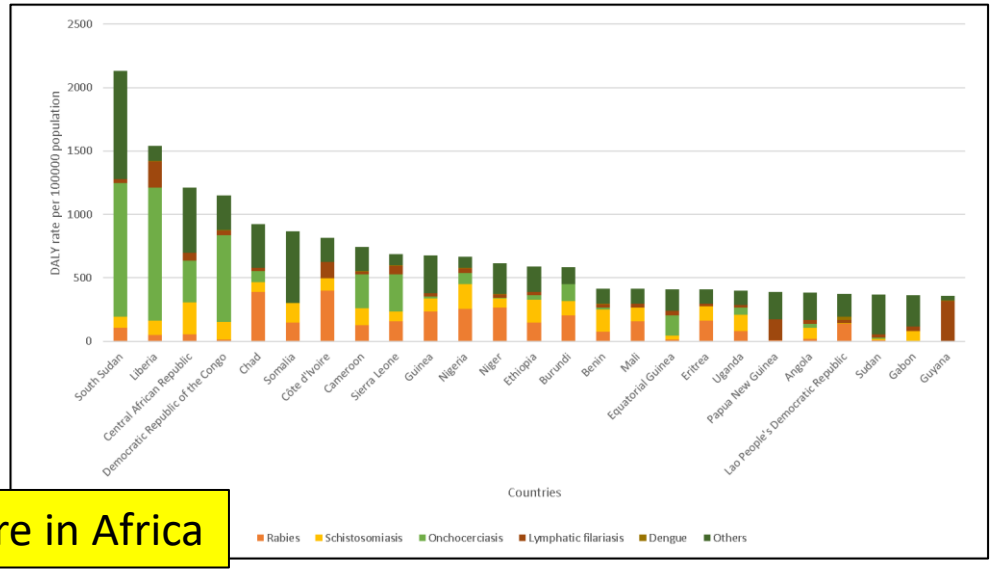


Data source: WHO/Global Health Estimates

NTD DALYs by WHO region, 2021



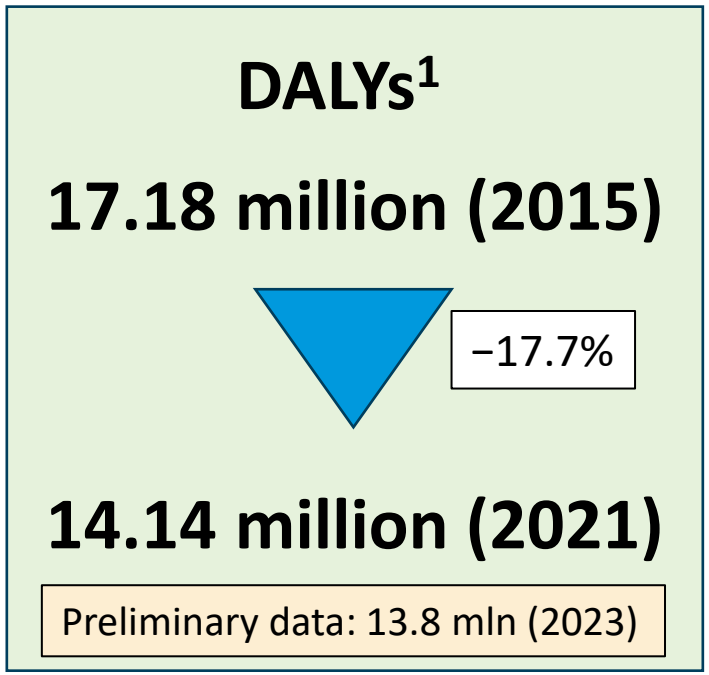
Top 25 countries with highest NTD DALY rates per 100 000 population, 2021

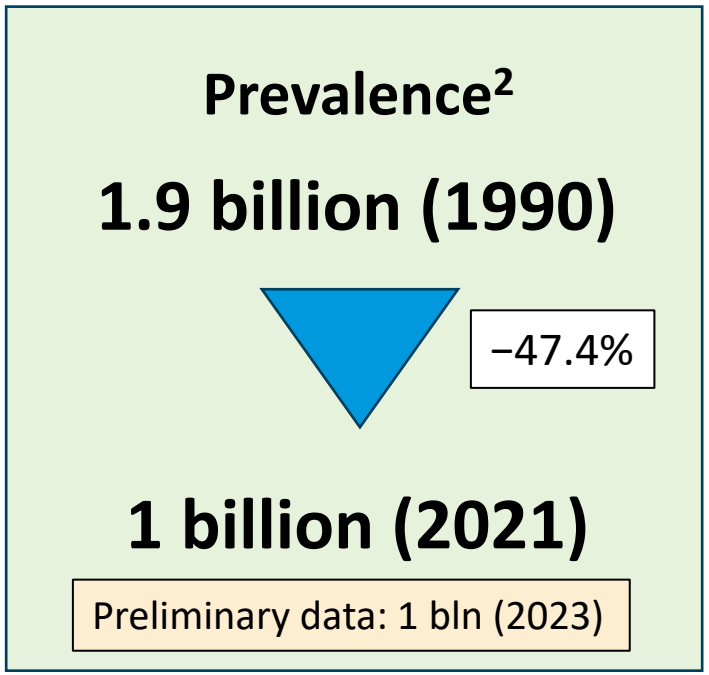


22 out of 25 top-burden countries are in Africa

World Health Organization

Reduced disease burden: 1990 > 2015 > 2021





(1) estimates available for a set of 16 conditions

Data source: WHO/Global Health Estimates

(2) estimates available for a set of 19 conditions

Data source: WHO and IHME/Global Burden of Disease 2021

World Health Organization

Number of countries having eliminated at least one NTD

Target:

100

Countries by 2030

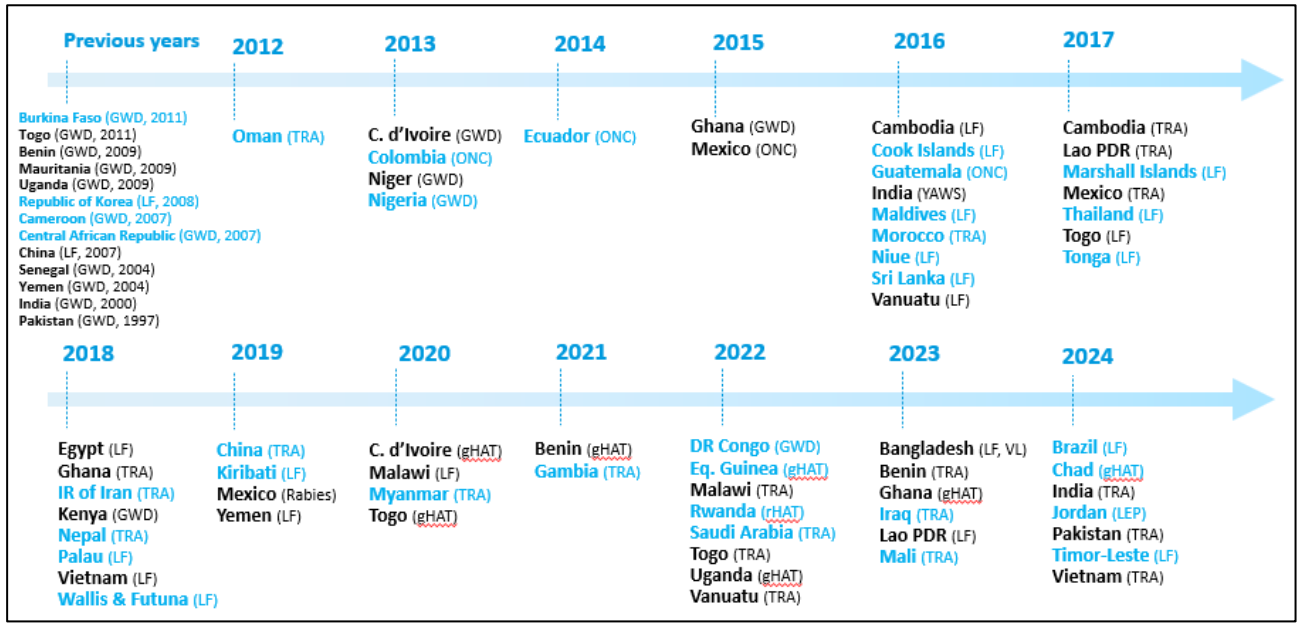
Achieved:

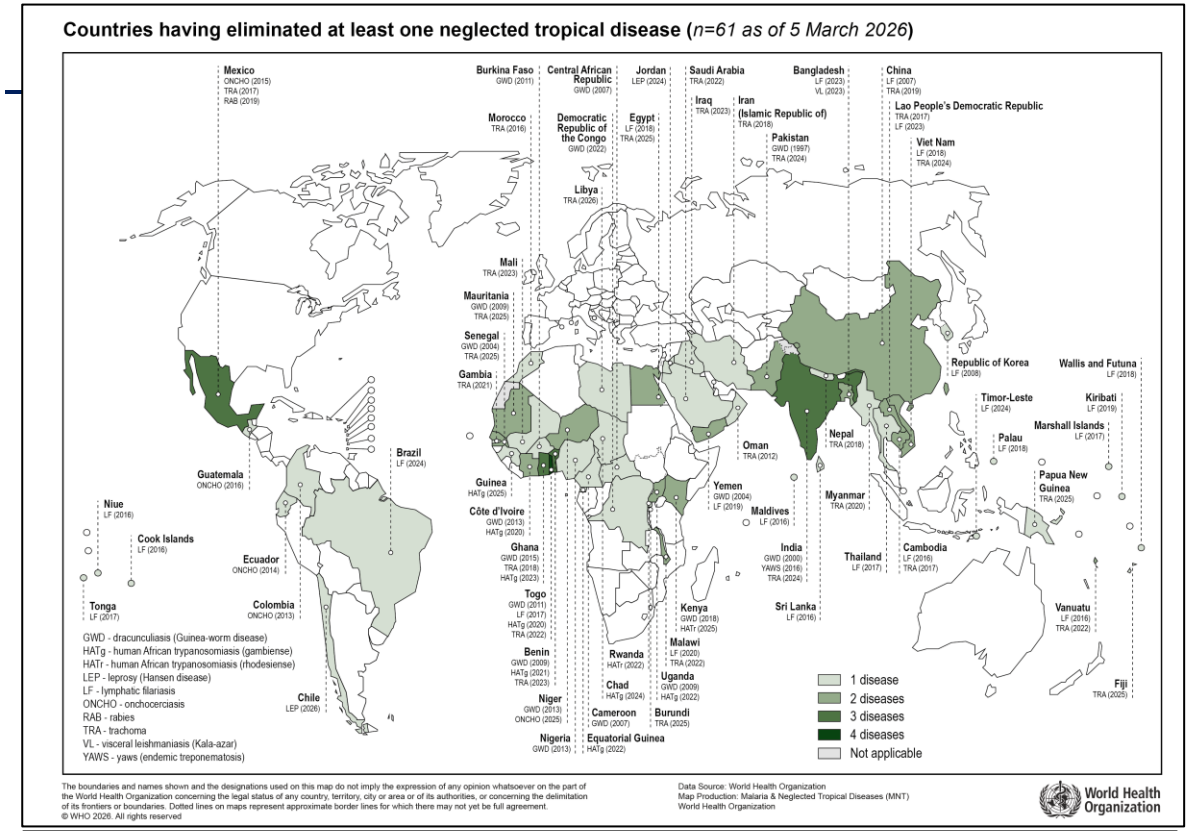
61

Countries

(last acknowledgement on 4 March 2026)

Since 1997, **88** acknowledgment processes have been successfully completed





11 countries acknowledged by WHO in **2025/2026**:

- **Guinea** for gHAT (13 January 2025)
- **Niger** for onchocerciasis (13 January 2025)
- **Mauritania** for trachoma (9 May 2025)
- **Papua New Guinea** for trachoma (16 May 2025)
- **Kenya** for rHAT (16 June 2025)
- **Burundi** for trachoma (30 June 2025)
- **Senegal** for trachoma (4 July 2025)
- **Fiji** for trachoma (9 October 2025)
- **Egypt** for trachoma (24 October 2025)

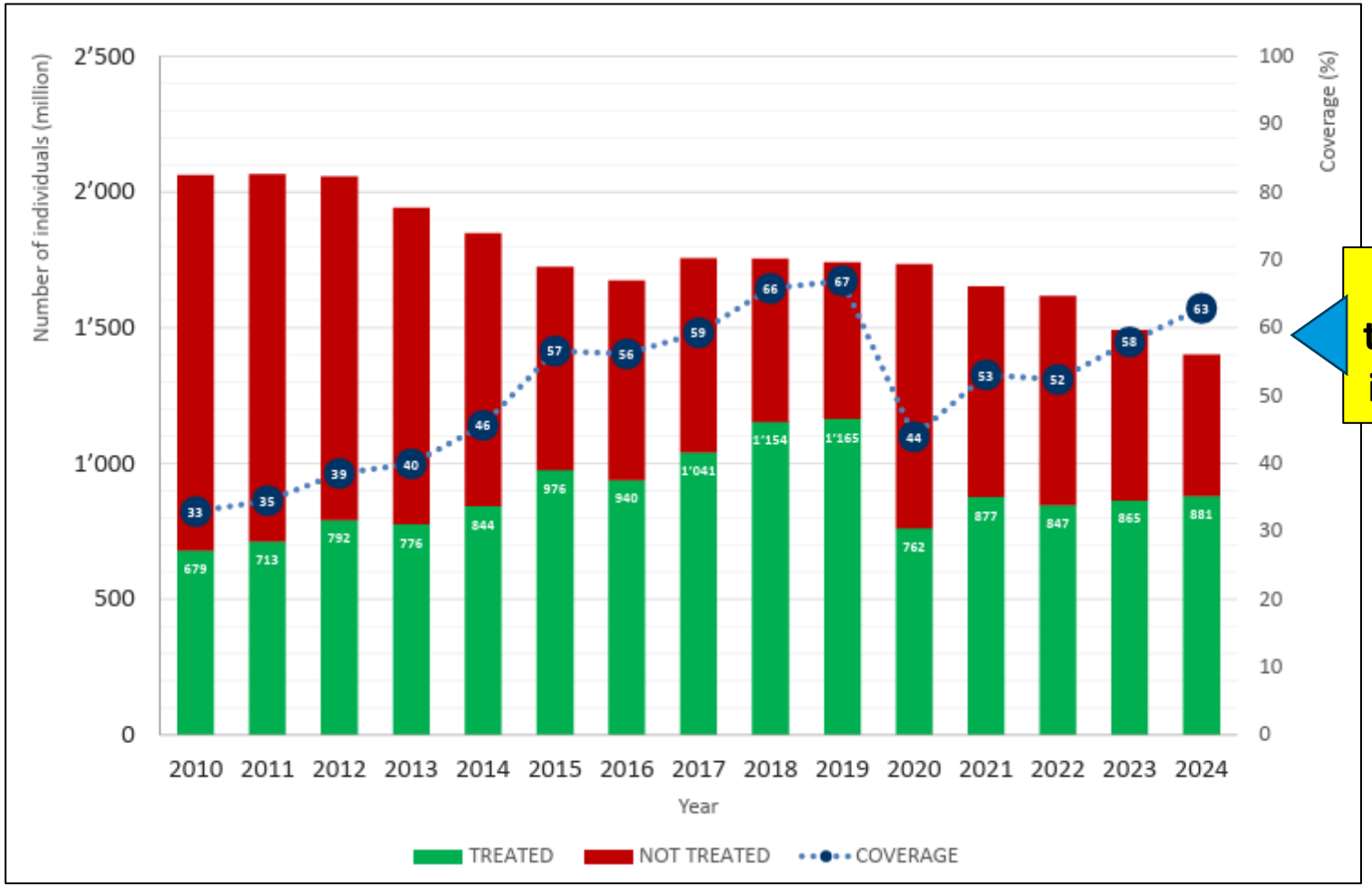
9 countries (2025)

- **Libya** for trachoma (11 February 2026)
- **Chile** for leprosy (4 March 2026)

2 countries (2026)

Number of people treated for at least one NTD: preventive chemotherapy (PC): 2010–2024

An additional **5 to 15 million people** are treated every year through **individual disease management programmes** for conditions such as dengue, cutaneous and visceral leishmaniasis, leprosy, dengue, Buruli ulcer, scabies, trachoma (surgery), etc.



880.7M people treated through PC interventions in 2024 (62.9% coverage)

Treatment through both PC and IDM is largely made possible by donations:

- 19 different types of NTD medicines are donated by 12 manufacturers
- Since 2011, over 31 B tablets and vials have been donated, of which 1.8 B for 2024 and 1.5 B for 2025

Number of people diagnosed and treated through individual disease management (2019–2023 + 2024)

Disease		2019	2020	2021	2022	2023	2024 (prov.)
Buruli ulcer		2271	1459	1665	2119	1961	1862
Chikungunya		185 054	103 046	138 400	277 022	415 267	
Dengue		5 059 379	2 821 285	1 736 661	4 330 378	6 867 850	14 425 912
Dracunculiasis		54	27	15	13	14	15
Echinococcosis (alveolar and cystic)		6 006	3 785	2 889	7 863	8 369	
Foodborne trematodiases	Clonorchiasis	–	–	–	304	0	
	Fascioliasis	–	–	–	6213	1 004	
	Opisthorchiasis	–	–	–	1 885	0	
	Paragonimiasis	–	–	–	32	0	
Human African trypanosomiasis	gambiense	876	565	747	799	675	546
	rhodesiense	116	98	55	38	24	37
Leishmaniasis	cutaneous	281 778	239 986	240 149	232 690	272 169	211 466
	visceral	14 649	12 081	11 998	13 028	11 954	12 930
Leprosy		202 485	128 421	140 119	174 098	182 815	172 717
Mycetoma, chromoblastomycosis and other deep mycoses	Actinomycetoma	–	–	–	278	27	
	Eumycetoma	–	–	–	206	12	
	Chromoblastomycosis	–	–	–	0	110	
Noma		–	–	–	–	443	
Rabies (deaths)		1 429	1 086	1 117	1 980	2 767	2 298
Scabies and other ectoparasitoses	Scabies	–	–	–	453 436	136 946	
	Tungiasis	–	–	–	–	195 021	
Trachoma (TT surgeries)		92 622	42 045	69 266	129 224	130 746	87 349
Yaws		98 162	106 917	126 371	209 711	222 384	152 164

Cross-cutting indicators (selection) ▶ sustainability

Integrated approaches | Universal health coverage | Multisectoral coordination | Country ownership

Poverty >>> Disease

- **CCI#4: Access to WASH services** among population requiring interventions against NTDs was 56.9% in 2022 *[2030 target: 100%]*
  - Significantly less than the average access in countries endemic for NTDs (72.6%)

Disease >>> Poverty

- **CCI#6:** The population at risk of NTDs protected against **catastrophic out-of-pocket health expenditure*** was 87.3% in 2023 *[2030 target: 90%]*
  - Most NTD interventions are free-of-charge

(*) health expenditure exceeding 10% of the household's income

Protected against **impoverishment** (75.5%)
(i.e. protected from being pushed below the US$2.15/day poverty line due to health expenditures, or from being further pushed deeper into poverty)

Challenges in the fight against NTDs

Challenges

- Insufficient **funding**
- Irregular **country ownership**
- Suboptimal inclusion of NTDs in **health systems and national budgets**
- Uneven **commitments** across NTDs
- Difficulties in generating and collecting **data**
- Decreasing **capacities and expertise**
- Gaps in **knowledge, tools and processes** (e.g. diagnostics, medicines, supply chains)
- **Migration/population displacement, climate change, conflict**
- **Multidimensional burden** of NTDs > health, economic, societal, psychological

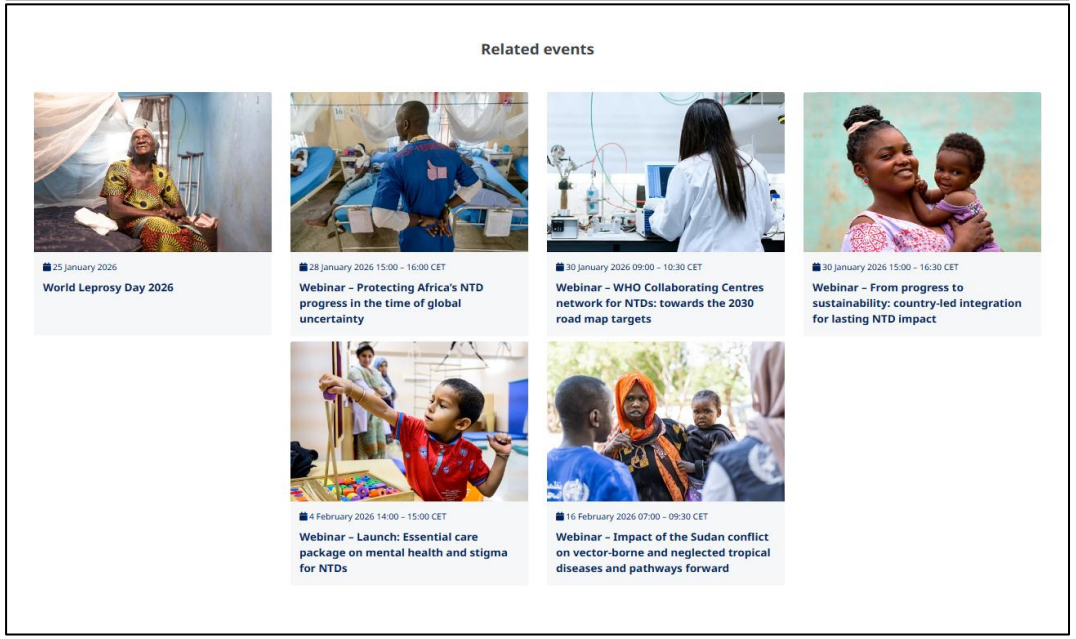
World Health Organization

NTDs: a multidimensional burden of disease

- Approximately **1 billion people affected**, globally
- **1.4 billion people require NTD interventions (prevention and treatment)**, annually (2024)
- **Health burden:** 120,000 deaths and 14.1 million disability adjusted life years (DALYs) lost annually
- **Economic burden:** loss of productivity, catastrophic out-of-pocket expenditures, higher risk of impoverishment
- **Societal burden:** reduced educational and professional attainment
- **Psychological burden:** disfigurement, disability, stigmatization, social exclusion and discrimination

World Health Organization

Main events 2026



World Leprosy Day
25 January 2026

WHO-NTD Pharma Partners' Meeting
17–18 March 2026

World Chagas Disease Day
14 April 2026

Road map mid-term evaluation 2021–2025

Global NTD report 2026

World NTD Day
30 January 2026

19th STAG-NTD meeting
8–9 April 2026

Reporting on NTD road map to WHA79 (May 2026)

Several upcoming GDG meetings (HAT, oncho, etc.)

