

Annual Meeting of NTD National Programme Managers in the WHO African Region

"Innovating for acceleration: Pathway to NTD Elimination"
15-17 April 2025 Lomé, Togo.



2025 Annual Meeting of NTD National Programme Managers in the WHO African Region

Summary Report





Background

Neglected Tropical Diseases (NTDs) continue to affect over one billion people globally, with the highest burden concentrated in the WHO African Region. These diseases, which include both preventive chemotherapy (PC) and case management (CM) NTDs, disproportionately affect marginalized populations and contribute significantly to poverty, disability, and health inequities. As countries strive to meet the 2030 targets set out in the WHO NTD Roadmap, strong leadership, innovation, and collaboration are essential.

The Annual Meeting of NTD National Programme Managers is a key convening platform jointly organized by the WHO and partners to review regional progress, share field experiences, and strengthen technical capacity. The 2025 meeting, held from 15–17 April in Lomé, Togo, brought together more than 240 participants from 41 countries, including national programme managers, WHO regional and country offices, global experts, donors, and implementing partners.

Under the theme "Innovation for Acceleration: Pathway to NTD Elimination," the meeting focused on leveraging digital tools, scientific advances, and integrated approaches to accelerate progress toward elimination. It provided an opportunity for peer learning, alignment of strategic priorities, and exploration of practical solutions to address persistent challenges, such as funding constraints, health system fragmentation, and limited surveillance capacity.

This document provides a high-level summary of the key sessions, outcomes, and recommendations from the 2025 NTD Programme Managers Meeting. It is based on the detailed comprehensive meeting report.

Objectives

General objective

To foster a collaborative environment in which stakeholders can share, explore, and implement innovative strategies and technologies aimed at accelerating the elimination of NTDs, thereby advancing progress towards the global NTD elimination goals and ensuring sustainable health improvements in affected communities.

Specific objectives

- a) To discuss and exchange innovative approaches, emerging technologies, methodologies, and strategies in the fight against NTDs.
- b) To review national progress and challenges, assess the current status of NTD elimination efforts, identify bottlenecks, and propose actionable plans to overcome them.

c) To strengthen collaboration and coordination among stakeholders, including governments, non-governmental organizations (NGOs), academic institutions, and the private sector.

Meeting Outcomes

Session 1: Opening Plenary Ceremony

The opening session featured welcoming and keynote remarks from Dr Kokou Marin Wotobe, Secretary General of the Ministry of Health and Public Hygiene, Togo; Dr Amadou Bailo Diallo, WHO Representative for Togo; Mr Balla Jatta, Kikundi CoP Chair and NTD Programme Manager, The Gambia; and Togbui Koffi Ebénézer Vovolité AGBETIAFA II, Traditional Leader. The speakers reflected on the achievements, persistent challenges, and collective aspirations for NTD elimination in the WHO African Region. From the statements delivered, two key messages emerged.

- Making sustainable progress against NTDs requires innovation, domestic ownership, and multisectoral collaboration, particularly given the current global funding landscape.
- 2. Kikundi emphasized the urgency of rethinking delivery models and adopting digital tools to build more resilient and integrated NTD services, rooted in primary health care.



Session 2: NTD Roadmap mid-term milestones (plenary)

The session provided a comprehensive overview of progress toward the WHO NTD Roadmap 2021–2030 targets, highlighting a 32% reduction in the number of people requiring NTD interventions between 2010 and 2023, with 55 countries having eliminated at least one NTD by March 2025. Presenters outlined disease-specific updates (Tables 1 and 2) and noted persistent challenges and priority actions.

Table 1. Progress, Challenges, and Priority Actions for CM-NTDs in the WHO African Region

NTD	Progress	Challenges	Priority actions/Opportunities/Recommendations
Guinea Worm	 42 of the 47 countries in the African region certified so far. 5 countries are remaining endemic: Angola, Cameroon, Chad, Ethiopia and South Sudan. Only 14 human cases reported in 2024 (Chad, South Sudan). 	InsecurityAnimal infectionLack of funding	 National ownership Advocacy and awareness Multi-sectoral collaboration, OneHealth approach Enhanced surveillance
Yaws	 12 countries, never considered as endemic are suspected free of yaws, but are yet to be certified. Since 2020, three countries (Cameroon, Central African Republic, Congo) are implementing Total Community Treatment (TCT) with azithromycin for Yaws eradication. Integrated surveillance and TTT ongoing Regional consultation for yaws eradication in Africa 	 Lack of funding: Implementation & Access to tests (RDT, DPP) Weak integrated surveillance for yaws in countries Unknown yaws status in 26 countries 	countriesNational ownershipAdvocacy for resources mobilization
НАТ	9 Countries validated for Elimination of HAT as PHP	Diagnosis and treatment complexInadequate surveillanceInadequate funding	 Capacity building, improved infrastructure R&D to improve tools Strengthen surveillance Advocacy and domestic funding
Leprosy	 46 countries achieved and sustained Leprosy elimination as PHP 8 countries close to achieve interruption of transmission (Algeria, Botswana, Eritrea, Eswatini, Lesotho, Mauritius, São Tomé and Príncipe and Seychelles) 	 Lack of funding & weak national ownership Dwindling expertise Late detection G2D rates: 2.7 Million per Pop. Ongoing transmission (2.6 Million per Child Pop.) Highly endemic pockets/ Countries Insecurity and Periodic outbreaks 	 case detection Continue to piloting Leprosy elimination monitoring tools (LEMT) Enhance integrated capacity building Strengthen advocacy, partnerships to enhance political commitment & resources mobilization

