

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



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Attendance – Day 4



Welcome, objectives of the day

8:30 - 8:45



SESSION 17

Keynote address

8:45 - 9:30

AUDA-NEPAD

AFRICAN UNION DEVELOPMENT AGENCY

ANNUAL MEETING OF NTD PROGRAMME



MANAGERS IN AFRICA

Local Manufacturing: Innovation and Independence as Pillars for Sustainable NTD Elimination in Africa

WHO-AFRO / AUDA-NEPAD keynote

Africa's local manufacturing agenda, the NTD gap, innovation opportunities, and practical pathways to accelerate progress.

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Day 4 keynote | Session 17



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AFRICA

The last mile to 2030 is harder, more fragile, more expensive, and less forgiving of weak systems.

Why this theme matters now

- 2030 elimination targets are closer, but the remaining burden is increasingly concentrated in harder-to-reach and more fragile settings.
- Too much progress still depends on external supply chains for medicines, diagnostics, laboratory inputs, and other enabling technologies.
- Financing pressure is rising while countries are being asked to sustain more of the response domestically.
- Cross-border transmission and uneven subnational performance still expose the weakest links in the system.

WHY THIS IS A DEVELOPMENT ISSUE

Weak supply resilience directly affects productivity, equity, and the protection of public health gains.

WHAT HAS CHANGED

The conversation has shifted from short-term campaign performance to long-term systems resilience and African capability.

BOTTOM LINE

Sustainability now depends on resilient African capability across planning, products, finance, and delivery — not on campaign success alone.

Not isolation, but reliable African capability across planning, production, regulation, finance, and delivery.

What “innovation and independence” should really mean

Reliable access

Fewer interruptions in medicines, diagnostics, and essential tools. The goal is continuity for programmes and communities.

Trusted quality

Independence without standards is risk. The agenda must build QA, regulatory confidence, and programme trust.

Regional capability

Smart specialisation, shared infrastructure, and value chains — not every country trying to do everything.



Country-owned delivery

The destination is stronger PHC, UHC, laboratories, surveillance, procurement, and programme management embedded in national systems.

WHAT THE THEME IS NOT

It is not factory symbolism, fragmented national duplication, or dependence simply moving from one weak point in the chain to another.

THE REAL MEASURE OF “INDEPENDENCE”

Greater control over risk, better access for people, and stronger protection of public health gains.

Local manufacturing must be approached as a continental development, resilience, and public-health agenda.

What Africa now needs to do

PRIORITY ACTIONS FOR AFRICA

Treat NTD medicines, diagnostics, and inputs as strategic development products, not only procurement items.

Build regional capability through pooled demand, smart specialisation, and cross-border value chains.

Link production to regulation, quality assurance, forecasting, financing, and last-mile delivery.

Use the agenda to strengthen jobs, value addition, resilience, and protection of the 2030 elimination gains.

AUDA is helping advance this on behalf of Africa by connecting health priorities to policy, industry, investment, and execution.



AFRICA NEEDS A JOINED-UP ARCHITECTURE

Health, industry, trade, finance, and delivery have to move together.

The AUDA programmes connect continental policy direction to product priorities, regional pathways, financing, and country delivery — while AMA, Africa CDC, and AfCFTA enable regulation, health security, and market integration.

How the AUDA programmes connect for Africa



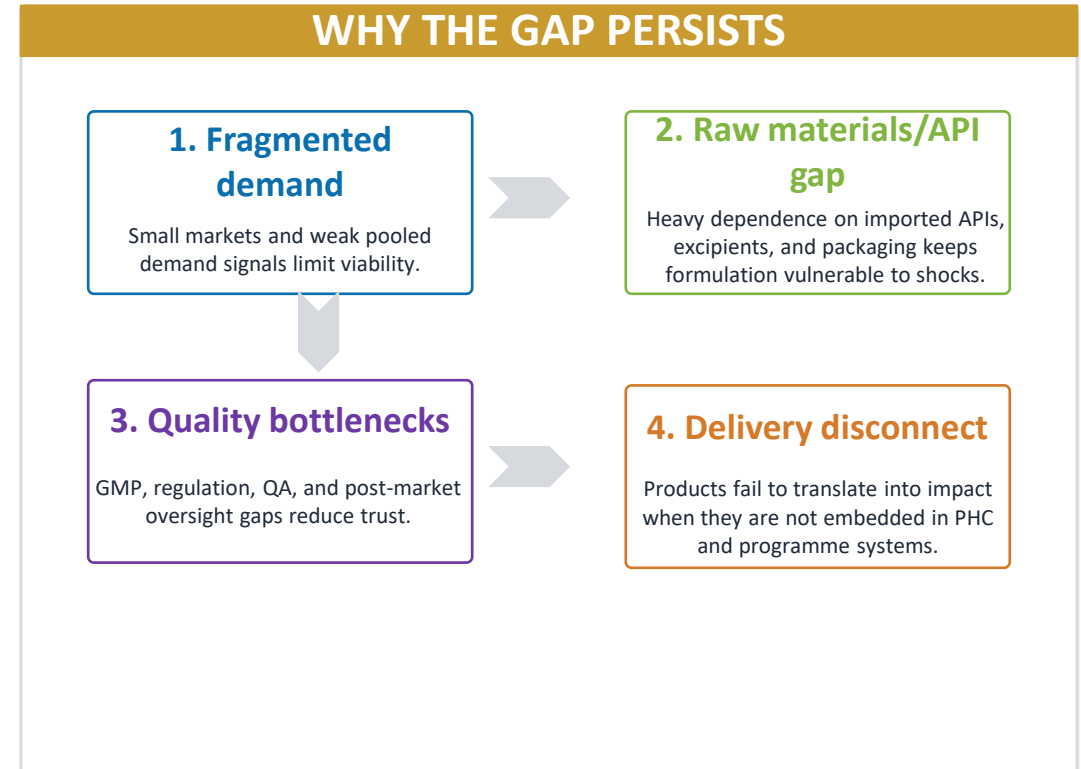
SEQUENCE FOR EXECUTION

AUC/AUDA define continental priorities → Africa CDC links health security, manufacturing strategy, and pooled-demand architecture → AMA and RECs drive regulatory convergence and reliance → AfCFTA opens trade, rules-of-origin, and regional market pathways → PIFAH mobilises finance → AFRISHIELD and national programmes translate capability into delivery.

The weakness is not only production capacity. It is the full chain from product priorities and raw materials to trusted last-mile use.

Where manufacturing and access still fall short for NTDs

- Small and fragmented markets make priority NTD pathways harder to sustain and scale.
- Diagnostics and laboratory inputs are often left behind while the conversation becomes medicine-heavy.
- Raw materials and APIs remain a structural bottleneck; Africa still has very limited local capacity for key starting materials and active ingredients.
- Weak demand visibility and poor forecasting make it difficult to shape viable supply pathways.
- Regulatory, quality assurance, and post-market oversight Bottle necks reduce trust and uptake.
- Last-mile delivery constraints mean products do not create impact unless they connect to PHC, laboratories, procurement, and national systems.



WHY THIS MATTERS

The NTD manufacturing challenge is therefore a systems challenge: product choice, raw materials, demand, quality, financing, trade, and delivery all have to move together.

Innovation matters only when it moves from breakthrough to access, equitable reach, and sustainable delivery.

Pediatric praziquantel shows what the real challenge looks like



WHY THIS EXAMPLE MATTERS

Schistosomiasis remains a major African burden, including for preschool-aged children who were historically left out of control programmes.

arpraziquantel is a genuine product breakthrough: child-friendly, evidence-backed, and now moving toward access pathways for Africa.

But the remaining challenge is not invention alone. It is market access, demand visibility, local production feasibility, pricing, procurement, and programme readiness.

Arpraziquantel (arPZQ) 150mg is schistosomiasis in preschool-age



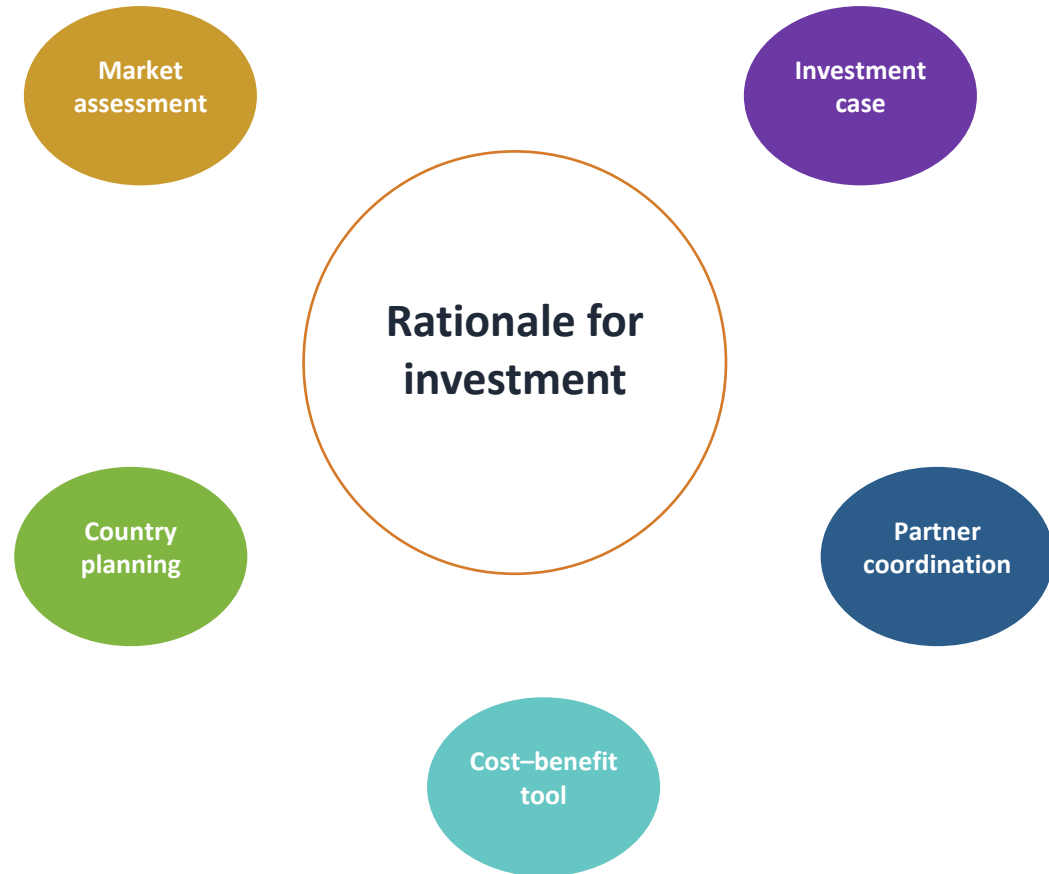
WHAT AUDA SEES

The question is no longer whether innovation exists. The question is whether African systems can carry it to children at scale.

The work goes beyond one product: it builds the market, policy, financing, and coordination conditions that enable access.

What AUDA is doing through the pediatric praziquantel example

- Market assessment and burden forecasting to make demand visible and credible.
- An investment case that shows the health, economic, and pricing logic needed to mobilize partners and finance.
- A practical cost-benefit tool to support national decision-making, planning, and domestic resource mobilization.
- A continental advisory and coordination mechanism so that political mandate, technical partners, and learning move together.



IN PRACTICE

This is AUDA-NEPAD's development role: market shaping, coordination, investment readiness, policy tools, and follow-through.

The winning model is coordinated regional capability — not every country trying to manufacture everything.

Why the answer must be regional: PAIDA's corridor and value-chain approach

WHAT PAIDA CHANGES

PAIDA adds the industrial, infrastructure, trade-corridor, and regional value-chain delivery architecture that makes health manufacturing ambitions more commercially viable and more financeable.

Scale

Regional demand creates more credible volume and stronger viability for priority pathways.

Specialisation

Countries can focus on formulation, testing, packaging, logistics, or input consolidation where they are strongest.