Thank you

World Health Organization

Updates on NTD elimination in Africa

World Health Organization

African Union

World Health Organization
African Region

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EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

ANNUAL MEETING OF
NTD PROGRAMME MANAGERS IN AFRICA

Background on NTDs in the African Region

1.22 B+

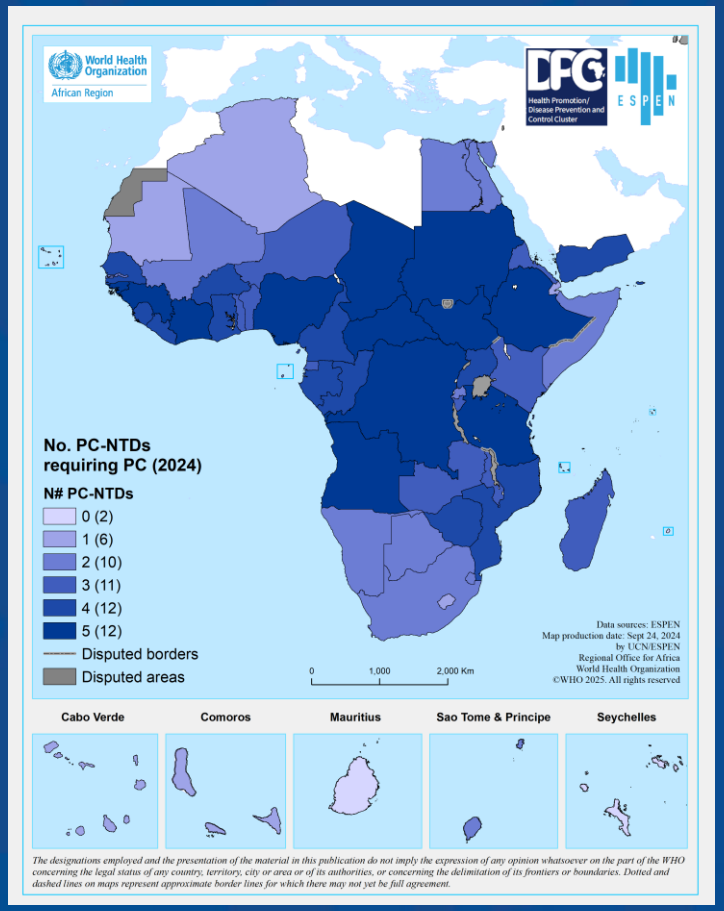
People in the African Region

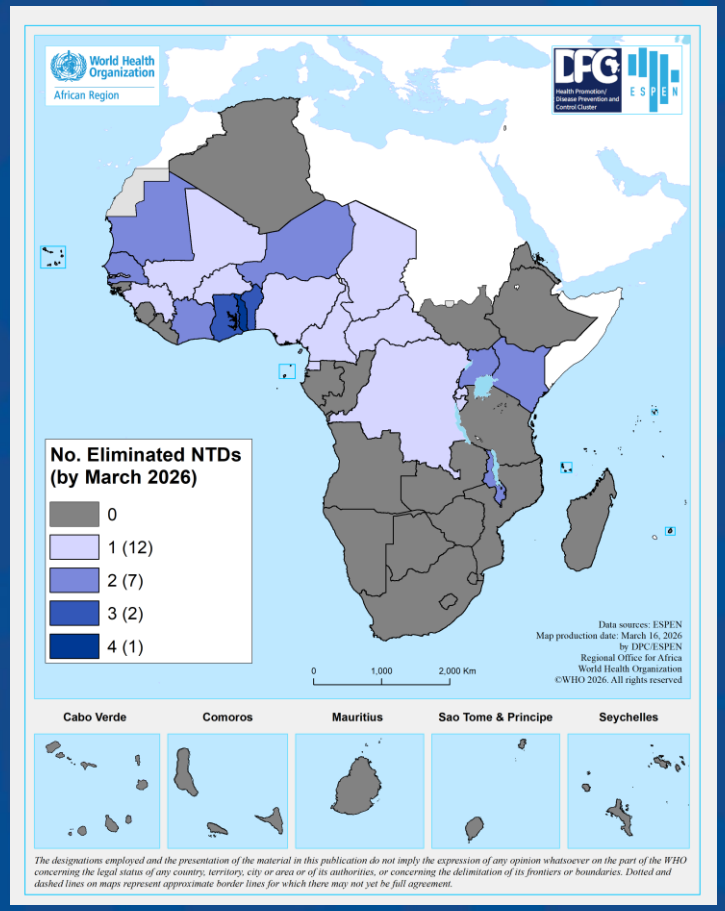
47

WHO Member States

35%

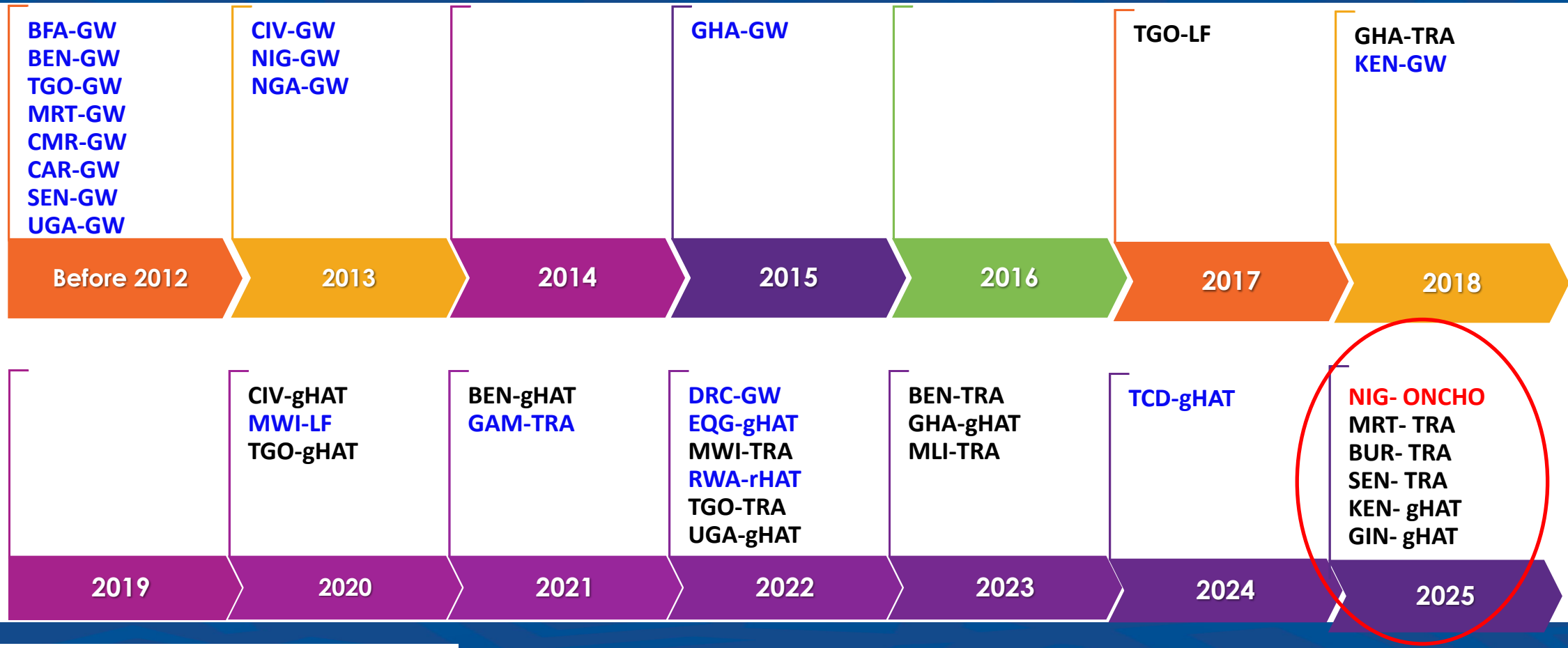
Share of global NTD burden (1.6 B)





20 of the 21 NTDs are endemic in the African Region (except Chagas disease)

22 countries have eliminated at least 1 NTD!



Progress in PC-NTD elimination in AFR 2025

305.6 MILLION

People reached with NTD treatment

Nearly 60% of population in need treated

1st in AFRICA

Onchocerciasis eliminated

Niger verified as first country to eliminate transmission

3 COUNTRIES

Trachoma eliminated in 2025

Total reaches 9 countries

44 SURVEYS

Stronger data for decision-making

Across 17 countries with ESPEN tools

US$ 66.9M

Saved through supply chains

Reduced wastage of donated medicines

2026–2030

New ESPEN Strategy

Country-led, integrated approach launched

African Union

World Health Organization
African Region

ESPEN
EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

Progress in PC-NTD elimination in the African Region

LF – 2 validated

- **Malawi & Togo validated**.
- 9 countries in post-treatment surveillance (Benin, Burundi, Gambia, Ghana, Malawi, Mali, Mauritania, Senegal, Togo).

Onchocerciasis – 1 verified

- **Niger** became the FIRST country in Africa to be verified for elimination of onchocerciasis transmission in 2025!

Schistosomiasis

- Algeria first county in Africa to submit its dossier for validation in 2026!
- Mauritius – evaluation to verify interruption of transmission
- 11 countries ready to prepare elimination dossiers

STH

- 5 countries no longer require PC (BF, Ghana, Mali, Niger, and Sudan)
- In 2024, 103.6M children MDA with 44.6% overall child coverage.

Trachoma – 9 validated!

- Mauritania, Burundi & Senegal validated in 2025.
- 6 countries - dossiers under review (Algeria, Botswana, Guinea, Guinea-Bissau, Namibia, Sierra Leone).

Progress in CM-NTD elimination in the African Region

Dracunculiasis (GW)

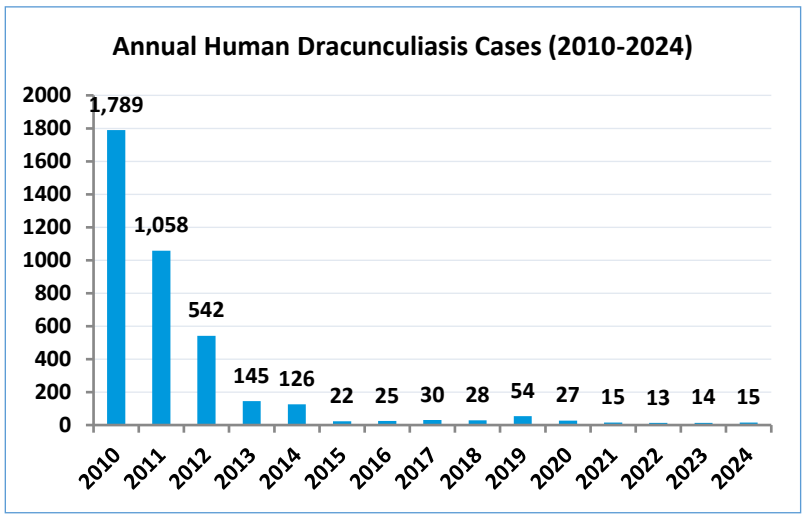
- **42/47 countries certified**
- Endemic in Angola, Mali, Chad, Ethiopia & South Sudan
- Only 10 human cases in 2025 (Ethiopia, Chad, South Sudan)
- Animal infections key challenge

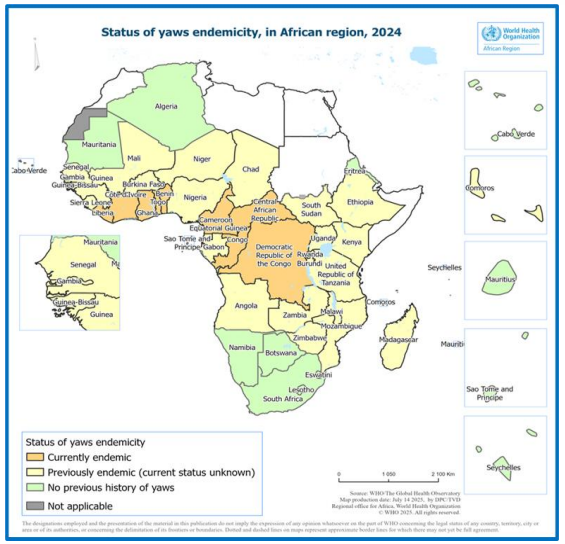
Yaws

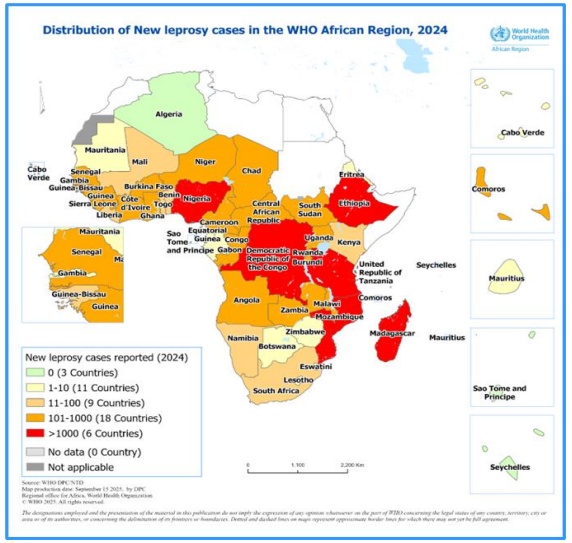
- **9 countries** endemic; 26 previously endemic; **12 no previous history**
- **Total Community Treatment** active in 3 countries (Cameroon, CAR & Congo)
- Certification process ongoing for no-history & previously endemic countries

Leprosy

- 100% reporting across all 47 countries;
- **46 countries eliminated as PHP**;
- 8 countries nearing interruption of transmission
- 48% reduction in new child cases





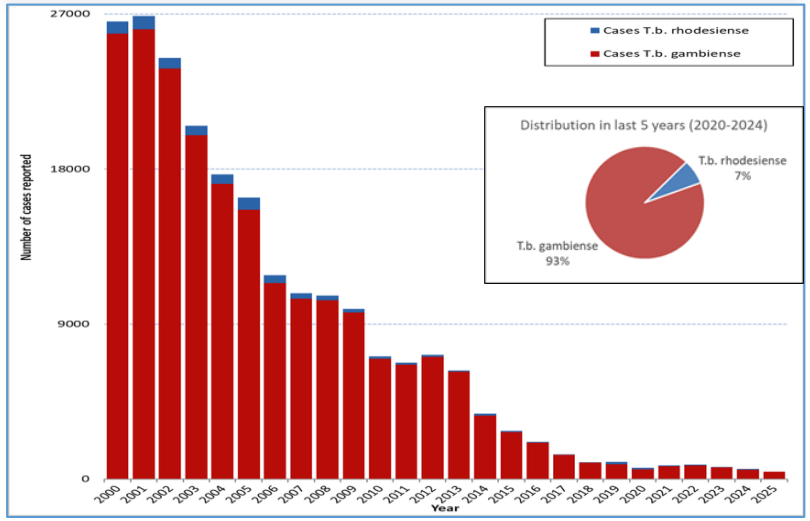


Progress in CM-NTD elimination in the African Region

Human African Trypanosomiasis

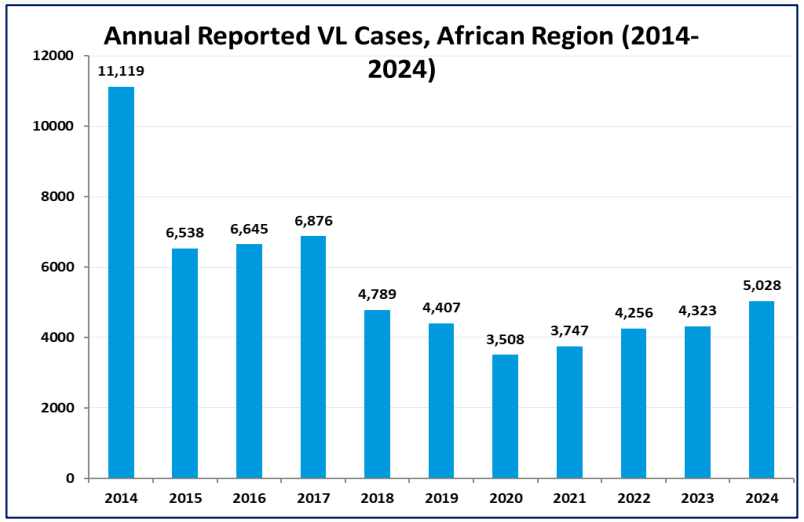
- 98% reduction in incidence since 2000;
- **10 countries validated for elimination as PHP;**
- 7 eligible for interruption of transmission

g-HAT: Interruption of transmission
r-HAT: EPHP



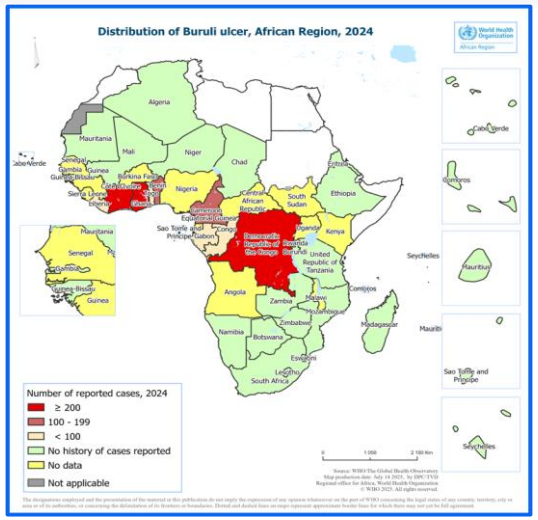
VL & Rabies

- **VL:** 55% reduction in reported cases since 2014; 5,000+ lives saved (2024).
  - 93% reporting rate & reduction in case fatality rate
- **Rabies:** 5 Member States reported zero human deaths in 2024
  - >1500 deaths in 2024



Buruli Ulcer & Noma

- **BU** cases down by >70% since 2004
  - 97% treatment completion rate in 2024
- **Noma**
  - Majority of cases in Sahel belt countries
  - regional action now scaling up



Challenges & Priority Actions

ISSUES & CHALLENGES

1. Weak national ownership for NTDs and system integration
2. Insufficient and unpredictable financing.
3. Insecurity limiting access, surveillance and service delivery.
4. Fragmented surveillance and late case detection.
5. Limited technical capacity and multisectoral coordination in countries.

Priority Actions

1. Promote integration of NTD services into primary health care.
2. Facilitate mobilization of domestic resources and partner support.
3. Strengthen integrated surveillance and active case finding.
4. Improve monitoring, data use and validation processes.
5. Strengthen health system capacity & data quality

Update on NTD Elimination in the Eastern Mediterranean Region

World Health Organization

African Union

World Health Organization
African Region

EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

ANNUAL MEETING OF
NTD PROGRAMME MANAGERS IN AFRICA

NEGLECTED TROPICAL DISEASES IN WHO EASTERN MEDITERRANEAN REGION: OVERALL PERFORMANCE

77M number of people requiring interventions against NTDs (WHO)

11 countries have been validated/verified for eliminating **at least one NTD**

85% of population are living in **Afghanistan, Pakistan, Sudan** and **Yemen** (WHO)

1.5M estimated disability-adjusted life years related to NTDs (IHME)

World Health Organization
Eastern Mediterranean Region

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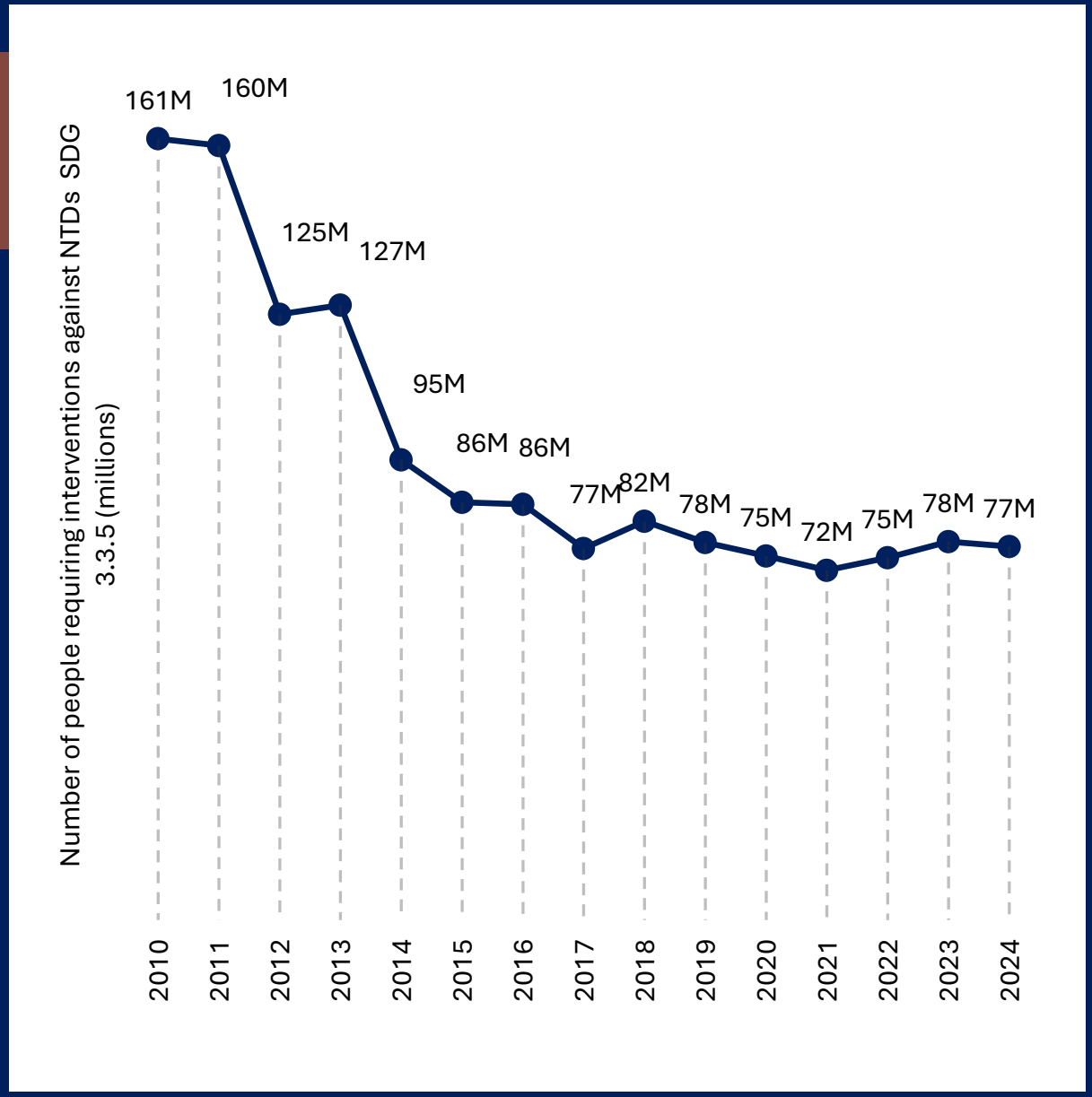
World Health Organization
Eastern Mediterranean Region