Visceral Leishmaniasis (VL)	decreased by 62% (from 30,801 in 2014 to 11,762 in 2023). The African region accounts for 37% of the global burden.	 Lack of funding and weak national ownership Climate change (new foci, out breaks, etc) Imperfect tools Insecurity and displacement 	 Signing of MoU for the implementation of the VLE Framework (side event at 78th WHA) Guideline adaptation by national programmes Advocacy and resource mobilization including domestic funding Mapping, surveillance, cross border collaboration, active case finding Research & Development
Cutaneous leishmaniasis	·	 Lack of resource Inadequate knowledge on disease burden and distribution Lack of tools: non-invasive and rapid tool for diagnosis Treatment is often expensive, invasive and toxic 	 Promote implementation of integrated skin NTD approach Advocacy and resource mobilization Burden assessment and reporting Research & Development for diagnostic, treatment and prevention tools
Buruli ulcer	 Reduction of over 70%: 5,871 in 2004 ≥ 1,573 in 2023 Approximately only 30% of reported cases over the past five years were classified as Category III lesions, but still significantly above the target of less than 10% Proportion of laboratory-confirmed cases increased from 10% in 2019 to 	 Lack of funding and weak national ownership Exact mode of transmission is still unknown Lack of point-of-care diagnostic test Weak surveillance system in some countries Long duration of the treatment (8 weeks) 	 Strengthen integrated surveillance Development of new medicines with the potential of reducing the duration of the treatment Enhance advocacy and resource mobilization Development of RDT to ensure early diagnosis

	 31% in 2023, although still below the 95% target set for 2030. Treatment completion for Buruli ulcer improved from 70% in 2019 to 80% in 2023, though still below the target of over 98% 		
Rabies	 Number of countries having achieved zero human deaths from rabies increased from 22 in 2020 to 32 in 2025 ongoing collaborative works to scale up critical actions for rabies elimination in Member States 	rabies Lack of reliable data/sub optimal surveillance	 Scaling up integrated surveillance, diagnostic, reporting & response Advocate for post-exposure use of human vaccines Support countries for Gavi rabies vaccines application Regional stakeholders' meetings Integrated Bite Case Management (IBCM)
Noma	Development of a disease summary for noma in line with those included in the NTD road map 2021–2030, including targets (under development)	Diagnosis is purely clinical.	 Inclusion of noma in national NTD MPs Integration of noma into surveillance systems and active case-detection in high-endemic areas Partnerships and communities of practice Communication and advocacy strategy Capacity building to prevent, detect, treat Resource mobilization

Table 2. Progress, Challenges, and Priority Actions for PC-NTDs in the WHO African Region

NTD	Progress	Challenges	Priority actions
Trachoma	 6 countries validated to have eliminated Trachoma as a public health problem (Ghana, Gambia, Togo, Malawi, Benin, & Mali) 	-Pending completion of mapping surveys- Delineation of Oncho Transmission	Supporting completion of mapping surveysSupporting
Soil Transmitted Helminths	13 countries have achieved ≤2% moderate/heavy intensity prevalence pending validation of elimination of STH as a public health problem	zones (OTZs) -Pending completion of Impact assessment - Reaching the TT	delineation of OTZ - Supporting completion of Impact assessment -Reaching 100%
Schistosomiasis	Dossier preparation for validation of elimination of Schistosomiasis as a public health problem (<1% heavy intensity prevalence) currently on- going in Algeria	threshold for EPHP - Persistent and recrudescent districts/Hot spots - Hard to reach areas	geographic coverage for MDA and TT surgery - Addressing persistent and recrudescent districts
Lymphatic Filariasis	 Eliminated as a public health problem in two countries (Togo and Malawi) 20 countries implementing Post MDA or Post validation Surveillance, up from 14 in 2020 	& special populations - Cross-border issues - Insecurity - Lack of funding	Reaching special populations & "insecure" areasCross-border collaborations
Onchocerciasis	 Niger became the first country to be certified free of onchocerciasis 7 countries stopped MDA for ≥ 1 focus 		- Supporting countries with elimination dossiers - Post-validation surveillance - Resource Mobilization

Session 3: Reflections on four years of peer-to-peer learning site visits by Kikundi (plenary)

The presenter reflected on four years of Kikundi's peer-to-peer learning site visits, a key initiative to strengthen regional collaboration among NTD programme managers. Since 2021, four visits, held in Rwanda, Senegal, Kenya, and Mozambique, engaged 58 participants from 31 countries. Each visit focused on different thematic areas, including lymphedema management and MDA campaigns (Rwanda), integration of malaria and NTD programmes (Senegal), cross-border collaboration and data integration (Kenya), and advocacy and domestic resource mobilization (Mozambique).

