

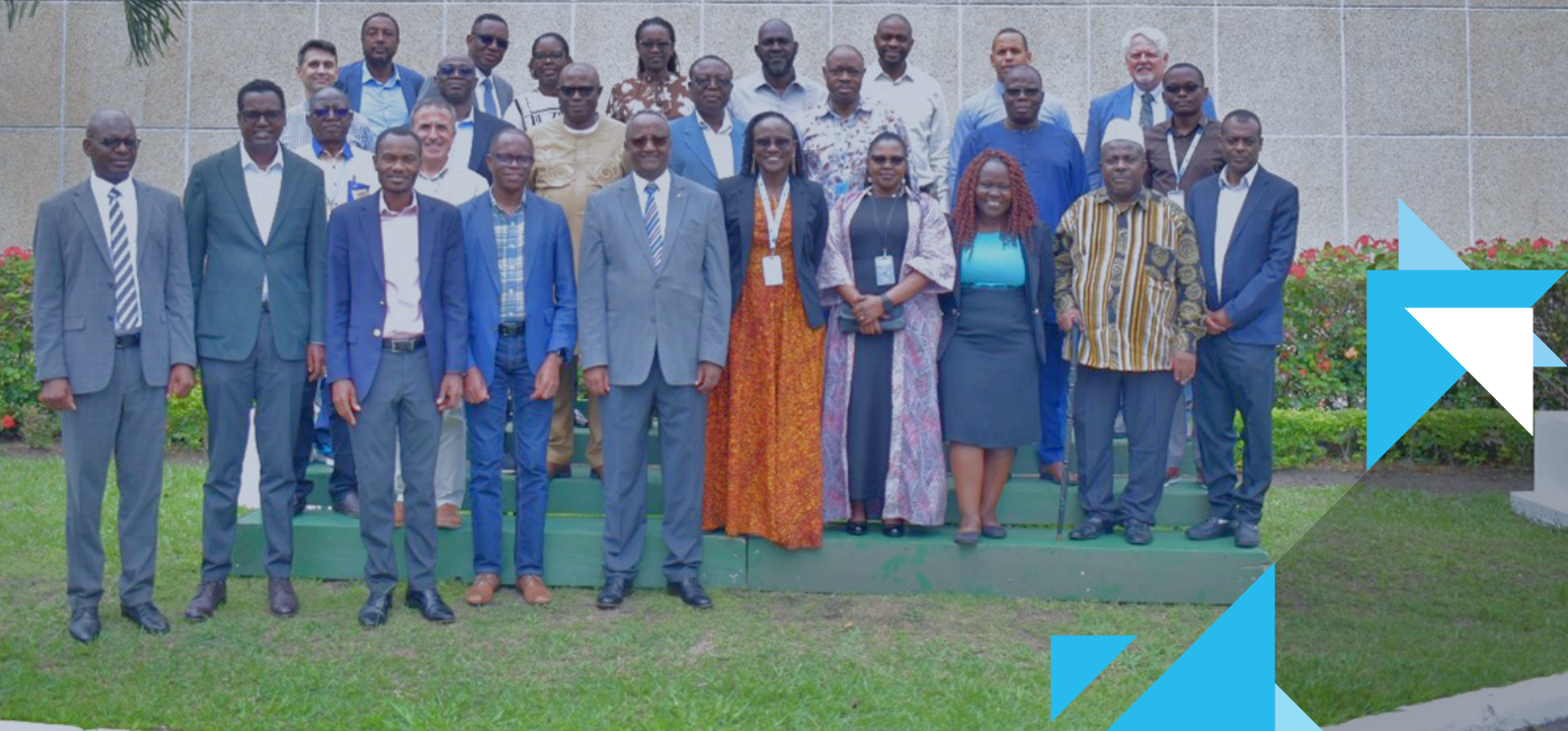


World Health
Organization

African Region



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SUMMARY REPORT AND RECOMMENDATIONS OF THE NINTH MEETING OF THE REGIONAL PROGRAMME ADVISORY GROUP FOR PREVENTIVE CHEMOTHERAPY NEGLECTED TROPICAL DISEASES 2024



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I. Background

The ESPEN PC-NTD Regional Programme Advisory Group makes recommendations to WHO/AFRO and Member States on overall adequacy of country and regional strategies and progress towards milestones and targets for the control and elimination of PC-NTDs outlined in the Global NTD Roadmap 2021-2030. The PC-NTD Regional Programme Advisory Group (RPAG) sub-regional committees met during the year to provide guidance to accelerate progress towards control and elimination of targeted PC-NTDs through an in-depth review of situation analyses in countries in each of the four sub-regions. The meeting dates and countries discussed are shown in table 1.

Table 1: subregional committee meeting dates and countries discussed

Sub-regional committee	Countries	Meeting dates
Southern Africa	Botswana, Eswatini, Lesotho, South Africa, Malawi, Mozambique, Namibia, Zambia and Zimbabwe	April 23 – 24, 2024
Eastern Africa	Eritrea, Ethiopia, Kenya, Rwanda, South Sudan, Tanzania, and Uganda	June 18 – 19, 2024
Western Africa	Algeria, Benin, Burkina Faso, Cote d'Ivoire, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, The Gambia and Togo	July 16 – 17, 2024
Central Africa	Angola, Burundi, Cameroon, CAR, Comoros, Chad, DRC, Eq. Guinea, Gabon, Republic of Congo, Madagascar, and Sao Tome & Principe	September 10 – 11, 2024

The 9th meeting of the RPAG was a hybrid meeting that took place in Brazzaville from 28th to 30th October 2024. The meeting was attended by 13 members in person while 6 attended virtually. We had 4 apologies and a further 4 members who were not able to attend the meeting.



Photo credit WHO/ESPEN

II. Meeting Objectives

The objective of the meeting was to provide recommended actions to strengthen programme implementation and accelerate progress towards attainment of national, regional and global elimination goals and targets for NTDs amenable to preventive chemotherapy.

Specifically, the advisory group would make their recommended actions following a review of data on the following, as presented by the ESPEN secretariat:

- I. Status of national NTD Master Plans, and accompanying monitoring and evaluation plans, programme implementation reports including recent survey findings Issues related to Supply Chain Management PC-NTD medicines including efforts to integrate PC-NTD supply chain into national systems, challenges and lessons learned.
- II. Country NTD scorecard showing progress on key milestones and indicators aligned with the Global NTD Roadmap 2021-2030.



Photo credit WHO/ESPEN

III. Setting the Scene



Photo credit WHO/ESPEN

In opening the 9th RPAG meeting, the WHO-AFRO Director for communicable and non-communicable disease cluster (UCN) Dr Benido Impouma highlighted the RPAG's critical role in steering technical and strategic guidance towards controlling and eliminating Preventive Chemotherapy Neglected Tropical Diseases. He noted that with only five years left to meet the targets of the NTD Roadmap 2030, there was need to intensify efforts in the region to meet the targets. He informed the members that the 9th meeting was taking place during period of transition in the WHO/AFRO leadership with a new Regional Director, Dr Faustine Ndugulile, elected by the 74th Regional Committee (RC) poised to take office in February 2025. This was also the first PC-NTD advisory group meeting since the ESPEN Steering Committee's recommendation to the Regional Director, to extend ESPEN's mandate for five years to 20230, re-affirming WHO/AFRO's commitment to NTD elimination. The Director UCN emphasised that the PC-NTD advisory group's role remained critical to ensure that the region maintains transparency and objectivity in tracking progress and impact of interventions. In providing strategic guidance to address programmatic challenges the Director encouraged the advisory group to provide evidence-based solutions for supply chain management of medicines, treatment coverage gaps, strengthening national coordination of partnerships, emphasizing the importance of sustainability and local ownership, integration of NTD programs into their national health systems and mobilization of domestic resources. In conclusion, the Director thanked the advisory group for their commitment to ensure transparency and accountability for progress and impact that will ensure the sustainable achievement of NTD elimination goals.



IV. Scientific and programme updates presented

The updates presented by ESPEN Secretariat on disease-specific and cross-cutting areas focused on regional progress on 2030 targets, key issues, and collaborative tools to support NTD elimination goals in the African region.

1. Lymphatic filariasis (LF): Significant advances were made in mass drug administration (MDA) coverage 59.4% overall, and 122.7M people treated in 2023, with notable achievements in six¹ countries that have met WHO thresholds for stopping MDA. These areas are now in the post-MDA surveillance phase. However, persistent Lymphatic filariasis hotspots, particularly in Tanzania, require tailored approaches including target treatment, follow-up surveys and routine monitoring.

2. Onchocerciasis: Niger became the first country to submit a dossier for verification of elimination, while 7² countries had stopped Mass Drug Administration at least in one implementation unit (IU). Onchocerciasis elimination mapping (OEM) continues to progress, with priority on mapping regions previously classified as hypo-endemic and in which treatment interventions had not been implemented. WHO was committed to ensure that countries received timely and adequate diagnostics for onchocerciasis (e.g., Ov16 RDT) to assess the impact of Mass Drug Administration interventions for which delays had been experienced in the post-Covid-19 period. ESPEN and partners would coordinate support for survey data management.