Shared infrastructure + trust

Corridor assets, regulatory convergence, and quality systems create market confidence.



WHY THIS MATTERS FOR NTDs

For NTD programmes, corridor logic is a structural response to fragmentation: more credible scale, stronger quality pathways, and better protection of elimination gains.

BOTTOM LINE

The continent does not need every country to do everything; it needs distributed capability connected through regional value chains.

If done well, it can strengthen public health resilience, industrial capability, jobs, and protection of the 2030 elimination gains.

Why this agenda is larger than Manufacturing



Public health resilience

Less exposure to fragile external supply chains; better continuity for medicines, diagnostics, and laboratory inputs.

Industrial upgrading

More value addition, learning, and capability across formulation, testing, packaging, logistics, and QA systems.

Market credibility

Better demand visibility, regulatory confidence, and bankable pathways for private and blended investment.

FOR AFRICA, THE DEEPER MEANING IS STRATEGIC

This agenda speaks to the kind of development architecture the continent needs: one that protects health gains, builds productive capability, reduces avoidable import dependence, supports country ownership, and makes corridor-based industrialisation work for people and programmes.

In other words, the question is not just whether Africa manufactures more. It is whether Africa builds more trusted, more resilient, and more development-oriented capability.

WHAT IS AT STAKE

Not only supply, but also the continent's wider capacity to protect people, strengthen systems, and convert health priorities into development gains.

The agenda succeeds only when policy, regulation, market shaping, financing, regional capability, trade integration, and delivery move together.

How this should be done in practice

1. Prioritise realistic product gaps

Be disciplined about where African capability can make the greatest public-health and market difference first.

2. Shape demand and visibility

Improve forecasting, pooled signals, and procurement intelligence so that investors and suppliers can plan credibly.

3. Build trusted regulation and QA

Access without quality is not resilience. Trust, standards, and post-market oversight must move with access.

4. Finance executable pathways

Use project preparation, investment cases, domestic finance, donor alignment, and blended finance where appropriate.

5. Use regional specialisation

Enable countries and firms to concentrate where they have comparative strength within regional and corridor-based systems.

6. Deliver through national systems

PHC, UHC, surveillance, laboratories, and programme management remain the place where impact is finally created.

EXECUTION RULE

Move these six tasks in parallel. If one is weak — especially demand visibility, quality assurance, or delivery integration — the pathway becomes fragile again.

The PAIDA framing helps translate the manufacturing agenda into corridor-ready and programme-relevant implementation pathways.

Using PAIDA to complete the execution story

Delivering For NTD Programs: PAIDA's full implementation from 2027

- Full roll-out of the first phase of the PAIDA Implementation Support Program commences in January 2027, structured around four integrated components: Strategic Framework Development; Industrialising Integrated Corridors; Capacity Building for RECs and Member States; and Program Management, Stakeholder Engagement, and Resource Mobilisation.
- For NTD programs, the most directly relevant operational instrument is the PAIDA Integrated Pathway - an eight-step framework for transforming trade corridors into industrial ecosystems. Its methodological centrepiece, the Regional Value Chain Analysis, requires that **evidence-based analysis** determine which productive activities a corridor is best suited to support and validated through structured private sector consultation before any infrastructure is designed or financing is sought.
- In the context of NTD-relevant manufacturing, this step determines where along a corridor API consolidation, formulation, quality testing, packaging, and logistics functions should be located across Member States, grounding investment decisions in commercial realities rather than political allocation.
- In parallel with the PAIDA-ISP, targeted integrated projects are being advanced on four priority corridors, with the pharmaceutical value chain specifically identified as a priority on the Central Corridor:
 - **Lagos - Abidjan Corridor** (Nigeria, Benin, Togo, Ghana, Côte d'Ivoire): Primary focus on agro-processing and petrochemicals, with cross-chain linkages to pharmaceutical packaging and agricultural inputs relevant to NTD program supply chains.
 - **Northern Corridor** (Kenya, Uganda, Rwanda, DRC, Burundi, South Sudan, Ethiopia): Primary focus on agro-industrial value chains, within a region that carries a significant share of Africa's NTD burden.
 - **Central Corridor** (Tanzania, Uganda, Rwanda, DRC, Zambia, Malawi, Burundi): The pharmaceutical value chain has been identified as a priority sector. Specific interventions under development include:
 - A GMP Upgrading Facility to support national regulatory authorities and manufacturers in attaining WHO GMP certification and prequalification - targeting, at minimum, the upgrade of Zambia and Malawi's regulators to WHO Maturity Level 3 and 20–25 manufacturers to GMP compliance
 - A Dar es Salaam API and Inputs Consolidation Hub to reduce pharmaceutical input costs by an estimated 10% to 20% through pooled procurement
 - A Life Sciences Parks network with accredited regional bioequivalence and stability-testing laboratories - directly addressing the current dependence on offshore testing that inflates costs and extends registration timelines for NTD-relevant products.
 - **Lobito Corridor** (Angola, DRC, Zambia): Primary focus on mineral beneficiation and downstream industrial value chains.

Sources: The PAIDA link therefore operates exactly as described in AUDA-NEPAD's offer to Member States - **not as a parallel structure, but as the**

WHY THIS SLIDE MATTERS

It shows that manufacturing has to be operationalised through project preparation, corridors, logistics, raw materials, financing, and country or REC-facing implementation packages



The value proposition is development work: connecting systems, product priorities, industrial alignment, finance, and delivery — not creating a parallel structure.

What AUDA-NEPAD has to offer Member States and partners

AFRISHIELD

Coordination, surveillance, governance readiness, systems strengthening, and resource mobilisation for IVM–NTD priorities.

24 PMPs + PMPA

Product-priority logic and the wider manufacturing policy backbone needed to guide market shaping and reform.

PIFAH

The financing and investment interface that helps priorities become bankable and investor-facing.

PAIDA

Industrial policy, logistics, corridor infrastructure, and regional value-chain alignment.

Technical assistance

Microplanning, quality improvement, policy tools, and country or REC follow-through packages.

Learning + continuity

Costed workstreams, donor mapping, accountability, and practical follow-through after the meeting.

Policy alignment

Product priorities

Rationale for investment

Delivery impact

Finance readiness

Regional platforms

WHAT THIS MEANS FOR THE KEYNOTE THEME

AUDA is here to show how manufacturing becomes useful when it is connected to development architecture and country-owned execution.

The value of the session is not only reflection. It is what it unlocks for programmes, institutions, and financing pathways.

If we use this keynote theme well, what should advance after Lilongwe?

For programme managers

Clarify the NTD product and systems gaps that most need African resilience first and identify where country demand is already strong enough to move.

For AUC, AMA, Africa CDC, AfCFTA, WHO, and partners

Sequence the architecture clearly:
AUC sets continental direction;
AMA and **RECs** align regulatory pathways;
Africa CDC advances manufacturing strategy, surveillance, and pooled-demand logic;
AfCFTA supports market integration, trade facilitation, and procurement pathways;
WHO and partners align norms, evidence, and implementation support.

For RECs and corridor actors

Identify where regional specialisation, shared infrastructure, and corridor logic can make product pathways more viable and more trusted.

Donors, Financiers, the Private Sector

Support bankable pathways built on real demand, trusted quality systems, and country-owned delivery — not isolated announcements.

THE OUTCOME WE SHOULD WANT

A more practical NTD elimination agenda: disciplined about priorities, realistic about manufacturing constraints, regional in its logic, and explicit about the development work needed to carry innovation to people.

If those pieces advance together, “innovation and independence” becomes a practical elimination agenda rather than only a conference theme.

Solve the systems problem. Then the manufacturing agenda can deliver.

The destination is not isolation. It is stronger African capability — connected to trusted regulation, real demand, practical financing, and country-owned delivery.

Suggested final line

Africa does not need another fragmented initiative. It needs coordinated capability: stronger systems, smarter markets, trusted regulation, regional value chains, and practical platforms that help countries sustain elimination with greater ownership and resilience.

Thank you

Thank you

ANNUAL MEETING OF
NTD PROGRAMME MANAGERS IN
AFRICA



African Union





SESSION 18

Translating Policy into Practice: Advancing Local Manufacturing for NTDs in Africa

7th ANNUAL MEETING OF NTD PROGRAMME MANAGERS IN AFRICA



Session 18: Translating Policy into Practice:
Advancing Local Manufacturing for NTDs in Africa

Dr Pauline Mwinzi, Dr Diane Ehoumi

13-16 April 2026
Lilongwe, Malawi



ANNUAL MEETING OF
NTD PROGRAMME MANAGERS IN AFRICA

Schistosomiasis data gaps



Endemicity Category	N sub-IUs	% of total (60,644)	% of known (34,705)
High	2,731	4.5%	10.5%
Moderate	7,492	12.4%	28.9%
Low	6,308	10.4%	24.3%
Not endemic	9,408	15.5%	36.3%
Unknown	34,705	57.2%	—
Total	60,644	100%	—

Schistosomiasis medicine gaps



Age/Risk Group	Population Requiring Tx (2025)	% of Total
Pre-SAC (1–4 years)	28,062,174	11.0%
SAC (5–14 years)	76,005,248	29.8%
Adults (≥15 years)	151,293,989	59.2%
WRA (15–24 years)	71,052,693	[27.8%]
WRA (25–49 years)	29,870,257	[11.7%]
Total	255,361,411	100%

Why this session?



Recent global disruptions, including supply chain shocks, declining donor funding, and competing health priorities, have further exposed vulnerabilities in current delivery models.

These challenges underscore the urgency of strengthening:

- Locally driven research and development (R&D) to generate context-specific solutions
- Regional manufacturing capacity for medicines, diagnostics, and surveillance tools
- Governance, accountability, and transparency mechanisms to ensure efficiency and trust



Objectives of This Session

1. Diagnostics: EDA, Dr Femi Lawson, EDA

2. Medicines: Dr Matthias, Merck

QnA Panel:

-WHO

-AUC

-South Africa

-Nigeria

General Objective

To promote innovation and independence in NTD programmes through strengthened research and development, expanded local manufacturing capacity, and enhanced accountability and transparency mechanisms.

Specific Objectives

- To highlight the role of locally driven research and innovation in accelerating NTD elimination
- To showcase current initiatives and opportunities in local manufacturing of NTD medicines and diagnostics
- To explore operational pathways for integrating local manufacturing into national NTD programmes
- To examine accountability and transparency mechanisms that improve programme performance
- To share country and regional experiences in innovation and system strengthening
- To identify priority actions for aligning innovation with national health and development agendas



THANK YOU

13-16 April 2026
Lilongwe, Malawi



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Health Break

10:30 - 11:00



SESSION 19

From leprosy elimination as a public health problem to interruption of transmission and elimination of leprosy disease: New paradigm

11:00 -11:45

Session 19



From leprosy elimination as a public health problem to interruption of transmission and elimination of leprosy disease

Innovative new tools to achieve interruption of transmission & elimination of leprosy disease

Dr Yves Thierry Barogui, WHO

Leprosy contact tracing and chemoprophylaxis to interrupt transmission

Linda Hummel, CEO NLR

**Innovative New Tools to achieve
Interruption of Transmission and
Elimination of Leprosy Disease**

Dr Yves Thierry BAROGUI

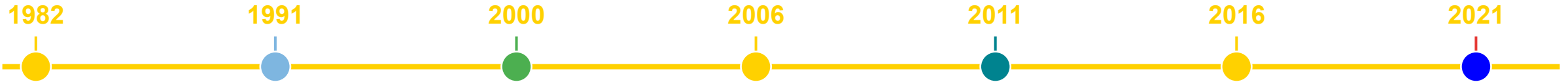
WHO-AFRO

Outline

- 1 Introduction & Background
- 2 New Paradigm: Leprosy Elimination Framework
- 3 Global Leprosy Strategy 2021–2030
- 4 Regional Epidemiology (2024)
- 5 Innovative Tools and Approaches
- 6 WHO Technical Guidance & Companion Documents
- 7 Priorities for Elimination & Call to Action

