

ESPEN ANNUAL REPORT 2018

REACHING
EVERYWHERE
TOWARDS
2020



SUMMARY

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BY DR. REBECCA MATSHIDISO MOETI,
WHO REGIONAL DIRECTOR FOR AFRICA

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NEGLECTED TROPICAL DISEASES,
WORLD HEALTH ORGANIZATION

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ACRONYMS

AFRO	World Health Organization Regional Office for Africa
ALB	Albendazole
BMFG	Bill & Melinda Gates Foundation
CDC	The Centers for Disease Control and Prevention
DBS	Dried blood spot
DFID	Department for International Development
DRC	Democratic Republic of the Congo
DRG	Dossier Review Group
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
EU	Evaluation Unit
FMOH	Federal Ministry of Health
FTS	Filarial Test Strip
GPW13	WHO's 13 th General Programme of Work
ITI	International Trachoma Initiative
IU	Implementation Unit
IVM	Ivermectin
JAP	Joint Application Package
JRF	Joint Reporting Form
JRSM	Joint Request for Selected PC Medicines
KCCO	Kilimanjaro Centre for Community Ophthalmology
LF	Lymphatic Filariasis
LSHTM	London School of Hygiene and Tropical Medicine
MDA	Mass Drug Administration
MoH	Ministry of Health
NGO	Non-Governmental Organisation
NTDs	Neglected Tropical Diseases
Oncho	Onchocerciasis
OEM	Onchocerciasis Elimination Mapping
OCP	Organisation for the Prévention of Blindness
OTS	Onchocerciasis Technical Advisory Sub group
PC	Preventive Chemotherapy
PC-NTDs	Neglected Tropical Diseases amenable to Preventive Chemotherapy
PCR	Polymerase Chain Reaction
PZQ	Praziquantel
RPRG	Regional Programme Review Group
SCH	Schistosomiasis
SCM	Supply Chain Management
SDGs	Sustainable Development Goals
STH	Soil-Transmitted Helminthiasis
TAS	Transmission Assessment Survey
TRA	Trachoma
UHC	Universal Health Coverage
USAID	United States Agency for International Development
WCO	WHO Country Office
WHO	World Health Organization



FOREWORD

BY DR. MATSHIDISO REBECCA MOETI,
WHO REGIONAL DIRECTOR FOR AFRICA

2018 marks the mid-term of the ESPEN partnership, since the launch in 2016. A good time to review our collective progress towards our common objectives. Since the launch of ESPEN, we have collectively made great strides, including significant scale-up of treatment coverage and greater collaboration among the NTD community within the continent. The ESPEN Partnership has provided a strong coordination framework for the fight against NTDs.

Together we are getting closer to fill the gaps and reach all those who were never reached before with mass drug administration and ensure every donated medicine reaches the children and families who need them.

I would like to thank all our partners, who kindly supported us through being members of the Steering Committee or the Regional Programme Review Group and to all those who regularly support the African countries to fight NTDs one way or another.

In 2019, we will further emphasize our mandate to bring governments and the NTD community together to work relentlessly to accelerate the elimination of NTDs. The size of the NTD burden across the African continent means that a failure to act will have grave consequences. Supporting the most heavily affected countries in our region will be critical to achieve Universal Health coverage. This will depend on strong and consistent country leadership to ensure all people, particularly the most vulnerable and marginalized, have access to quality health care services.