Eleven countries have eliminated at least one NTD

World Health Organization
Eastern Mediterranean Region

**Tunisia(TRA) and Egypt(SCH) submitted dossiers for review*

NEGLECTED TROPICAL DISEASES IN WHO EASTERN MEDITERRANEAN REGION: OVERALL PERFORMANCE

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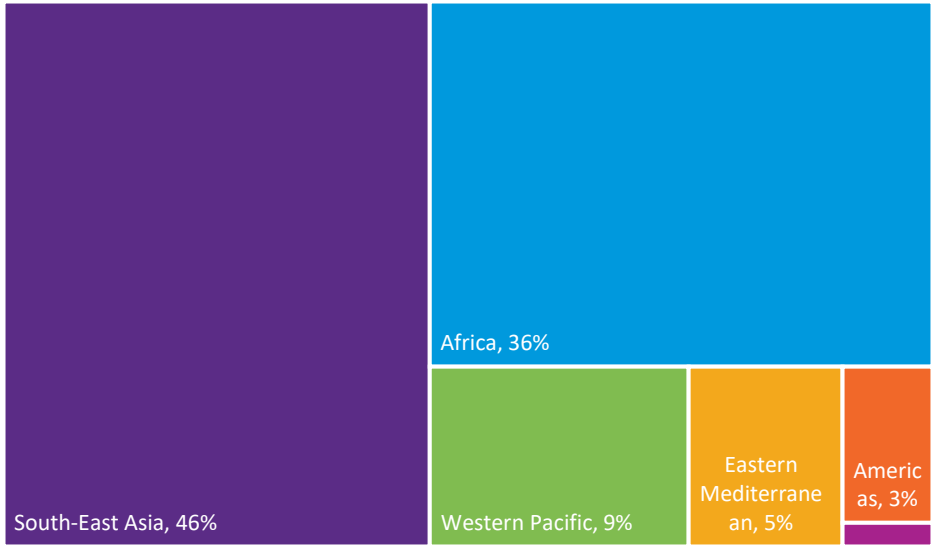
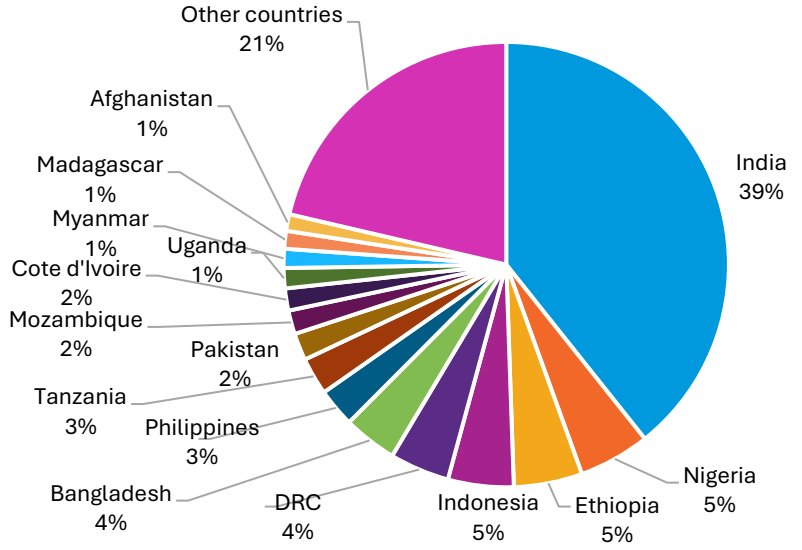
World Health Organization
Eastern Mediterranean Region

Number of people requiring interventions by region, 2024



Number of people requiring interventions by country, 2024



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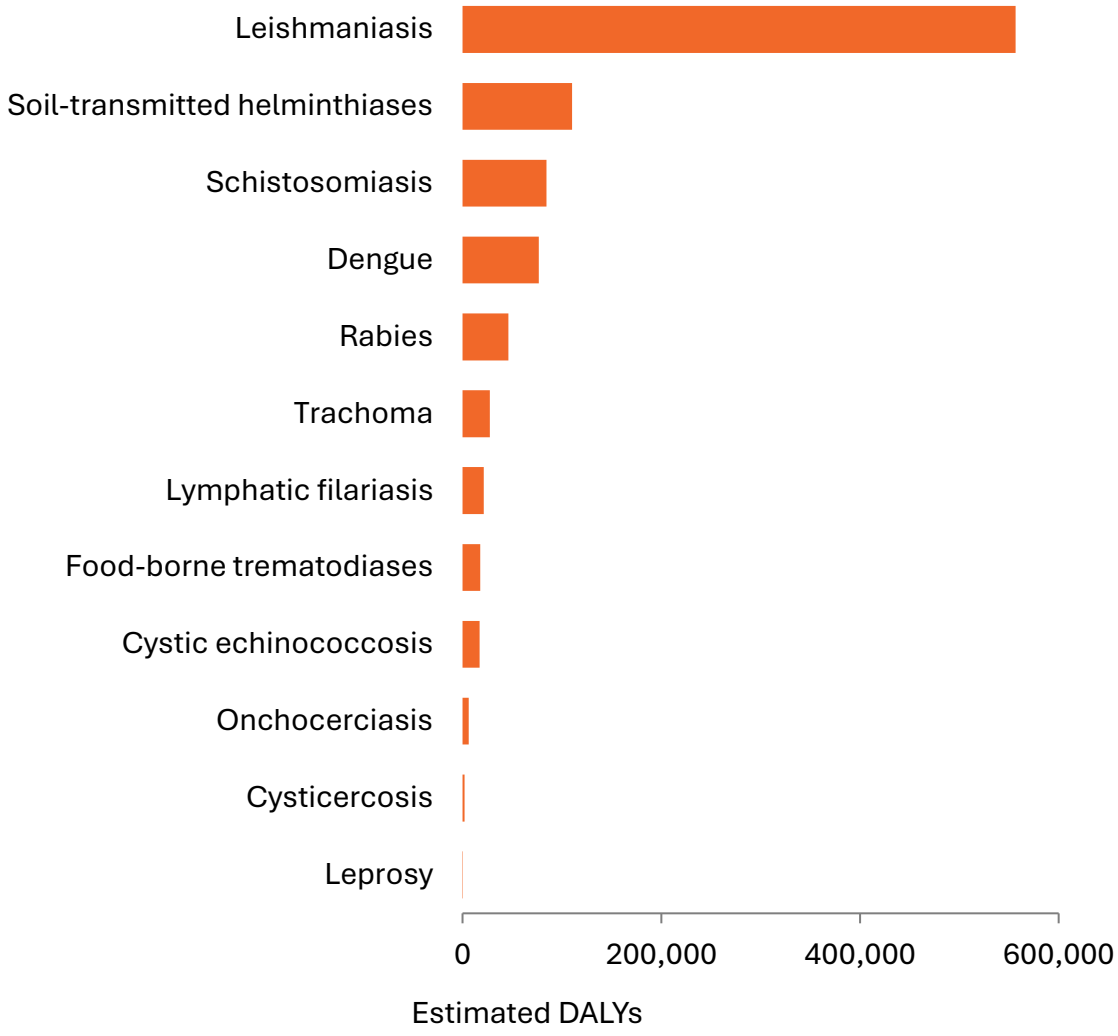
World Health Organization
Eastern Mediterranean Region



Data source: IHME/Global Burden of Disease 2023

FMOH Sudan

Risks and persistent gaps

- Reduced commitment and financing gaps
- Surveillance & data gaps (pending surveys)
- Migration- mobile, nomadic and underserved populations
- Climate-related change and shocks
- Fragile, vulnerable and conflict-affected settings

Enablers, cross-cutting approaches and priority actions

- Engagement with academia and WHO CCs for country support
- Integrated vector management MENA Malaria Vector Distribution Mapping extended to VBDs
- Coordination with other programmes for access & delivery
- Multisectoral action – Hayah Karima, Egypt
- Regional multi-disease elimination

THANK YOU

13-16 April 2026

Lilongwe, Malawi

African Union

World Health Organization
African Region

EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

ANNUAL MEETING OF
NTD PROGRAMME MANAGERS IN AFRICA

SESSION 3

Panel discussion on “Kikundi Today and Tomorrow”

12:30 - 13:00

Lunch Break

13:00 - 14:00

ANNUAL MEETING OF NTD PROGRAMME MANAGERS IN AFRICA

Leveraging innovative tools & sustainable financing to advance NTD elimination in Africa

13-16 April 2026

Lilongwe, Malawi

African Union

World Health Organization
African Region

ESPEN
EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

SESSION 4

Integration of NTD programmes for sustainable elimination

14:00 - 16:00

Namibia - One Health

Integrated *Taenia solium* taeniasis, schistosomiasis, scabies and rumors for Guinea worm disease mapping survey in 5 Northern regions of Namibia

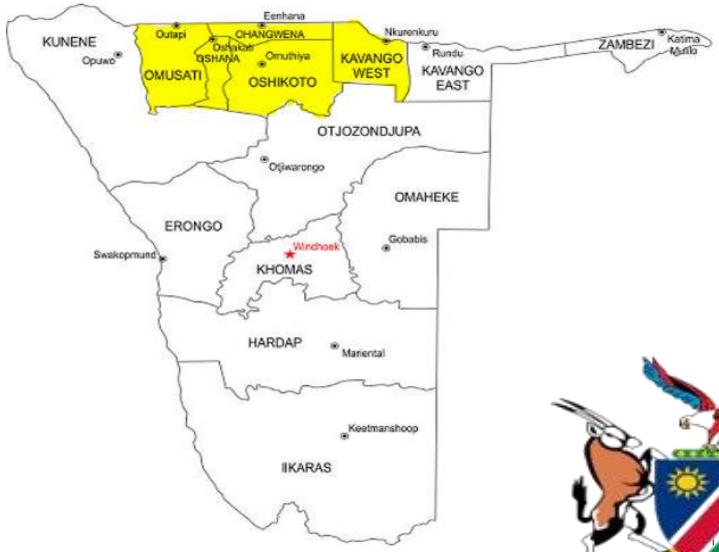
Introduction

- Schistosomiasis MDA campaign in May 2019 among school age children in six northern regions was associated with 3 SAE cases.
- 2 children were confirmed to have neurocysticercosis and 1 of them, a 10-year-old girl died.
- A joint MoHSS-WHO investigation report recommended that a mapping of the co-endemicity of SCH and taeniasis be done before another MDA.
- The WHO risk assessment tool was used to conduct risk assessment mapping to identify the areas with key risk factors.
- 5 regions were identified, i.e. Kavango West, Ohangwena, Omusati, Oshana and Oshikoto region.

Introduction

- The roadmap recognizes the need for integrated approaches for delivery of interventions including mapping surveys.
- Other NTDs have been selected based on ever being reported in Namibia as well as those reported in Angola due to the risk of importation.

***Taenia solium* mapping integration**
1. Schistosomiasis 2. soil transmitted helminths 3. scabies 4. Guinea worm disease rumor investigation In: Kavango East, Ohangwena, Omusati, Oshana and Oshikoto regions, all provinces with high prevalence of schistosomiasis



Goals and objectives

Taeniasis

Goal: To determine the endemicity of *T. solium* in the areas with high and moderate risk factors and focusing on the schistosomiasis endemic regions.

Objectives:

- to determine if the targeted high and moderate risk areas have *T. solium* taeniasis in humans above the threshold of 0.5% for public health intervention.
- to obtain household data on access to sanitation and hygiene, free roaming pigs and consumption of raw/under cooked pork for programmatic decision-making.
- to estimate the current prevalence and intensity of schistosomiasis in the targeted study areas.
- to determine the prevalence of scabies among the study communities.
- to determine any rumours on occurrence of human and/or animal cases of Guinea Worm Disease.

Study methodology

- Study teams attended a 5-day training on the survey protocol.
- The nurses were trained to collect urine and stool samples and to do the clinical assessment for scabies and the rumor investigation questions for GWD.
- Laboratory technologist from NIP were also trained on sample analysis.
- **Study Teams:** 2 teams per region, and consisting of 2 registered/ enrolled nurses , CHW and a driver
- 5 Regional supervisors to oversee the survey activities and 1 overall coordinator.
- **Sensitization activities:** Meetings RMT and DCC, Regional Governors, councilors and community leaders, health program officers and health workers, radio interviews, church announcements, IEC materials, community mobilization meetings, discussion groups.

Sensitisation activities

African Union

World Health Organization
African Region

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Study methodology

- Target samples size of 960 individuals 5 years and above from each region reaching a total target sample size of 4,800.
- 20 village and 24 households per cluster were randomly selected, to meet the sample size of 480 households.

Data collection:

- Informed consent was obtained before enrolment into the study.
- Household-level and individual-level data (demographic, GPS, physical observation of WASH facilities and information on roaming pigs, clinical examination for scabies, guinea worm case search questions, sample collection of urine and stools).
- Individuals with uncomplicated scabies were provided with 25% Benzyl Benzoate Emulsion.
- All data were entered into the purpose – build ODK-based app during the field work.

Fieldwork

African Union

World Health Organization
African Region

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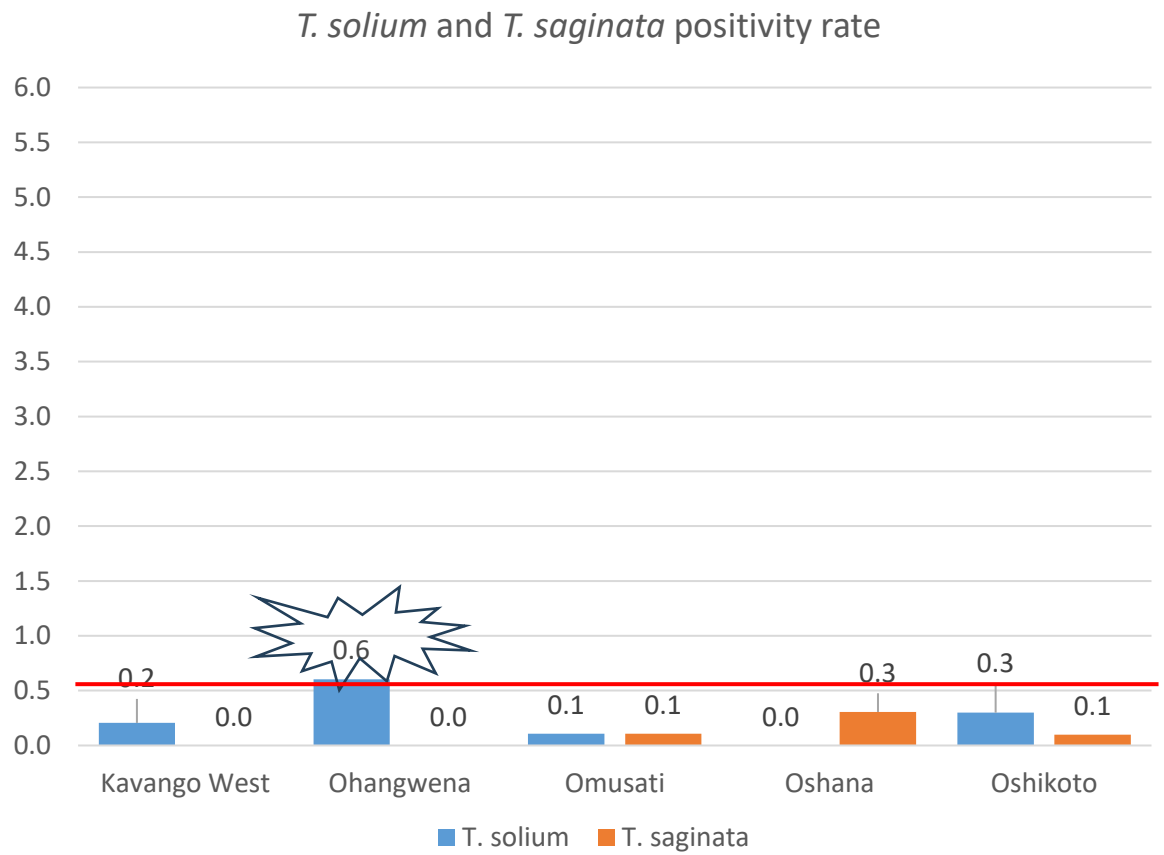
EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

Results

Number of positive samples and positivity rates for taeniasis and schistosomiasis per region

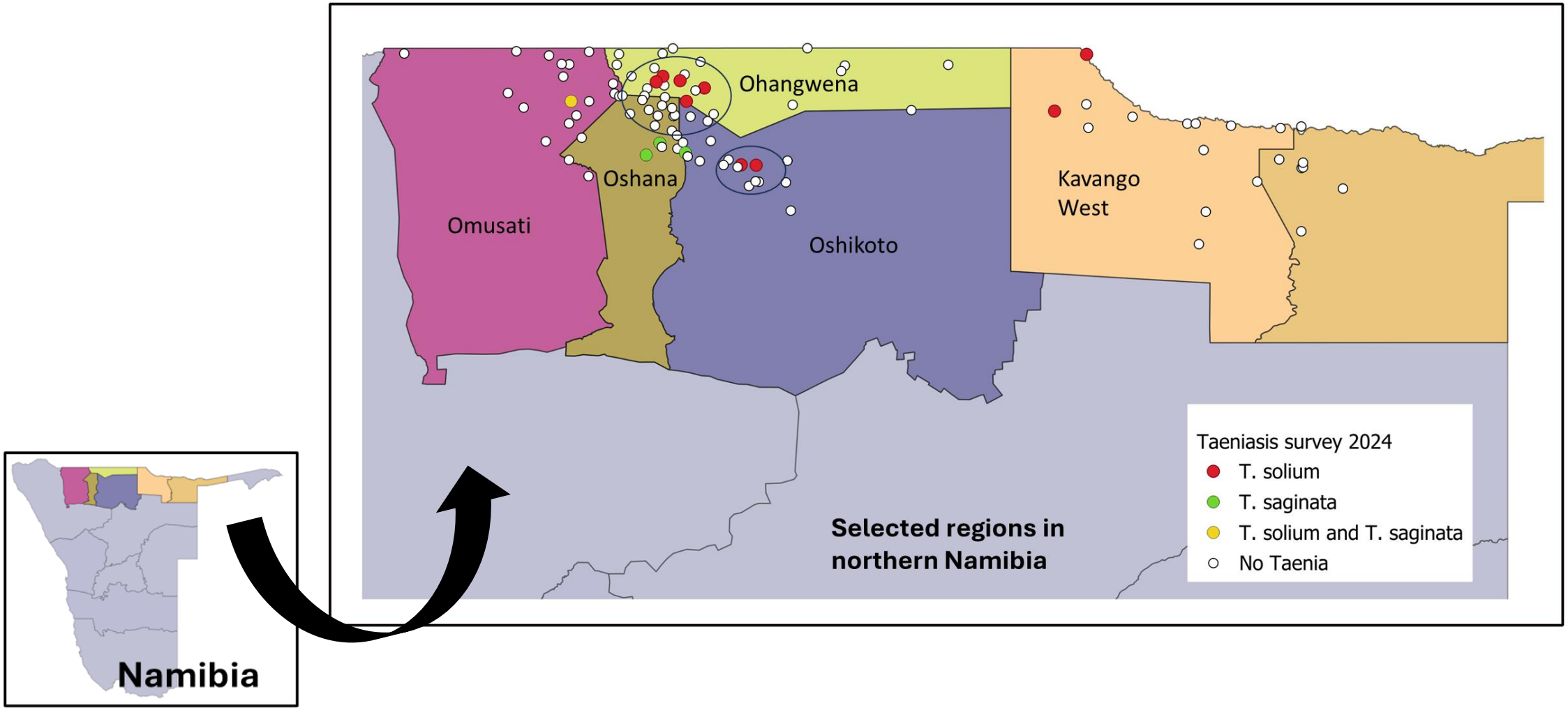
Region	Number tested	*Taenia solium*	*Taenia saginata*	*Schistosoma haematobium*	*Schistosoma mansoni*	*Schistosoma intercalatum*
Kavango West	972	2 (0.21%)	0	97 (9.98%)	16 (1.65%)	0
Ohangwena	992	6 (0.60%)	0	3 (0.30%)	0	0
Omusati	932	1 (0.11%)	1 (0.11%)	3 (0.32%)	0	0
Oshana	981	0	3 (0.31%)	1 (0.10%)	0	0
Oshikoto	1003	3 (0.30%)	1 (0.10%)	7 (0.70%)	0	1 (0.1%)
Total	**4,880**	**12**	**5**	**111**	**16**	**1**

Results taeniasis

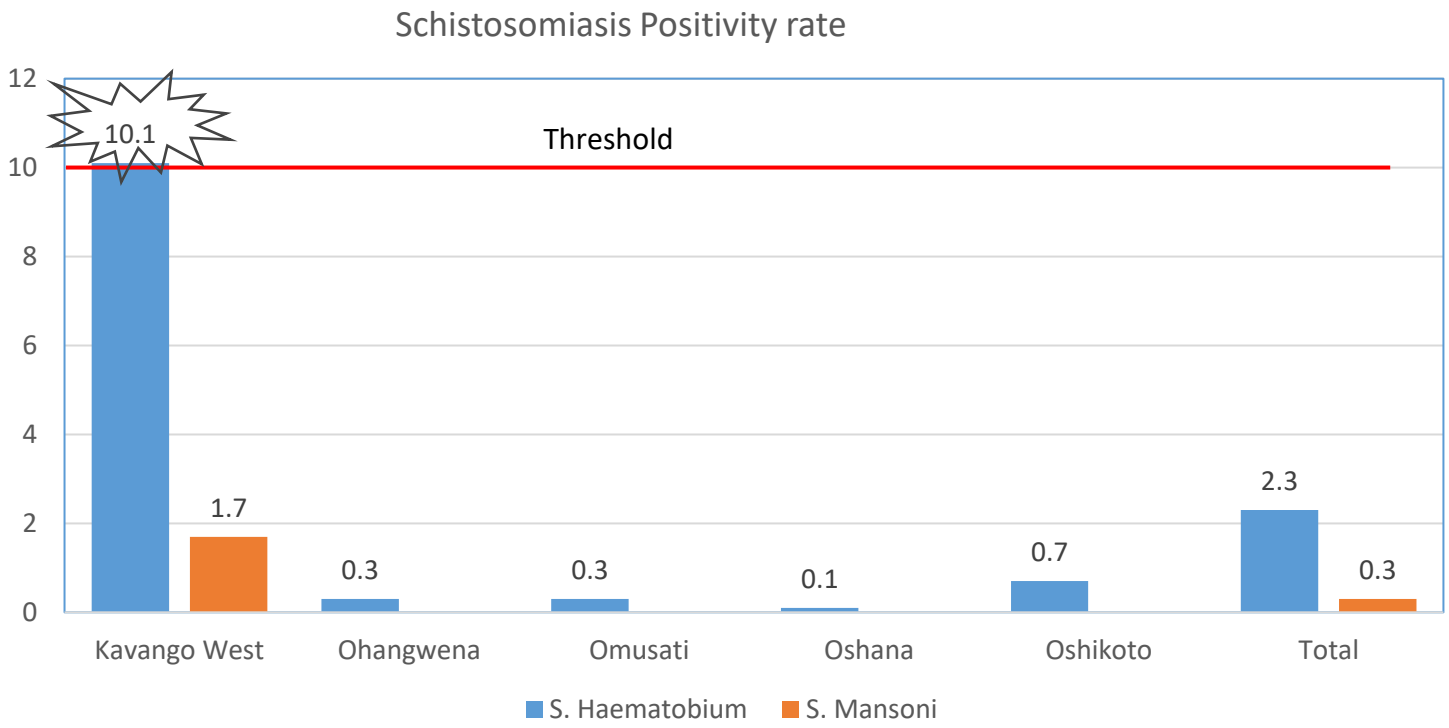


Even if threshold for intervention only reached in Ohangwena, *T. solium* has been identified in other regions, so precautions need to be taken if using MDA with praziquantel.