From EPHP to Interruption of Transmission and Elimination of leprosy disease

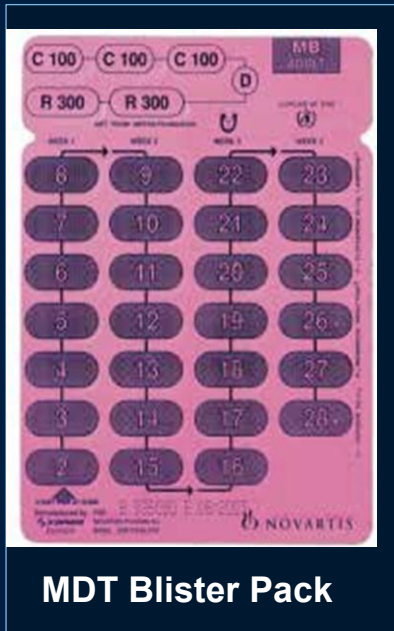
Evolution of Leprosy Strategies



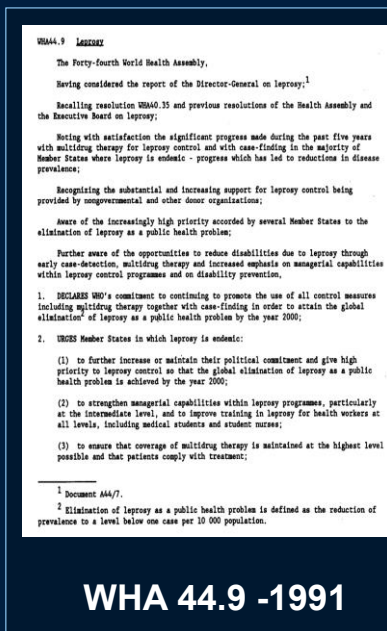
Prevalence rate: <1 case per 10,000 population



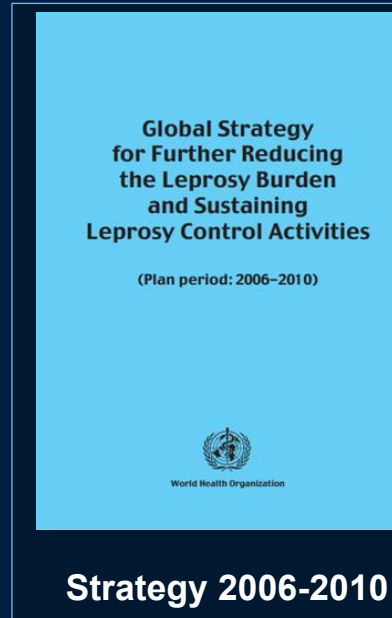
STRATEGIC DOCUMENTS



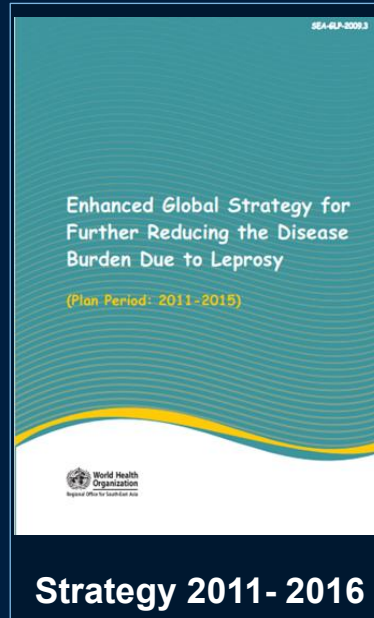
MDT Blister Pack



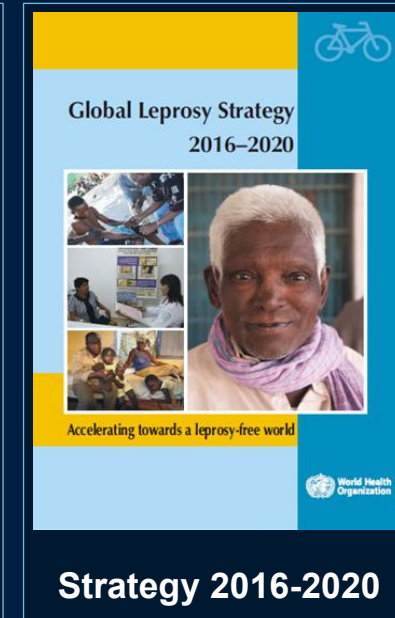
WHA 44.9 -1991



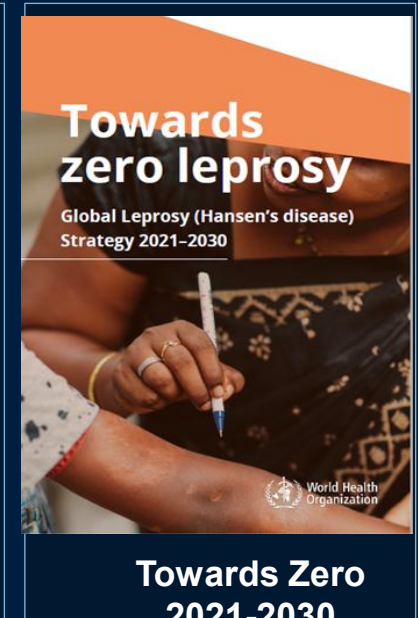
Strategy 2006-2010



Strategy 2011-2016



Strategy 2016-2020

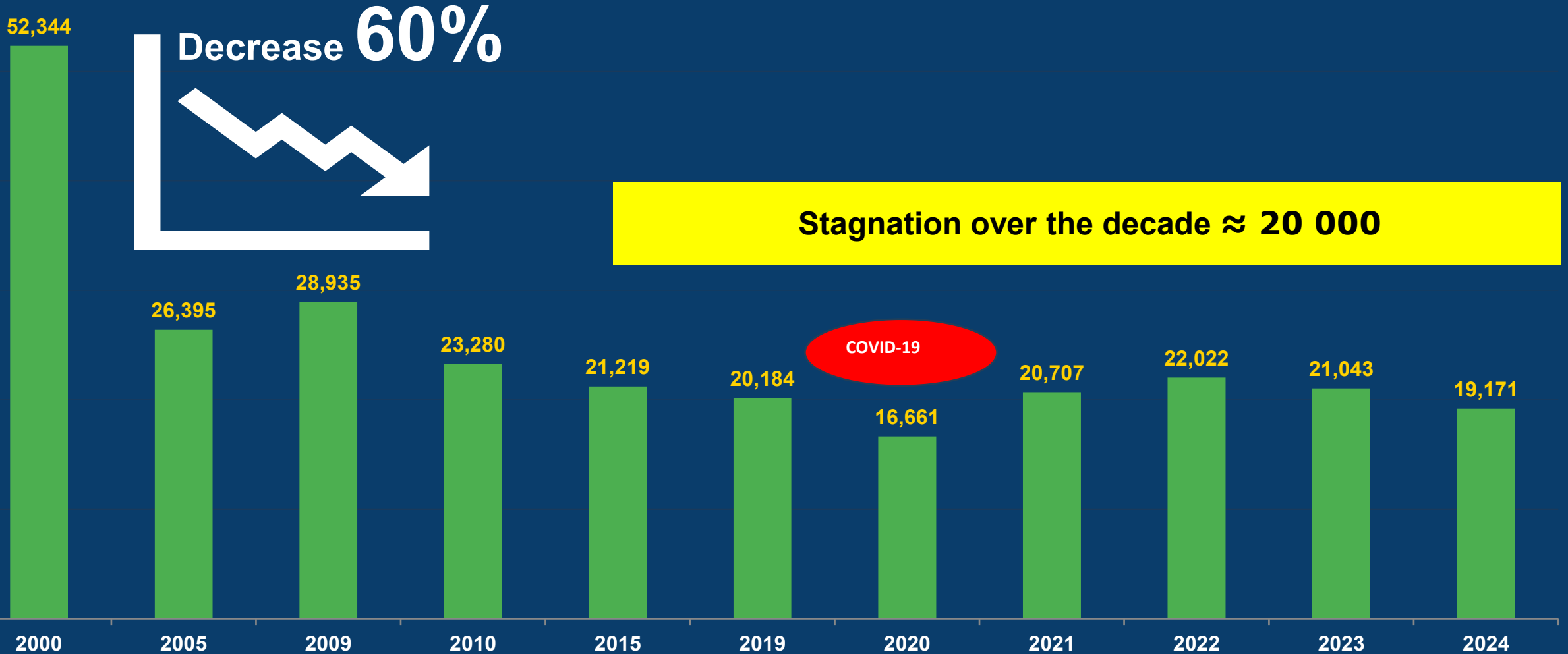


Towards Zero 2021-2030

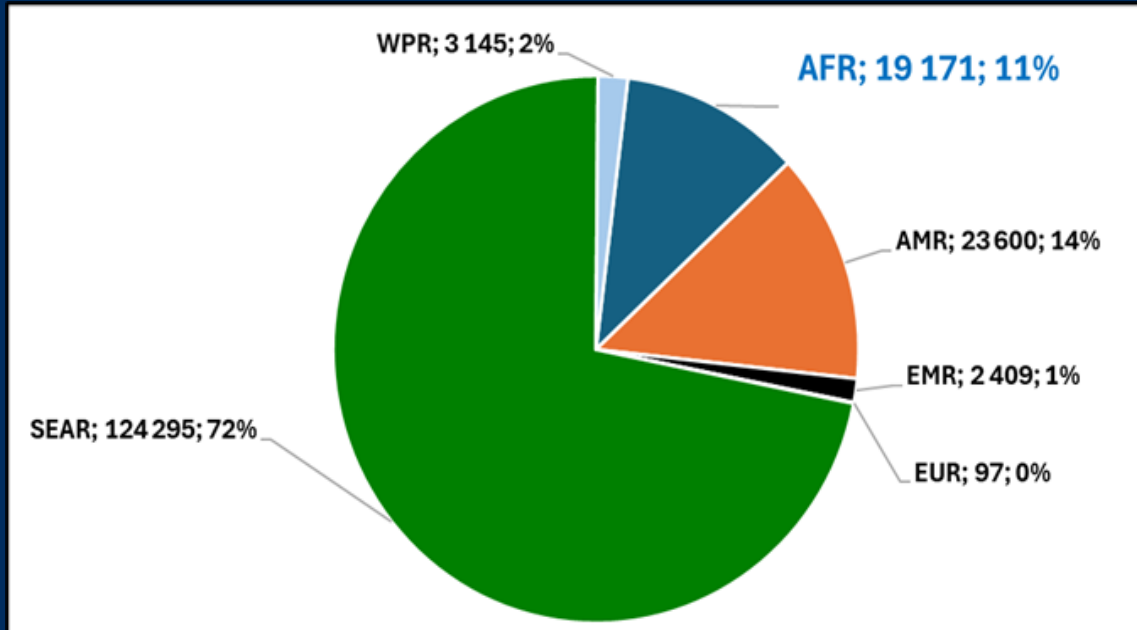
Elimination as public health problem



Leprosy in the WHO African Region: new cases




Leprosy in the WHO African Region in 2024




19 171 New cases

11% Of global new cases (172 717)