3. Trachoma: Achievements were made toward the 2030 roadmap targets, with several countries advancing in trachoma elimination. To date, six countries have been validated for having eliminated trachoma as a public health problem and additional three countries have submitted their trachoma elimination dossier for validation. Furthermore, six countries have reached elimination threshold for TF and no longer require Mass Drug Administration. However, three countries (Angola, CAR & DRC) still have mapping gaps. Nine countries have 228 districts with persistent trachoma and 11 countries have 160 districts with recrudescence trachoma. Countries such as Ethiopia, Kenya, Tanzania, South Sudan, and Uganda need enhanced cross-border collaboration and tailored strategies for pastoralist communities that move across borders.

4. Schistosomiasis (SCH): The programmatic gaps for schistosomiasis persisted with little progress in recent years. Of the 44 countries requiring preventive chemotherapy in the African Region, 13³ lack funding to implement pending impact assessments while 15⁴ countries are yet to include adults in mass treatment interventions. Only 10⁵ countries have achieved the preventive treatment coverage threshold of >75%. However, no country has started treatment of children under five years of age. New strategic priorities and a focus on increasing treatment coverage were set in 2024, along with integrating Schistosomiasis into existing NTD programs. Two countries, Algeria and Mauritius require mapping assessments to confirm elimination of the schistosomiasis.

¹ Benin, Cameroon, Comoros, Eritrea, Sao Tome & Principe, and Uganda

² Equatorial Guinea (4 IUs), Ethiopia (28 IUs), Mali (2 IUs), Nigeria (128 IUs), Senegal (8 IUs), Togo (4 IUs), and Uganda (31 IUs)

³ Botswana, Central African Republic, Congo, Eritrea, Eswatini, Gabon, Gambia, Guinea Bissau, Madagascar, Mauritania, Mozambique, Sao Tome e Principe, and Zambia

⁴ Angola, Burundi, Central African Republic (CAR) Chad, Congo (Republic of), Equatorial Guinea, Eswatini, Gabon, Ghana, Guinea Bissau, Mauritania, Sao Tome e Principe, South Africa, South Sudan, Tanzania (Mainland)

⁵ Botswana, Burundi, Cameroon, Chad, Liberia, Mali, Mozambique, Senegal, Tanzania (Zanzibar), and Togo



5. Soil-Transmitted Helminthiasis (STH): ESPEN presented the progress in Soil-transmitted helminthiasis elimination as a public health problem with up 12 countries⁶ achieving <2% proportion of moderate and heavy intensity infections at national levels. However, 5 countries⁷ require impact assessments. While targeting school age and pre-school age children, many countries are not yet reaching vulnerable groups such as women of reproductive age. There is need for countries to identify appropriate mechanisms and platforms to reach such groups at community or at health facility level.

6. Cross-Cutting Issues:

Supply Chain Management (SCM): Much improvement in SCM has included WHO's strategic and technical review of medicine requests through the JAP process resulting in prevention of the loss of 0.5 billion tablets, valued at USD 35 million, by optimizing requests based on country-specific needs and available operational capacity. Efficiency in SCM has been impacted by policy shifts in medicine donation, decreased funding for Mass Drug Administration, and delays in implementation. Policy shifts encouraging local production raised concerns about potential impacts on medicine availability, as seen in Nigeria's restrictions on importing certain NTD medicines. Issues were raised regarding customs fees and delays in medicine shipment, with specific challenges in countries like Mozambique and Uganda.

Data Management and Monitoring & Evaluation: The ESPEN portal has revolutionized data sharing for PC-NTDs in the Africa region. Further accomplishments have included capacity building for NTD data among national programme staff, ESPEN NTD portal upgrading, increased use of ESPEN portal by NTD programmes, and development of data tools such as the schistosomiasis community data workbook. Key challenges include data fragmentation at country and regional levels as well as high turnover of NTD data staff at national levels. Emphasis was placed on improving data submission and tracking to maintain up-to-date information for treatment planning and validation efforts.

7. Guidelines and Tools Updates covered several key tools and guidelines intended to support more effective NTD program planning, monitoring, and implementation:

New tools and resources, including the ESPEN IU Planner, support impact assessment and funding allocation by identifying gaps and enhancing resource prioritization. Updated guidelines for Lymphatic filariasis and the integration of Schistosomiasis/Soil-transmitted helminthiasis programs were also shared to improve program effectiveness.

⁶ Benin, Burkina Faso, Cameroon, Chad, Kenya, Liberia, Mali, Niger, Senegal, Sierra Leone, Tanzania and Togo

⁷ Guinea, Mozambique, Sao Tome and Principe, South Africa, and Eswatini.



ESPEN IU Planner: This web application was highlighted as a significant tool for improving data flow and funding allocation. The IU Planner helps identify funding gaps and optimize resources by offering strategic planning support for intervention prioritization. It aligns medicine requests with confirmed funding, aiming to reduce the risks of expired medicines by enhancing communication between pharmaceutical partners and countries. The tool promotes transparency and data-driven decision-making, facilitating advocacy for increased support based on accurate, real-time data.

Ultrasound Manual for Schistosomiasis/Soil-transmitted helminthiasis: A new ultrasound manual for schistosomiasis and soil-transmitted helminthiasis is under development by WHO to aid in the diagnosis and monitoring of disease progression, particularly in endemic regions. This manual will serve as a standardized resource for healthcare providers, supporting the consistent use of ultrasound in Schistosomiasis/Soil-transmitted helminthiasis-related assessments and treatment efficacy evaluation.

Updated Lymphatic filariasis M&E Manual: The latest Lymphatic filariasis M&E manual which consolidates guidance for confirmatory mapping and response to clusters of positives in transmission assessment surveys (TAS), were presented, covering revised methodologies for monitoring epidemiological status and assessing treatment impact. Emphasis was placed on ensuring these updates are implemented in high-burden countries, with a particular focus on mapping and routine monitoring in Lymphatic filariasis hotspots, like those identified in Tanzania. This manual covers more guidance on post-validation surveillance.

Integration of Cross-Cutting Tools: Cross-cutting tools were discussed to improve coordination across NTDs. This includes integrating Schistosomiasis and Soil-transmitted helminthiasis programming within existing Lymphatic filariasis and Onchocerciasis initiatives, which helps maximize funding and coverage. The approach encourages the alignment of multiple NTD strategies, particularly in countries with co-endemic areas, and promotes better use of limited resources.

Monitoring and Evaluation Standards: WHO/ESPEN emphasized the need for consistent Monitoring & Evaluation (M&E) practices, which are crucial for maintaining data integrity across NTD programs. Countries were encouraged to adopt these updated standards for each Pc-NTD, and leverage training opportunities to strengthen their Monitoring & Evaluation frameworks. The goal is to ensure alignment with WHO standards and improve the ability of countries to measure, analyze, and use data effectively for program improvement.





V. Recommendations

a. Recommendations to WHO/ESPEN

Programmatic area	Issue	Recommendation	Timeline
Supply Chain Management	Import ban to promote local manufacturing affecting importation of some donated NTD Medicines	To advocate with and support countries imposing such bans to explore opportunities to ensure adequate medicines are available for community distribution to avoid NTD programme disruptions.	July 2025
	Customs duty and tariffs on donated NTD medicines	WHO to continue advocacy for waivers on customs and service charges for NTD donated medicines	July 2025
	Joint application package	Emphasize to countries to submit all four forms of the Joint Application Package (JAP) by their respective deadlines: ➤ Joint reporting treatment report (JRF) -Submit within three (3) months after the last implementation and no later than 31 March of the next implementation year. ➤ Joint request for selected medicines (JRSM)-Submit ten (10) months before the first planned Mass Drug Administration date in the calendar year of the request. ➤ Epidemiological Reporting Form (EPIRF)-Submit annually with the JRSM. ➤ Annual Work Plan (AWP)-Submission is optional, though highly beneficial for the country to use.	March 2025
	Partial clearance of medicine requests	In exceptional cases, ESPEN should provide partial clearance for specific medicines on the Joint Request for Selected Medicines (JRSM) that meet all necessary requirements, while facilitating resolution of outstanding issues with other medicines on the request form.	August 2025
	Medicine forecasts	Develop and monitor key performance indicators (KPIs) for supply chain integration, support short-term forecasting, and foster country ownership for effective NTD medicine distribution.	August 2025



(continued table)

Programmatic area	Issue	Recommendation	Timeline
Disease elimination	Onchocerciasis	To lead on onchocerciasis elimination mapping by leveraging WHO's expertise in tropical data and project mapping throughout the planning, coordination, and implementation phases	August 2025
	Loiasis	Involve endemic member states in to sponsor a proposal to the NTD-STAG, for endorsement by the World Health Assembly (WHA), for the inclusion of <i>Loa loa</i> in the list of priority NTDs, considering its negative impact on morbidity and life expectancy in Central Africa, and not just its impact on onchocerciasis elimination.	August 2025
		Support and advocate for the development and production of diagnostic tools for <i>Loa loa</i> , including the LoaScope,	August 2025
	Female genital schistosomiasis	Provide guidance and support implementation of interventions for the prevention, treatment, and rehabilitation of women reproductive age 15-49 years at risk of female genital schistosomiasis (FGS)	August 2025
	Impact assessments	Organize a regional workshop for countries and implementing partners on rolling out new M&E guidance and budgeting for and implementing impact assessments for PC-NTDs	August 2025
	No funding for impact assessments but funding available for Mass Drug Administration	For schistosomiasis and STH, to grant a one-year grace period for countries due for impact assessments for but with only funding available for mass drug administration (MDA) to implement MDA, and to communicate this decision to affected countries	August 2025
	Elimination Dossier Preparation	Engage members of the RPAG to provide technical support to countries in preparation of disease elimination dossiers	August 2025