*Let's work
even harder in
2019 to ensure
we don't leave
anyone behind*

Dr. Matshidiso Rebecca Moeti
WHO Regional Director for Africa



YOU HAVE AN EMAIL FROM DR. MWELE MALACELA, DIRECTOR, NEGLECTED TROPICAL DISEASES, WORLD HEALTH ORGANIZATION

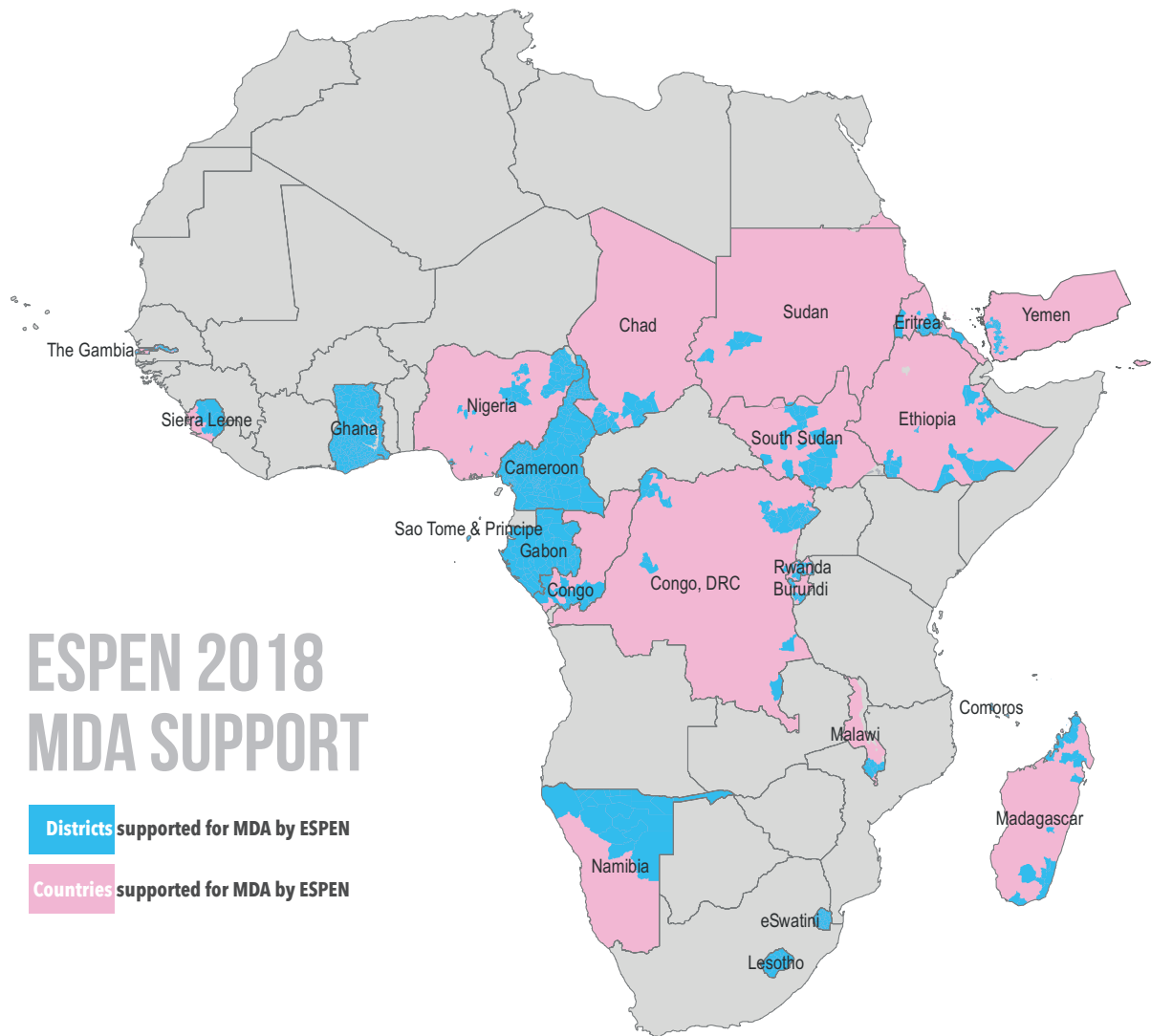
Access to healthcare is a basic human right. This, therefore, imposes an obligation on all of us as a community to make every possible effort, using available resources to respect, protect, fulfill and promote the right to health of our populations. We need a re-energized movement that is led by those who are ready to do everything they can to defeat these devastating diseases and save future generations from their preventable, debilitating effects.

With this unprecedented collaboration provided by ESPEN, rededication to these efforts by Ministries of Health, international NGOs, pharmaceutical companies, and donor countries, the African region has never had a better opportunity to end NTDs for good, and now is the time for renewed action and commitment.