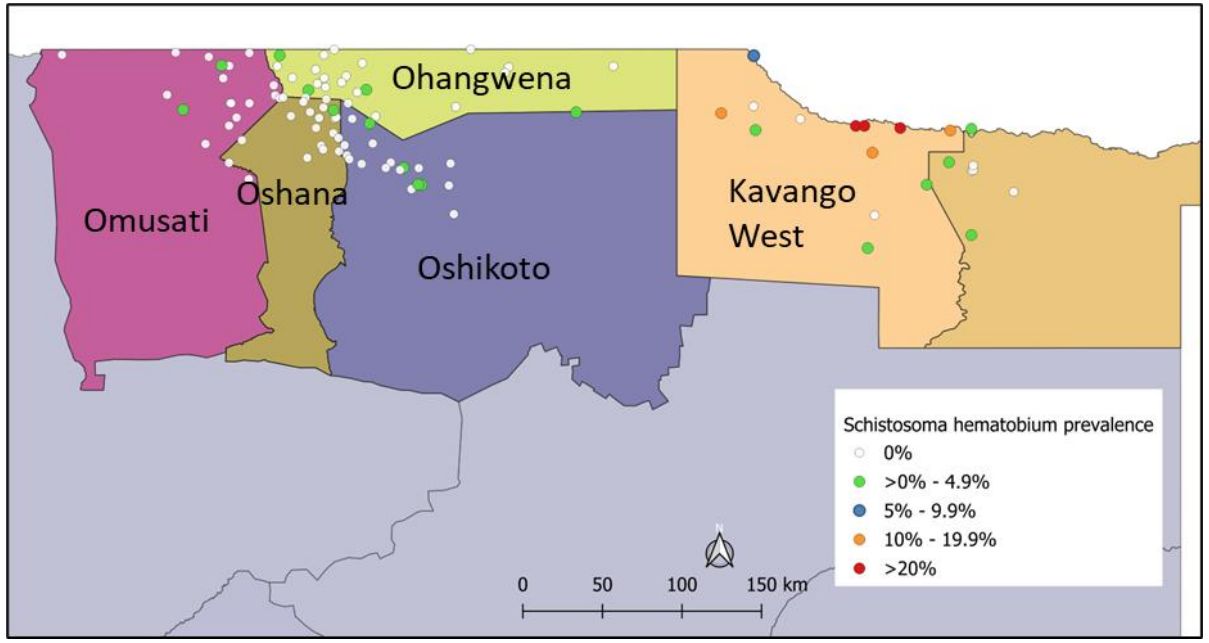
Taeniasis results

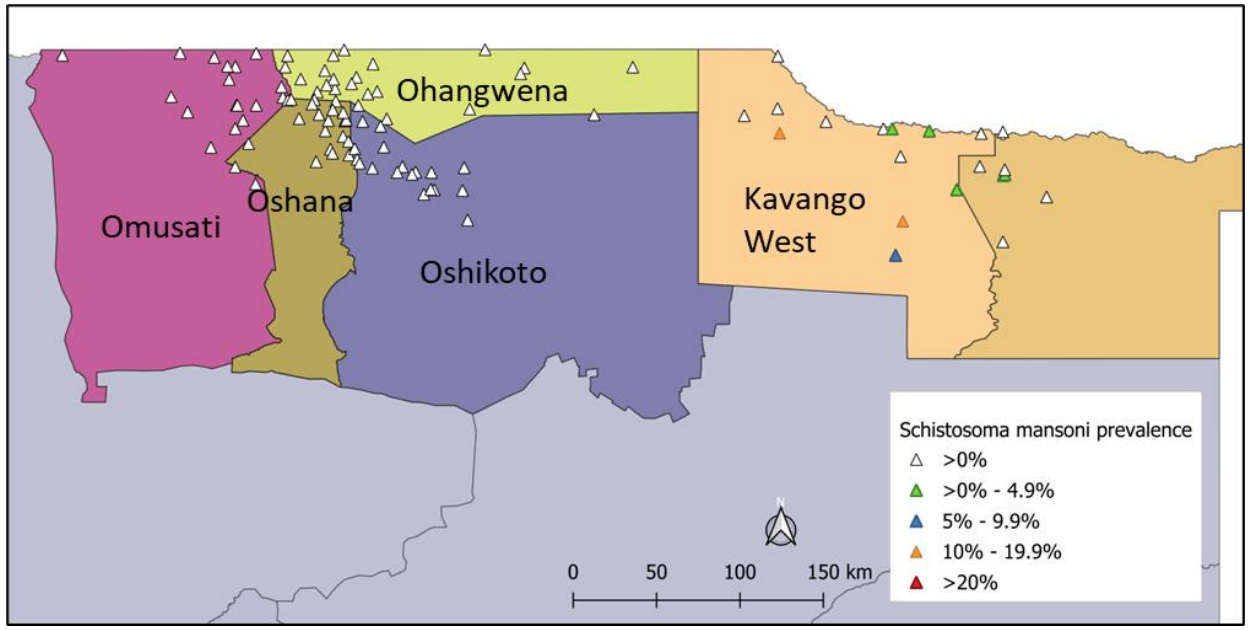


Results schistosomiasis



Schistosomiasis results





Next steps

- Results to be presented to MoHSS Management for approval of the report.
- In the process of preparing the Joint Application Package Preventive chemotherapy NTDs.

Public Health intervention:

- One health intervention for Ohangwena regions.
- Other regions with *T. solium* and a schisto caution should applied during MDA.

Acknowledgments

- **Donor** – Expanded Special Project for Elimination of NTDs (ESPEN) – GIZ
- MoHSS, UNAM, WHO, Ministry of Agriculture, Water and Land Reform

THANK YOU

13-16 April 2026

Lilongwe, Malawi

African Union

World Health Organization
African Region

EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

ANNUAL MEETING OF
NTD PROGRAMME MANAGERS IN AFRICA

ANNUAL MEETING OF NTD PROGRAMME MANAGERS IN AFRICA

MINISTÈRE DE LA SANTÉ ET DE L'HYGIÈNE PUBLIQUE

Approche One Health
Expérience du Sénégal sur la rage

Dr Ndéye Mbacké KANE

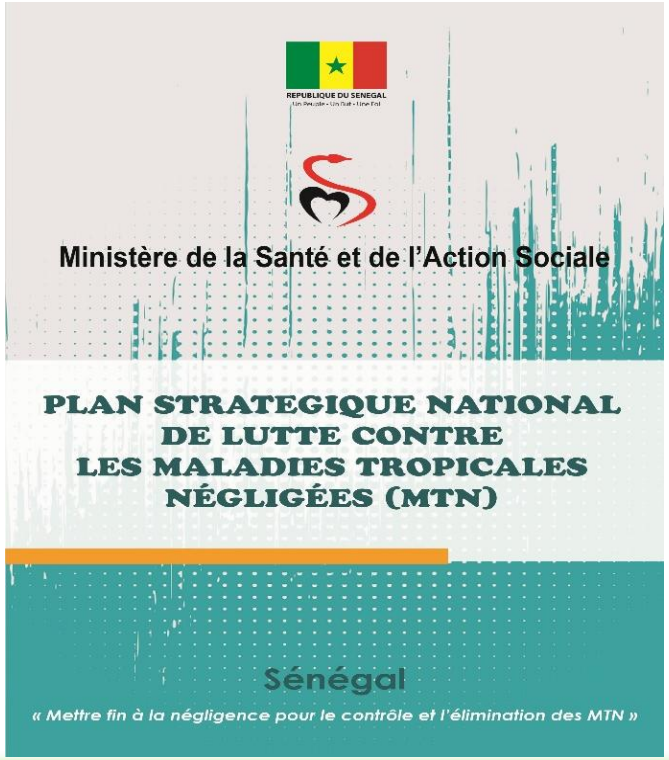
13-16 April 2026
Lilongwe, Malawi

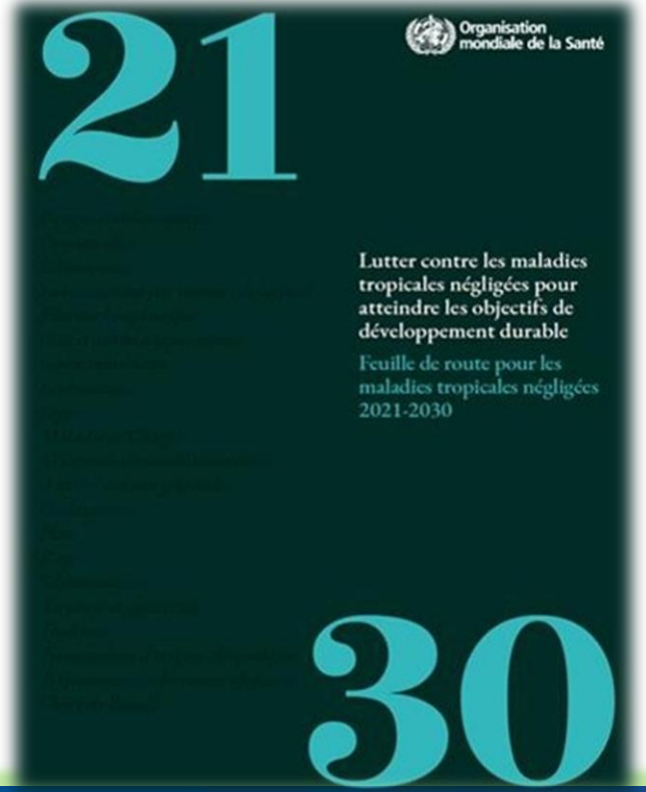
African Union

World Health Organization
African Region

ESPEN EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

01





Contexte et justification

Feuille de route de l'OMS, cadre continental UA et documents politiques nationaux

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ESPEN EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

LES MTN : UNE PRIORITÉ DE SANTÉ PUBLIQUE MONDIALE

+ 1 milliards de personnes

21
MTN recensées (OMS)

15
MTN ciblées au Sénégal

10
MTN PCC ciblées

534 000
décès/an (OMS)

07
One Health -WASH

Engagements clés

- Feuille de route mondiale OMS 2021–2030 : « Agir pour mettre fin à la négligence »
- Cadre continental des MTN en Afrique de l'UA
- SND et Lettre de politique sectorielle, axe 3: capital humain et équité sociale
- PNDSS 2019–2028 : lutte contre les MTN inscrite comme ligne d'action prioritaire
- Comité National de Lutte contre les MTN (CNLMTN) – Arrêté N° 019513 du 07/06/2021
- 3e plan stratégique national : 2022–2025,plan de durabilité

15 MTN ciblées au Sénégal /21

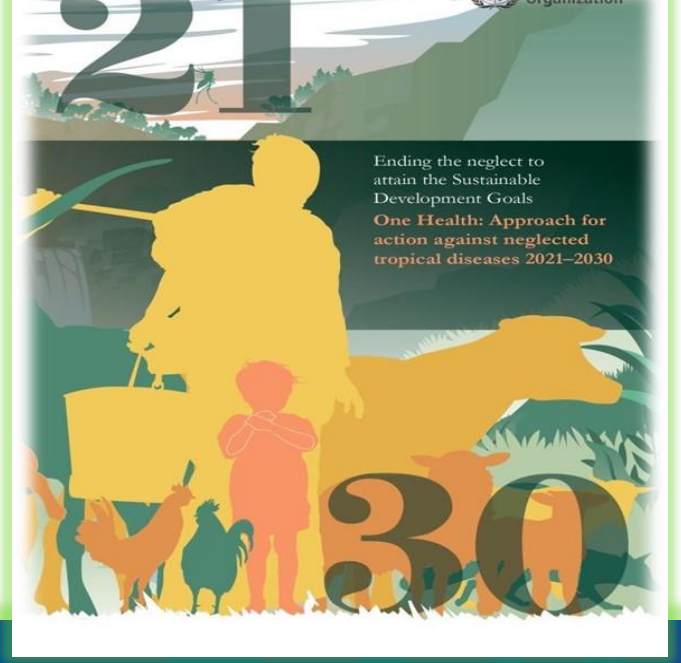
CHIMIOTHÉRAPIE PRÉVENTIVE DE MASSE (5)

- Filariose Lymphatique (FL)
- Onchocercose
- Schistosomiases / Bilharzioses
- Géohelminthiases
- Trachome

PRISE EN CHARGE AU CAS PAR CAS (10)

- Lèpre
- Rage
- Dracunculose (ver de Guinée)
- Leishmaniose cutanée
- Gale
- Mycétomes
- Trypanosomiase Humaine Africaine
- Envenimation par morsure de serpent
- Dengue
- Noma

02



Approche One Health pour les MTN

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Approche One Health pour les MTN

Quelle est l'importance d'intégrer les interventions MTN ?

- Meilleure santé et résultats optimisés
- Meilleur rapport coût/efficacité
- Gestion plus efficace des programmes
- Alignement stratégique : intégré dans le Pilier 2 du PSN:
- Renforce l'efficacité et l'efficience via l'intégration des activités
- Favorise le partage des bonnes pratiques collaboratives
- Contribue à l'élimination durable des MTN

MTN Zoonotique

- Majorité des MTN touchent à la fois les humains et les animaux
- Souvent appelées maladies tropicales négligées One Health (MTN-Z)
- Sont souvent sous surveillance épidémiologique
- Leur contrôle ou élimination nécessite une approche One Health intégrée.

Importance de l'approche One Health

- Intégrée au Pilier 2 de la feuille de route MTN et PSN
- Repose sur l'interdépendance entre santé humaine, santé animale et environnement, indispensable pour une lutte durable contre les MTN.
- Favorise une coordination étroite et une action multisectorielle
  Meilleure surveillance intégrée
  Réponse coordonnée
- Permet de maximiser les synergies et d'atteindre efficacement les objectifs de la feuille de route.

03

aar malayi,
aar askàn wi

Cadre ONE HEALTH au Sénégal

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ESPEN EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

ANNUAL MEETING OF
NTD PROGRAMME MANAGERS IN AFRICA

Cadre ONE HEALTH au Sénégal

Existence plateforme nationale One Health par décret

Logée à la primature
Secrétariat permanent / Coordination du PSSM OH
Constituée :

- Comité technique / Task Force OH
- Points focaux Nationaux (RSI, OIE)
- Comités sectoriels
- Comités déconcentrés
- Groupes Thématiques (GT 5= Zoonose)
- Plateformes communautaire

Existence de Comités national et régional de gestion des épidémies

- CNGE présidé par le point focal RSI du ministère de la santé et avec la participation des autres secteurs, PTF
- CRDG et CDGE sous la coordination du gouverneur et du du préfet avec tous les acteurs au niveau regional et départemental
- Système de gestion de l'incident: activité en cas d'épidémie par le centre des urgencies et operations sanitaires

Goupe thématique 5:Zoonose

- Maladies zoonotiques sont au cœur de l'approche « One Health ».Collaboration multisectorielle : Implication principale des secteurs médical et vétérinaire.
- Maladies ciblées :Rage, tuberculose bovine, grippe aviaireAnthrax (charbon bactéridien), fièvre de la vallée du RiftCOVID-19, Ebola, autres zoonoses émergentes

Existence d'un comité multisectoriel ,comités d'experts MTN

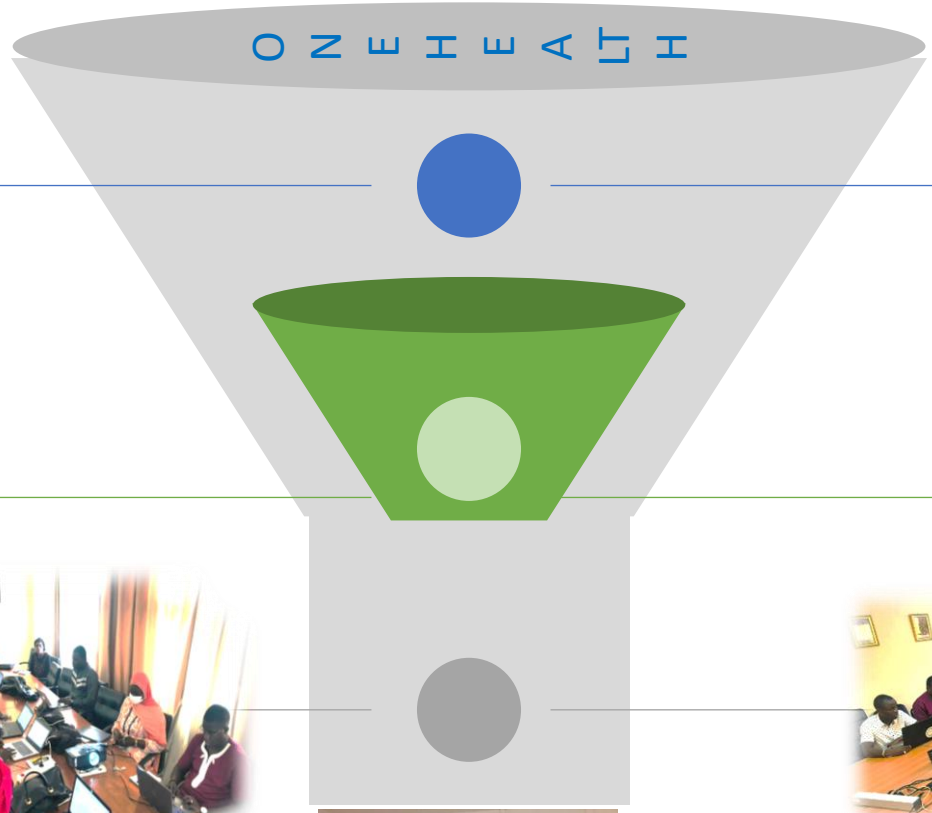
- Mise en place par arrêté ministériel avec 06 commissions dont les présidents issus des autres secteurs
- Instances de coordination intra et intersectorielle

Mécanismes de collaboration

Acteurs ministères ,instituts de recherche,laboratoires,partenaires

Acteurs des différents ministères au niveau regional,autorités administratives,PTF

Acteurs des différents ministères au niveau opérationnel ,autorités administratives,PTF



Niveau central

Niveau régional

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04

Expérience sur la rage au Sénégal

Contexte épidémiologique de la rage au Sénégal

La rage demeure une préoccupation majeure de santé publique au Sénégal, affectant à la fois les populations humaines et animales. Cette maladie virale mortelle continue de représenter un défi sanitaire significatif dans plusieurs régions du pays.

Situation actuelle

- Senegal enregistre des cas de rage de manière régulière, zones périurbaines et rurales +++ où le contact entre humains et animaux est fréquent.
- Surveillance épidémiologique révèle une persistance de la transmission, principalement par les chiens semi errants.
- Données récentes → une circulation active du virus nécessitant une vigilance constante et une réponse coordonnée.