Key Lessons Learned

- 1. **High Satisfaction and Engagement:** Post-visit surveys revealed strong satisfaction among the participants, with an average rating of 4.5/5. Participants appreciated the variety of formats, including hands-on workshops, field visits, and interactive discussions.
- 2. **Ownership and Leadership:** Engaging programme managers as co-organizers reinforced country ownership, ensured relevance to national contexts, and strengthened leadership within the community.
- 3. **Continued Learning and Collaboration:** Site visits catalysed sustained engagement, with discussions and collaboration continuing in Kikundi's quarterly meetings and forums beyond the visits.
- 4. **Value of Partnerships:** Collaboration with ministries of health and development partners was essential for the successful delivery and expansion of the site visits. Partner contributions helped enhance the technical content, support logistics, and increase participation.
- 5. Advocacy and resource mobilization are emerging priorities, especially highlighted during the 2025 Mozambique visit. There is a growing emphasis on equipping programme managers with advocacy tools and domestic resource mobilization strategies to navigate shifts in donor funding. This is key to sustaining NTD programmes.

Session 4: Current funding landscape for NTDs (plenary)

- The session highlighted the significant disruption caused by the cancellation of USAID-funded NTD activities, which has affected 24 countries and left a \$57 million funding gap, primarily impacting MDA campaigns and critical surveys.
- Urgent priorities were identified to mitigate risks, including the strategic prioritization of activities, integration with other health campaigns, and transparent stakeholder communication.
- Countries were urged to develop mitigation plans, focus on high-impact interventions, and utilize available planning tools to support coordination, advocacy, and resource mobilization efforts to avoid programmatic setbacks and ensure continuity of NTD elimination efforts.

Country Experiences

Based on the experiences of Angola, Benin, Ethiopia, and Mainland Tanzania, here are a few practical and actionable recommendations for countries in the region facing similar disruptions in NTD funding (figure to the right):

Session 5: Innovative Integrated Surveillance Tools: Enhancing Data for NTD Elimination (plenary)

Digital tools are transforming NTD surveillance by enabling more precise, real-time, and scalable data collection, and improving decision-making. Presentations were made on the following tools:

- 1. ESPEN Collect for End-to-End
 Onchocerciasis Vector
 Surveillance ESPEN Collect's
 enhanced digital surveillance tool
 now allows end-to-end
 surveillance of black fly vectors
 from site selection and field
 collection to laboratory
 confirmation via PCR.
- 2. ESPEN Microplanner An

Engage Political Leadership

Secure commitment from the health and finance ministries to prioritize NTDs in national agendas and budgets, as done in Benin and Tanzania.

Mobilize Domestic Resources

Advocate for national and sub-national financing, integrate NTDs into the government budget, and reallocate internal funds where possible.

Leverage Integration Opportunities

Combining NTD activities with other health campaigns (e.g., ITN distribution and immunization) can maximize reach and reduce costs.

Diversify Partnerships

Explore new funding sources, including public-private partnerships and philanthropic support, to reduce dependency on single donors.

Conduct Rapid Assessments

Quickly assess affected activities, medicine expiry risks, and funding gaps to inform planning and resource mobilization, following Ethiopia and Tanzania's approach.

Decentralize Implementation

Empower local health authorities to lead planning, training, and delivery using existing community systems, as effectively done in Benin.

Strengthen Supply Chain & Data Use

Integrate NTD commodities into national logistics systems and improve data availability to support planning and budgeting.

Institutionalize NTD Services

Embed NTDs into primary healthcare and health insurance schemes to ensure long-term sustainability, as seen in Ethiopia and Tanzania.

- innovative solution to improve target population estimates and catchment area mapping for NTD programmes. Through digitized microplanning templates and geospatial visualization, the tool enhances service equity, supports better resource allocation, and enables integration with national health information systems.
- Schistosomiasis Practical and Precision Assessment Tool (SPPA) This tool is instrumental for schistosomiasis control, as demonstrated in Kenya and Senegal. It enables granular mapping, reveals hidden hotspots, and supports targeted MDA planning, thereby reducing overtreatment and improving resource use.

These tools have been piloted and are readily accessible and available to countries to strengthen NTD surveillance, improve planning and targeting, and support data-driven decision-making.