(continued table)

Programmatic area	Issue	Recommendation	Timeline
Country leadership, partnerships and coordination	NTD Masterplans	Work with member states and partners to ensure the next iteration of National NTD masterplans are costed and include monitoring and evaluation frameworks, along with investment plans to facilitate resource mobilization	August 2025
	Cross-border collaboration	Facilitate and build capacity for cross-border collaboration for onchocerciasis elimination, including joint implementation of interventions and surveillance.	August 2025
	Funding for NTD interventions	Quantify the resources needed by island nations nearing elimination of NTDs as a priority for resource mobilization and funding to achieve elimination.	August 2025
		Advocate for and mobilize resources for NTD interventions prioritizing countries in crises such as South Sudan and Central African Republic, specifically targeting hard-to-reach and conflict-affected regions.	August 2025
	Funding gaps for schistosomiasis and soil transmitted helminthiasis	Leverage funding for onchocerciasis and lymphatic filariasis as an opportunity to integrate interventions for schistosomiasis and soil transmitted helminthiasis where appropriate, to increase coverage.	August 2025
		Advocate with the Global Schistosomiasis Alliance (GSA), to support resource mobilization for priority needs for schistosomiasis control, programme maintenance, and impact assessments across Africa	August 2025
	Integration of community-based interventions	Advocate for and support countries to implement, document and share experiences on Integrated Health Campaign Effectiveness	August 2025
	Multi-sectoral engagement for WASH	Advocate for multi-sectoral coordination and integration of appropriate WASH initiatives for the prevention of schistosomiasis, soil transmitted helminthiasis and trachoma	August 2025



(continued table)

Programmatic area	Issue	Recommendation	Timeline
Communications	Dissemination of RPAG recommendations	Establish a performance monitoring dashboard to track recommendations and actions from the sub-regional committee review of countries performance and progress.	August 2025
		Develop a template highlighting progress with key actions for each country, to be presented at the end of each RPAG meeting.	August 2025
		Develop Standard Operation procedures (SOP) for conducting sub-regional RPAG committee meetings, and incorporating inputs from NTD programmes in the sub-region as needed.	August 2025
	Active Engagement of RPAG members between meetings	Include RPAG members in communications sharing RPAG recommendations with countries	Immediate
	Dissemination new WHO NTD Guidance and Tools	Develop action plans for dissemination and capacity building for countries to encourage quick uptake and use of new WHO guidance and tools	Immediate
	Availability of WHO Guidance and Tools in other languages	WHO HQ should publish new guidelines, frameworks, and manuals in French and Portuguese concurrently with or soon after publication of English versions.	Immediate
	Schistosomiasis/ Soil-transmitted helminthiasis monitoring and evaluation framework	Disseminate and build capacity of national programmes and stakeholders, to use the new Schistosomiasis/Soil-transmitted helminthiasis monitoring and evaluation framework	August 2025
Strategic health information systems	Capacity building for NTD data management	Build technical capacity in data management, Monitoring & Evaluation (M&E) in priority countries like Mauritania and Côte d'Ivoire.	August 2025
	Capacity building for Schistosomiasis/ Soil-transmitted helminthiasis data	Provide technical assistance to national programmes for schistosomiasis and soil transmitted helminthiasis for monitoring and evaluation data management	August 2025
		Allocate sessions at regional meetings to discuss challenges with the SCH workbook.	August 2025
	Integration of NTD data into national information systems	Provide technical support to integrate NTD data into national health systems in countries like Guinea-Bissau and Côte d'Ivoire to enhance evidence-based decision-making.	August 2025

b. General recommendations to all countries

Programmatic area	Issue	Recommendation	Timeline
Supply Chain Management	Import ban to promote local manufacturing affecting importation of some donated NTD Medicines	Conduct collaborative risk assessments with key stakeholders including: ➤ five-year forecasts of total medicine needs ➤ local capacity to fill forecast needs ➤ availability of financing to procure locally produced medicines for mass treatment ➤ mitigation plan to avert disruptions in programme implementation	August 2025
	Integration of supply chain systems for NTD medicines	Identify and address systemic challenges in supply chain management to prevent stockouts and wastage of medicines due to expiry	August 2025
Impact Assessments	Methodology and tools for impact assessments	Implement impact assessments according to WHO-recommended methodologies to enable interpretation and use for policy decisions	August 2025
	Funding for impact assessments	Engage and advocate with partners on the importance of allocating resources for impact assessments as scheduled to enhance program effectiveness and resource allocation	August 2025
	Sharing results	Submit results from impact assessments in a timely manner using the epidemiological reporting form (EPIRF) to WHO, at least 10 months before the first scheduled Mass Drug Administration of the year as part of the Joint application package (JAP).	August 2025
	Informing treatment strategies	Use impact assessment results for decision making; to maintain or adjust treatment and other intervention strategies	August 2025



(continued table)

Programmatic area	Issue	Recommendation	Timeline
Strategic health information	Integration of NTD data within national health information systems	Integrate NTD data with national health information systems to improve timeliness and completeness, and sustainability	August 2025
	Data use for decision making	Use quality data to support evidence-based decisions according to WHO and National guidance.	August 2025
Disease Elimination	Complete disease mapping	Prioritize the completion of mapping for PC-NTDs, including community level mapping for schistosomiasis, onchocerciasis elimination mapping in areas previously classified as hypo-endemic, and trachoma	August 2025
	Morbidity management and disability prevention for lymphatic filariasis	Integrate lymphoedema and hydrocoele management into primary healthcare systems across all countries, including social insurance, schemes and reporting through the national health information system.	August 2025
	Elimination dossier preparation	Start dossier preparation for validation of lymphatic filariasis and trachoma elimination and verification of onchocerciasis elimination as soon as possible.	August 2025
	Integration of interventions for Schistosomiasis/ Soil-transmitted helminthiasis elimination	Identify opportunities for coordination and implementation of Schistosomiasis/ Soil-transmitted helminthiasis mass drug administration with other NTD or health programmes to ensure continuity in the absence of funding for these diseases.	August 2025
	Monitoring and evaluation of Schistosomiasis/ Soil-transmitted helminthiasis programmes	Use WHO monitoring and evaluation manual https://www.who.int/publications/b/73248 to monitor and track progress in schistosomiasis and soil-transmitted helminthiasis programmes.	August 2025



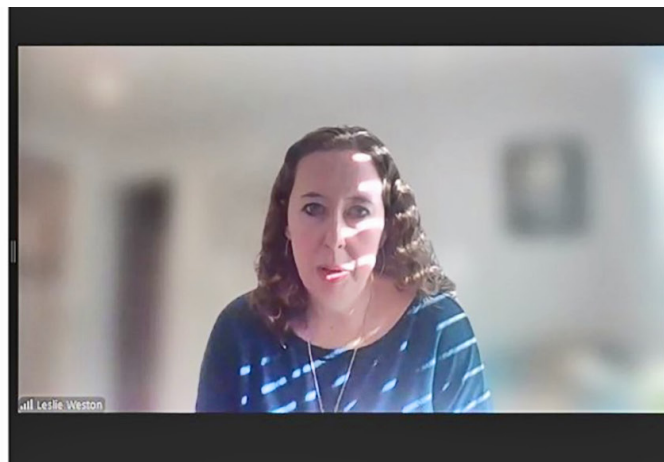
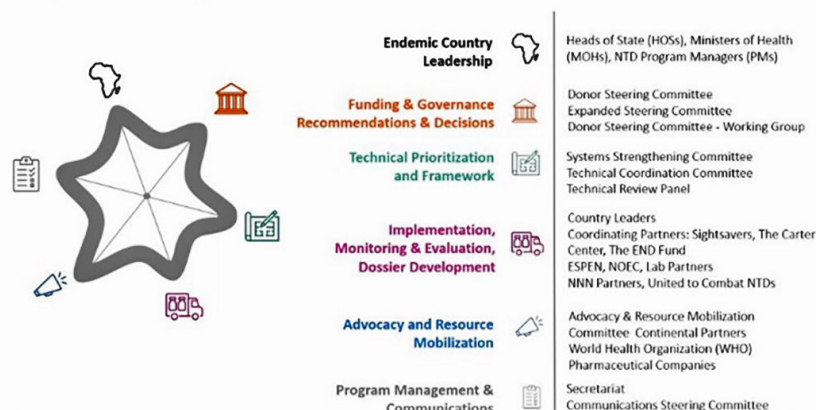
Programmatic area	Issue	Recommendation	Timeline
Country leadership, partnerships, and coordination	Cross-border collaboration	Engage in cross-border collaboration especially in regions with shared NTD burdens, for joint planning and implementation of disease elimination interventions and surveillance.	August 2025
	Integration of community-based interventions	Identify opportunities for integrating mass drug administration with other programmes for efficient use of resources and effective coverage	August 2025
	Integration of zoonotic NTDs in the One-Health Approach	Include a One-Health approach to NTD elimination in national NTD Masterplans, integrating interventions for zoonotic NTD across sectors to maximize impact.	August 2025
	WASH	Engage in and lead multi-sectoral coordination and integration of appropriate WASH initiatives for the prevention of schistosomiasis, soil transmitted helminthiasis and trachoma	August 2025
	Sustainable funding for NTD programmes	- Develop and cost national NTD Masterplans and accompanying monitoring and evaluation frameworks. - Use the WHO or other sustainability frameworks to develop an investment case and sustainability plan to facilitate resource mobilization	New NTD Masterplans from 2025