Enjeux de santé publique

- Ils sont multiples : accès limité aux soins post-exposition dans certaines zones, couverture vaccinale insuffisante des animaux, et sensibilisation insuffisante des populations aux risques liée à la rage
- Rage : un fardeau économique important pour les familles affectées et le système de santé, justifiant une approche intégrée et multisectorielle pour son contrôle

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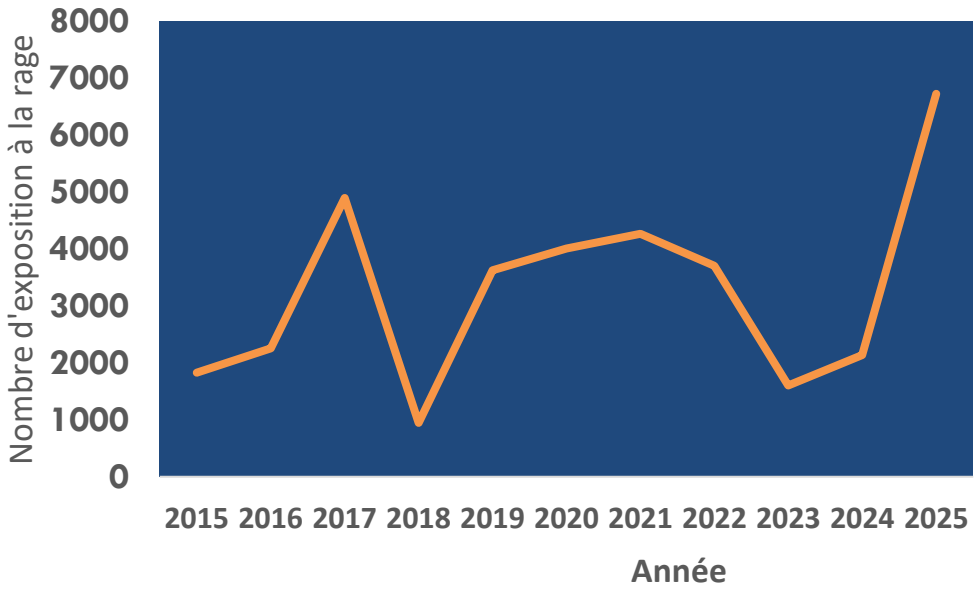
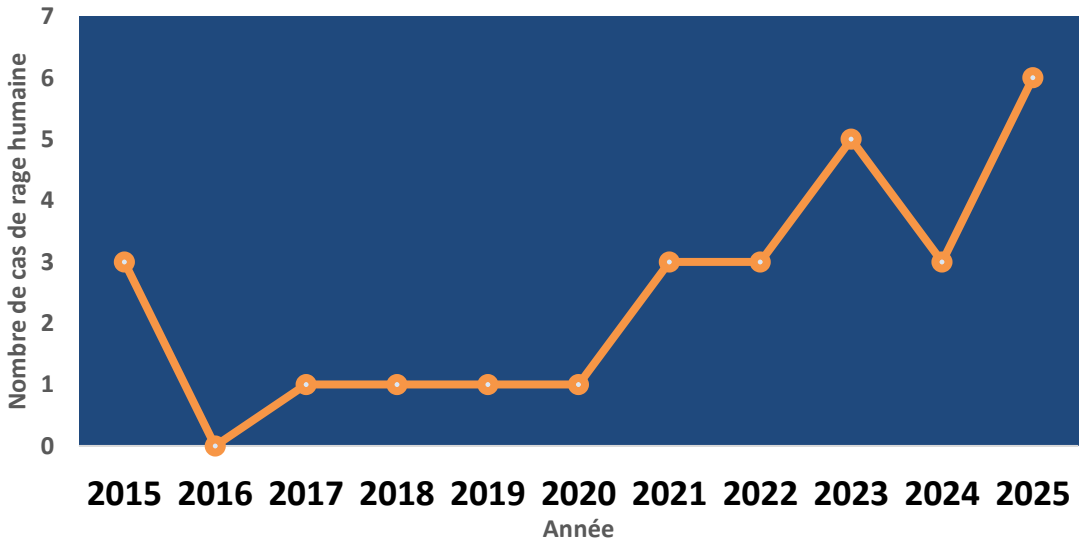
EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

Situation de la Rage humaine et animale

35 996 cas d'expositions humaines à la Rage entre 2015 et 2025 (DHIS2)



27 cas entre 2015 et 2025



Au Sénégal, la situation est préoccupante : entre 2015 et 2025, 27 décès humains et 257 cas de rage animale ont été confirmés. Ces chiffres restent sous-estimés à cause d'une sous-notification, reflétant une circulation virale active et des limites du système de surveillance.

Proportion PPE= 82%

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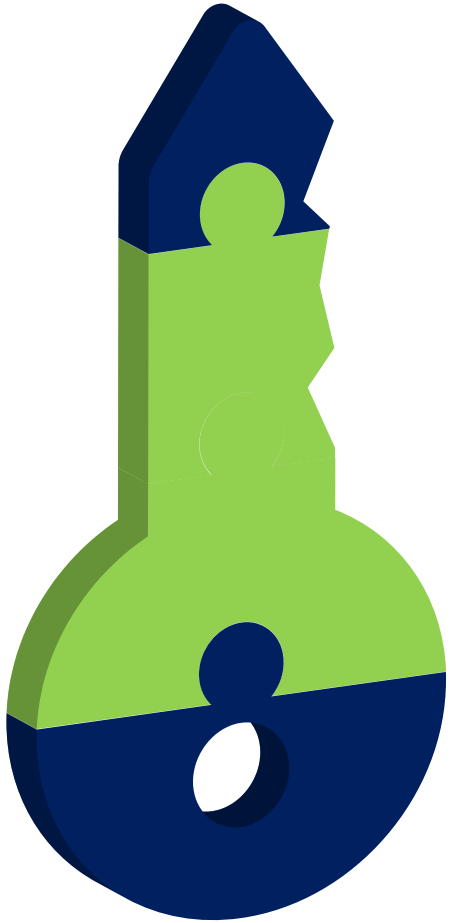
PLAN D'ACTION MISE EN ŒUVRE SUIVANT UNE APPROCHE ONE HEALTH

Le plan d'action intégré identifie 4 domaines et priorités

Communication à travers une sensibilisation du grand public sur la prévention et le contrôle de la rage :

1

Emissions radio
Élaboration supports com
Célébration journée mondiale rage
Webinaire et symposium



Renforcement des capacités des prestataires sur la prophylaxie post exposition et surveillance de la rage :

2

Session de formation IM →ID
Partage des PON validés

Renforcement du mécanisme national de coordination (santé animale et humaine):

4

revue intégrée des données de surveillance de la rage humaine et animale
réunion d'élaboration d'un rapport intégré de performance à travers la plateforme ONE HEALTH

Amélioration de la gestion intégrée des données de la rage

3

Proposition une base intégrée ou interopérable entre le DHIS2 et le Kobotoolbox/MASAE pour la capitalisation des données de surveillance

Une année d'actions ciblées pour renforcer les capacités sur le terrain (Santé Humaine et Santé Animale)

Validation de documents stratégiques : Mise à jour et validation nationale des Protocoles Opérationnels Normalisés (PON) pour la prise en charge (PPE) et la surveillance.

Surveillance Intégrée (IBCM) : Déploiement du projet pilote de gestion intégrée des cas de morsure (IBCM) avec l'application REACT à Dagana, Kédougou et Mbour.

Formation des Acteurs : Renforcement des capacités des agents de santé et communautaires sur la rage et la nouvelle approche de vaccination par voie intradermique (ID).

Revue intégrée des données : Organisation d'un atelier de revue intégrée des données de surveillance humaine et animale.

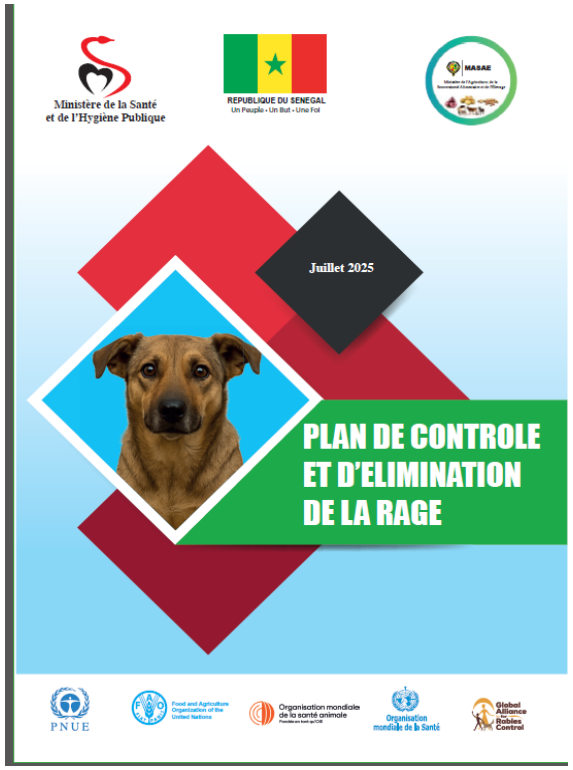
Journée Mondiale de la Rage : Célébration à Koumpentoum pour la sensibilisation des populations et le plaidoyer auprès des décideurs.

Renforcement de la Surveillance : Formation des agents sur les techniques de prélèvement, de conservation et d'expédition des échantillons (Projet AFRICAM).

Évaluation Stratégique : Réalisation de l'étape 1de l'évaluation SARE (Approche raisonnée de l'Élimination de la rage).

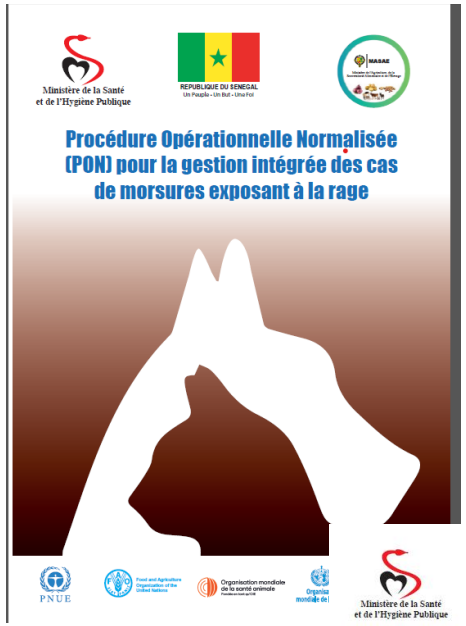
Sensibilisation et Contrôle : Campagnes d'information pour un comportement responsable et actions de contrôle de la population des chiens errants.

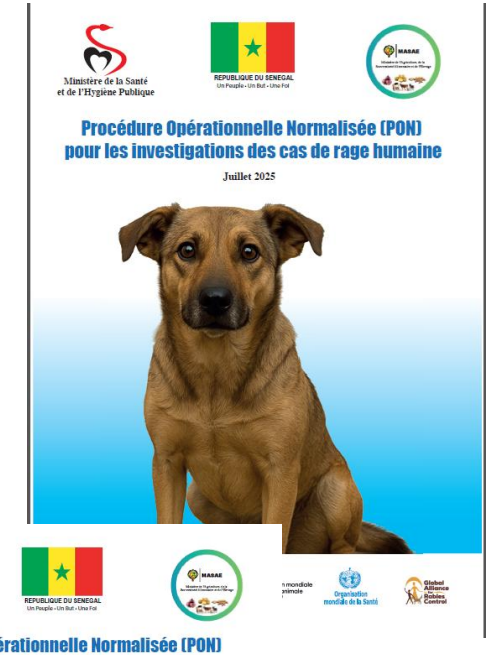
Mise à jour des protocoles et algorithmes relatifs à la prophylaxie post-exposition et validation des documents sur la rage suivant une approche one Health



2 Documents stratégiques

3 SOPS

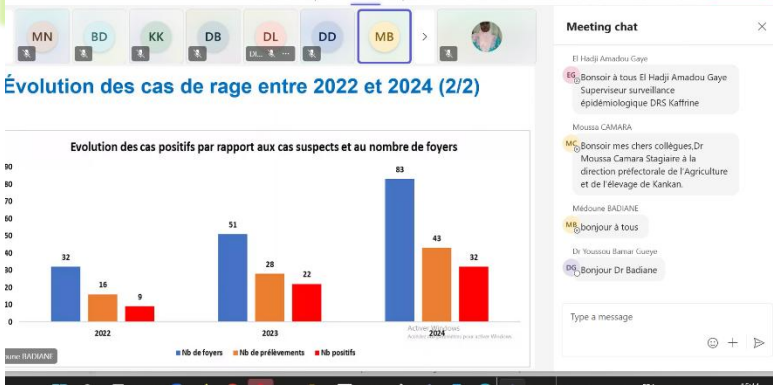




Renforcement de la communication

Elaboration de supports de communication

Vaccination des chiens et sensibilisation des populations



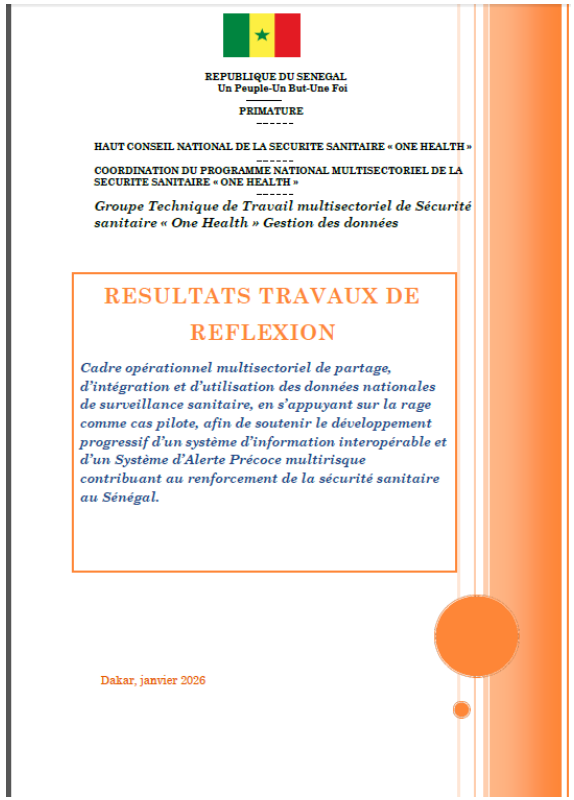
Symposium organisé par le comité scientifique lors du congrès de SOSEPIT et webinaire

Renforcement des capacités de la santé humaine et animale sur la PPE et partage des SOPS

Formation des acteurs à Kaolack

Formation des acteurs à Fatick

Réflexion sur un système intégré des données de la rage animale humaine et animale



REPUBLIQUE DU SENEGAL
Un Peuple-Un But-Une Foi

PRIMATURE

HAUT CONSEIL NATIONAL DE LA SECURITE SANITAIRE « ONE HEALTH »

COORDINATION DU PROGRAMME NATIONAL MULTISECTORIEL DE LA SECURITE SANITAIRE « ONE HEALTH »

Groupe Technique de Travail multisectoriel de Sécurité sanitaire « One Health » Gestion des données

RESULTATS TRAVAUX DE REFLEXION

Cadre opérationnel multisectoriel de partage, d'intégration et d'utilisation des données nationales de surveillance sanitaire, en s'appuyant sur la rage comme cas pilote, afin de soutenir le développement progressif d'un système d'information interopérable et d'un Système d'Alerte Précoce multirisque contribuant au renforcement de la sécurité sanitaire au Sénégal.

Dakar, janvier 2026

Revue intégrée des données de surveillance de la rage humaine et animale à travers la plateforme One Health

REPUBLIQUE DU SENEGAL
Un Peuple-Un But-Une Foi

PRIMATURE

HAUT CONSEIL NATIONAL DE LA SECURITE SANITAIRE « ONE HEALTH »

COORDINATION DU PROGRAMME NATIONAL MULTISECTORIEL DE LA SECURITE SANITAIRE « ONE HEALTH »

Synthèse revue des données sur la rage humaine et animale au Sénégal

Groupe Technique de Travail multisectoriel de Sécurité sanitaire « One Health » Zoonoses

SANTÉ ANIMALE ET HUMAINE

RABIES VACCINE

MINISTÈRE DE LA SANTÉ ET DE L'HYGIÈNE PUBLIQUE

Elaboration d'un rapport de performance intégré sur la rage

RÉPUBLIQUE DU SENEGAL
Un Peuple-Un But-Une Foi

PRIMATURE

HAUT CONSEIL NATIONAL DE LA SÉCURITÉ SANITAIRE « ONE HEALTH »

COORDINATION DU PROGRAMME NATIONAL MULTISECTORIEL DE LA SECURITE SANITAIRE « ONE HEALTH »

RAPPORT DE PERFORMANCE INTEGRE- RAGE

2025

Humaine
Animale
Environnementale
One Health

MINISTÈRE DE LA SANTÉ ET DE L'HYGIÈNE PUBLIQUE

African Union

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EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

2025 : Des progrès opérationnels face à un paradoxe sanitaire

L'année 2025 a été marquée par un renforcement significatif de nos systèmes de surveillance et de prise en charge.

PROCRÈS : QUALITÉ DES DONNÉES

92%

Taux de complétude du formulaire de surveillance épidémiologique (contre 63% en 2024).

ALERTE : CIRCULATION VIRALE

61 CAS

Nombre de cas de rage animale confirmés, touchant 13 des 14 régions (contre 32 en 2024).

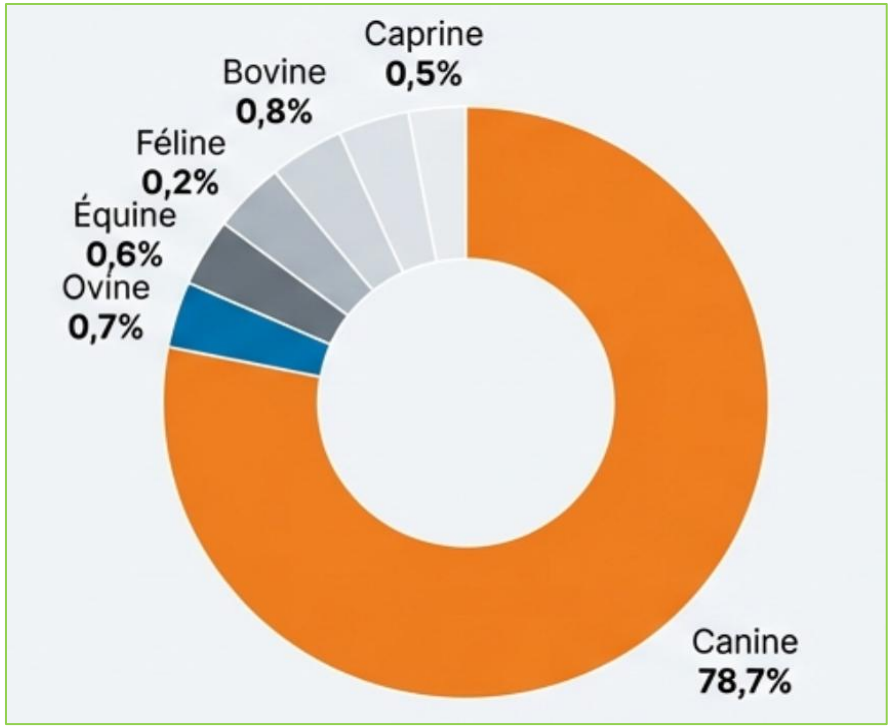
PARADOXE : DÉCÈS HUMAIHS

6 DÉCÈS

Nombre de décès humains liés à la rage enregistrés (contre 3 en 2024).

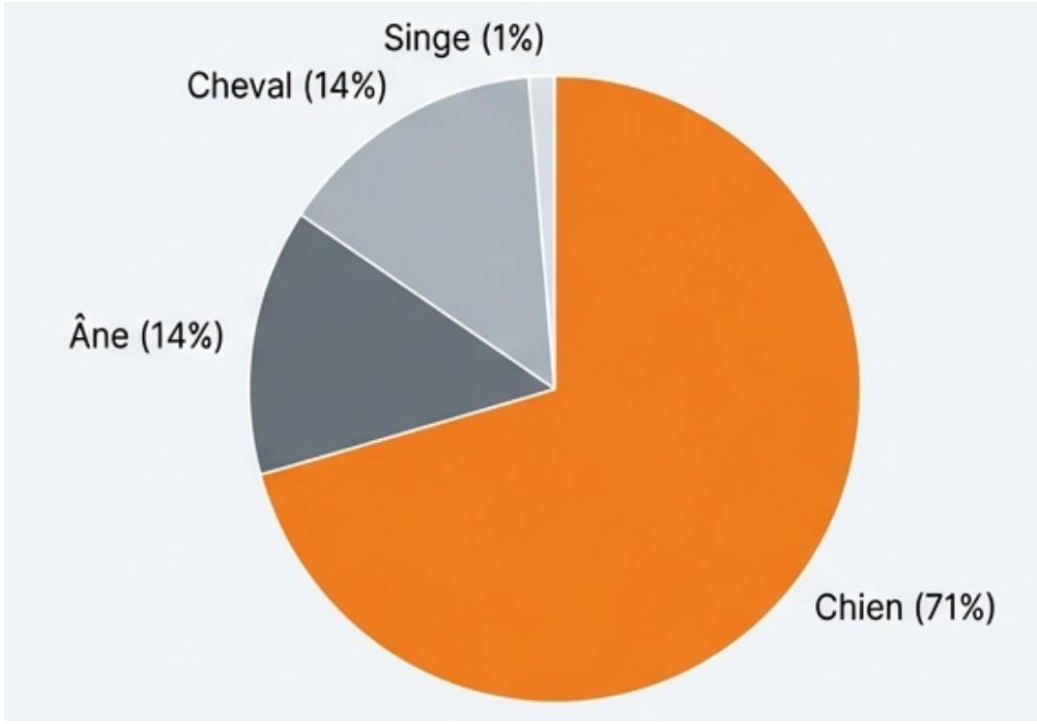
Le chien, réservoïr prïncîpal, maintient une forte pressïon infectieuse

Près de 8 cas sur 10 de rage animale concernent des chiens



Source : DSV/MASAE

Les chiens sont responsables de 71 % des expositions humaines

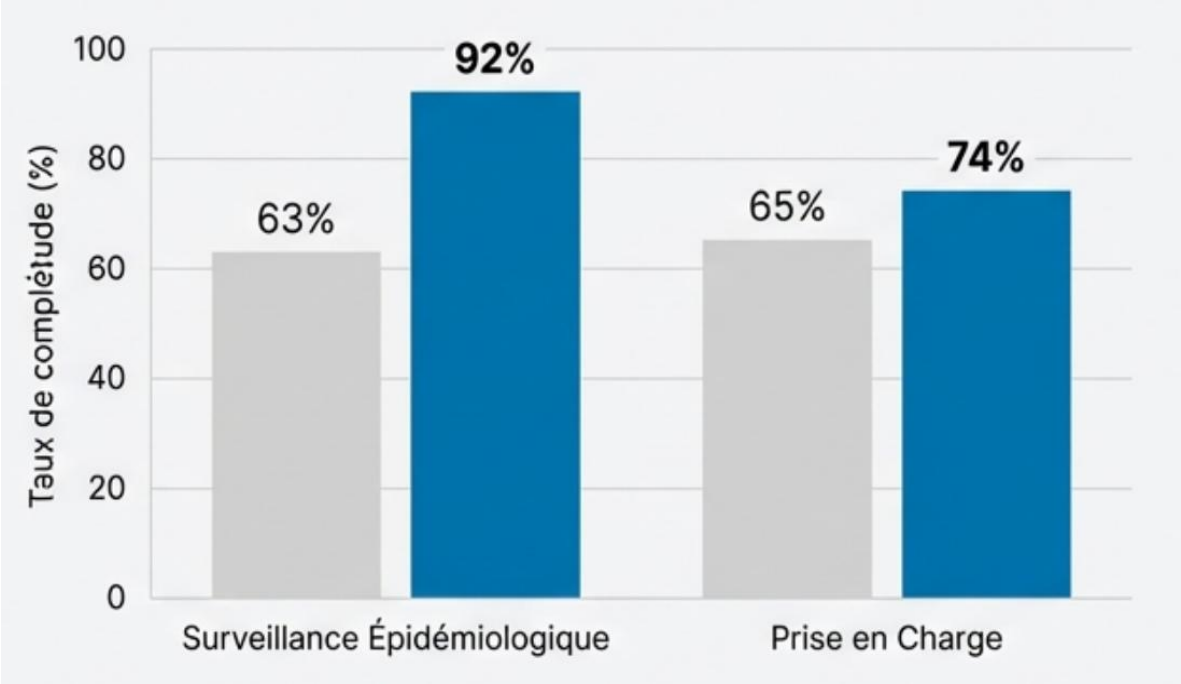


Source : DHIS2

La prédominance du chien comme source de transmission humaine et animale confirme que toute stratégie d'élimination doit impérativement reposer sur le contrôle de la rage canine. L'insuffisance de la couverture vaccinale canine et la gestion des populations errantes sont les principaux moteurs de l'épidémie.