Session 6: Harnessing AI & Data Analytics: Transforming NTD Management for Impact (plenary)

The session featured three innovative applications of artificial intelligence to enhance NTD programme management across surveillance, mass drug administration (MDA), and data access.

- Al-Powered Surveillance for Integrated Skin NTDs: Advancing Early Detection and Monitoring: The first presentation highlighted a mobile Al-powered diagnostic tool for integrated skin NTDs, which demonstrated strong sensitivity and real-time geomapping capabilities to support early detection and improved surveillance in Kenya.
- 2. **Leveraging ChatGPT to Improve MDA Performance:** The second presentation from Ghana showcased the deployment of "NTD Assist," a ChatGPT-enabled chatbot that supports community drug distributors during MDA campaigns by providing instant guidance and linking to digital data capture tools for real-time monitoring.
- 3. The ESPEN GenAl Assistant: Transforming Data Access and Decision-Making for NTD Programs: The final presentation introduced the ESPEN GenAl Assistant, a generative Al platform that enables programme managers to efficiently navigate ESPEN's vast portal of data and resources, improving task efficiency and decision-making.

Collectively, these tools demonstrate the transformative potential of AI in advancing country-led, data-driven approaches to NTD elimination.

Session 7: Implementing Digital Payments to Health Workers involved in NTD campaigns (plenary)

This session showcased the transition from cash-based to digital payments for health workers involved in campaign-based interventions, drawing on the polio programme experience in the WHO African Region. The digital finance initiative, led by a dedicated regional team, addresses longstanding issues such as delayed payments and administrative inefficiencies by implementing a mobile payment system structured around pre-, during, and post-campaign phases.

Key elements include KYC-based worker enrolment, digitized attendance tracking, and direct payments, supported by real-time dashboards to ensure transparency. The approach has been successfully implemented in multiple countries with support from ministries of health, partners, and mobile operators.

Plans are underway to expand the system's functionality and interoperability, and countries with upcoming campaigns are encouraged to collaborate with regional teams to implement this innovative payment model.

Session 8: WHO NTD Research & Development Blueprint (plenary)

This session introduced WHO's initiative to develop a comprehensive Research and Development (R&D) Blueprint for NTDs, aimed at addressing declining research output, fragmented data systems, and overlooked priorities, such as paediatric formulations of essential NTD medicines. The blueprint will consist of 21 disease-specific and four cross-cutting thematic strategies developed using a systematic Child Health and Nutrition Research Initiative (CHNRI) methodology to ensure transparency and inclusiveness. Stakeholder engagement, including input from ministries of health, researchers, NGOs, funders, and affected communities, is central to identifying urgent research priorities across key domains like diagnostics, treatment, access, and impact. The session concluded with a call for broad participation to ensure that the blueprint reflects real-world needs and helps guide a strategic, community-driven research agenda toward achieving the 2030 NTD targets.

Session 9.1: Cutting Edge Diagnostics: Exploring breakthroughs in diagnostic tools and methods (parallel session)

This session highlighted critical advances in diagnostic technologies aimed at accelerating the elimination of Human African Trypanosomiasis (HAT) and Buruli Ulcer (BU), with an emphasis on field-adapted, affordable, and sensitive tools for low-resource settings.

- Human African Trypanosomiasis diagnosis in a changing context: For HAT, the
 evolving epidemiology and introduction of simpler oral treatments necessitate
 diagnostic strategies that prioritize serological screening, simplified confirmation
 methods, and robust post-treatment surveillance. Tools such as rapid diagnostic tests
 (RDTs), blood collection kits, and molecular diagnostics are enhancing detection and
 case management, although gaps remain, especially for rhodesiense HAT.
- 2. Driving Change Through Technological Innovation Buruli ulcer: Existing diagnostic tools for BU face infrastructure and technical limitations, prompting the development of point-of-care alternatives like dry LAMP assays, antigen detection, and integrated platforms like the Biomeme qPCR system. These innovations support faster, decentralized diagnoses, which are essential for early treatment and effective surveillance.

The session concluded with a call for continued investment in tailored diagnostic tools, operational research, and partnerships to strengthen surveillance systems and sustain elimination efforts for skin-related NTDs.

Session 9.2: Transformative Treatments: Showcasing innovative therapies and drug delivery systems (parallel session)

This session highlighted innovative treatment strategies and delivery systems aimed at accelerating the elimination of leprosy and onchocerciasis.

1. Leprosy/Hansen disease: Contact tracing and post-exposure prophylaxis: Country experiences from Nigeria, Ethiopia, and Ghana demonstrated the feasibility and

- impact of single-dose rifampicin (SDR-PEP) as post-exposure prophylaxis for leprosy, showing high community acceptance, effective contact tracing, and integration with existing health services despite logistical and supply challenges.
- 2. Moxidectin: a promising tool to help accelerate elimination of onchocerciasis: The presentation on moxidectin underscored its superior efficacy and longer-lasting impact on onchocerciasis transmission compared to ivermectin, with strong safety data and a successful rollout in Ghana under the Momentum Project. The programme demonstrated moxidectin's operational feasibility, community acceptability, and alignment with existing MDA frameworks.