c. Recommendations to Partners

Programmatic area	Issue	Recommendation
Impact Assessments	Data sharing	Partners supporting NTD programmes on impact assessments are encouraged to share survey data with national programmes promptly to facilitate the submission of data using WHO's recommended forms (EPIRF) as
	Funding for impact assessments	Partners are encouraged to plan for and support impact assessments at their scheduled time, leveraging their resource mobilization capabilities to enhance the effectiveness of NTD programmes
	Medicine donors to advocate for impact assessments	Medicine donation programmes are encouraged to request impact data as part of advocacy for funding for impact assessments effectiveness.
Reaching the Last Mile Fund	Funding for NTD programmes	Advocate for impact assessments for soil-transmitted helminthiasis and schistosomiasis, alongside providing technical support, capacity building, and resource mobilization, in line with the RLMF's call to countries to integrate Schistosomiasis mass drug administration where appropriate, with interventions for lymphatic filariasis and onchocerciasis



RLMF Expansion Program Structure



Leslie Weston, BMGF presenting on the RLMF during the meeting. Photo credit, ESPEN

VI. Review of WHO Advisory Groups Terms of Reference

The regional programme review group is considered an advisory group of the WHO. A presentation of new guidance from WHO on harmonizing all WHO advisory groups was presented. The regional programme review group (RPRG) will hence be known as the regional programme advisory group (RPAG). The revised terms of reference, focusing on the technical advisory to WHO/AFRO and to countries, rather than technical reviewers' role in country programme review were discussed.

VII. Next PC-NTD Advisory Group Meeting

The next RPAG in-person meeting will be held in Q4 2025. The Secretariat will communicate the dates and venue. Virtual sub-regional group meetings schedule will be communicated by the ESPEN secretariat in January 2025. Coordinators or focal points for each sub-regional groups nominated during the 9th RPAG meeting will lead the sub-regional group meetings with the support of the ESPEN Secretariat.

Annex I - Country Specific recommendations

Country	Implementation area	Recommendation (1st report August 2025)
Country specific recommendations Timeline: Report progress by August 2025 Areas reviewed by RPAG sub-committee include: i. National NTD Strategic and Action Plans ii. NTD Mapping & Monitoring & Evaluation Surveys: iii. NTD Data availability and supply chain management		
1. Southern Africa RPAG sub-Committee: Specific recommendations Southern Africa sub-committee of the RPAG reviews 11 countries including Botswana, Eswatini, Lesotho, South Africa, Malawi, Mozambique, Namibia, Zambia, Zimbabwe, Seychelles and Mauritius, and met between 23 – 24, April 2024 and after reviewing data shared by the countries through JAP to WHO, came up with the following recommendations:		
Country	Programmatic area	Recommendation (1st report August 2025)
Botswana	Schistosomiasis	Conduct a mid-term impact assessment at community level
	Soil transmitted helminthiasis	Intensify preventive chemotherapy in high endemicity areas. Scale up treatment to target women of reproductive age (15-49 years) and report on coverage
Eswatini	Schistosomiasis	Resume preventive chemotherapy for schistosomiasis
	Soil transmitted helminthiasis	Resume preventive chemotherapy for helminthiasis
Lesotho	Soil transmitted helminthiasis	Update prevalence data following 4 years of missed Mass Drug Administration, and resume preventive chemotherapy
South Africa	Schistosomiasis	Establish a coordination mechanism for all stakeholders including Department of Education, involved in Schistosomiasis and Soil-transmitted helminthiasis control programmes Scale up preventive chemotherapy in all endemic areas with >10% prevalence
	Soil transmitted helminthiasis	Establish a coordination mechanism for all stakeholders including Department of Education, involved in Schistosomiasis and Soil-transmitted helminthiasis control programmes Scale up treatment to target women of reproductive age (15-49 years) and report on coverage
	Supply Chain Management of NTD Medicines	Share with WHO all sources NTD medicines used for preventive chemotherapy, besides the WHO donated medicines.
Malawi	Onchocerciasis	Conduct a comprehensive analysis of treatment data to evaluate coverage levels.
		Utilize the donated drugs in accordance with the terms specified in the approved donation agreement.



(continued table Annex I - 1. Southern Africa RPAG sub-Committee: Specific recommendations)

Country	Implementation area	Recommendation (1st report August 2025)
Malawi	Lymphatic Filariasis	Conduct Post-Validation Surveillance using at least two of the four platforms recommended by WHO over the next decade and share the data with WHO AFRO using the WHO Epidemiological Reporting Form.”
	Schistosomiasis/ Soil-transmitted helminthiasis	Share impact assessment data with AFRO and use the results to adjust treatment interventions as appropriate
	Trachoma	Maintain post-validation surveillance and management and report incident TT cases.
Mozambique	Onchocerciasis	Conduct Onchocerciasis Elimination Mapping surveys in 100 Implementation Units (IUs) identified as having probable transmission, as indicated by the nationwide breeding site assessment survey report.
	Lymphatic Filariasis	Submit annual report on activities related to Lymphatic Filariasis morbidity management and Disability Prevention using the WHO Epidemiological Reporting Form.
	Schistosomiasis/ Soil-transmitted helminthiasis	Conduct impact assessments to establish new baseline at community levels, share with WHO impact assessment results, and use results and data to adjust treatment interventions per WHO guidelines
	Supply Chain Management	Advocate for exemption/reduction of the MCNET fee levied on donated NTD medicines.
Namibia	Schistosomiasis	Resume integrated mass drug administration for schistosomiasis, soil transmitted helminthiasis and taeniasis. Health workers must be trained on the guideline for management of Serious Adverse Events (SAE) due to cysticercosis during mass drug administration
	Soil-transmitted helminthiasis	Resume integrated mass drug administration for schistosomiasis, soil transmitted helminthiasis and taeniasis. Scale up treatment to target women of reproductive age (15-49 years) and report on coverage
Zambia	Onchocerciasis	Initiate the collection of preliminary data on onchocerciasis suitability utilizing existing opportunities and local resources, and mobilize funds to conduct onchocerciasis elimination mapping (OEM)
	Lymphatic filariasis	Submit annual report on activities related to Lymphatic Filariasis morbidity management and Disability Prevention using the WHO Epidemiological Reporting Form.
	Schistosomiasis	Enhance resource mobilization for Mass Drug Administration and impact assessments
	Soil transmitted Helminthiasis	Enhance resource mobilization for Mass Drug Administration and impact assessments, increase SAC treatment coverage for SAC, Conduct impact assessment in areas with effective coverage Sustain Taeniasis PC in districts where it has been initiated



(continued table Annex I)

Country	Implementation area	Recommendation (1st report August 2025)
	Trachoma	Maintain implementation of the SAFE strategy (surgery, antibiotics, facial cleanliness, and environmental improvement) in endemic districts. Update the trachoma elimination dossier as new data becomes available.
Zimbabwe	Lymphatic filariasis	Adhere to the MDP guidelines to apply for Ivermectin (IVM) for inclusion in the Ivermectin, Diethylcarbamazine, and Albendazole (IDA regimen) Mass Drug Administration in 2025.
	Schistosomiasis	Alignment with new Schistosomiasis/Soil-transmitted helminthiasis Monitoring & Evaluation manual and Sustain gains through a strong Monitoring & Evaluation
	Soil-transmitted helminthiasis	Alignment with new WHO Monitoring & Evaluation Framework for Schistosomiasis/Soil-transmitted helminthiasis, and sustain gains through a strong Monitoring & Evaluation
Seychelles	Soil-transmitted helminthiasis	Finalize a plan to confirm elimination as a public health problem
Mauritius	Schistosomiasis	Finalize a plan to confirm Interruption of transmission