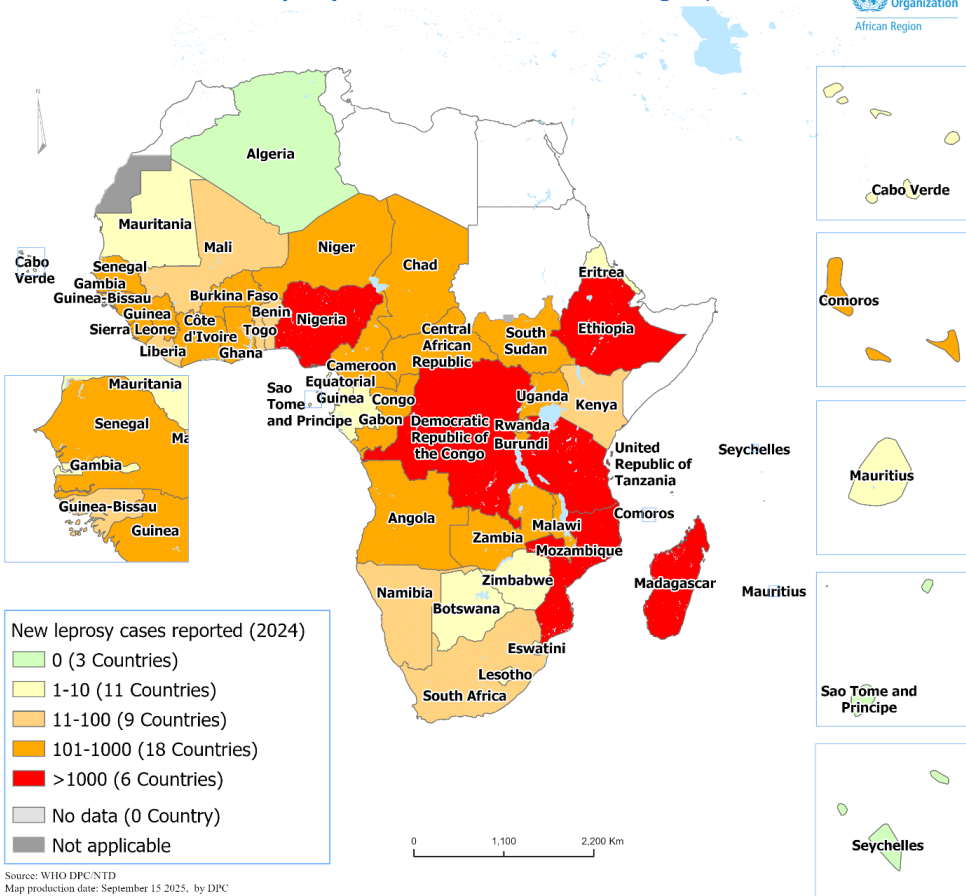
3rd ranking After SEAR and AMR (Rank)

1400  Child cases (2.7 cases per child Pop)

2 919  G2D (rate: 2.3 per million Pop.)

Leprosy in the WHO African Region in 2024

Distribution of New leprosy cases in the WHO African Region, 2024



100%

Reporting rate (all 47 Countries)

0

New case

3 countries: *DZA, STP, SYC*

1-10

New cases

11 countries: *BWA, CPV, ERI, GAB, GMB, GNQ, LSO, MRT, MUS, SWZ, ZWE*

11-100

New cases

9 countries: *BEN, GNB, KEN, LBR, MLI, NAM, RWA, TGO, ZAF*

101-1000

New cases

18 countries: *e. g. AGO, CIV, COG, CAM, SSD, etc*

>1000

New cases

6 countries: *COD, ETH, MDG, MOZ, NGA, TZA*

8 Countries Potential candidates for interruption of transmission *DZA, BWA, ERI, SWZ, LSO, MUS, STP, SYC*

Global Leprosy Strategy 2021–2030

Vision

Zero disease, zero disability, zero discrimination

Goal

Elimination of leprosy (interruption of transmission)



2030 Targets

- Zero new autochthonous cases
- 70% reduction in annual new case detection
- New child cases rate < 0.77 per million child Pop
- G2D rate < 0.12 per million population



Four Strategic Pillars

Integrated, country-owned zero leprosy roadmaps

Prevention alongside integrated active case detection

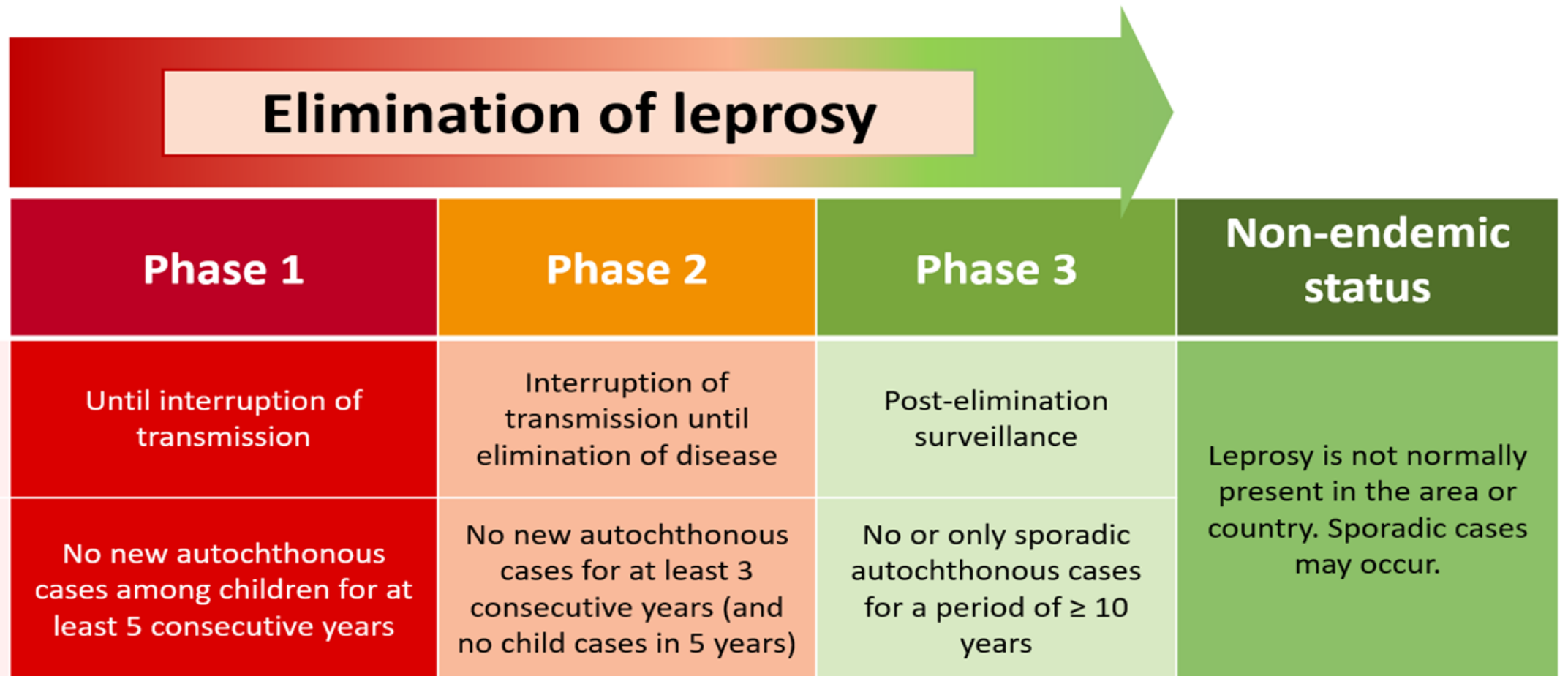
Manage complications; prevent disability

Combat stigma ensure human rights respected




New Paradigm: Leprosy Elimination Framework

Bottom-up approach




Verification of elimination of leprosy disease

Innovative Tools and Approaches

 Interruption of transmission & elimination of Leprosy disease :
Technical Guidance

 LEMT (Leprosy Elimination Monitoring Tool)

Traffic-light phases at sub-national level;
digitalized on DHIS2

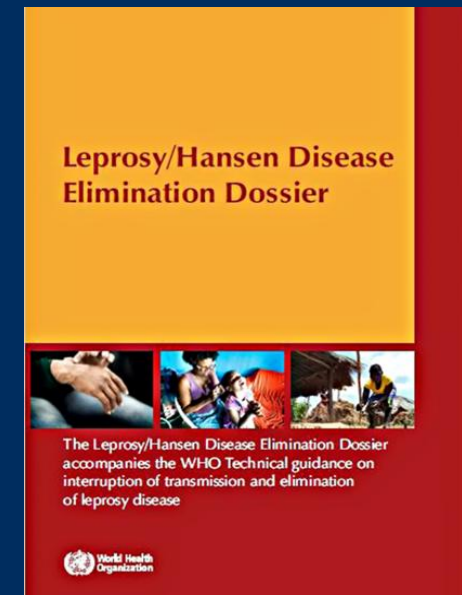
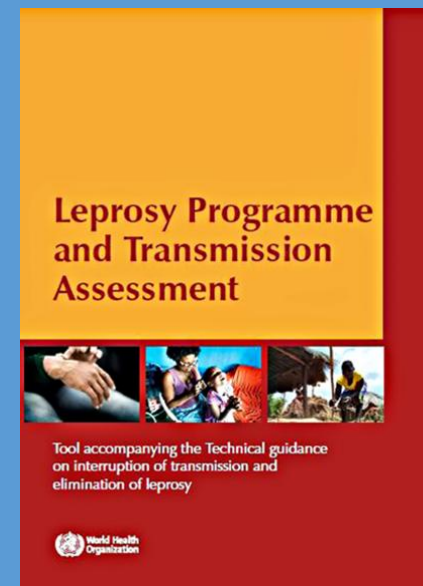
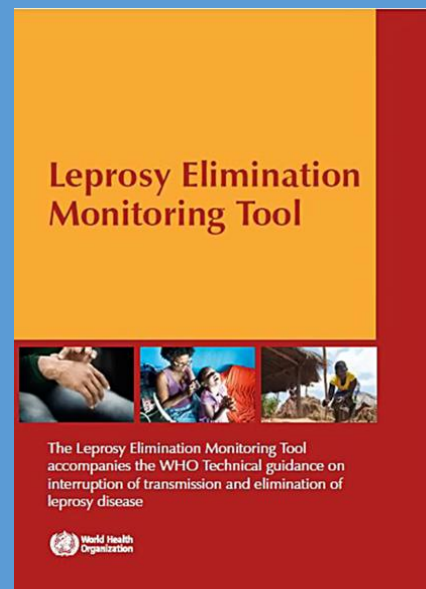
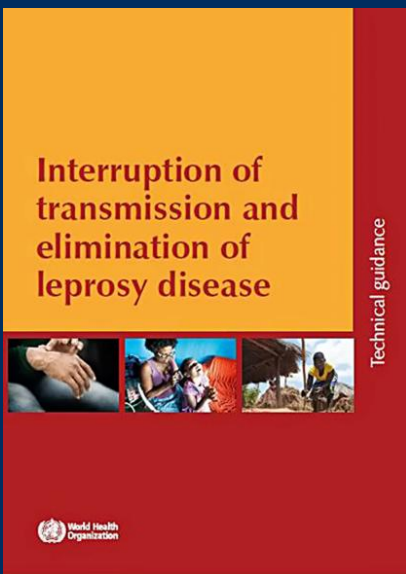
 LPTA (Leprosy Programme & Transmission Assessment)