The session emphasized that both SDR-PEP and moxidectin are scalable and cost-effective tools that, when guided by local evidence and supported by community engagement and operational research, can significantly accelerate progress toward disease elimination.

Session 9.3: Strengthening Last-Mile Supply Chains: Lessons from Last-Mile Assessments & Enhancing Inventory Reporting (parallel session)

The session explored national experiences and regional insights on improving NTD supply chain systems, particularly at the last mile. Presentations from ESPEN, Tanzania, Ethiopia, Madagascar, and Kenya emphasized the need for stronger inventory visibility, integration with national logistics systems, and enhanced coordination among actors.

- Country Experiences: Tanzania showcased the successful incorporation of NTD commodities into the national eLMIS and DHIS2 platforms, while Ethiopia used customized tools to align forecasts with actual use. Madagascar demonstrated a highly efficient reverse logistics model, recovering over 4 million tablets at a minimal cost, and Kenya addressed documentation and storage challenges with new MOH tools.
- ESPEN highlighted regional data trends and persistent gaps from the JRF and JRSM assessments.

The session concluded with a call for institutionalizing reverse logistics, adapting key performance indicators for campaign medicines, and ensuring multi-sectoral coordination to build resilient and efficient last-mile supply chains for NTD programmes.

Session 10.2: Progress in FGS Control Introduction in Countries (parallel session)

The session highlighted regional and national efforts to integrate Female Genital Schistosomiasis (FGS) into health systems, addressing its impact on women's reproductive health and its association with HIV, infertility, and cervical cancer.

- The WHO/AFRO presented its regional strategy and toolkit to guide country implementation, while the FGS Integration Group emphasized multisectoral advocacy linking FGS with sexual and reproductive health, HIV, and NTD programmes.
- Country experiences of Ghana, Madagascar, and Malawi demonstrated varied approaches, including the FAST package (training, diagnosis, awareness, and

- prevention) in Ghana, syndromic management in Madagascar, and pilot training and outreach in Malawi.
- Evidence Generation MAP-FGS Study: The session also introduced the MAP-FGS study, the largest to date, which aimed to generate evidence on the FGS burden and identify feasible diagnostic and care approaches.

Overall, the session underscored the urgency of integrating FGS into routine services and called for sustained leadership, funding, and innovation to bridge gaps in diagnosis, awareness, and access.

Session 10.3a: VL active case finding: The Mobile Mentor Team Approach (parallel session)

This session presented Uganda's innovative Mobile Mentor Team model for strengthening Visceral Leishmaniasis (VL) surveillance and improving access to diagnosis and treatment in the underserved Karamoja sub-region. This approach was introduced after traditional strategies failed to yield sufficient case detection. Multidisciplinary mobile teams supported by digital tools targeted both known and previously unmapped endemic areas, including nomadic populations. The intervention led to a three-fold increase in detected cases, identification of over 400 new endemic villages, a 50% drop in case fatality, and improved sixmonth follow-up rates. Integration with DHIS2 and malaria/HIV services, as well as ongoing mentorship for health workers and village health teams, contributed to sustainability. The session concluded that active case finding, when paired with community engagement and health system integration, is a scalable strategy for improving VL outcomes in hard-to-reach settings.

Session 10.3b: Operationalization of VL elimination framework/VL elimination Theory of Change

This session outlined the strategic roadmap and Theory of Change guiding efforts to eliminate VL as a public health problem in Eastern Africa. Led by the END Fund, with support from partners and governments in Ethiopia, Kenya, South Sudan, Sudan, and Uganda, the framework focuses on five key pillars: i) early case detection and treatment, ii) effective disease surveillance, iii) vector and reservoir control, iv) advocacy and partnerships, and v) operational research. Launched in June 2024, the framework promotes the integration of VL services into national systems, improved outbreak response, targeted vector strategies, and community engagement. The session emphasized the importance of cross-border coordination, country ownership, and evidence-driven implementation to achieve the VL elimination goals in the region.

Session 11: Strengthening NTD Elimination in the WHO African region through Innovation, Integration, and Investment

During this session, country representatives, partners, and global stakeholders explored practical strategies for accelerating NTD elimination through innovation, integration, and investment. Emphasis was placed on integrated service delivery models, cross-program

collaboration, and community-driven approaches to enhance impact and sustainability amid constrained resources.

Presentations from the Global Institute for Disease Elimination (GLIDE), Global Schistosomiasis Alliance, WHO, and country programmes (Nigeria, Ethiopia, Madagascar, Rwanda, and Senegal) highlighted how digital tools, coordinated platforms, and joint campaigns can strengthen health systems, increase coverage, and reduce costs. Notable successes included Madagascar's integration of LF MDA into polio campaigns, resulting in over \$1 million in savings, and Ethiopia's use of the Collaborative Action Strategy (CAS) to integrate Guinea worm surveillance with multiple public health campaigns.