Country	Implementation area	Recommendation (1st report August 2025)
2. Eastern Africa RPAG sub-Committee: Specific recommendations The Eastern Africa Regional RPAG sub-committee meeting was held virtually on 18 and 19 June 2024. It focused on reviewing the PC-NTD programmes of the following seven countries: Eritrea, Ethiopia, Kenya, Rwanda, South Sudan, Tanzania, and Uganda and came up with the following recommendations:		
Country	Implementation area	Recommendations (1st report August 2025)
Eritrea	Lymphatic filariasis	Lymphatic filariasis confirmatory mapping to be completed in one IU Technical & financial support to work on MMDP & elimination dossier preparation
	Oonchocerciasis	No recommendation as the country is not endemic for onchocerciasis
	Schistosomiasis	Ensure quality of data and consistency as there is discrepancy between being on track for elimination statement and ALMA Score Card that shows red. Financial support for completion of impact assessment needed Technical support for morbidity management for FGS and snail control
	Trachoma	Work towards achievement of TT threshold target Preparation of trachoma elimination dossier



(continued table Annex I - 2. Eastern Africa RPAG sub-Committee: Specific recommendations)

Country	Implementation area	Recommendation (1st report August 2025)
Ethiopia	Lymphatic filariasis	Improve on treatment coverage to >65%
	Onchocerciasis	Onchocerciasis elimination mapping in eligible 134 districts to be conducted Discuss with national programme on the use of suitability mapping The national onchocerciasis elimination committee to guide programme on the way forward based on results of Onchocerciasis elimination mapping conducted In depth analysis of data for the failed PTS in Metema
	Schistosomiasis	Share remaining results from impact assessments and update progress made towards elimination
	SCM	Strengthen reverse logistics for all PC-medicines.
Kenya	Lymphatic filariasis	Continue with the great work
	Onchocerciasis	Establish Onchocerciasis elimination committee Conduct desk review to determine action plan on next steps.
	Schistosomiasis/ Soil-transmitted helminthiasis	Improve on timely data sharing.
	Trachoma	Issue of persistent and recrudescence districts in Kajiado and Turkana to be addressed with modified tailored strategies Enhance cross border collaboration with Tanzania and Uganda in areas with pastoralist populations crossing borders
	Soil-transmitted helminthiasis	There is adequate data to take decision on adjusting treatments WHO compliments the ministry for coordination of school-based deworming programme conducted by Ministry of Education and Ministry of Health and data sharing among the different stakeholders Work towards transparency among various deworming stakeholders for the future.
Rwanda	Lymphatic filariasis	Country considered non-endemic for Lymphatic filariasis based on survey conducted in 2007 and removed from the list of endemic countries ESPEN to share all documents related to Lymphatic filariasis in Rwanda Country to manage cases of all lymphoedema and report to WHO
	Onchocerciasis	Establish the presence or absence of onchocerciasis in the country by conducting onchocerciasis elimination mapping in districts that share border with endemic districts in neighbouring countries

(continued table Annex I - 2. Eastern Africa RPAG sub-Committee: Specific recommendations)

Country	Implementation area	Recommendation (1st report August 2025)
South Sudan	Lymphatic filariasis	Work to improve Mass Drug Administration coverage Conduct Pre-TAS in counties that meet the requirement
	Onchocerciasis	Work to improve Mass Drug Administration coverage Roll out the onchocerciasis elimination mapping activities in counties to finalize it Loiasis situation needs to be addressed Caution advised in rolling out Mass Drug Administration in Loa co-endemic counties.
	Schistosomiasis/ Soil-transmitted helminthiasis	Advocacy and funding support needed to scale up interventions
	Trachoma	Continue with the implementation of the SAFE strategy in all endemic districts. Start preparing the trachoma elimination dossier.
Tanzania (Mainland)	Onchocerciasis	National Onchocerciasis Elimination Committee (NOEC) to continue supporting programme Onchocerciasis elimination mapping in previously hypoendemic districts Work with modelers to determine best frequency of treatment in newly identified endemic district (decision on Ivermectin (IVM) twice a year or Moxidectin use)
	Schistosomiasis/ Soil-transmitted helminthiasis	Use the impact assessment data to guide programmatic decision making for adjustments in the strategies
	Trachoma	Issue of persistent and recrudescence districts to be addressed with modified tailored strategies based on results of TIS+ Cross border collaboration with Kenya in areas with nomadic population crossing borders



(continued table Annex I - 2. Eastern Africa RPAG sub-Committee: Specific recommendations)

Country	Implementation area	Recommendation (1st report August 2025)
Uganda	Lymphatic filariasis	Need to scale up MMDP services for Lymphatic filariasis. Finalize Lymphatic filariasis dossier and submit in 2026.
	Onchocerciasis	The RPAG supports to the National Onchocerciasis Elimination Committee recommendation to continue with mass drug administration in 12 districts hosting large number of refugees from South Sudan to not jeopardize the achievements so far. Start working on the onchocerciasis elimination dossier
	Schistosomiasis/ Soil-transmitted helminthiasis	Alignment with new WHO Monitoring & Evaluation Framework for Schistosomiasis and Soil-transmitted helminthiasis. Sustaining gains through a strong Monitoring & Evaluation
	SCM	There is an urgent need to address the critical issue of 11 million PZQ tablets nearing expiry due to lack of funding. Stronger commitment from the MoH to distribute it before expiry has to be seen. The country should assess and estimate how much of the PZQ they can use before it expires, so that any remaining stock can potentially be sent to another country
	Trachoma	Continue working to address persistent and recrudescing districts as well as clearing the trachomatous trichiasis (TT) backlog

Country	Implementation area	Recommendation (1st report August 2025)
3. Western Africa Regional RPAG sub-committee: Specific recommendations The Western Africa Regional RPAG sub-committee meeting was held virtually on July 16 to 18, 2024, to review the PC-NTD programmes of seventeen countries: Algeria, Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, The Gambia, and Togo. The RPAG members provided the following recommendations:		
Benin	Lymphatic filariasis	Complete the remaining TAS3 evaluations by 2025, enhance patient access to morbidity management services, and ensure the timely submission of the Lymphatic filariasis elimination dossier by 2026.
	Onchocerciasis	Develop a comprehensive Onchocerciasis elimination plan, , conducting regular coverage evaluation surveys, and enhancing mass drug administration monitoring to address persistent high prevalence rates and meet WHO recommendations.



(continued table Annex I Annex I - 3. Western Africa Regional RPRG sub-committee: Specific recommendations)

Country	Implementation area	Recommendations
Benin	Schistosomiasis/ Soil-transmitted helminthiasis	Continue regular mass drug administration for Schistosomiasis and Soil-transmitted helminthiasis with a focus on school-age children, conduct impact assessments in 2024 to refine treatment strategies, and integrate WASH initiatives to improve program effectiveness and ensure sustained reduction in prevalence. Use community-level data to improve planning and implementation of schistosomiasis interventions.
	Trachoma	Maintain post-validation surveillance for trachoma, ensuring continued monitoring through the general health system, and manage and report any new cases of Trachomatous Trichiasis (TT).
	Program Status	Secure additional funding to address financial constraints affecting program implementation and expand laboratory capacity for Onchocerciasis sample analysis. Enhance data integration across management systems like DHIS2, strengthen data security policies, and build local capacity for effective data utilization and decision-making.
Burkina Faso	Lymphatic filariasis	Continue TAS evaluations in the remaining districts and prepare for elimination dossier submission, despite challenges posed by security issues.
	Onchocerciasis	Expand lab capacity to support assessments and address delays due to security concerns, aiming to achieve elimination in endemic regions by 2030.
	Schistosomiasis/ Soil-transmitted helminthiasis	Ensure consistent availability of praziquantel, enhance WASH integration, and conduct impact assessments to guide Schistosomiasis/Soil-transmitted helminthiasis control, maintaining effective mass drug administration where necessary.
	Trachoma	Complete impact and surveillance surveys in districts delayed due to security issues if the security situation allows to do that and provide management for the remaining trachomatous trichiasis (TT) cases, with the aim of eliminating trachoma as a public health problem by 2030.
	Program status	Strengthen human resource capacity by establishing dedicated offices for monitoring, evaluation, and vector control, improve coordination with WASH programs for comprehensive control, and leverage political will to integrate NTD activities with other health programs for enhanced effectiveness.
Cabo Verde	Lymphatic filariasis	Maintain regular monitoring of mosquito populations to detect any potential Lymphatic filariasis infections, but confirmatory investigations are not required as Lymphatic filariasis is not endemic.
	Onchocerciasis	No specific actions are required since Oncho is not endemic
	Schistosomiasis/ Soil-transmitted helminthiasis	Implement consistent mass drug administration (MDA) for Schistosomiasis and Soil-transmitted helminthiasis to achieve control, addressing the interruptions in treatment, and align with updated guidelines to ensure better outcomes.
	Trachoma	No baseline surveys or interventions are necessary unless health system reports suggest evidence or suspicion of trachoma.