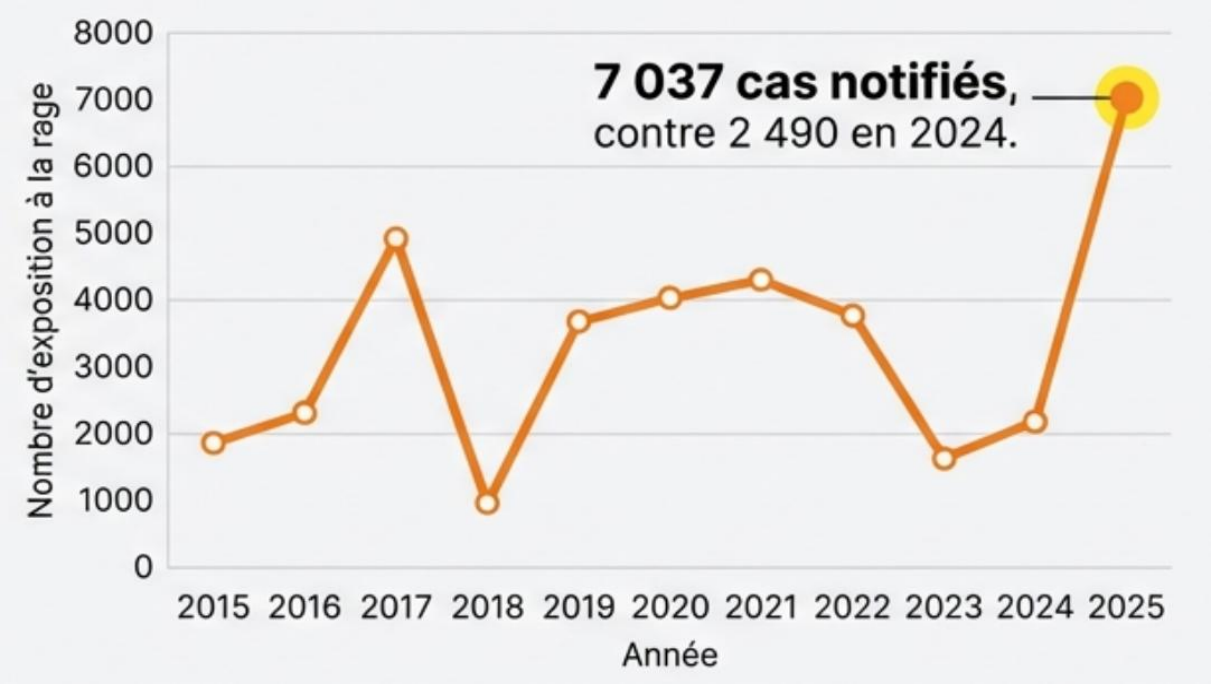
Le système de santé humaine voit mieux et plus vite

La complétude des formulaires de surveillance a bondi en 2025



Source : DHIS2, 7 janvier 2026

Un pic historique de notifications en 2025, signe d'une meilleure détection



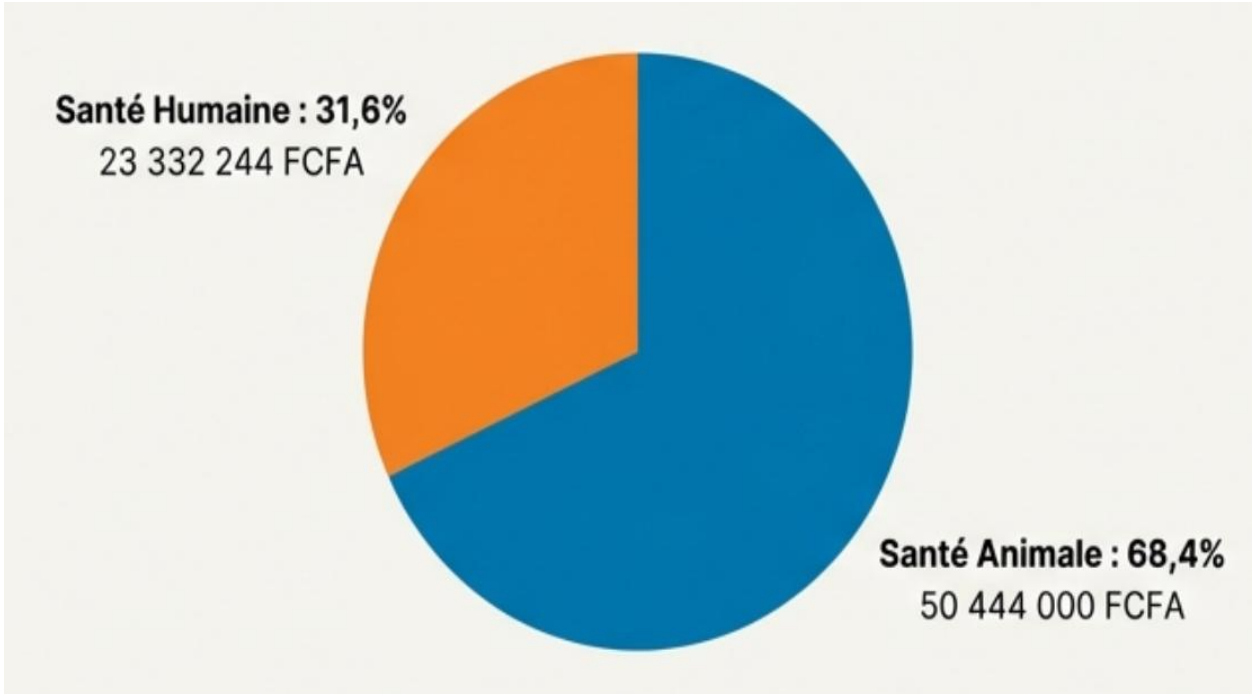
Source : DHIS2, 7 janvier 2026

L'amélioration de la notification et de la qualité des données témoigne d'une meilleure sensibilité du système et d'une mobilisation accrue des acteurs sur le terrain.

Analyse des coûts 2025 : Plus de 73 millions FCFA mobilisés

Montant total exécuté : 73 776 244 FCFA pour les activités de lutte contre la rage.

Répartition du montant exécuté par secteur



Source : Rapport GTT Zoonose 2025

Détail des principales activités financées :

Partenaires financiers clés :

Etat du Sénégal · FAO · AFRICAM · fhi360 · OMS

African Union · World Health Organization African Region · ESPEN Expanded Special Project for Elimination of Neglected Tropical Diseases

Orientations stratégiques 2026 : Vers une réponse intégrée et durable à travers le One health

Pour combler les lacunes identifiées en 2025, nos efforts en 2026 se concentreront sur trois axes prioritaires

Axe 1 : Renforcer la gouvernance et les Systèmes Intégrés

- Renforcer la coordination intersectorielle effective.
- Améliorer la surveillance intégrée et la qualité des données partagées.
- Territorialiser le diagnostic biologique pour une riposte rapide.

Axe 2 : Intensifier la Prévention à la Source

- Mener un recensement de la population canine pour mieux cibler les interventions.
- Déployer des campagnes de vaccination de masse des chiens.
- Renforcer la communication str les risques et l'engagement communautaire (CREC).

Axe 3 : Améliorer l'Accès à une Prise en Charge Equitable

- Améliorer l'accès Equitable à la PPE humaine sur tout le territoire.
- Faire le plaidoyer pour l'intégration de la PPE dans le paqvet de la Couverture Sanitaire Universeìle (CSU).
- Soumettre une demande à GAVI pour l'intégration du vaccin antirabique dans le Programme Élargi de Vaccination (PEV).

Source : Rapport GTT Zoonose 2025

Notre engagement : "Zéro décès humain dû à la rage d'ici 2030"

Vision Stratégique

Le Sénégal est aligné sur l'objectif mondial "Zéro décès humain dû à la rage d'ici 2030", une priorité de santé publique intégrée dans le Programme National Multisectoriel pour la Sécurité Sanitaire (PNMSS-OH).

Cadre Institutionnel

Primature

Tutelle stratégique

↓

HCNSS-OH (Haut Conseil National de Sécurité Sanitaire)

Pilotage et définition des orientations

↓

GTT Zoonoses (Groupe de Travail Technique)

Expertise et coordination opérationnelle entre la santé humaine (DP, PNLMTN), la santé animale (DSV).

"Cette zoonose virale, toujours mortelle après l'apparition des signes cliniques, est pourtant entièrement évitable grâce à des interventions efficaces et bien documentées."

African Union

World Health Organization
African Region

ESPEN
EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

04

Conclusion

L'élimination est à notre portée :

L'intégration est un levier d'efficacité

Les progrès de 2025 sont réels mais fragiles. Ils nous montrent que nous avons les outils pour réussir, mais que la persistance des décès humains nous impose d'accélérer et d'intensifier nos efforts.

L'approche One Health est une solution durable

L'expérience du Sénégal est prometteuse mais nécessite un renforcement du financement, un fort engagement communautaire et une pérennisation des actions

INTÉGRATION SYSTÉMIQUE ET RENFORCEMENT ONE HEALTH:
Des données partagées en temps réel pour une riposte coordonnée.

PRÉVENTION À LA SOURCE :
La vaccination canine de masse comme investissement le plus rentable pour sauver des vies humaines.

ENGAGEMENT DURABLE :
Une mobilisation des ressources et une implication de tous les acteurs, du niveau national au communautaire.

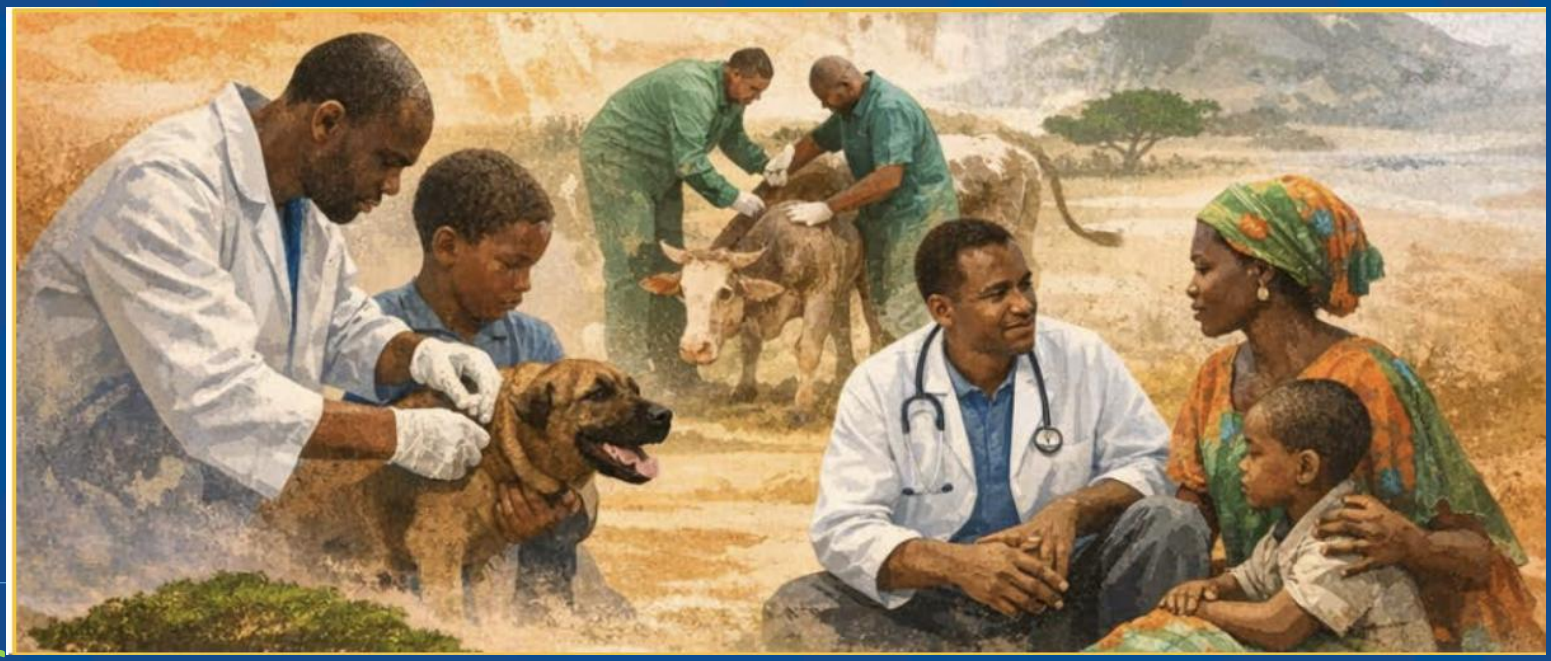
One Health

MINISTÈRE DE LA SANTÉ ET DE L'HYGIÈNE PUBLIQUE

MASAE

Ensemble, transformons nos engagements stratégiques en une réalité : Zéro décès dû à la rage au Sénégal.

THANK YOU



13-16 April 2026

Lilongwe, Malawi

African Union

World Health Organization
African Region

EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

ANNUAL MEETING OF
NTD PROGRAMME MANAGERS IN AFRICA

EXPÉRIENCE NATIONALE EN MATIÈRE DE SURVEILLANCE INTÉGRÉE DES MTN EN GÉNÉRAL, DES MTN CUTANÉES EN PARTICULIER

De la lutte intégrée contre les MTN à l'intégration des autres dermatoses. La résolution WHA78.15 « Les maladies de la peau : une priorité de santé publique mondiale »

Présentateur

Dr. DJE N'GORAN NORBERT

Directeur Coordonnateur du Programme National de Lutte contre les Maladies Tropicales Négligées à Chimiothérapie Préventive (PNLMTN-CP

13-16 Avril 2026

Lilongwe, Malawi

African Union

World Health Organization
African Region

ESPEN
EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

ANNUAL MEETING OF NTD PROGRAMME MANAGERS IN AFRICA

PLAN DE PRESENTATION

I. CONTEXTE DU PAYS

II. SITUATION DE LA LUTTE CONTRE LES MTN EN COTE D'IVOIRE

III. INTERVENTIONS PROGRAMMATIQUES DE LA LUTTE INTEGREE

IV. RESULTATS DE LA LUTTE INTEGREE

V. RESOLUTION WHA78.15: ETAT DE MISE EN ŒUVRE

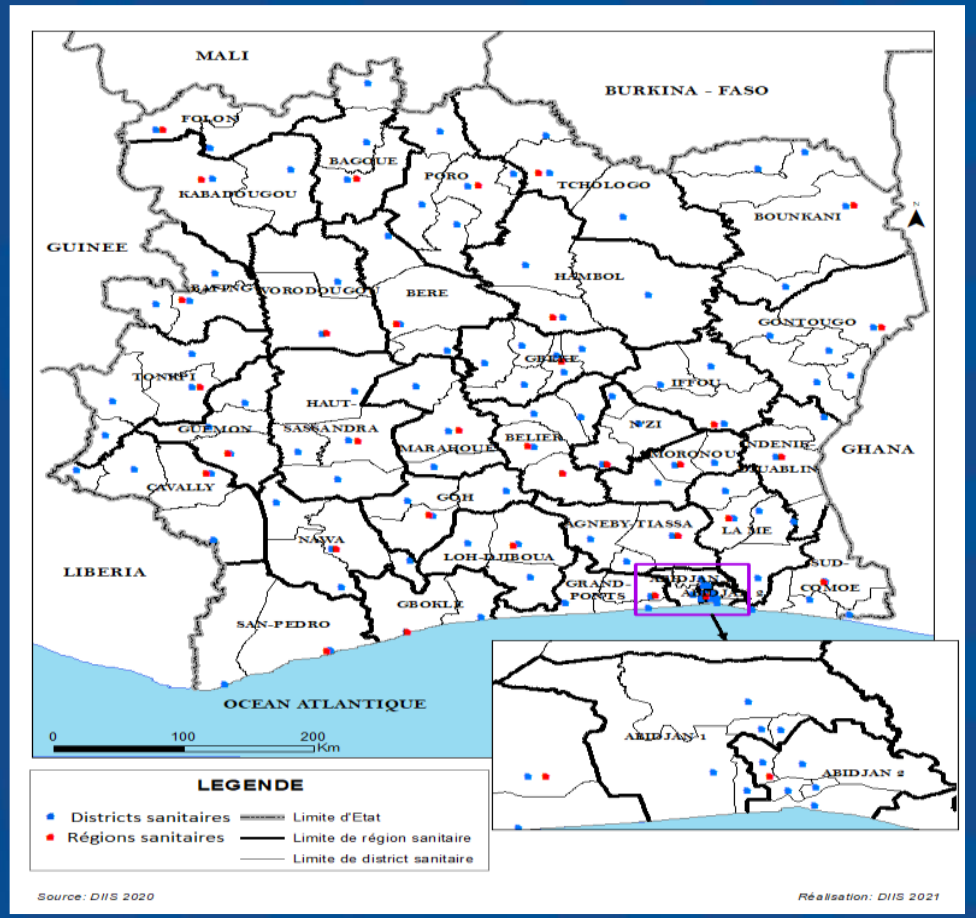
I.CONTEXTE DU PAYS

❑ CÔTE D'IVOIRE:

- superficie de 322.462 Km²,
- Population en 2026 : 33.293.944 habitants
- Climat subtropical

❑ SYSTÈME DE SANTÉ:

- 33 régions sanitaires
- 113 districts sanitaires
- Plus de 3411 Etablissements Sanitaires de Premier Contact



II.SITUATION DE LA LUTTE CONTRE LES MTN EN COTE D IVOIRE (1/3)

❑ SITUATION EPIDEMIOLOGIQUE : 14 MTN ENDEMIQUES

- 5 MTN à chimiothérapie préventive: Onchocercose, filariose lymphatique, trachome, schistosomiase et géo helminthiase

- 9 MTN à Prise en Charge des cas: lèpre, ulcère de Buruli, gale, pian, mycétome, leishmaniose cutanée, envenimation par morsure de serpents, ver de guinée et trypanosomiase humaine africaine

- 9 MTN à manifestations cutanées: lèpre, ulcère de Buruli, gale, pian, mycétome, leishmaniose cutanée, envenimation par morsure de serpents, onchocercose et filariose lymphatique.

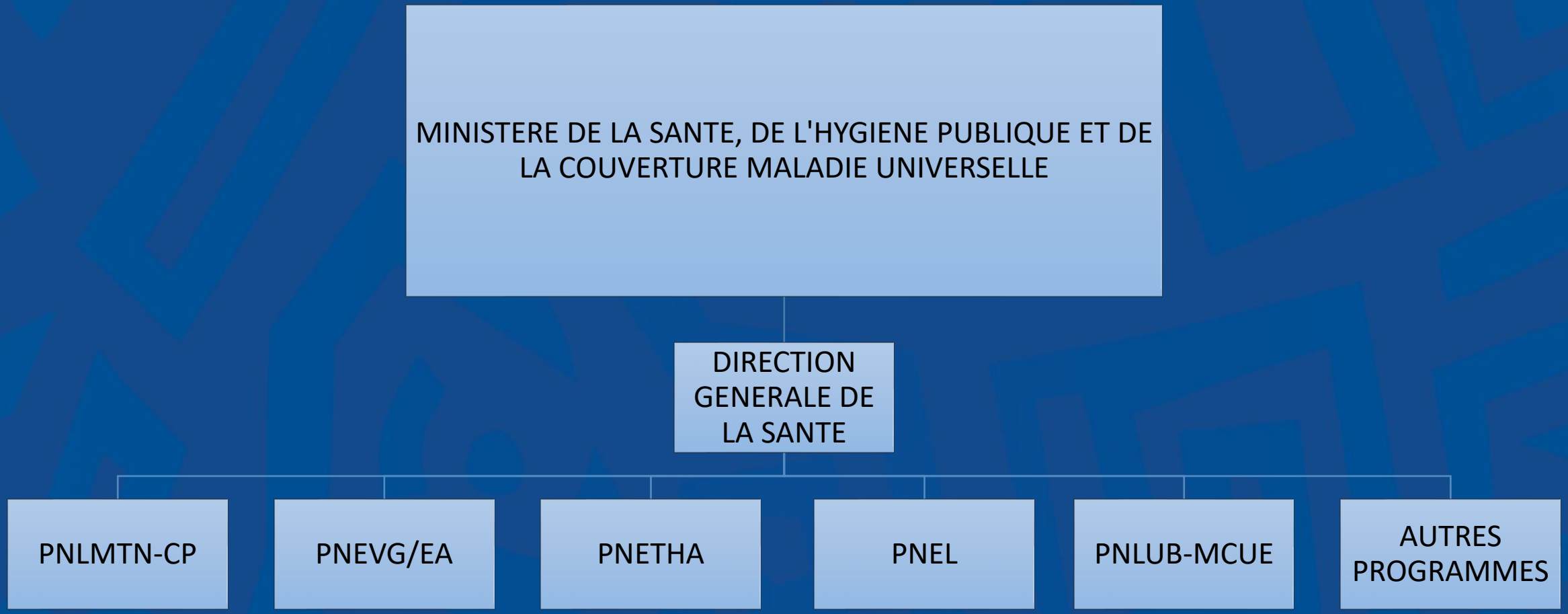
II.SITUATION DE LA LUTTE CONTRE LES MTN EN COTE D'IVOIRE (2/3)

❑ CORDINATION DE LA LUTTE

- 5 Programmes de santé
  - PNEL : Lèpre
  - PNLUB-MCUE: Ulcère de Buruli , Pian, Gale, Leishmaniose cutanée, Mycétome, Envenimation par morsure de serpent
  - PNELTHA : Trypanosomiase Humaine Africaine
  - PNEVG/EA: Ver de Guinée
  - PNLMTN-CP : Onchocercose, Filariose Lymphatique, Trachome, Schistosomiase et Géo helminthiase

- ⇒ les Programmes sont sous la coordination de la Direction Générale de la Santé

II.SITUATION DE LA LUTTE CONTRE LES MTN EN COTE D'IVOIRE (3/3)



III.INTERVENTIONS PROGRAMMATIQUES DE LA LUTTE INTEGREE (1/10)

❑ LES OUTILS DE PLANNIFICATION DE LA LUTTE INTEGREE

- Disponibilité d'un Plan Directeur de lutte intégrée contre les MTN 2021- 2026
- Disponibilité d'un plan pluriannuel de lutte intégrée contre les MTN cutanée
- Disponibilité d'un plan « zéro lèpre d'ici 2023 » selon l'approche de lutte intégrée contre les MTN
- Disponibilité de Plan Opérationnel Annuel d'activités spécifique selon les indicateurs spécifiques pour la mise en œuvre integrée des interventions