The Campaign Hub tool was showcased as a valuable resource for identifying co-delivery opportunities. Across all discussions, speakers underscored the need for national ownership, multi-sectoral coordination, operational research, and the harmonization of tools and planning systems.

The session concluded with a collective call to embed integration into health policy and governance structures, optimize investments through real-world innovations, and align actions to meet the 2030 NTD targets.



Session 12: LF M&E Updates

This session presented the updated Monitoring and Evaluation (M&E) guidance for the Global Programme to Eliminate Lymphatic Filariasis (GPELF), outlining a revised strategic framework to guide countries from confirmatory mapping to post-validation surveillance.

Key highlights include:

- Strategic Framework Update: The revised GPELF framework outlines a logical progression: Confirmatory Mapping → MDA → Post-treatment Surveillance → Validation → Post-validation Surveillance.
- **New terminology and tools:** (e.g., Pre-TAS now termed Epidemiological Monitoring Survey), introduction of the IDA Impact Survey (IIS) for triple-drug regimens, and clearer protocols for follow-up of positive cases.
- Enhanced Survey Follow-up: Clear guidance is now provided for the follow-up of TAS
 and IIS positives, including targeted treatment rounds in communities where
 thresholds are exceeded. For TAS3 and IIS3, further surveillance using the EMS
 methodology is required if Mf (microfilaria) rates exceed 1%.
- Post-validation surveillance (PVS) is now recognized as a distinct stage post validation, supported by an upcoming PVS planning toolkit to aid national programmes in customizing surveillance strategies.
- **New diagnostics**, such as the Q Filariasis Antigen Test (QFAT), have been validated and approved for LF detection and are now available.
- **Operational updates** now allow the inclusion of migrants in surveys and the adjustment of survey timing based on treatment regimens.

The revised framework is designed to enhance data-driven decision-making, support integration with other health programmes, and sustain LF elimination gains through adaptable and efficient surveillance strategies.

Session 13: Schistosomiasis/Soil Transmitted Helminths M&E Updates

The session presented the revised WHO Monitoring and Evaluation (M&E) framework for schistosomiasis and STH, designed to guide national programme managers in planning, monitoring, and optimizing control interventions. Developed collaboratively with TAGSS, national programmes, and experts, the framework emphasizes flexibility, offering context-sensitive approaches to data collection and decision-making.

It includes updated indicators, prevalence thresholds, and decision trees to guide the preventive chemotherapy (PC) frequency and target populations. The framework supports phased implementation, including mapping, control, hotspot identification, impact assessment, and surveillance, while promoting the integration of WASH and other contextual factors.

Although not intended to stop treatment decisions, the manual equips programmes with tools to progress toward the 2030 elimination goals through adaptive, evidence-driven strategies.

Session 14: Use of Serology for Trachoma Surveillance

This session highlighted the emerging role of serological testing, particularly Pgp3 antibody prevalence, in enhancing trachoma surveillance and supporting elimination efforts. With 21 of the 72 tracked countries validated for elimination and several still reporting TF ≥5%, serology offers a complementary approach to traditional clinical and PCR-based assessments.

Case studies from the Solomon Islands and Kiribati showed how serology can help distinguish active transmission from residual TF cases. An expert panel used TF, PCR, and Pgp3 antibodies data to classify evaluation units (EUs), and predictive models based on seroprevalence showed promise in guiding programmatic decisions.

The session emphasized the need to integrate serology into surveillance frameworks to improve the accuracy of determining where additional interventions are truly needed, especially in low-prevalence or post-elimination settings.

Session 15: Noma – From recognition to inclusion into the NTDs

This session marked a significant milestone in global health by highlighting the integration of Noma, a severe, often fatal orofacial disease affecting malnourished children (2-6 years) into the WHO NTD portfolio as of December 2023.

The WHO outlined key developments, including the creation of normative guidance, inclusion in GNARF reporting, surveillance data from four countries, and inclusion of Noma in the WHO NTD R&D Blueprint.

Tools such as online training modules and multimedia resources have been deployed to improve awareness, surveillance, and response.

Ethiopia's pioneering experience in integrating Noma surveillance into Onchocerciasis MDA campaigns demonstrated the feasibility and impact of leveraging existing health delivery platforms. Over 1.2 million people were reached, and several Noma cases were detected and managed.

Sustained collaboration, data integration, and inclusion in national plans are essential to ensure early detection, reduce stigma, and integrate Noma into routine NTD and primary healthcare services.

Session 16: Partners' updates and remarks

Several NTD partners made presentations providing their agency profiles, recent contributions, and forward-looking strategies in support of NTD control and elimination.