(continued table Annex I - 3. Western Africa Regional RPAG sub-committee: Specific recommendations)

Country	Implementation area	Recommendation (1st report August 2025)
Cabo Verde	Program status	Develop and implement a comprehensive NTD master plan, strengthen human resource capacity with dedicated offices for monitoring and vector control, and ensure consistent drug availability while improving data quality for better resource estimation. Enhance collaboration with other health entities and integrate WASH interventions for comprehensive NTD control.
Côte d'Ivoire	Lymphatic filariasis	Address setbacks in the 10 districts that failed pre-TAS by intensifying monitoring and treatment and continue with impact assessments in pending districts to progress towards elimination by 2030.
	Onchocerciasis	Refine elimination strategies for onchocerciasis in regions with high prevalence, especially in the southern and forest zones, and maintain regular entomological evaluations to track progress towards the 2030 elimination target.
	Schistosomiasis/ Soil-transmitted helminthiasis	Enhance treatment regimens for Schistosomiasis based on recent impact assessments and integrate WASH interventions to improve Schistosomiasis/Soil-transmitted helminthiasis control, focusing on effective mass drug administration for both adults and children.
	Trachoma	Work on the preparation and submission of the trachoma elimination dossier by 2026.
	Program status	Strengthen human resource capacity by establishing dedicated offices for monitoring and evaluation, enhance collaboration with WASH programs for integrated control, and ensure consistent drug availability to prevent treatment disruptions. Integrate NTD activities with other health programs to leverage existing political will and optimize resource allocation.
Ghana	Lymphatic filariasis	Continue efforts to interrupt Lymphatic filariasis transmission by 2025, focusing on monitoring remaining hotspots in collaboration with research institutions and intensifying mass drug administration in the eight remaining Implementation Units (IUs).
	Onchocerciasis	Complete Oncho elimination mapping, conduct comprehensive coverage evaluation surveys, and integrate findings into program planning to ensure progress towards the 2025 transmission interruption goal.
	Schistosomiasis/ Soil-transmitted helminthiasis	Align SCH activities with new water-level treatment guidelines to enhance effectiveness and integrate WASH initiatives with Soil-transmitted helminthiasis control to support eventual validation of elimination as a public health problem.
	Trachoma	Continue post-validation surveillance and ensure management and regular reporting of incident Trachomatous Trichiasis (TT) cases.
	Program status	Strengthen program management by balancing integrated disease committees with dedicated NTD focus groups, enhance the use of Monitoring & Evaluation outcomes for decision-making, and secure additional domestic funding and partnerships to address financial constraints.



(continued table Annex I - 3. Western Africa Regional RPRG sub-committee: Specific recommendations)

Country	Implementation area	Recommendation (1st report August 2025)
Guinea	Lymphatic filariasis	Conduct comprehensive impact assessments, including Transmission Assessment Surveys (TAS) in remaining districts, to confirm the interruption of transmission and guide treatment cessation. Re-establish morbidity management services, focusing on hydrocele surgeries and lymphedema care, to support elimination efforts.
	Onchocerciasis	Complete and update mapping for Onchocerciasis, including integrating hypo-endemic districts into the mass drug administration (MDA) program if found endemic. Conduct STOP MDA in the EU that passed Pre-STOP MDA surveys. Improve cross-border collaboration with neighboring countries to ensure comprehensive control and prevent re-infestation.
	Schistosomiasis/ Soil-transmitted helminthiasis	Expand mass drug administration to include adult populations in high-prevalence areas for Schistosomiasis and ensure consistent treatment coverage in Soil-transmitted helminthiasis -endemic districts. Strengthen integration with WASH initiatives to reduce transmission.
	Trachoma	Prepare the elimination dossier based on the successful results of mass drug administration and impact assessments.
	Program status	Improve the supply chain and drug distribution system to avoid overestimation and wastage. Enhance funding mobilization and cross-border collaboration to address logistical challenges, strengthen program capacity, and ensure the sustainability of NTD control efforts.
Guinea-Bissau	Lymphatic filariasis	Focus on improving treatment coverage and consistency in the two endemic regions, particularly addressing gaps caused by previous interruptions during the COVID-19 pandemic.
	Onchocerciasis	Address data inconsistencies in coverage and ensure consistent treatment implementation to sustain progress towards onchocerciasis control. Conduct onchocerciasis elimination mapping in the areas formerly known as hypoendemic
	Schistosomiasis/ Soil-transmitted helminthiasis	Enhance mass drug administration efforts by improving community awareness and integrating WASH interventions to tackle the low coverage and poor facilities in endemic regions.
	Trachoma	Continue implementing the strategies outlined in the master plan to achieve elimination thresholds in the five endemic regions.
	Program status	Finalize the NTD Master Plan to establish a consistent framework for action and integrate NTD data into the national health information system for effective monitoring and evaluation. Strengthen human resource capacity through targeted training and stabilize the workforce, while seeking additional funding and partners to ensure sustainable support for NTD control efforts.



(continued table Annex I - 3. Western Africa Regional RPAG sub-committee: Specific recommendations)

Country	Implementation area	Recommendation (1st report August 2025)
Liberia	Lymphatic filariasis	Focus on interrupting Lymphatic filariasis transmission in the 13 endemic counties, with a target to eliminate transmission in 9 counties by 2025, and continue monitoring through Transmission Assessment Surveys (TAS) to guide treatment strategies.
	Onchocerciasis	Conduct additional impact assessments for Onchocerciasis to evaluate the effectiveness of ongoing mass drug administration; improve laboratory capacity for sample processing to support quality surveillance and decision-making regarding treatment strategies.
	Schistosomiasis/ Soil-transmitted helminthiasis	Strengthen integration with WASH initiatives to enhance Schistosomiasis/Soil-transmitted helminthiasis control and maintain regular deworming during National Vaccination and Micronutrient Days to meet reduction targets.
	Program status	Improve real-time monitoring systems to enhance coverage rates, provide better incentives for health workers to increase motivation, strengthen integration with WASH programs for better sanitation, and secure increased government funding for program sustainability.
Mali	Lymphatic filariasis	Expedite the development and submission of the Lymphatic filariasis elimination dossier by 2025 to maintain progress and ensure timely validation.
	Onchocerciasis	Improve impact assessments and address sample processing delays using available PCR methods (O-150 PCR Pool screening) to prevent further interruptions in decision-making.
	Schistosomiasis/ Soil-transmitted helminthiasis	Strengthen mass drug administration implementation to reach 100% geographical coverage for Schistosomiasis by 2024 and ensure timely completion of impact assessments for Schistosomiasis.
	Trachoma	Maintain surveillance to sustain the elimination status achieved in 2023, focusing on monitoring and preventing re-emergence as well as managing and reporting incident trachomatous trichiasis (TT) cases.
	Program status	Develop a sustainability plan for mainstreaming PC-NTD activities, enhance multi-sectoral collaboration with other health programs and sectors, and strengthen vector control efforts for onchocerciasis.



(continued table Annex I - 3. Western Africa Regional RPAG sub-committee: Specific recommendations)

Country	Implementation area	Recommendation (1st report August 2025)
Mauritania	Lymphatic filariasis	Maintain cross-border surveillance with Senegal and Mali to monitor any potential Lymphatic filariasis transmission from neighboring endemic countries.
	Onchocerciasis	No specific action is needed since onchocerciasis is not endemic but maintain awareness through cross-border surveillance efforts to mitigate potential risks.
	Schistosomiasis/ Soil-transmitted helminthiasis	Conduct impact assessments in districts that have received multiple rounds of mass drug administration to determine current status and ensure continued support to maintain effective treatment coverage for Schistosomiasis/Soil-transmitted helminthiasis.
	Trachoma	Trachoma elimination dossier under review. Continue with implementation of the F&E components and addressing trachomatous trichiasis (TT) cases.
	Program status	Complete the NTD master plan to establish a structured framework for monitoring and evaluating NTD elimination, strengthen local capacity in data management and impact assessments, and secure sustained funding to support program expansion.
Niger	Lymphatic filariasis	Continue with post-treatment surveillance in all previously endemic districts to confirm sustained elimination and support morbidity management efforts to address the residual burden of hydrocele and lymphedema.
	Onchocerciasis	Sustain post-elimination surveillance in previously treated districts and maintain rigorous monitoring to prevent resurgence, while ensuring ongoing support for monitoring and evaluation activities.
	Schistosomiasis/ Soil-transmitted helminthiasis	Ensure consistent availability of praziquantel to address Schistosomiasis effectively, enhance integration with WASH initiatives, and conduct impact surveys to adapt treatment strategies in line with WHO guidelines.
	Trachoma	Continue with implementation of the SAFE strategy. Consolidate gains and prevent resurgence in districts where elimination thresholds have been reached, ensuring high sanitation standards are maintained through the construction of latrines.
	Program status	Strengthen human resource capacity by establishing dedicated offices for monitoring and evaluation and enhance integration of WASH interventions with NTD programs. Address drug supply challenges to ensure consistent availability and improve data quality for better treatment planning. Develop security strategies for safe operations in insecure regions and finalize the master plan with necessary content updates to guide sustained NTD control.