LES OUTILS DE PLANNIFICATION DE LA LUTTE INTEGREE

REPUBLIQUE DE CÔTE D'IVOIRE

Union - Discipline - Travail

MINISTERE DE LA SANTE ET DE L'HYGIENE PUBLIQUE
DE L'HYGIENE PUBLIQUE ET DE LA COUVERTURE
MALADIE UNIVERSELLE

PLAN DIRECTEUR NATIONAL DE LUTTE INTÉGRÉE
CONTRE LES MALADIES TROPICALES NÉGLIGÉES

2021- 2026

MINISTERE DE LA SANTE, DE L'HYGIENE PUBLIQUE ET DE LA COUVERTURE MALADIE UNIVERSELLE

DIRECTION GENERALE DE LA SANTE

REPUBLIQUE DE COTE D'IVOIRE

Union-Discipline Travail

DIRECTION DE COORDINATION DU PROGRAMME NATIONAL D'ELIMINATION DE LA LEPRE

DIRECTION DE COORDINATION DU PROGRAMME NATIONAL DE LUTTE CONTRE L'ULCER DE BURULI

DIRECTION DE COORDINATION DU PROGRAMME NATIONAL DE LUTTE CONTRE LES MALADIE TROPICALE NEGLIGEES A CHIMIOTHERAPIE PREVENTIVE

DRAFT # 2

Plan Opérationnel Pluriannuel de lutte contre les Maladies Tropicales Négligées à Manifestations Cutanées (MTN-MC) en Côte d'Ivoire

2023-2026

Follereau

Organisation mondiale de la Santé

FONDATION anesvad

american leprosy missions

III. INTERVENTIONS PROGRAMATIQUES DE LA LUTTE INTEGREE (2/10)

- **LES SENSIBILISATIONS INTÉGRÉES**

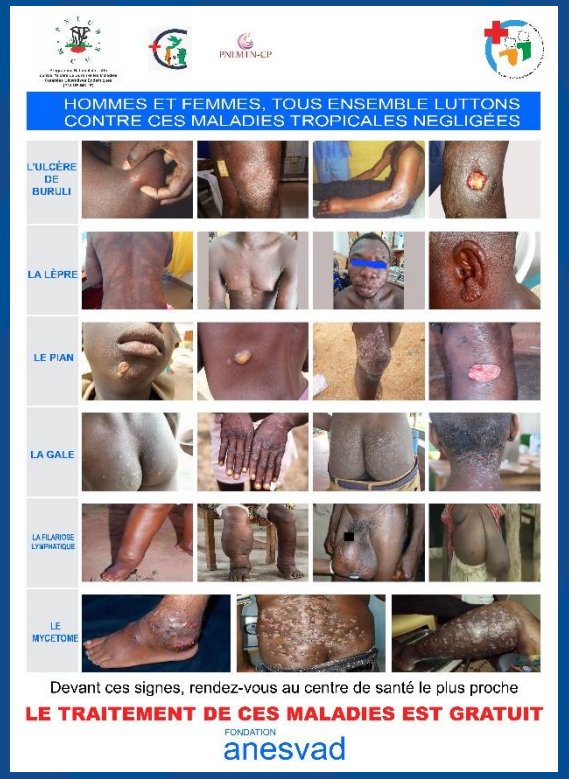
- **Outils: Affichettes, Affiches ou poster, Boite à images intégrés et T-shirts. Tous élaborés et édités avec des slogans et images de toutes les maladies**

- **Messages de sensibilisation intégrée centrés sur les maladies de la peau à travers**

des Prêts à Diffuser pour les radios communautaires et les mobilisateurs communautaires

III. INTERVENTIONS PROGRAMATIQUES DE LA LUTTE INTEGREE (3/10)

- **Posters intégrés**



III. INTERVENTIONS PROGRAMATIQUES DE LA LUTTE INTEGREE (4/10)

- FORMATION INTEGREE
- **Cible:**
  - **les étudiants infirmiers et sages femmes de l'école de base et de spécialité de formation (INFAS)**
  - **les professionnels de la santé déjà en service dans les districts sanitaires**

- **Modules :**
  - **modules simplifiés pour chaque maladie pour l'opérationnalisation sur le terrain**
  - **Modules e-learning pour le renforcement des capacité des acteurs**
  - **Utilisation SkinAPP de l'OMS en projet test**
- LES FORMATEURS SONT PLURIDISCIPLINAIRES ET LA FORMATION SE DEROULE EN SESSION UNIQUE

III. INTERVENTIONS PROGRAMATIQUES DE LA LUTTE INTEGREE (5/10)

❑_DEPISTAGE INTEGRE

- Cibles identiques: préférentiellement les populations des zones rurales
- Equipe de mise en œuvre : pluridisciplinaire tant au niveau région et district sanitaire qu'au niveau programme
- Type: Consultation foraine dermatologique de toute personne de la communauté présentant des problèmes de peau
- Maladies courantes ciblées: Lèpre, Ulcère de Buruli, pian, Gale, lymphœdème, hydrocèle; mais également les autres dermatoses prévalentes

III. INTERVENTIONS PROGRAMATIQUES DE LA LUTTE INTEGREE (6/10)

❑ QUELQUES EXEMPLES DE GRANDES INTERVENTIONS MENEES SELON L'APPROCHE INTEGREE

- 2018: Projet sur les soins de plaies en communauté: mise en oeuvre selon l'approche intégrée
- 2019-2023: Projet pilote de lutte intégrée contre les MTN cutanées dans 6 districts sanitaires
- 2022: Investigation rapide du pian selon l'approche intégrée dans 15 districts sanitaires
- 2024-2026 : Projets sur la Chimiothérapie à la dose unique de rifampicine contre la lèpre, mis en œuvre selon l'approche intégré dans 6 districts sanitaires
- 2025-2026: Projet de renforcement du système de lutte intégrée contre les MTN dans 4 districts sanitaires

III. INTERVENTIONS PROGRAMATIQUES DE LA LUTTE INTEGREE (7/10)

Séances de consultation dermatologique

III. INTERVENTIONS PROGRAMATIQUES DE LA LUTTE INTEGREE (8/10)

❑_CAS DE L'INTEGRATION DE LA DISTIBUTION DE MASSE ET DU DEPISTAGE INTEGRE

- 2023: Une étude menée conjointement par la Côte d'Ivoire et l'OMS a conclu à la faisabilité sans coût additionnel significatif de l'administration de masse du praziquantel dans le cadre de la lutte contre la bilharziose couplé au dépistage intégré des MTN et autres dermatose dans deux districts sanitaires

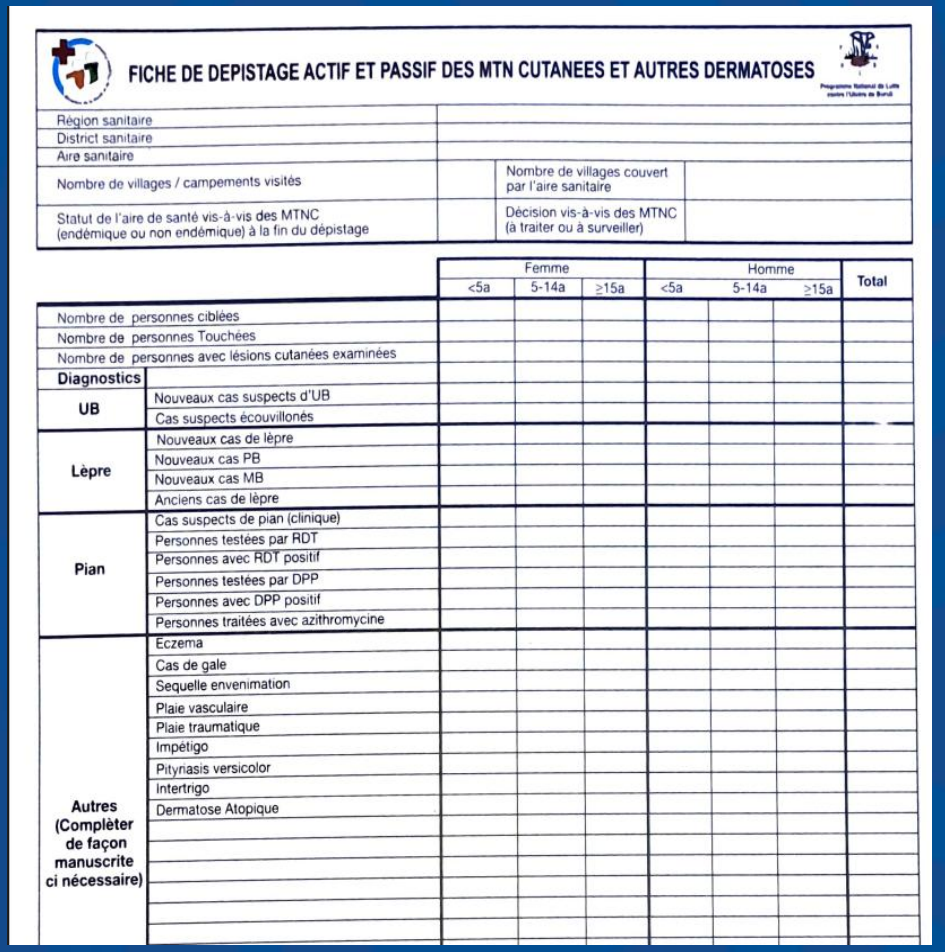
III. INTERVENTIONS PROGRAMATIQUES DE LA LUTTE INTEGREE (9/10)

❑ LES OUTILS DE GESTION DONNEES

- Elaboration de fiches de dépistage actif et passif intégré
- Intégration progressive des indicateurs des MTN dans le DHIS2 national

III. INTERVENTIONS PROGRAMATIQUES DE LA LUTTE INTEGREE (10/10)

- Fiche de notification des MTN



FICHE DE DEPISTAGE ACTIF ET PASSIF DES MTN CUTANEES ET AUTRES DERMATOSES

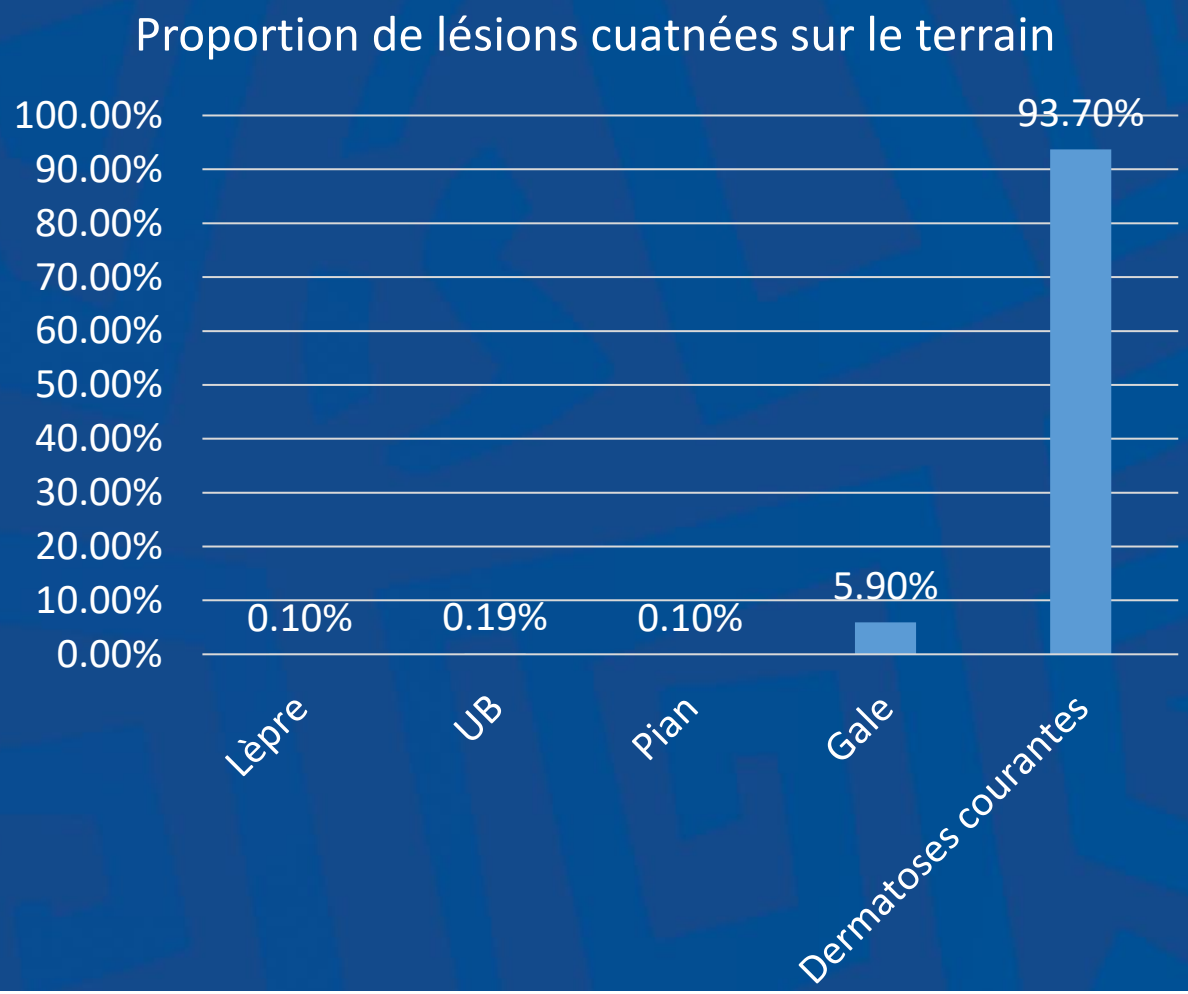
Région sanitaire			
District sanitaire			
Aire sanitaire			
Nombre de villages / campements visités		Nombre de villages couvert par l'aire sanitaire	
Statut de l'aire de santé vis-à-vis des MTNC (endémique ou non endémique) à la fin du dépistage		Décision vis-à-vis des MTNC (à traiter ou à surveiller)	

		Femme			Homme			Total
		<5a	5-14a	≥15a	<5a	5-14a	≥15a	
Nombre de personnes ciblées								
Nombre de personnes Touchées								
Nombre de personnes avec lésions cutanées examinées								
Diagnostics								
UB	Nouveaux cas suspects d'UB							
	Cas suspects écouvillonés							
Lèpre	Nouveaux cas de lèpre							
	Nouveaux cas PB							
	Nouveaux cas MB							
	Anciens cas de lèpre							
Pian	Cas suspects de pian (clinique)							
	Personnes testées par RDT							
	Personnes avec RDT positif							
	Personnes testées par DPP							
	Personnes avec DPP positif							
	Personnes traitées avec azithromycine							
Autres (Compléter de façon manuscrite ci nécessaire)	Eczema							
	Cas de gale							
	Sequelle envenimation							
	Plaie vasculaire							
	Plaie traumatique							
	Impétigo							
	Pityriasis versicolor							
	Intertrigo							
	Dermatose Atopique							

IV. RESULTATS DE LA LUTTE INTEGREE (1/3)

- **Un exemple de données épidémiologiques du projet ciblant 6 districts:**

12585 personnes avec lesions cutanées



IV. RESULTATS DE LA LUTTE INTEGREES (2/3)

❑ POINTS POSITIFS

- Bonne adhésion des populations
- Appropriation de l'approche intégrée par les professionnels de la santé
- Bonne couverture géographique: plusieurs localités touchées au cours d'une activité
- Plusieurs pathologies dépistées au cours d'une même activité
- Prise en charge communautaires des maladies dépistées
- Notification d'autres dermatoses autres que les MTN Co-existentes
- Création d'une plateforme whatsApp pour échanger les images entre les agents de santé sur le terrain et les programmes pour améliorer le diagnostic et la prise en charge des affections cutanées

IV. RESULTATS DE LA LUTTE INTEGREE (3/3)

❑_POINTS FAIBLES A AMELIORER

- Insuffisance voire absence de médicaments pour les dermatose autres que les MTN cutanées
- Insuffisance de compétence des infirmiers en milieu rural à poser le diagnostic correct des dermatoses autres que les MTN

- impossibilité de prendre en charge les autres dermatoses prévalentes dans les mêmes communautés posant un problème éthique et source d exclusion

La résolution WHA.78.15 portée par la Côte d'Ivoire, reconnait les maladies de la peau comme une priorité de santé publique mondiale

V. RESOLUTION WHA78.15: ETAT DE MISE EN ŒUVRE (1/3)

❑ RAPPEL

- Résolution présentée par la Côte d'Ivoire avec le soutien du Togo, du Nigeria et des Etats fédérés de la Micronésie
- Adoptée en mai 2025 lors de la 78e Assemblée Mondiale de la Santé
- La résolution reconnait les maladies de la peau comme une priorité mondiale et appelle les Etas membres à réduire le fardeau que constituent ces maladies

V. RESOLUTION WHA78.15: ETAT DE MISE EN ŒUVRE (2/3)

❑ **MISE EN ŒUVRE EN CÔTE D'IVOIRE :Un atelier de réflexion a permis de dégager des actions prioritaires**

- Intégrer les dermatoses prioritaires dans la lutte globale contre les MTN
- Développer la télédermatologie
- Renforcer les campagnes de dépistage avancée pour atteindre les communautés du dernier kilomètre
- Intégrer les médicaments des maladies ciblées de la peau dans la liste des médicaments essentiels
- Elaborer un plan stratégique de lutte globale contre les MTN et les dermatoses prioritaires

V. RESOLUTION WHA78.15: ETAT DE MISE EN ŒUVRE (3/3)

❑_PROCHAINES ETAPES

- Mettre en œuvre un projet pilote de télédermatologie
- Elaborer un plan d'action globale à mettre à échelle
- Mobiliser les partenaires pour un soutien à la lutte globale contre maladies de la peau

MERCI

13-16 Avril 2026

Lilongwe, Malawi

Integrated surveillance for NTDs

under existing public health emergency management

Ministry of health-Ethiopia

Tesfahun Bishaw

National NTDs program manager

April 13, 2026

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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

Objective of the presentation

This is mainly to

- discuss the integration of NTDs surveillance in the existing surveillance system

Importance of surveillance

- ✓ To track unusual disease trend: new, persistent transmission or re emerging/resurgence
  - ✓ rHAT, GW
- ✓ To generate evidence on the progress of the program milestones
  - ✓ Trend analysis
  - ✓ Sentinel site e.g SCH STH
- ✓ To monitor service utilization: treating cases at their locality
  - ✓ Break the transmission
  - ✓ Ending the “finish line”

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PHEM prioritized diseases

Immediately notifiable

1. Acute Flaccid Paralysis
2. Anthrax
3. Avian Human Influenza
4. Cholera
5. Dracunculiasis/Guinea warm
6. Measles
7. Neonatal tetanus
8. Pandemic Influenza A(H1N1)
9. Rabies
10. Smallpox
11. SARS
12. Viral Hemorrhagic Fever(VHF)
13. Yellow Fever
14. Maternal death
15. Peri-natal death
16. Chikungunya
17. Dengue fever
18. Malburg

Weekly Reportable

1. Dysentery
2. Malaria
3. Meningitis
4. Relapsing
5. Typhoid Fever
6. Typhus
7. Severe Acute Malnutrition
8. Scabies (Specific regions)
9. Visceral leishmaniasis (specific regions)

Selection Criteria

1. Diseases which have high epidemic potential
2. Diseases of international concern/IHR 2005
3. Diseases targeted for eradication or elimination
4. Disease of public health importance
5. Diseases which have effective prevention and control measures

Types of surveillance approaches

- Active surveillance
  - Dracunculiasis
  - VL
- Passive surveillance
  - DHIS/HMIS, nearly 25 data elements/8 indicators
  - Drug and diagnostic kits consumption report
- Event based surveillance
  - Social and mass media e.g VL and scabies

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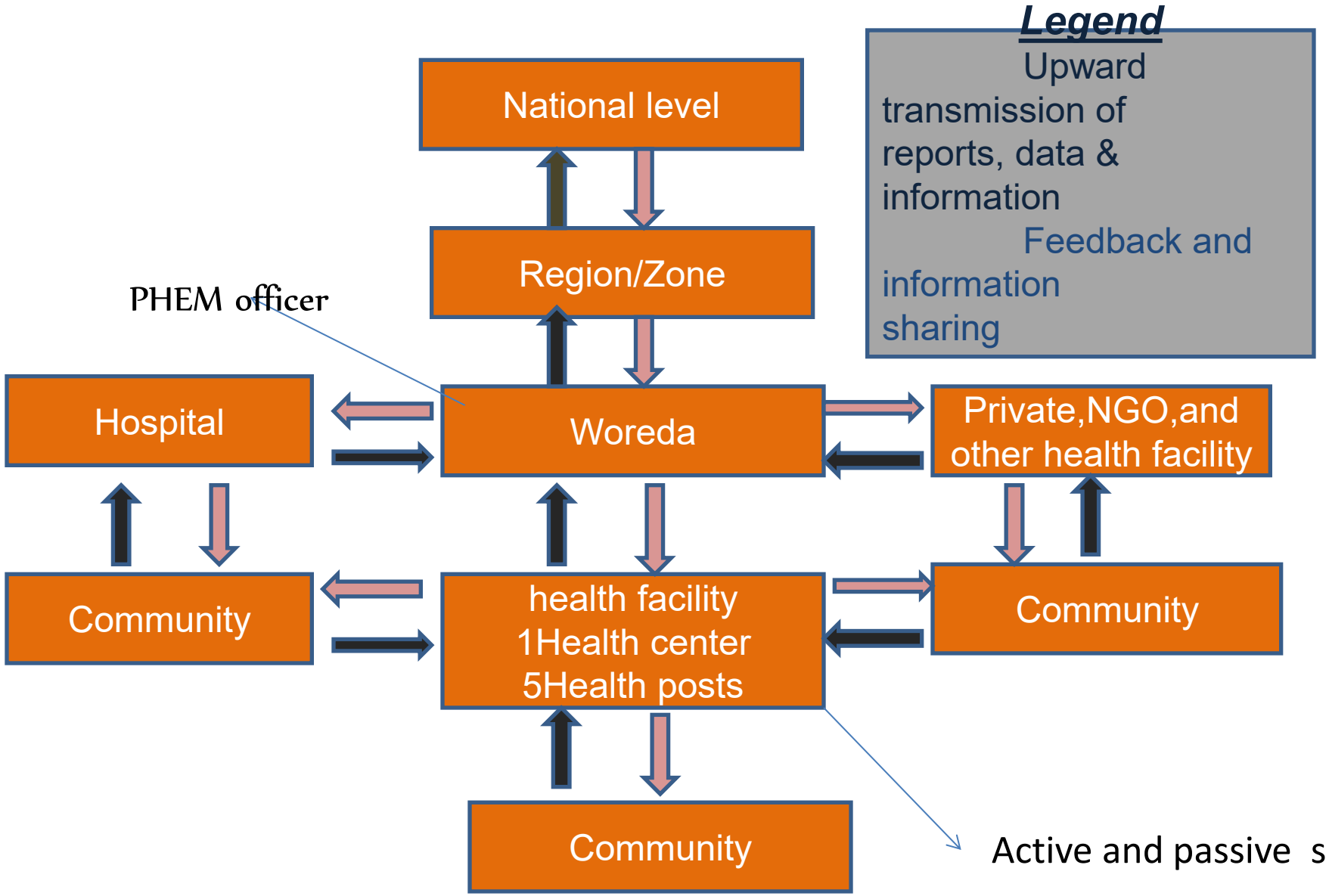
Surveillance governance and data flow