Contribution of DNDi in the control and elimination of NTDs - The Best Science for the Most Neglected

DNDi shared its contributions to developing affordable, effective, and accessible treatments for neglected diseases, emphasizing its science-driven approach and commitment to equity. Key achievements include breakthroughs in HAT treatment, which have helped shorten and simplify care and support elimination efforts in multiple endemic countries. DNDi highlighted the importance of working closely with endemic country partners to translate research into practical and field-ready solutions.

Driving Innovation for NTD Elimination - Children's Investment Fund Foundation (CIFF)

CIFF presented its Africa strategy, which focuses on eliminating seven NTDs by 2030 through innovation, sustainability, and government ownership. Its approach is built around three pillars: research and evidence generation (e.g., the Stronger SAFE trial in Ethiopia), enabling technologies such as biometric identification for treatment verification, and innovative financing mechanisms. CIFF emphasized the importance of integrated digital health platforms and data systems in improving service delivery and accountability. The foundation is also exploring private sector partnerships and outcome-based funding to supplement traditional grant-making, reinforcing the need for long-term, sustainable financing models.

Collaborative Partnerships and Multi-Stakeholder Engagement – The END Fund

The END Fund aims to free 500 million people from NTDs by 2030 through strategic partnerships and philanthropic investments. Since 2012, it has mobilized over USD 498 million from more than 6,400 donors, supporting programmes primarily across Africa and the Middle East. The organization emphasized its country-led, partnership-driven model that aligns funding with national priorities and supports programme sustainability. With an additional USD 500 million fundraising target set for 2030, the END Fund is committed to expanding donor engagement and supporting the development of progressive NTD elimination strategies through advocacy, storytelling, and collaborative action.

Financing, Integration & Health Systems Strengthening - Uniting to Combat NTDs

This presentation highlighted the urgent need for new financing approaches and stronger domestic commitment to sustain NTD gains amid declining external funding. Uniting to Combat NTDs advocated for the full integration of NTD services into broader health and development programmes, including primary healthcare, WASH, and nutrition. Proposed solutions included leveraging public-private partnerships, health insurance schemes, regional financing mechanisms, and innovative tools like debt-for-health swaps. The session concluded with a strong call for countries to endorse the Kigali Declaration, increase national investment, and commit to integrated and sustainable approaches to meet NTD elimination goals.

Main Conclusions

Ø	Midterm Progress Toward 2030 Goals Progress is being made across PC and CM-NTDs, with notable reductions in disease burden and increased country certifications. However, significant gaps remain in terms of surveillance, funding, and the availability of diagnostic tools.
	Innovation as a Catalyst for Elimination Digital tools (e.g., ESPEN Collect, Microplanner, SPPA) and AI-enabled platforms (e.g., ESPEN GenAI, NTD Assist) are transforming surveillance, diagnostics, and decision-making and are available for country use.
© O °	Funding Gaps and Sustainability Challenges The withdrawal of major donors (e.g., USAID) created urgent funding gaps, highlighting the need for domestic financing, public-private partnerships, and integration into national systems and health budgets.
*	Increased Country Ownership and Integration Countries are increasingly embedding NTD activities into primary healthcare systems, leveraging existing platforms for integrated delivery (e.g., Ethiopia's integration of Noma into MDA).
	Strengthened Peer-to-Peer Learning and Leadership Kikundi's site visits and community of practice have enhanced regional collaboration, ownership, and leadership among NTD programme managers.
14	Surveillance and Data Use Improvements Enhanced digital surveillance tools and updated M&E frameworks (e.g., for LF and Schistosomiasis/STH) are improving programmatic targeting and operational efficiency.
<u>\$</u>	Research and Diagnostics Innovation New diagnostics (e.g., dry LAMP for Buruli ulcer, QFAT for LF) and the WHO NTD R&D Blueprint will addressing knowledge gaps and drive evidence-based action.
92°°°	Focused Attention on New and Underprioritized NTDs The inclusion of Noma and FGS signals expanded disease coverage, requiring intensified efforts for integration, awareness, and case detection.
	Call to Action for Domestic Commitment Countries were encouraged to operationalize the Kigali Declaration, strengthen political will, mobilize domestic resources, and sustain integrated, community-driven, and innovation-led NTD elimination strategies.

Action Points for National NTD Programme Managers (NPMs)

- NPMs to develop and implement mitigation plans tailored to available resources, particularly in countries severely affected by recent funding cuts, to sustain critical activities and maintain progress toward elimination goals.
- NPMs to identify and implement effective integration strategies for delivering NTD interventions together with other NTDs or health programmes (e.g., immunization, nutrition, WASH) to maximize coverage and reduce operational costs.
- NPMs to enhance national coordination mechanisms to support cross-programme integration, multisectoral collaboration (e.g., WASH, education, One Health), and engagement with partners and communities.
- Countries to conduct critical surveillance and mapping to determine the presence or absence of NTDs, particularly those previously believed to be non-endemic, and initiate dossier preparation for validation/certification where applicable.
- NPMs to improve NTD supply chain management systems through the appointment of dedicated human resources, tracking medicine availability, and efficient redistribution of unused stocks.
- NPMs to familiarize themselves with the new tools and digital resources available and explore how these can be used to improve programme efficiency, supervision, data quality, and reporting.