Review: political commitment, implementation & surveillance

 Elimination Dossier & Verification

Evidence for WHO verification;
twin objectives: absence + surveillance

LEMT and LPTA are 'conjoined twins' : must not be seen in isolation



Innovative Tools and Approaches

Contact Screening & SDR-PEP

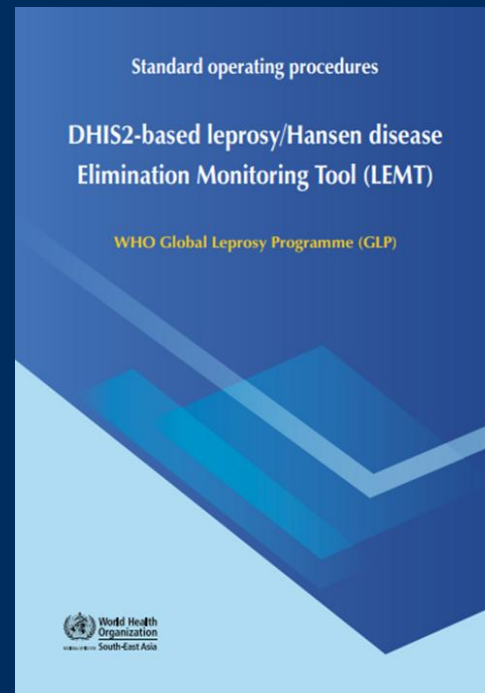
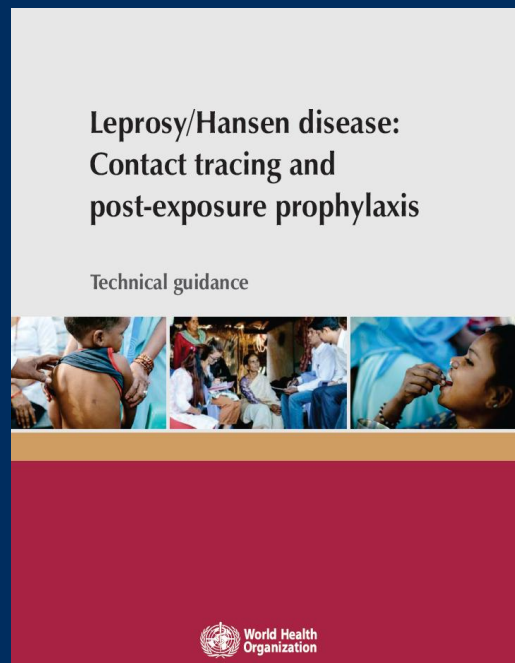
57% reduction (COLEP)

Leprosy Case-Based Management (LCBMS)

DHIS2: registration, treatment, contact tracing, GIS — 15 min/patient

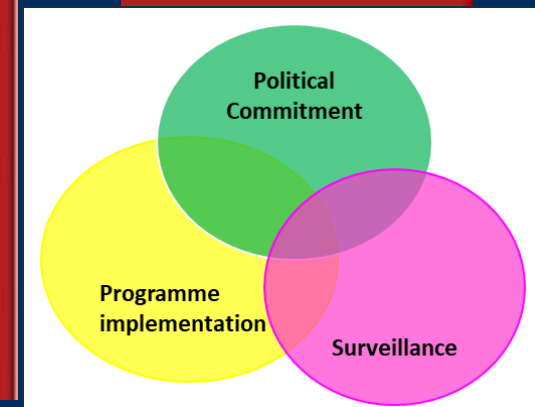
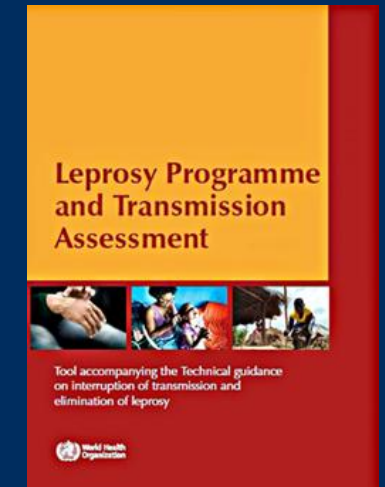
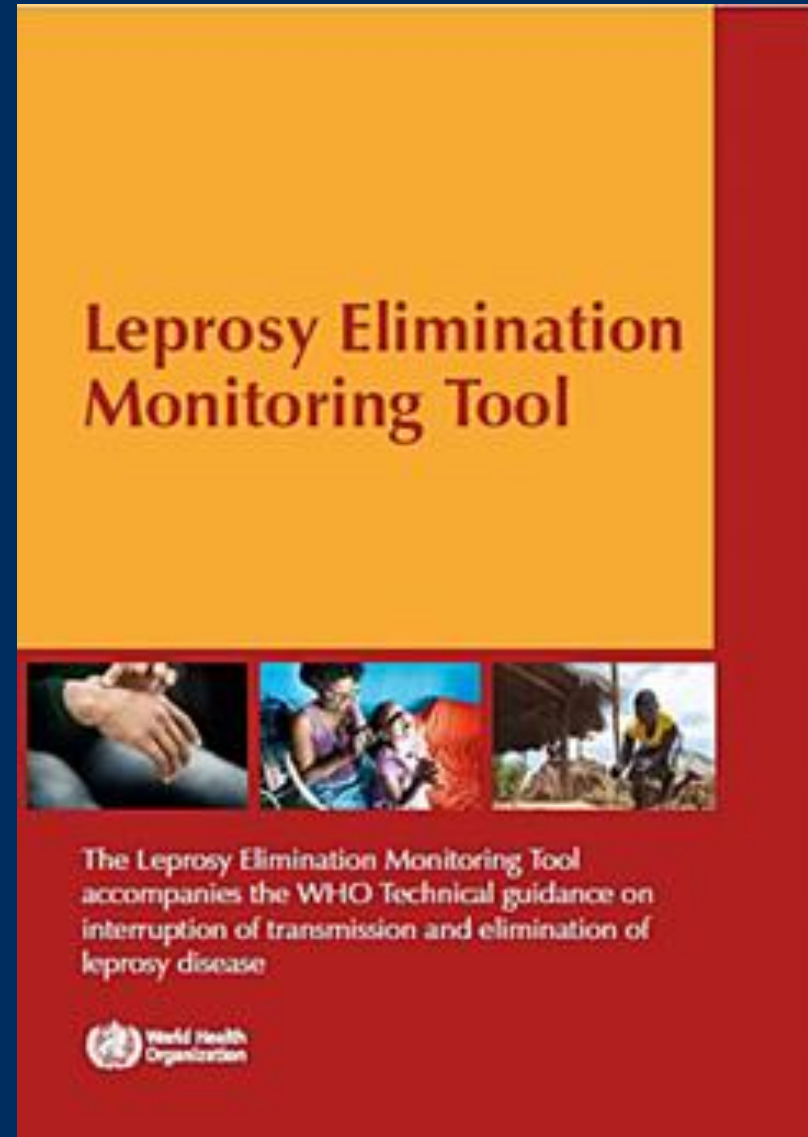
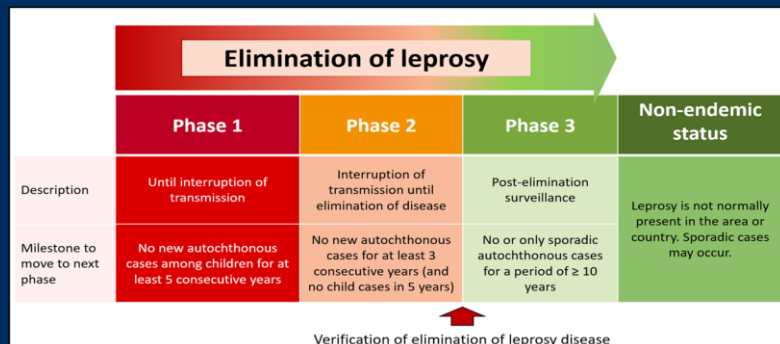
Capacity Building & Training

14 modules on WHO Academy/OpenWHO in 6 languages

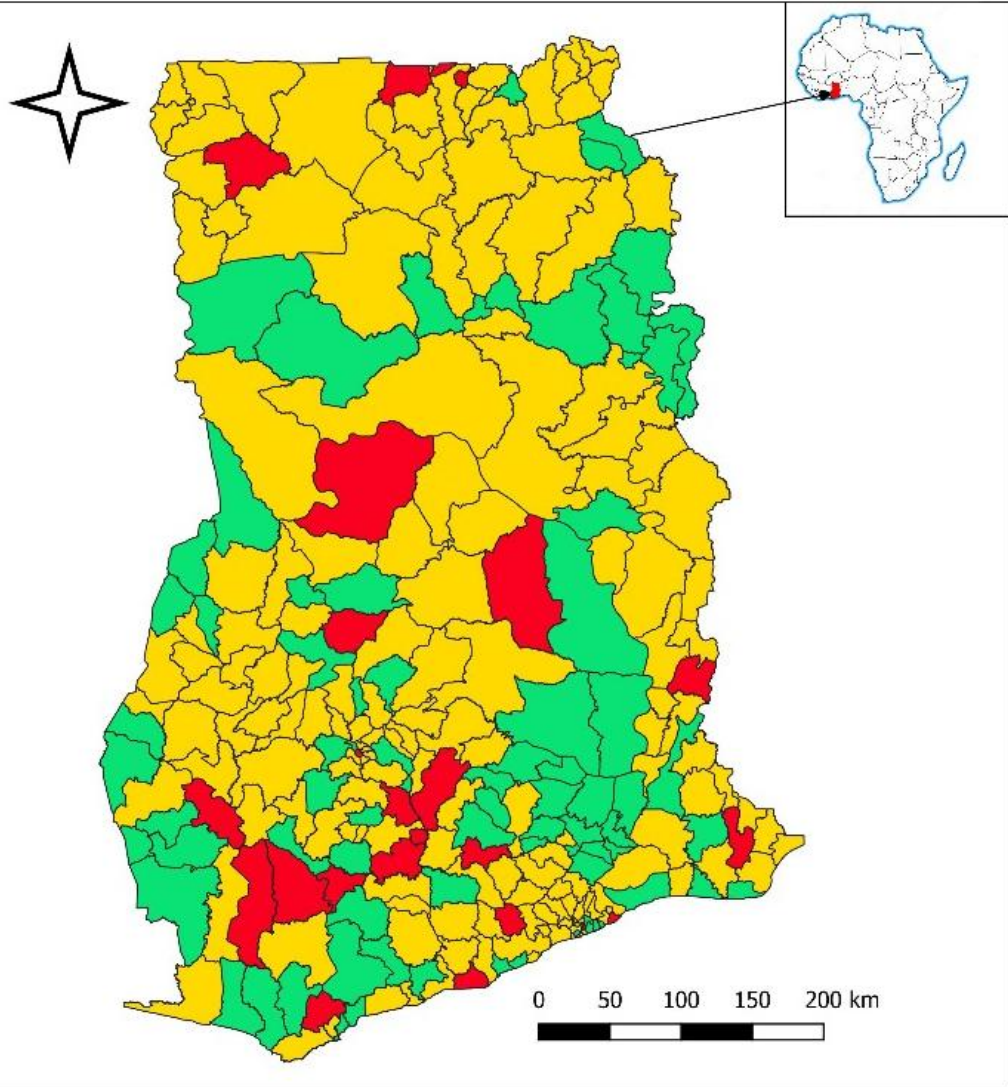


Leprosy Elimination Monitoring Tool (LEMT)

- ✓ Simple tool to **monitor phases of elimination**
- ✓ **Visualises progress over time: “traffic light” system”**
- ✓ **Promotes bottom-up process** of achieving the milestones
- ✓ **Guiding prioritization** of actions and resources
- ✓ Available in **Excel** and integrated into **DHIS2**



Leprosy Elimination Monitoring Tool (LEMT)