Active surveillance

- Ethiopia dracunculiasis eradication program
  - Human and animal cases surveillance
  - Cash reward
- Visceral leishmaniasis community screening
  - Hotspot districts
- Febrile illness surveillance
  - Dengue fever, chikungunya

Passive Surveillance data sources

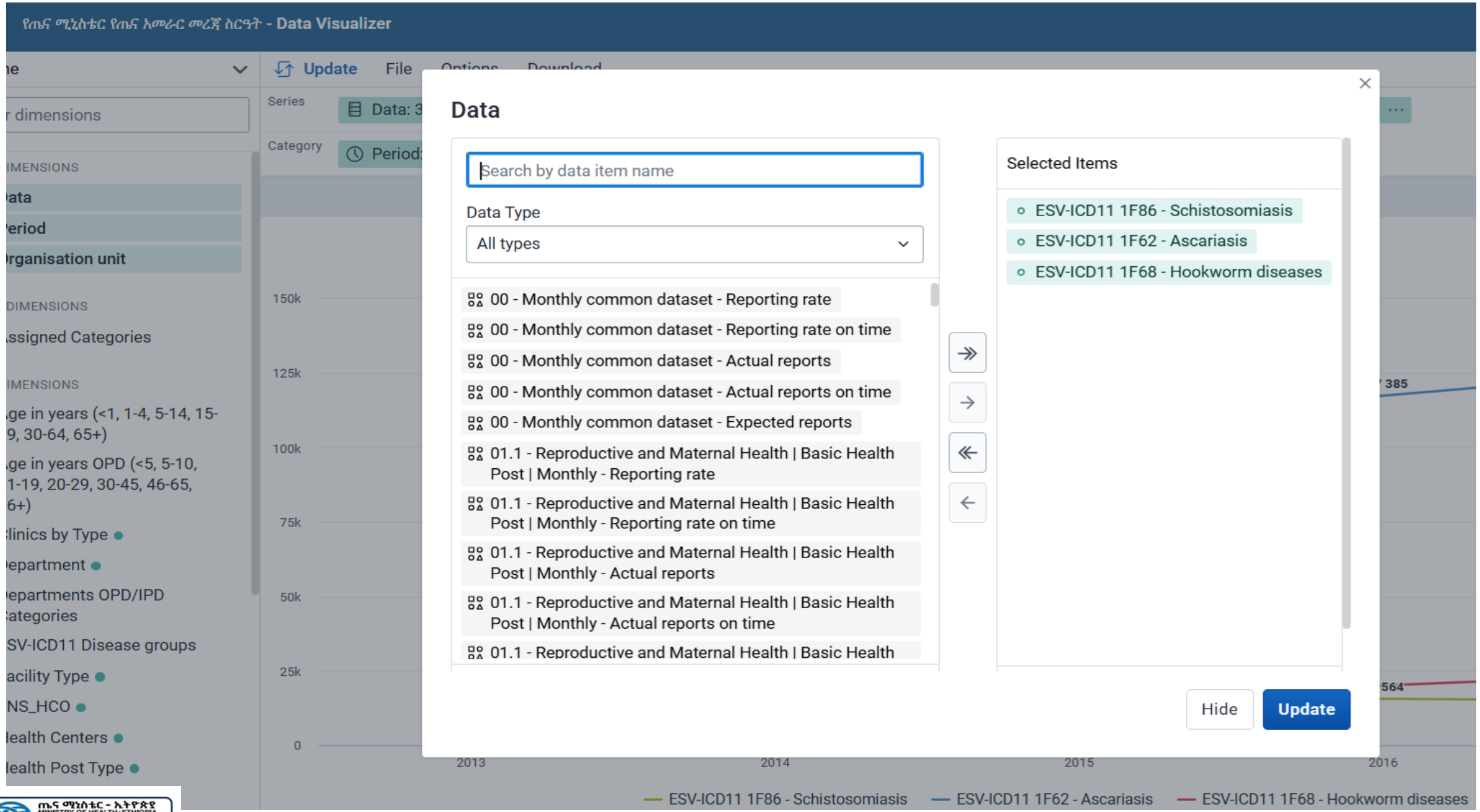
OPD morbidity register

Laboratory registers

Drug monitoring

Monthly HMIS reports

DHIS2 national database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SV-ICD11 Disease groups
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lealth Post Type
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125k
100k
75k
50k
25k
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2013
2014
2015
2016
385
564
ESV-ICD11 1F86 - Schistosomiasis
ESV-ICD11 1F62 - Ascariasis
ESV-ICD11 1F68 - Hookworm diseases
Data
Search by data item name
Data Type
All types
00 - Monthly common dataset - Reporting rate
00 - Monthly common dataset - Reporting rate on time
00 - Monthly common dataset - Actual reports
00 - Monthly common dataset - Actual reports on time
00 - Monthly common dataset - Expected reports
01.1 - Reproductive and Maternal Health | Basic Health Post | Monthly - Reporting rate
01.1 - Reproductive and Maternal Health | Basic Health Post | Monthly - Reporting rate on time
01.1 - Reproductive and Maternal Health | Basic Health Post | Monthly - Actual reports
01.1 - Reproductive and Maternal Health | Basic Health Post | Monthly - Actual reports on time
01.1 - Reproductive and Maternal Health | Basic Health
Selected Items
ESV-ICD11 1F86 - Schistosomiasis
ESV-ICD11 1F62 - Ascariasis
ESV-ICD11 1F68 - Hookworm diseases
Hide
Update

Enabling factors

- ✓ The existing PHEM structure up to the community level
  - ✓ Rumors, diagnosed cases
- ✓ MDA campaign
  - ✓ Refer the suspected cases to the catchment HC
  - ✓ Used to screen rare diseases/ Noma, mycetoma, GW
- ✓ NTDs survey
- ✓ National policies, guidelines, HMIS

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Conclusion

- ✓ As far as we are moving for the elimination/eradication of the NTDs, the surveillance system should incorporate those targeted diseases
- ✓ It is essential to ensure maintaining the gain

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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

THANK YOU

13-16 April 2026

Lilongwe, Malawi

African Union

World Health Organization
African Region

EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

ANNUAL MEETING OF
NTD PROGRAMME MANAGERS IN AFRICA

ANNUAL MEETING OF NTD PROGRAMME MANAGERS IN AFRICA

Integration of NTDs into PHC

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13-16 April 2026

Lilongwe, Malawi

African Union

World Health Organization
African Region

ESPEN
EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

Outline

- Introduction
- Barriers and Mitigatory Measures
- Policy enablers
- Accountability
- Next steps

Introduction

- Integration of Neglected Tropical Diseases (NTDs) into Primary Health Care (PHC).
  - systematic inclusion of prevention, diagnosis, treatment, surveillance, and disability management of NTDs within routine, frontline health services—rather than delivering them as separate, vertical programs.
  - NTD services become part of everyday care delivered through community health workers, clinics, and district health systems.

- Vertical programs are: Costly Unsustainable, Weakly linked to broader health systems

  WHEREAS

- PHC integration: Improves coverage and equity ,Strengthens health systems, Supports Universal Health Coverage (UHC) goals

Rationale for NTD Integration

Objectives

NTD services are:

- Accessible: closer to communities affected by NTDs
- Sustainable: less dependent on campaign-based funding
- Equitable: reaching marginalised and hard-to-reach populations
- Resilient: maintained during health emergencies and transitions in donor funding

Integration should be viewed as a health system strengthening strategy that supports the long-term goals of NTD elimination and UHC.

Expected outcomes of NTD integration into PHC services :

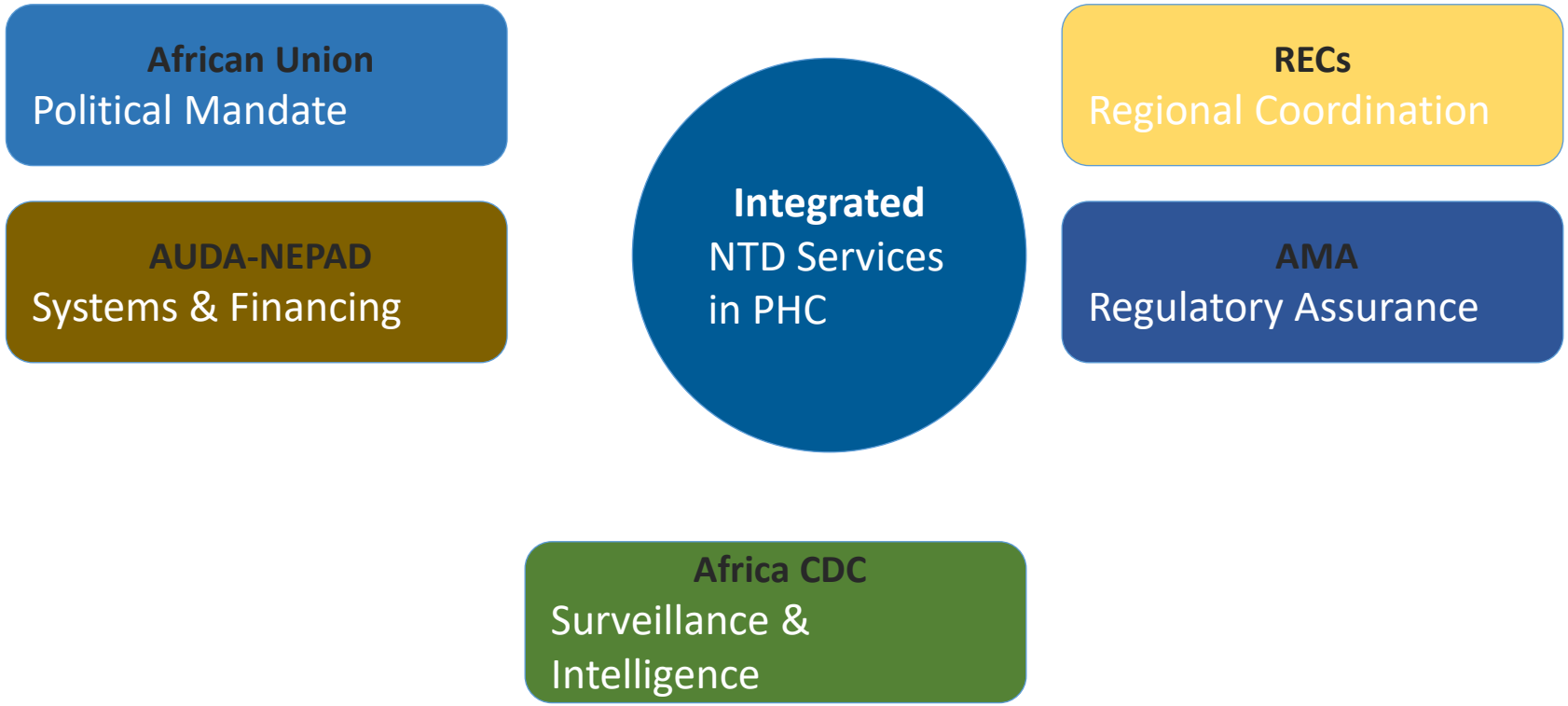
- Services are delivered through existing PHC platforms (health centres, community health posts, outreach services)
- Services are provided by routine health workers, including community health workers (CHWs)
- Services are embedded within essential service packages, supply chains, health information systems, and financing mechanisms
- NTDs are linked to other PHC services such as maternal and child health, WASH, nutrition, school health, and universal health coverage (UHC)

Key Barriers and Mitigatory response example

- Vertical Funding: Money for specific diseases .
- Worker Overload: Frontline staff are often undertrained in NTDs and overwhelmed by existing duties, leading to misdiagnosis.
- Weak Supply Chains: NTD medicines often fail to reach the "last mile" due to poor rural logistics and a lack of diagnostic tools at local clinics.
- Fragmented Data: Tracking systems for NTDs are often separate from national health databases, making it nearly impossible to monitor progress accurately.

- Foster District Ownership: Planning and execution are decentralized. Local health teams manage NTD activities as part of their standard primary care duties rather than as special projects.
- Integrated Skin Screening: Health workers are trained to screen for multiple "skin NTDs" (like Buruli ulcer, Leprosy, and Yaws) during a single patient visit, saving time and resources.
- Insurance Inclusion: Ghana is working to embed NTD diagnosis and treatment into its National Health Insurance Scheme (NHIS) to ensure long-term, domestic funding.
- Shared Labs: Facilities like the KCCR in Kumasi provide integrated diagnostic support, allowing one lab to test for various NTDs using the same infrastructure.

Integrating NTDs into Primary Health Care: Overview AU System



Policy enablers

- African Union (AU) political leadership—through instruments such as the Kigali Declaration on NTDs and Agenda 2063—provides high-level mandate, visibility, and accountability for integrating NTDs into PHC and Universal Health Coverage (UHC) reforms.
- AUDA-NEPAD acts as the AU's development and delivery arm, translating political commitments into implementation by strengthening PHC systems, mobilising financing, building country capacity, and promoting multisectoral action addressing the social determinants of NTDs.
- Africa CDC anchors NTDs within national and continental public health systems by integrating them into disease surveillance, laboratory networks, data analytics, and health security frameworks, ensuring visibility, resilience, and continuity of services.
- African Medicines Agency (AMA) enables integration through regulatory harmonisation, ensuring timely access to quality-assured NTD medicines, diagnostics, and medical products within routine PHC supply systems.
- Regional Economic Communities (RECs) support regional policy alignment, cross-border coordination, pooled initiatives, and peer learning, addressing the transboundary nature of many NTDs and reducing fragmentation.
- National policies and financing frameworks—including NTD master plans, essential health benefit packages, public health laws, and PHC budgets—translate continental and regional commitments into sustainable service delivery at country level.

AU Ecosystem - Integrating NTDs into PHC

AUC

AU's Leadership Role
The African Union provides political authority and legitimacy for integrating NTDs into primary health care across the continent.

Key Policy Instruments
Instruments like the Kigali Declaration and Agenda 2063 establish commitments to equity, social development, and health system resilience supporting NTD integration.

Mandate for Coordination
AU mandates coordinated action among Member States and institutions, enabling policy reform, resource mobilization, and cross-sector collaboration.

Norm-Setting Authority
The AU acts as the convening and norm-setting authority, ensuring NTD integration remains a continental priority rather than a fragmented effort.

AUDA-NEPAD

Bridging Policy and Implementation
AUDA-NEPAD acts as a crucial link between African Union commitments and practical implementation on the ground.

Supporting Health System Strengthening
It supports PHC and district health systems, aligning NTD priorities with national development plans.

Promoting Multisectoral Action
AUDA-NEPAD fosters collaboration across WASH, education, local government, and infrastructure sectors.

Resource Mobilization and Investment
It plays a key role in domestic resource mobilization, framing NTD integration as a development investment.

Africa CDC

Strengthening Surveillance Systems
Africa CDC enhances Integrated Disease Surveillance and Response systems to improve health data collection and analysis.

NTD Data Integration
Integrating neglected tropical diseases into routine health information systems ensures better visibility and response capabilities.

Workforce Capacity Building
Africa CDC develops skilled epidemiology and public health workforce to manage diseases within primary healthcare settings effectively.

Health Security and Continuity
Embedding NTD surveillance within broader health security frameworks ensures service continuity during health crises.

AMA

Harmonization of Registration
AMA harmonizes medicine registration processes to ensure consistent quality across African countries.

Quality Assurance and Pharmacovigilance
Strengthening quality assurance and monitoring reduces risks of substandard medical products circulating in markets.

Regulatory Reliance and Joint Assessments
Promoting regulatory reliance and joint assessments accelerates approval and lowers costs for medicines and diagnostics.

Sustainable NTD Integration
Regulatory convergence helps countries transition to routine national procurement for sustainable NTD service delivery.

RECS

RECs act as a crucial regional coordination layer within the African Union system, facilitating cooperation among neighboring countries.

Cross-Border Collaboration
RECs support joint action addressing cross-border challenges like NTDs, focusing on mobile populations and regional procurement.

Translating AU Strategies Locally
RECs operate closer to Member States, enabling effective implementation of AU strategies and reducing fragmentation.

Success in NTD integration into PHC in Africa is driven by aligned political, developmental, public health, regulatory, and regional coordination policies working together to support countries in delivering sustainable, equitable NTD services through PHC systems.

Promoting integration through enhanced accountabilty

- Successful integration of NTDs into PHC measured by :
- To what extent NTDs are embedded in policies, budgets, routine services, surveillance systems, and regulatory frameworks across Member States—ensuring sustainable, equitable delivery through PHC.
- What core indicators should be emphasized to measure integration? Do the current set of indicators need updating?

Next Steps

Strategic Priority	Key Actions Required	Lead Institutions
1. Enforce Policy Alignment	• Translate AU commitments (Kigali Declaration, AU STC decisions) into time-bound national actions • Embed NTDs in PHC strategies, UHC plans, and Essential Health Benefit Packages	AU Commission; AUDA-NEPAD; Member States
2. Shift Financing into PHC Systems	• Advocate for Integration of NTD services into PHC and district health budgets • Prioritise domestic financing and reduce reliance on vertical donor funding • Develop investment cases linking NTD integration to human capital and productivity	AUDA-NEPAD; Ministries of Finance and Health; Development Partners
3. Institutionalise NTDs in Routine PHC Delivery	• Update PHC service packages to include routine NTD diagnosis, treatment, and morbidity management • Expand task-sharing policies for community health workers • Integrate NTD services with MCH, nutrition, school health, and WASH platforms	Ministries of Health; RECs; AUDA-NEPAD
4. Mainstream NTDs into Surveillance and HIS	• Integrate NTD indicators into DHIS2 and national health information systems • Include priority NTDs in IDSR frameworks • Reduce parallel NTD reporting systems	Africa CDC; National Public Health Institutes; Ministries of Health
5. Accelerate Regulatory and Supply Chain Integration	• Use AMA regulatory pathways for harmonised and reliance-based approvals • Ensure NTD medicines and diagnostics are registered and quality-assured • Transition commodities into national medical supply chains	African Medicines Agency; NMRAs; Ministries of Health
6. Strengthen Regional and Cross-Border Coordination	• Use RECs to coordinate cross-border surveillance and control • Promote regional peer learning on PHC-based NTD integration • Explore pooled procurement and aligned regional guidelines	RECs; Africa CDC; AUDA-NEPAD
7. Institutionalise Continental Accountability	• Adopt an AU NTD–PHC Integration Scorecard as a formal monitoring tool • Report progress biennially through Kigali Declaration and AU STC mechanisms • Focus reporting on system-level integration indicators	AU Commission; AUDA-NEPAD; Africa CDC; AMA

THANK YOU

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Health Break

16:00 - 16:30

SESSION 5
NTDs and climate change
16:30 -17-30

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Session Structure and Time Allocation

Total Duration: 60 Minutes (16:30 – 17:30)

Format: High-Level Panel Discussion followed by Technical Plenary and Q&A

Session Flow:

- **Opening remark (3 min):**
  Brief framing of climate NTD evidence and need for integrated approaches.
- **Scene-setting presentation (5 min):**
  High-level data summary illustrating climate–NTD linkages.
- **Panel introduction (2 min):**
  Introducing the panelists from Burkina Faso, Kenya, and Mozambique.
- **Guided discussion (30 min):** Thematic rounds of questions with the panel.
- **Audience Q&A (15–20 min):**
  Open floor for participant questions and discussion.
- **Closing synthesis (5 min)**

Climate and NTD Nexus

- Climate change has transitioned from a long-term environmental concern to an immediate and systemic threat to public health security across Africa.
- Climatic variability including shifts in temperature, precipitation, and extreme weather events is a major determinant of disease transmission dynamics.
- Rising temperatures and irregular rainfall lengthen vector breeding seasons, enabling transmission in previously low-risk areas.
- High-impact events, such as cyclones in Mozambique and flooding in East African cities, trigger significant population displacement.

The Need for Anticipatory Action

- Climate-induced environmental instability was identified as a critical emerging barrier to elimination during the 2025 Cotonou meeting.
- Many national NTD programmes currently operate reactively, with limited collaboration across sectors like meteorology, environment, and agriculture.
- The absence of integrated data systems restricts the use of predictive modelling and early-warning tools.
- We must shift from reactive response to anticipatory, climate-informed planning.

Session Objectives

- **Strengthen cross-sectoral data sharing** between NTD programmes, meteorological agencies, and disaster management units.
- **Enhance predictive modelling capacity** to anticipate outbreaks linked to ecological shifts.
- **Integrate climate adaptation strategies** into National NTD Master Plans (2026–2030).
- **Develop actionable guidance** for climate-resilient interventions, including Mass Drug Administration (MDA) and vector control.

Themes 1 & 2 - Dynamics and System Resilience

- **Theme 1: Understanding Climate–Disease Dynamics**
- Addressing major data gaps that hinder accurate prediction.
- Adapting surveillance for vectors moving into urban environments.

- **Theme 2: Programme Disruptions and System Resilience**
- Identifying interventions most vulnerable to climate shocks.
- Ensuring MDA continuity and the role of primary health care (PHC) systems during emergencies.

Themes 3 & 4 - Integration and Financing

- **Theme 3: Cross-Sectoral Integration & Innovation**
- Operationalizing meteorological data for early warning responses.
- Expanding One Health approaches to address vector ecology shifts.

- **Theme 4: Financing & Policy**
- Mobilizing domestic resources as donor funding becomes constrained.
- Institutionalizing climate-smart programming within national frameworks.

Expected Outcomes & Next Steps

- A documented synthesis of best practices from Member States navigating NTD surges.
- A preliminary framework for national Climate-Sensitive NTD Mitigation Plans.
- Strengthened forecasting and early-warning mechanisms for climate-sensitive diseases.
- Clear recommendations for updating National NTD Master Plans.

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End of Day 1

We resume tomorrow at 8:30