Recommendations

To the Member States

- Strengthen national leadership by ensuring country-led implementation of integrated national NTD master plans and disease-specific action plans with dedicated staff and coordination mechanisms.
- Enhance domestic resource mobilization by committing to increased financial support for NTD programmes.
- Institutionalize NTD data systems by integrating NTD data into national DHIS2
 platforms, improving real-time surveillance, and ensuring routine reporting and use
 of the ESPEN and GNARF platforms.
- Foster cross-sectoral collaboration by mainstreaming NTD interventions into sexual and reproductive health, WASH, nutrition, HIV, education, and primary health care services.

To WHO (WCO, AFRO, HQ)

- Support country capacity strengthening by providing technical assistance, tools, and guidance to develop, evaluate, and revise NTD master plans and operational research priorities.
- Facilitate integration and innovation through the continued development and dissemination of harmonized tools for data collection, case detection, and campaign planning.
- Expand strategic and technical guidance on integrating NTDs within broader health agendas, including gender equity, UHC, One Health, and climate resilience.
- Coordinate regional efforts in validating elimination targets, expanding GNARF and ESPEN databases, and promoting the uptake of new M&E frameworks, diagnostics, and digital platforms.
- Promote equity by ensuring that interventions (e.g., FGS, Noma) reach underserved populations, including women, nomadic groups, and remote communities.

To Partners

- Align support with national priorities and promote integrated, country-led approaches for NTD control, elimination, and eradication, with an emphasis on sustainability.
- Support cross-border and regional coordination to address cross border transmission of NTDs, especially for diseases such as GWD.
- Foster collaborative research and evidence generation in line with the WHO NTD R&D Blueprint, supporting implementation science and community engagement.
- Prioritize long-term funding strategies through innovative financing, support countries to mobilize resources and implement their integrated NTD masterplans

Importance of Convening Annual Meetings for NTD Programme Managers

The Annual NTD Programme Managers' Meeting, organized by the WHO with support from partners, remains a cornerstone for accelerating progress toward the elimination of NTDs in the African Region. The meeting enables peer learning, evidence sharing, and coordinated planning, bringing together programme managers, partners, and technical experts to align priorities and exchange practical solutions.



In 2025, participants rated the meeting highly, with 98% rating it "Good" or "Excellent."¹ Respondents affirmed the value of the event in shaping programme strategy, strengthening regional collaboration, and improving programme impact and visibility. Sessions on roadmap milestones, Kikundi learning exchanges, disease-specific M&E updates, and country sharing were consistently highlighted as beneficial. The hybrid format allowed broader participation, although challenges such as internet stability and the quality of remote engagement were noted for improvement.

Throughout the meeting, country representatives shared innovative approaches to integration and sustainability, from digital payment systems for frontline workers and Aldriven surveillance for skin NTDs to integrating MDA with vaccination campaigns. Countries such as South Africa, Eswatini, Eritrea, and Lesotho emphasized how these meetings help them leverage WHO guidance and adapt proven innovations from other settings. Others, such as Kenya, Malawi, and Uganda, reflected on the importance of the meeting in addressing funding constraints and promoting domestic resource mobilization.

Feedback also underscored the value of monitoring and evaluation (M&E) updates, which support data-driven decision-making. For example, Mozambique appreciated the revised LF and schistosomiasis guidelines as tools to reinstate surveys in previously deprioritized areas.

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¹ ESPEN - Evaluation Summary Report: 2025 NTD Programme Managers' Meeting. https://espen.afro.who.int/tools-resources/documents/evaluation-summary-report-2025-ntd-programme-managers-meeting

Seychelles, though not highly endemic for NTDs, welcomed exposure to disease certification strategies and innovations that may be used for the control of other diseases.

Importantly, the meeting contributes not only to technical learning but also to building national ownership, fostering South-South collaboration, and nurturing a community of practice among NTD programme managers. Participants recommended that future meetings continue to focus on topics such as innovative financing mechanisms, cross-sectoral integration, operational research, and dossier preparation.

As the NTD agenda increasingly centers on integration, sustainability, and evidence-based planning, these annual convenings are essential to catalysing progress, sharing lessons, and ensuring that all countries regardless of context are equipped and supported to reach the 2030 NTD targets.



Annual Meeting of NTD National Programme Managers in the WHO African Region

"Innovating for acceleration: Pathway to NTD Elimination"

15-17 April 2025 Lomé, Togo.