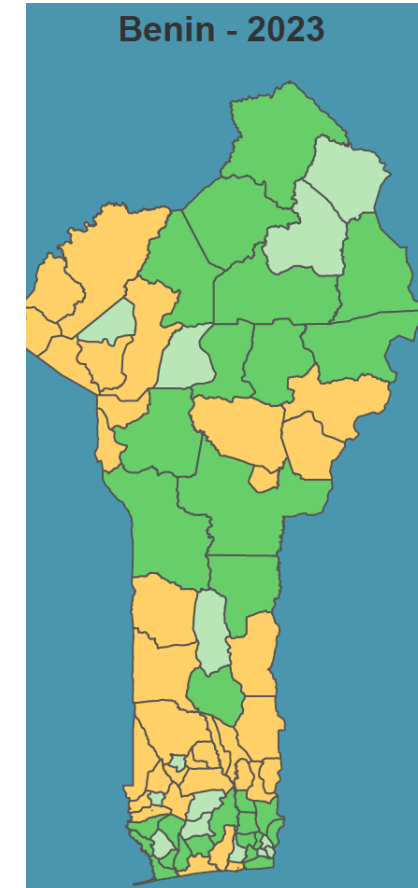
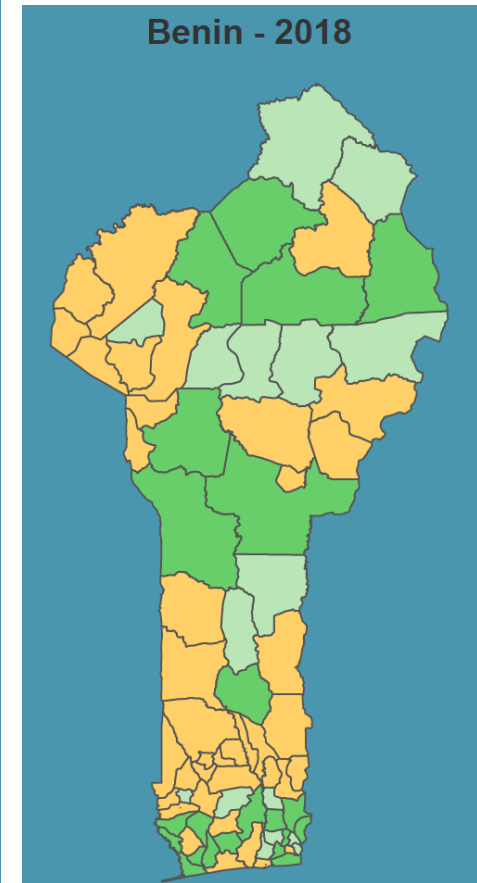
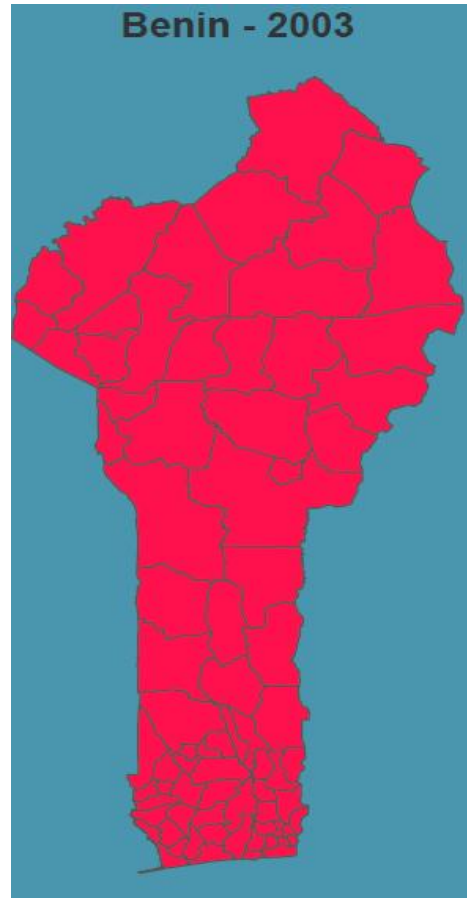
LEMT analysis Ghana data

- Phase 2 - Until interruption of transmission (5 years no autochthonous child cases)
- Phase 3 - Until elimination of leprosy disease (3 years no autochthonous cases)
- Phase 4 - Post-elimination phase (10 years no autochthonous cases)
- Non-endemic status
- <3 Sporadic autochthonous adult case
- <3 Sporadic autochthonous child case
- Period of no district-by-district level data
- query operational cause of high number of new cases resurgence based on 3 or more cases in 3 consecutive years

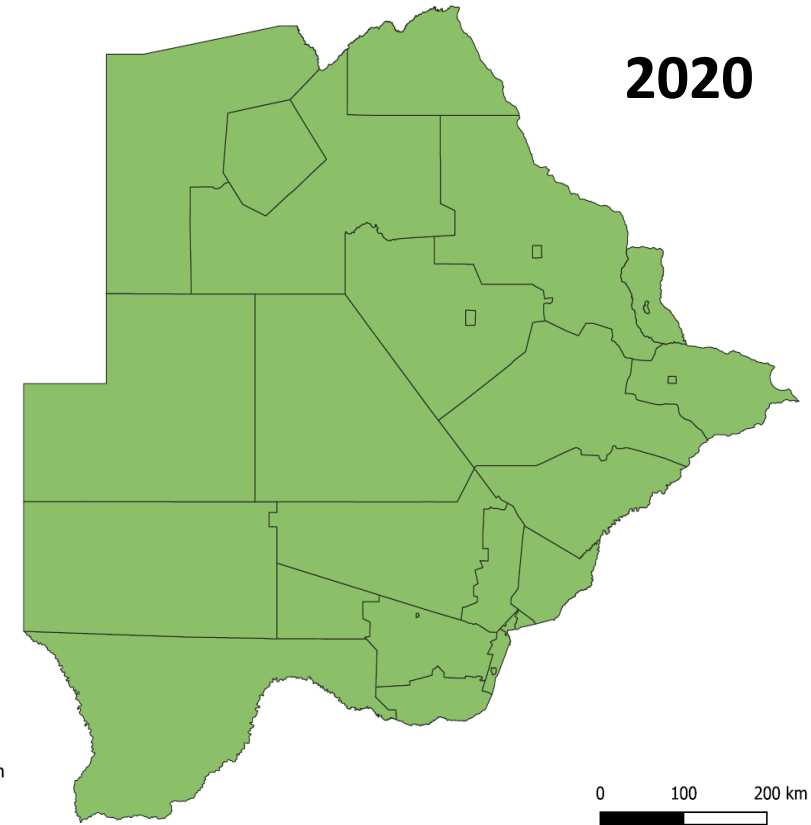
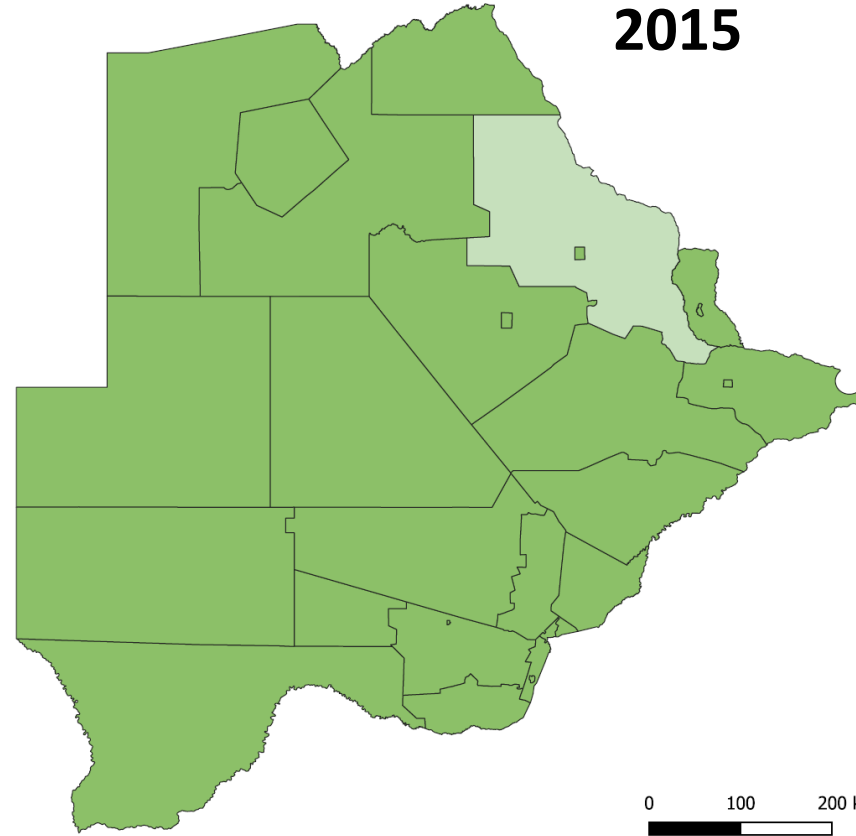
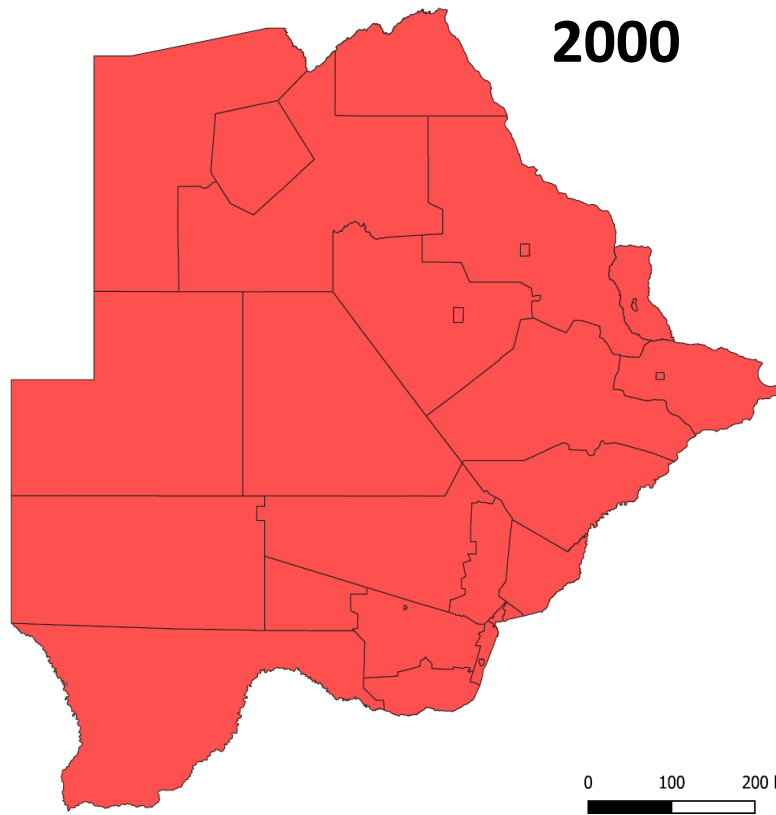
Regions & Districts	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Akrofuom																							
Children																							
Adults																							
Total new cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Amansie Central																							
Children																							
Adults																							
Total new cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	1	0	1
Amansie South																							
Children																							
Adults																							
Total new cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Amansie West																							
Children																							
Adults																							
Total new cases	0	3	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	0	3	0	0
Asante-Akim Central																							
Children																							
Adults																							
Total new cases	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	1	0	0	0	0	0	1	1
Asante-Akim North																							
Children																							
Adults																							
Total new cases	0	4	4	2	4	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	1
Asante-Akim South																							
Children																							
Adults																							
Total new cases	0	4	2	15	20	0	0	0	0	0	0	0	3	4	7	6	5	2	2	3	6	5	0
Asante-Mampong																							
Children																							
Adults																							
Total new cases	0	3	5	3	8	0	0	0	0	0	0	0	0	0	0	1	1	2	0	0	0	0	

Leprosy Elimination Monitoring Tool (LEMT)

Leprosy Elimination Monitoring Tool-Benin																							
Phase 1 - Until interruption of transmission (5 years no autochthonous child cases)																							
Phase 2 - Until elimination of leprosy disease (3 years no autochthonous cases)																							
Phase 3 - Post-elimination phase (10 years no autochthonous cases)																							
Non-endemic status																							
Sporadic autochthonous adult case																							
Sporadic autochthonous child case																							
Query operational cause of high number of new cases																							
3 or more cases on average in 3 consecutive years; possible re-emergence to be investigated																							
Area L1	Area code L1	Area L2	Area code L2	Age group	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022		
Oueme	BEN010	Seme podji	BEN010009	Children				1	2	1	2				2		1	1	1		2		
				Adult																			
				Total new cases				1	2	1	2	2						2		1	1	1	
Oueme	BEN010	Bonou	BEN010006	Children		1					1		1										
				Adult	3	1		2				1		1	1				2				
				Total new cases	3	2		2				1	1	1	1	1				2			
Oueme	BEN010	Porto-novo	BEN010008	Children																			
				Adult	3	3	3	1	2	3	3	2	2				6					1	
				Total new cases	3	3	3	1	2	3	3	2	2				6						1
Oueme	BEN010	Avrankou	BEN010005	Children						1													
				Adult		1			1	1		1											
				Total new cases		1			1	2		1											
Oueme	BEN010	Akpro-misserete	BEN010004	Children																			
				Adult					2							2			1			1	
				Total new cases					2								2			1			1
Oueme	BEN010	Adjohoun	BEN010002	Children																			
				Adult						1								1				1	
				Total new cases						1									1				1