(continued table Annex I - 3. Western Africa Regional RPAG sub-committee: Specific recommendations)

Country	Implementation area	Recommendation (1st report August 2025)
Nigeria	Lymphatic filariasis	Conduct confirmatory mapping in urban areas such as Lagos and secure additional funding for impact assessments to finalize the cessation of mass drug administration in all relevant regions.
	Onchocerciasis	Expand lab capacity to address the backlog of sample analysis and certify more labs to ensure reliable data collection and progress towards elimination goals.
	Schistosomiasis/ Soil-transmitted helminthiasis	Continue mass drug administration for Schistosomiasis and Soil-transmitted helminthiasis, improve integration with WASH initiatives, and conduct regular impact assessments to adjust treatment strategies effectively.
	Trachoma	Continue with the updating of the validation dossier for Trachoma elimination and maintain robust community engagement and cross-border collaborations for consistent progress.
	Program status	Strengthen coordination mechanisms across all levels of the NTD program, ensuring comprehensive impact assessments and enhanced data utilization for decision-making. Expand local laboratory capacity to manage sample backlogs and secure sustainable funding by intensifying domestic resource mobilization and leveraging private sector partnerships.
Senegal	Lymphatic filariasis	Continue mass drug administration in the remaining endemic district and complete the targeted elimination by 2025, while maintaining hydrocele and lymphedema management efforts through collaboration with local institutions.
	Onchocerciasis	Intensify post treatment surveillance efforts to meet the 2026 transmission elimination target and dossier verification. Start working on the elimination dossier
	Schistosomiasis/ Soil-transmitted helminthiasis	Adjust Schistosomiasis treatment regimens based on current prevalence data, ensure consistent availability of praziquantel to avoid treatment gaps, and integrate WASH initiatives to support Schistosomiasis and Soil-transmitted helminthiasis control effectively.
	Trachoma	Work towards achievement of elimination threshold for trachomatous trichiasis (TT) as well and finalize the dossier for submission to WHO for validation.
	Program status	Enhance program management by establishing dedicated NTD focus groups, strengthen cross-sectoral collaboration for integrated WASH interventions, and intensify domestic resource mobilization to overcome financial constraints and reduce donor dependency.



(continued table Annex I - 3. Western Africa Regional RPAG sub-committee: Specific recommendations)

Country	Implementation area	Recommendation (1st report August 2025)
Sierra Leone	Lymphatic filariasis	Ensure that TAS3 in Bombali district is completed by 2027 and proceed with the submission of the elimination dossier by 2028, while maintaining integrated vector management for sustained control.
	Onchocerciasis	Expand local laboratory capacity for reliable data collection and quality control to address high prevalence in specific districts and ensure the national objective of elimination by 2035 is met.
	Schistosomiasis/ Soil-transmitted helminthiasis	Expand Schistosomiasis mapping to previously unmapped districts to identify current treatment needs; ensure Soil-transmitted helminthiasis treatment adjustments are based on recent findings of prevalence variability.
	Trachoma	Continue dossier preparation for trachoma elimination to achieve formal recognition of elimination as a public health problem, ensuring sustained monitoring in previously surveyed districts.
	Program status	Establish a dedicated funding mechanism for the NTD control program to overcome resource limitations and strengthen implementation. Enhance integration of WASH with NTD interventions, build local laboratory capacity for reliable data collection, and develop robust monitoring and evaluation frameworks to ensure effective program management and informed decision-making.

Country	Implementation area	Recommendation (1st report August 2025)
4. Central Africa Regional RPAG sub-committee: Specific recommendations		
The Central Africa Regional RPAG sub-committee meeting was held virtually on September 10 to 12, 2024, to review the PC-NTD programmes of twelve countries: Angola, Burundi, Cameroon, Central African Republic (CAR), Comoros, Chad, Democratic Republic of Congo (DRC), Equatorial Guinea, Gabon, Republic of Congo, Madagascar, and São Tomé and Príncipe (STP). The RPAG members provided the following recommendations:		
Burundi	Onchocerciasis	Finalize the onchocerciasis elimination mapping in formerly known hypoendemic areas Enhance entomological capacity for post- mass drug administration monitoring.
	Schistosomiasis/ Soil-transmitted helminthiasis	Maintain the current achievements in reducing transmission, ensuring consistent 100% geographic coverage and improving data validation processes to enhance the accuracy of coverage reports.
	Trachoma	Complete the final revisions of the Trachoma elimination dossier based on WHO feedback, ensuring timely validation and continued surveillance to sustain the gains.
	Program Status	Close existing funding gaps, particularly for mapping non-PC NTDs and expanding interventions, strengthen pharmacovigilance systems, and improve data management by aligning national data with the ESPEN platform to ensure data consistency and quality.



(continued table Annex I - 4. Central Africa Regional RPAG sub-committee: Specific recommendations)

Country	Implementation area	Recommendation (1st report August 2025)
Cameroon	Lymphatic filariasis	Focus on improving post- mass drug administration surveillance in areas where Lymphatic filariasis remains endemic, particularly addressing social instability in the southwest and northern regions, and strengthen morbidity management, including accurate reporting of hydrocele surgeries. Start working on the Lymphatic filariasis elimination dossier
	Onchocerciasis	Finalize onchocerciasis elimination mapping, especially in Loa loa co-endemic areas, and expand the use of LoaScope technology. Address recalcitrant transmission sites like the Sanaga Basin through new vector control strategies and secure additional funding for completion of mapping.
	Schistosomiasis/ Soil-transmitted helminthiasis	Maintain high treatment coverage through targeted school-based interventions, expanding to community-based deworming, improve impact assessments, and continue efforts towards achieving long-term control in moderate to high endemic regions.
	Trachoma	Continue focused surveillance and impact assessments in the remaining endemic areas of northern Cameroon as the country nears trachoma elimination.
	Program status	Strengthen cross-border collaboration with neighboring countries to control transboundary transmission, close funding gaps to support mapping and morbidity management, and improve data systems to ensure accurate documentation of interventions in alignment with WHO and ESPEN standards.
Chad	Lymphatic filariasis	Update the National NTD master Plan, increase mass drug administration coverage particularly in high-prevalence areas, and conduct TAS1 in 13 districts that have completed Pre-TAS successfully.
	Onchocerciasis	Complete onchocerciasis elimination mapping and conduct pre-stop mass drug administration (MDA) surveys in areas with more than 10 MDA rounds, and strengthen logistical planning for drug distribution, especially in conflict-affected regions. Conduct the delineation of Onchocerciasis Operational Transmission Zones (OTZ) to improve planning for mass drug administration campaigns and prioritize increasing treatment coverage in all endemic districts
	Schistosomiasis/ Soil-transmitted helminthiasis	Expand and ensure consistent mass drug administration coverage in all high-prevalence areas, with a particular focus on regions that have been untreated since 2015.
	Trachoma	Conduct additional mapping and mass drug administration campaigns in red zones and mobilize resources for trachomatous trichiasis (TT) surgeries to address the backlog of cases.
	Program status	Revise the NTD strategic plan, engage with international partners to secure funding, and strengthen logistical and morbidity management efforts to ensure consistent treatment coverage, even in conflict-affected areas.



(continued table Annex I - 4. Central Africa Regional RPAG sub-committee: Specific recommendations)

Country	Implementation area	Recommendation (1st report August 2025)
Central African Republic	Lymphatic filariasis	Update the national NTD master plan to strengthen political commitment, increase mass drug administration coverage in all endemic districts, and conduct TAS to monitor progress toward interruption of transmission.
	Onchocerciasis	Finalize the delineation of operational transmission zones (OTZs) and scale up mass drug administration campaigns, especially in areas where transmission rates remain high, ensuring consistent treatment to move closer to elimination.
	Schistosomiasis/ Soil-transmitted helminthiasis	Update mapping and conduct impact assessments to determine the current burden and adjust mass drug administration strategies, accordingly, focusing on underserved areas and ensuring accurate data collection.
	Trachoma	Secure funding to complete trachoma mapping in the nine remaining districts and resume trachoma trichiasis (TT) surgeries to address backlogged cases and progress toward 2030 elimination targets.
	Program status	Strengthen coordination between the government and international partners, secure additional funding to ensure consistent program implementation, improve security and logistical access for mass drug administration in conflict-affected regions, and enhance surveillance and data collection systems to inform effective interventions.
Comoros	Lymphatic filariasis	Update the NTD strategic plan, engage with international partners to secure funding, Conduct TAS3 in 10 IUs and TAS2 in 7 IUs in Q1/2025, Explore the Lymphatic filariasis status in the Mayotte French territory, Strengthen morbidity management for Lymphatic filariasis through increased resource mobilization, healthcare worker training, and integration of services into the health system
	Soil-transmitted helminthiasis	Improve mass drug administration (MDA) treatment coverage, and conduct impact assessments for Soil-transmitted helminthiasis to evaluate MDA effectiveness and enhance WASH integration to sustain control efforts and reduce reinfection.
	Program status	Revise the NTD strategic plan, engage with international partners to secure funding, and strengthen logistical and morbidity management efforts.