Leprosy Elimination Monitoring Tool (LEMT)



Botswana

Contact Screening & SDR-PEP

Steps to Effective Contact Screening & PEP

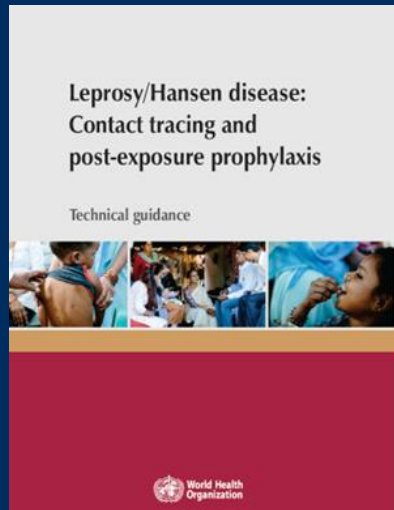
1 Identify index case & provide counselling

2 Counsel contacts about screening & SDR-PEP

3 Examine contacts for signs of leprosy

4 Determine eligibility & provide SDR-PEP

5 Record and report per standard indicators



Evidence Base

57% reduction in incidence (COLEP Trial)

**Contact tracing & PEP
is NOT mass drug administration
targeted to contacts**

Challenge: Move beyond piloting to routine implementation

Opportunity:

- Assured rifampicin supply
- Evidence-based WHO recommendation

Twin objectives of the verification process

1. Ascertain true absence of cases

- Evidence: records, publications
- Stakeholder engagement incl. private sector, PAL
- Epidemiological data validation
- Health facility assessment & field visits

2. Validate post-elimination surveillance

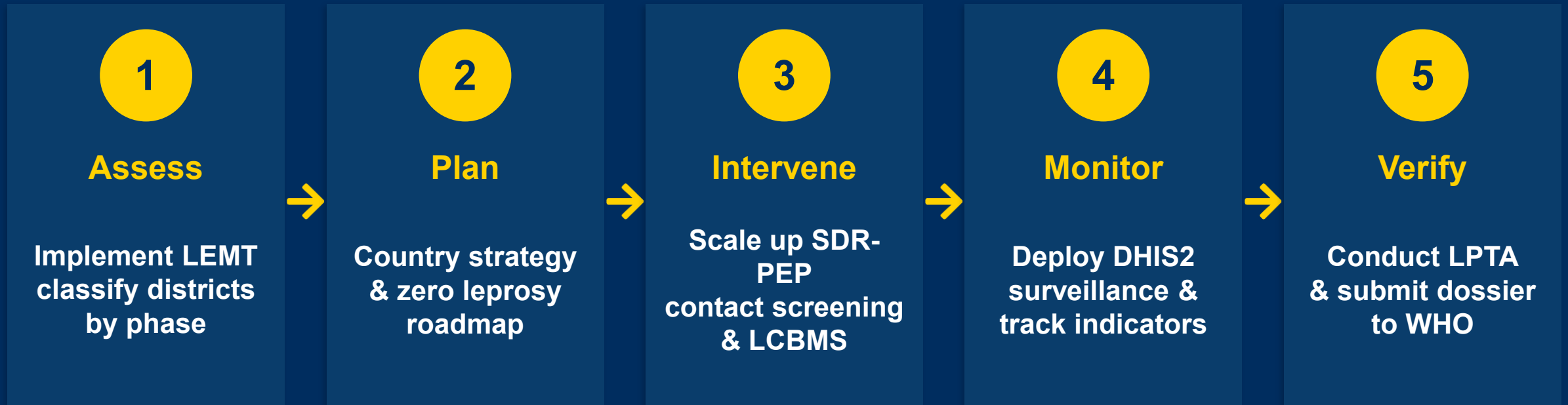
- **Political commitment sustained**
- **Surveillance:** school health, skin NTD, notifiable
- **Capacity to respond:** healthcare staff training
- Positive health-seeking behaviour

Jordan (Aug 2024):

First country verified :dossier reviewed by independent expert panel across three domains



How countries can operationalize the guidance



Key messages:

- Countries must **adopt & adapt** tools
- The last mile is the hardest
- But programmes are not alone: shared goal, shared responsibility.

7 Priorities for Leprosy Elimination

- 1 **Develop** a country strategy towards interruption of transmission
- 2 **Accelerate** contact screening and post-exposure prophylaxis
- 3 **Actively manage** the MDT supply chain
- 4 **Establish** disability prevention as a programme performance indicator
- 5 **Recognize** stigma reduction as a programme deliverable
- 6 **Ensure** sustainability through **careful integration**
- 7 **Work together** towards a shared goal

Conclusion

Take-home messages

- ✔ Leprosy still exists in several countries.
- ✔ Elimination is achievable : Jordan proved it
- ✔ LEF provides a clear, phased pathway
- ✔ Innovative tools ready for scale-up
- ✔ **Bottom-up**, sub-national approach essential
- ✔ New paradigm reshapes the discourse
- ✔ Strong political commitment and partnership are fundamental

Interruption of transmission and Elimination of leprosy is possible: It is time to act!



Technical guidance

Interruption of transmission and elimination of leprosy disease

World Health Organization

Leprosy Elimination Monitoring Tool

The Leprosy Elimination Monitoring Tool accompanies the WHO Technical guidance on interruption of transmission and elimination of leprosy disease.

World Health Organization

Leprosy Programme and Transmission Assessment

Tool accompanying the Technical guidance on interruption of transmission and elimination of leprosy.

World Health Organization

Leprosy/Hansen Disease Elimination Dossier

The Leprosy/Hansen Disease Elimination Dossier accompanies the WHO Technical guidance on interruption of transmission and elimination of leprosy disease.

World Health Organization

Leprosy/Hansen disease: Contact tracing and post-exposure prophylaxis

Technical guidance

World Health Organization

Standard operating procedures

DHIS2-based leprosy/Hansen disease Elimination Monitoring Tool (LEMT)

WHO Global Leprosy Programme (GLP)

World Health Organization
South-East Asia

THANK YOU

13-16 April 2026
Lilongwe, Malawi

Organisation mondiale de la Santé
Académie de l'OMS

Programmes de formation À propos de nous

Tableau de bord > Programmes de formation > Leprosy: training of health wo ...

Leprosy: training of health workers on skin-NTDs

14 Modules



**ANNUAL MEETING OF
NTD PROGRAMME MANAGERS IN AFRICA**



From leprosy elimination as a public health problem to **interruption of transmission** and elimination of leprosy disease

Innovative new tools to achieve interruption of transmission & elimination of leprosy disease

Dr Yves Thierry Barogui, WHO

Leprosy contact tracing and chemoprophylaxis to interrupt transmission

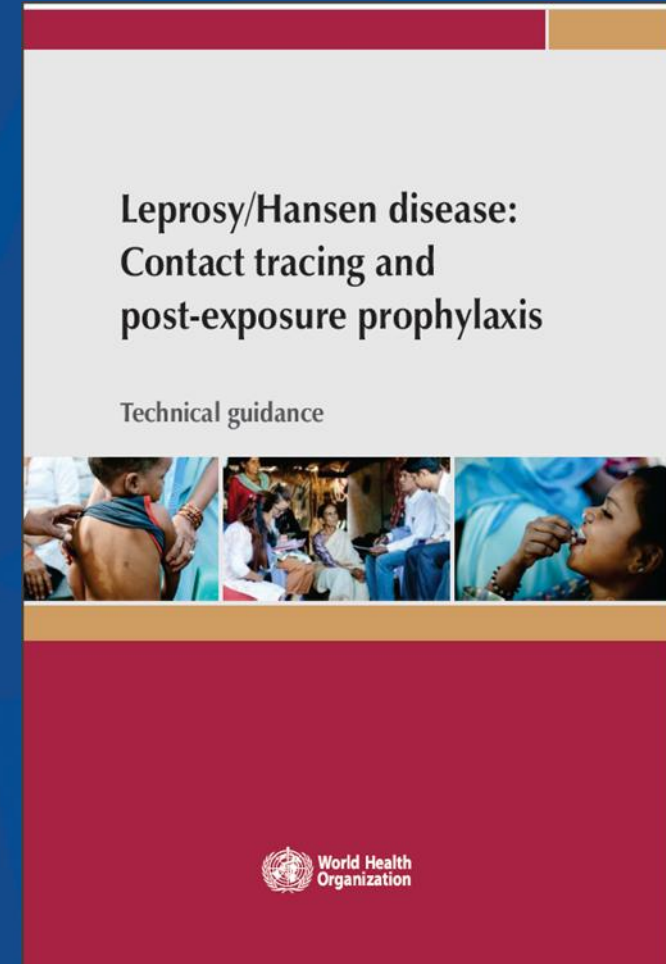


Linda Hummel, CEO NLR



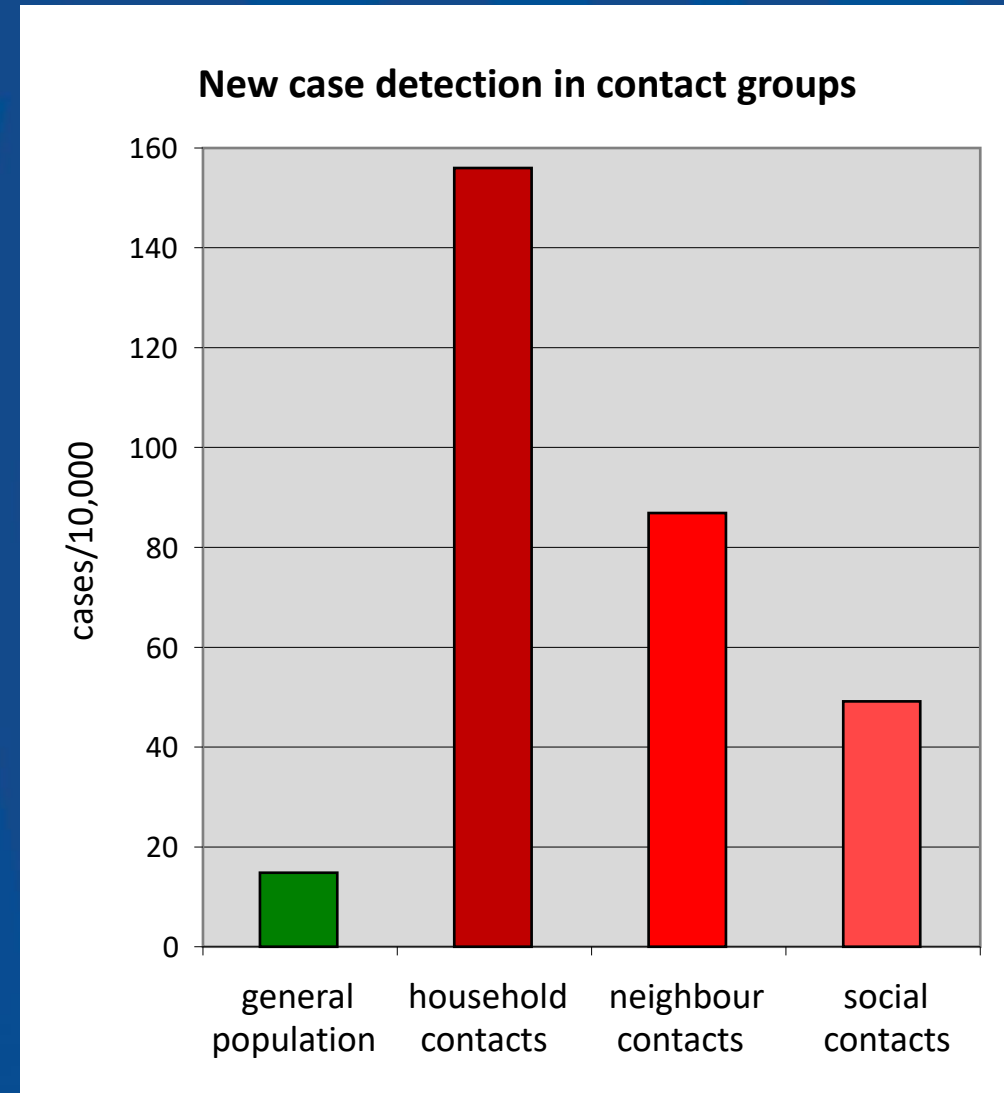
Innovative tools for leprosy elimination: Preventive medication