(continued table Annex I - 4. Central Africa Regional RPAG sub-committee: Specific recommendations)

Country	Implementation area	Recommendation (1st report August 2025)
Republic of Congo	Lymphatic filariasis	Expand geographical coverage of mass drug administration and enhance morbidity management (Hydrocele surgeries and lymphoedema management).
	Onchocerciasis	Finalize the delineation of Onchocerciasis Transmission Zones (OTZ) to improve planning for mass drug administration campaigns and prioritize increasing treatment coverage in all endemic districts. Leverage LoaScope technology for safe interventions in Loa loa co-endemic areas and establish a national framework for monitoring onchocerciasis transmission progress.
	Schistosomiasis/ Soil-transmitted helminthiasis	Conduct updated mapping and impact assessments for Schistosomiasis/Soil-transmitted helminthiasis, focusing on high-risk areas and addressing community concerns, such as Female Genital Schistosomiasis (FGS). Expand mass drug administration coverage to achieve consistent and comprehensive treatment across all endemic districts.
	Program status	Mobilize sustainable partner support to address funding gaps, strengthen cross-sectoral collaboration with the WASH sector to ensure integrated NTD control measures, and enhance morbidity management by establishing sentinel sites and providing clinical management for Lymphatic filariasis-related complications.
Equatorial Guinea	Lymphatic filariasis	Secure funding to roll out mass drug administration at the required scheme (ALBx2)
	Onchocerciasis	Develop and implement post-treatment surveillance surveys on Bioko Island to confirm elimination of transmission. Confirm onchocerciasis endemicity status on the mainland
	Schistosomiasis/ Soil-transmitted helminthiasis	Expand mass drug administration coverage for Schistosomiasis and Soil-transmitted helminthiasis across all endemic areas with better logistical planning and resource management to avoid treatment interruptions.
	Program status	Strengthen political commitment and high-level advocacy to ensure the NTD program's implementation, improve data sharing with international partners for transparency, and seek external support if necessary to meet program goals effectively.
Gabon	Lymphatic filariasis	Conduct Lymphatic filariasis confirmatory mapping in 18 IUs by Feb 2025 to confirm the Lymphatic filariasis endemicity prior any interventions
	Onchocerciasis	Finalize onchocerciasis elimination mapping and expand interventions in the remaining 15 departments where endemicity is not yet confirmed. Use diagnostic tools like LoaScope and adopt successful test-and-treat strategies from similar countries to manage co-endemic areas with Loasis.
	Schistosomiasis/ Soil-transmitted helminthiasis	Increase consistency of mass drug administration campaigns, ensuring comprehensive coverage and monitoring for both Schistosomiasis and Soil-transmitted helminthiasis. Transition to a community-based health system to reach rural populations effectively and integrate WASH initiatives to control disease transmission.
	Program status	Improve resource mobilization and supply chain logistics to ensure consistent availability of essential drugs for NTD programs, while enhancing capacity building for community-level interventions and establishing robust monitoring and evaluation systems for effective data management and program integration.



(continued table Annex I - 4. Central Africa Regional RPAG sub-committee: Specific recommendations)

Country	Implementation area	Recommendation (1st report August 2025)
Democratic Republic of the Congo	Lymphatic filariasis	Update the NTD Strategic Plan, improve data sharing, and increase mass drug administration coverage.
	Onchocerciasis	Complete onchocerciasis elimination mapping in remaining districts, delineate operational transmission zones, and conduct pre-stop MDA evaluations in areas with over 10 treatment rounds.
	Schistosomiasis/ Soil-transmitted helminthiasis	Increase mass drug administration coverage in under-treated zones and conduct updated impact assessments to evaluate and adjust treatment strategies.
	Trachoma	Complete baseline surveys in remaining districts, secure funding for trachomatous trichiasis (TT) surgeries, and address the TT backlog.
	Program status	Revise the strategic plan, improve supply chain management, enhance data sharing, and mobilize additional funding to address gaps in treatment, impact assessments, and logistical challenges.
Madagascar	Lymphatic filariasis	Secure sustainable funding for consistent mass drug administration campaigns and improve morbidity management through healthcare worker training in hydrocele surgeries and lymphoedema care. Conduct Pre-TAS in IUS with required rounds of mass drug administration.
	Schistosomiasis/ Soil-transmitted helminthiasis	Conduct impact assessments to evaluate mass drug administration effectiveness, strengthen integration with WASH initiatives to reduce transmission, and enhance coordination for better program outcomes.
	Program status	Develop logistical strategies for better mass drug administration delivery, improve supply chain management to prevent drug shortages, and mobilize political commitment to support national funding for the NTD program.
Sao Tome & Principe	Lymphatic filariasis	Strengthen morbidity management for Lymphatic filariasis through increased resource mobilization, healthcare worker training, and integration of services into the health system, Plan and conduct IDA impact assessment surveys#2 i(IIA2) in Q4 of 2024
	Schistosomiasis/ Soil-transmitted helminthiasis	Conduct impact assessments for Schistosomiasis/Soil-transmitted helminthiasis to evaluate mass drug administration effectiveness and enhance WASH integration to sustain control efforts and reduce reinfection.
	Program status	Increase financial support from international partners and build sustainable local capacity, focusing on long-term funding, healthcare worker training, and integration of morbidity management into the national health system.



Annex II – Attendance List

Name	Country	Attendance
RPAG Members		
Dr Delna Ghandhi	United Kingdom	Apology
Dr Hikabasa Halwiindi	Zambia	In person
Prof Moudachirou Ibikounle	Benin	In person
Dr Khumbo M Kalua	Malawi	Virtual
Dr Teshome Gebre Kanno	Ethiopia	In person
Dr Kebede Deribe Kassaye	Ethiopia	In person
Dr Safari Kinung'hi	Tanzania	Virtual
Prof Nicholas Midzi	Zimbabwe	In person
Dr Kisito T Ogoussan	Benin	In person
Dr Mariama Lamine Sani	Niger	Apology
Dr William Evan Secor	United States of America	In person
Prof Omar Maneno Sultan	Tanzania	In person
Dr Innocent Takougang	Cameroon	In person
Dr Idrissa Talla	Senegal	In person
Dr Seydou Touré	Burkina Faso	Absent
Dr Tadesse Kebede	Ethiopia	In person
Ms Kathryn Zoerhoff	United States of America	Virtual
Dr Samuel Andrianarisoa	Madagascar	Virtual
Ms Molly A Brady	United States of America	Virtual
Dr Suzy Campbell	Australia	Absent
Dr Paul T Cantey	United States of America	Apology
Dr Yaya Coulibaly	Mali	In person
Prof Monique A N Dorkenoo	Togo	Apology
Dr Christine Dubray	United States of America	Absent
Prof Uwemedimo F Ekpo	Nigeria	In person
Dr Elizabeth O Elhassan	Nigeria	Virtual
Dr Paul Emerson	United States of America	Apology
Prof Thomas Unnasch	United States of America	Absent



(continued Annex II)

Observers and invited speakers		
Dr Lynsey Blair	United States of America	Virtual
Mr Alex Pavluc	United States of America	In person
Dr Irene Umulisa	Rwanda	In person
Dr Lungi Okoko	United States of America	In person
Lynn Leonard	Switzerland	Virtual
Dr Willemijn Zaadnoordijk	Germany	Virtual
Leslie Weston	United States of America	Virtual
Rachel Bronzan	United States of America	Virtual

Name	Country	Attendance	Email Address
WHO Secretariat			
Dr Elizabeth Juma	Republic of Congo	In person	jumae@who.int
Dr Honorat Zoure	Republic of Congo	In person	zoureh@who.int
Dr Jorge Cano	Republic of Congo	In person	canoj@who.int
Dr Pauline Mwinzi	Republic of Congo	In person	mwinzip@who.int
Ms Flora Lekhanya	Republic of Congo	In person	lekhanyaf@who.int
Dr Didier Bakajika	Republic of Congo	In person	bakajikad@who.int
Mr Dyesse Yumba	Republic of Congo	In person	yumbad@who.int
Ms Namuchile Kaonga	Republic of Congo	In person	kaongan@who.int
Dr Albis Gabrielli	Switzerland	Virtual	gabriellia@who.int
Dr Xiao Xiao	Switzerland	Virtual	xhuang@who.int
Dr Denise Mupfasoni	Switzerland	In person	mupfasonid@who.int
Dr Amadou Garba	Switzerland	Virtual	garbadjirmaya@who.int
Dr Daniel Dagne	Switzerland	Virtual	daniel@who.int
Dr Afework Tekle	Switzerland	Virtual	teklea@who.int
Dr Aime Adjami	Burkina Faso	Virtual	adjamia@who.int
Mr Alexei Mikhailov	Switzerland	Virtual	mikhailova@who.int
Dr Boubacar Diop	Senegal	Virtual	bdiop@who.int
Dr Moussa Sanfo	Burkina Faso	Virtual	sanfom@who.int
Dr Pamela Mbabazi	Switzerland	Virtual	mbabazip@who.int
Dr Jonathan King	Switzerland	Virtual	kingj@who.int
Dr Amir Kello	Republic of Congo	Virtual	kelloa@who.int
Dr Maria Rebollo	Switzerland	Virtual	rebollopolom@who.int

The WHO Regional Office for Africa

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

Member States

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

World Health Organization

Regional Office for Africa

Noncommunicable Diseases Cluster

Cité du Djoué

PO Box 6, Brazzaville

Congo

Telephone: +(47 241) 39402

Fax: +(47 241) 39503

Email: afrgocom@who.int

Website: <https://www.afro.who.int/>