- SDR-PEP recommended by WHO since 2020
- Contact tracing and PEP is a prime tool for interruption of transmission of leprosy



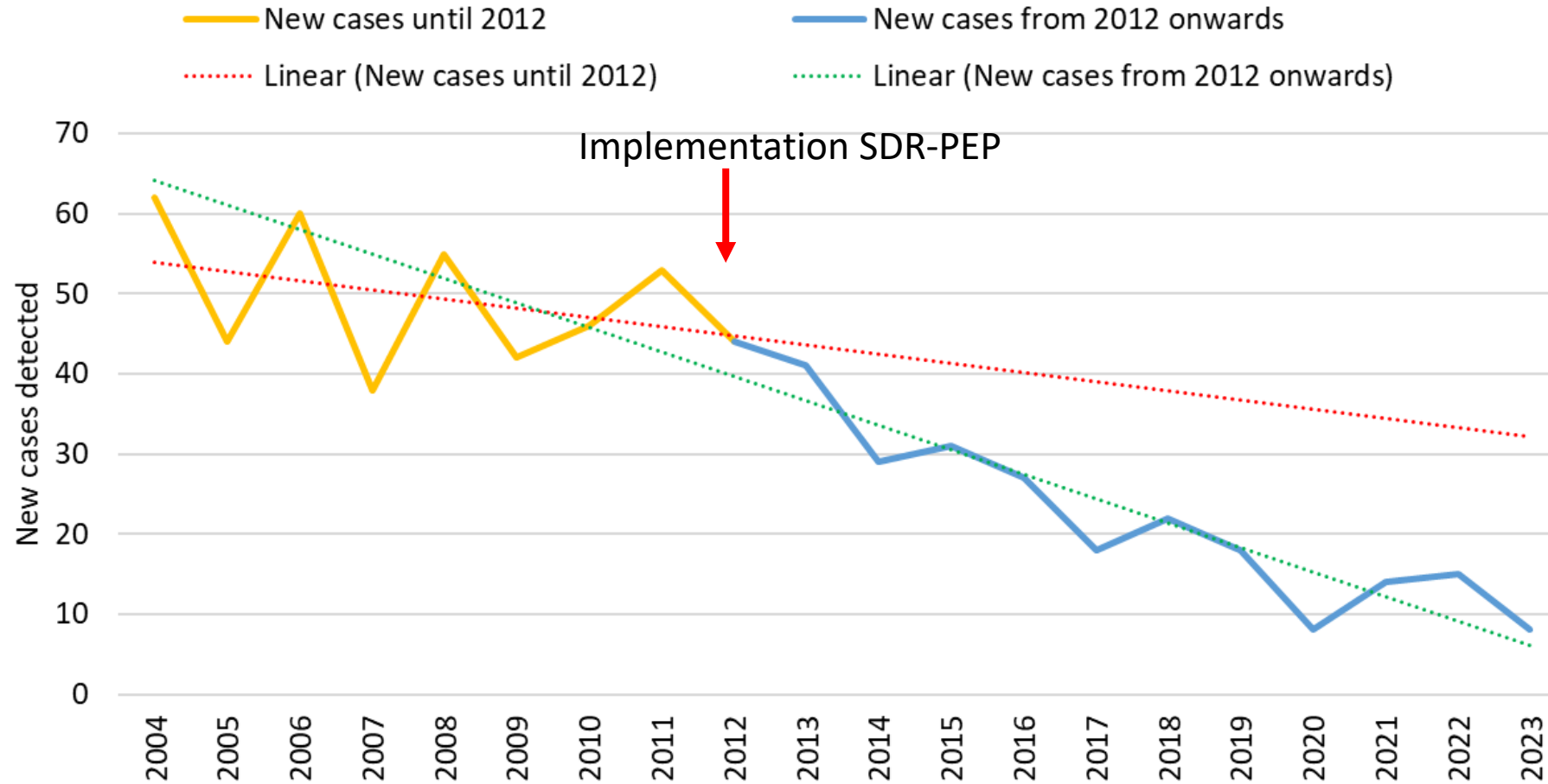
Innovative tools for leprosy elimination: Preventive medication for people at risk

- Contacts of leprosy patients have higher risk of developing leprosy
- They have been exposed, may have been infected and **can be protected** by PEP
- Prevents disease, disability, stigma & discrimination!



Leprosy elimination in Morocco: impact of SDR-PEP

(population of ~37.5m)



What do we know?



COLEP

SDR-PEP works!

SDR-PEP prevents contacts of leprosy patients from developing leprosy - (risk reduction of 57%)



SDR-PEP is accepted and safe

> 99% of contacts agreed to contact screening and accepted SDR-PEP
No serious adverse events were reported in > 150,000 contacts



SDR-PEP implementation **invigorates** leprosy control programmes

Very inexpensive intervention if contact tracing is already in place

Richardus, The Lancet Global Health, 2021

Innovative tools for leprosy elimination

New: Rifampicin for leprosy prevention donated via WHO!

- Breakthrough: rifampicin now available via WHO!
- Like MDT donation programme
- See www.NTDdeliver.com for order & delivery information



Innovative tools for leprosy elimination

Choosing the right SDR-PEP implementation approach

Basic requirements:

- Health services and surveillance system can integrate contact screening
- Trained & motivated health staff: quantity and quality
- Community information/education
- Resources, incl. sufficient MDT, SDR-PEP, IEC materials

Criteria:

- Endemicity
- Level of stigma
- Accessibility



PEP screening strategies – multiple pathways

- **Household contacts only**
 - At the health centre or during home visit ; often only 3-4/index case
- **Mixed contacts approach**
 - Household + neighbours + social contacts via health centres or home visits; often 15-30/index case
- **Blanket campaigns**
 - Cluster-based following mapping of index cases; cover hundreds or thousands community contacts, covering villages or islands with high endemicity
 - Still involves skin screening of contacts before giving PEP; index patient's identity can be concealed
- **Skin camps**
 - Up to one hundred contacts can be reached in a day; also screening for other skin diseases; index patient's identity can be concealed
 - Combinations are possible!



Ter Ellen 2022; Mieras, 2025

Innovative tools for leprosy elimination

SDR-PEP implementation approach decision support

- Practical guidance for action
- Supports **choosing SDR-PEP implementation approach**
- Provides information on **steps** to ensure successful implementation
- Free download via infolep.org



Innovative tools for leprosy elimination

E-learning modules



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Find resources on
Neglected
Tropical Diseases



Innovative tools for leprosy elimination

WHO Skin NTD App



- Merged with NLR SkinApp content!
- Supports health workers to diagnose and treat skin NTDs, as well as common skin diseases.
- WHO is working on adding a promising AI photo function!

Free download!



New trials for improved PEP

- **PEP++ (rifampicin + clarithromycin):** results in 2026
- **BE-PEOPLE (bedaquiline + rifampicin):** results in 2027-2028
- **Telacebec:** trial start expected soon, in Africa
- **Rifapentine** (Wang et al., 2023, China) showed higher effectiveness than rifampicin in household contacts, with 84% protection; studies in other settings expected

→ If SDR-PEP is part of your routine leprosy programme, introducing an improved regimen in the future will be relatively easy

Younoussa 2023; Wang 2023; Hinders 2024

Opportunities for African NTD programmes

- **SDR-PEP is effective** at individual and population level
- Trace, screen and offer SDR-PEP to eligible contacts per WHO/national guidance
- **WHO donation of rifampicin** → major milestone!
- **Flexible implementation approaches**
- **Scaling up SDR-PEP** boosts programmes and helps stop transmission
- Leprosy Elimination Monitoring Tool: insight where transmission can be interrupted
- Preparing for WHO (LPTA) verification: an important step towards elimination

- **ILEP members are ready to support in initiating the process**



República de Moçambique
Ministério da Saúde

SDR-PEP and Skin Camp Lessons Learned in Mozambique

Lilongwe, April 2026

With the efforts of the MoH, NLR team and the Community, we felt greater involvement and were able to achieve the results



Lessons learned

- Opportunities for Health workers to **visit communities**
- Opportunity to work with a **multisectoral team**, including a dermatologist
- Ability to perform **active case finding**, finding many new leprosy and **other skin disease patients**
- **Strengthening the relationship** between the community and the Health Unit, adding other health interventions to skin camps seems possible
- Ease of receiving skin medication without the need to go to the Health Unit
- **Reducing stigma and discrimination** within the community



Chemoprophylaxis (SDR-PEP) in Mozambique



- The Ministry of Health (MISAU) included post-exposure prophylaxis with a single dose of rifampicin in the new protocol by December 2025, to achieve the goal of eliminating leprosy.
- With support from NLR, a team of health technicians was trained in leprosy and PEP management in Ethiopia in March 2026.
- The specific training package linked to PEP is currently being prepared and will be submitted to MISAU for review this week.
- The implementation of SDR-PEP will be community-based through the community health subsystem and integrated with the interventions of the Tuberculosis program.



MISAU

Skin camp approach

- >92 different diseases observed, 9.5% skin NTDs.
- Skin screening lead to early diagnosis of leprosy
 - Multidrug therapy (MDT) started
 - Contacts screened, no symptoms, received SDR-PEP.
- Active case finding and prompt treatment & prevention are key for interrupting transmission!



MISAU: O nosso maior valor é a vida

Opportunities for African NTD programmes



Take home messages

- Data show **evidence of reducing transmission**
- **Risk of re-emergence of leprosy extremely low** once milestone of interruption of transmission has been reached
- In many countries there is **good progress towards elimination of leprosy disease**
- There is an unprecedented number of **new tools available**, among which **SDR PEP**
- **Strengthening programme performance on the road to verification of elimination through WHO**
- ILEP members are available to provide **technical support** to countries wishing to **initiate the validation process**
- Opportunity **in the NTD field**: together we *can* end to leprosy!

Celebrating success



The celebration of Maldives' achievement in interrupting leprosy transmission during the 76th of WHO Regional Committee for South-East Asia, October 2023

*Global Leprosy update, 2023; Weekly Epidemiological Record (13 Sept. 2024)



Jordan becomes first country to receive WHO verification for eliminating leprosy

19 September 2024 | Departmental update | Amman, Jordan | Reading time: 2 min (537 words)

The World Health Organization (WHO) congratulates the Hashemite Kingdom of Jordan for becoming the first country in the world to be officially verified as having eliminated leprosy. This significant milestone marks a new era in global public health efforts.

"WHO congratulates Jordan on this impressive milestone," said WHO Director-General Dr. Tedros Adhanom Ghebreyesus. "Leprosy has afflicted humanity for millennia, but country-by-country we are stopping transmission and freeing individuals, families and communities from its suffering and stigma."



Chile becomes the first country in the Americas to be verified by WHO for the elimination of leprosy

4 March 2025 | News release | Santiago / Washington, D.C. / Geneva | Reading time: 5 min (1299 words)

The World Health Organization (WHO), together with the Pan American Health Organization (PAHO), congratulates Chile for becoming the first country in the Americas – and the second globally – to be officially



Questions? Welcome also at lunch!

THANK YOU

13-16 April 2026
Lilongwe, Malawi



until
No Leprosy Remains

sdr-pep@nlrinternational.org





SESSION 20

Partners' updates and remarks

11:45 -12:45



Wrap up and close of the meeting

12:45 -13:00

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



Feedback Form