We stand at a critical turning point. As the quality of life of millions of families affected by NTDs hangs in the balance, partnerships and country ownership will continue to be essential. Integrated efforts to address NTDs must be built into strengthened health systems and universal health coverage to eliminate these diseases.

I believe our NTD elimination goal is within our reach and the great progress that we have seen at national level can now fuel the momentum needed to push the NTD burden into irreversible decline. I strongly encourage countries and their partners to seize this unparalleled opportunity that we have through the ESPEN partnership to take us one more leap ahead.

Dr. Mwele Malacela
Director, Neglected Tropical Diseases, World Health Organization



ESPEN'S KEY ACHIEVEMENTS IN 2018

- In 2018 ESPEN provided funding to scale up MDA to deliver **55 million treatments** for a total population of **42 million in 751 districts across 23 countries**.
- ESPEN supported **Central African Republic, Mauritania, South Sudan and Angola** to conduct mapping for **SCH, STH and LF**.
- First launched in 2017, the **ESPEN portal** was fully revamped in 2018. In the last year, ESPEN worked relentlessly with countries and their partners to compile over **4,000 maps**, and include trachoma in the portal.
- ESPEN's analysis allowed to retrieve **285,280,139 medicine tablets**, previously lost or unaccounted for saving no less than **USD 69,740,537 value in donated medicines**. This was thanks to the provision of in-country technical support and critical review of applications for donated medicines.
- At the end of 2018, all **44 endemic Member States** had been supported to develop their **second generation NTD master plans** for 2016-2020 which were made available through the ESPEN portal.
- ESPEN was recognized as a **ground-breaking public-private partnership** at the 2018 UHC conference organized during the United Nations General Assembly in New York. ESPEN received the UHC Innovative Partnership Award by the hands of **Dr. Matshidiso Moeti**, WHO Regional Director for Africa.



2018

KEY METRICS

INCREASED COVERAGE AMONG POPULATIONS REQUIRING TREATMENT

Regional

409.1M received treatment for at least one PC-NTD
 Population requiring PC for at least one PC-NTD: 590.8M
 Coverage rate increased to 69.2%

With ESPEN funding

Over 14 million people were treated in 2017
 42 million people were targeted in 2018

REDUCING TREATMENTS AND ASSESSING IMPACT

Equatorial Guinea conducted Oncho entomological evaluations in Bioko Island.

Madagascar conducted TAS in 2 districts.

Malawi conducted Oncho impact assessment.

Zanzibar conducted STH/SCH Impact Surveys in 2 regions.

Zimbabwe conducted STH/SCH Impact Surveys in all districts.

ENHANCED USE OF DATA FOR BETTER DECISION-MAKING

On the portal

45 countries sharing data
 4403 maps available

New information uploaded

66 Joint Reporting Forms
 80 Joint Requests for Selected PC Medicines
 48 Partners' matrix
 33 Master plans
 1 Elimination dossier
 1 Country dossier
 9 Regional Programme Review Group reports

STRENGTHENED COUNTRY NTD PROGRAMMES

44 countries developed annual workplans

27 countries completed JAP on time

STRATEGIC ADVOCACY, COMMUNICATION AND RESOURCE MOBILISATION

US\$ 35 million mobilised from donors

such as the Bill & Melinda Gates Foundation, The Carter Center, Merck, DFID and USAID

3 new partners

Government of Qatar, OFID and the Crown Prince of Abu Dhabi (Reaching the Last Mile Fund)

18 partners

signed MoUs with ESPEN

EFFECTIVE PARTNERSHIPS AND COORDINATION WITH COUNTRIES AND KEY STAKEHOLDERS

Activities conducted jointly

- Programme Managers meeting in Kigali, July 2018 (including side events from partners such as: REACH, GSA, NTDeliver, Laboratory Network and Accelerate)
- Oncho Elimination mapping pilot project with Sightsavers
- Steering Committee Meeting and Implementing donors meeting
- Development of Partners Matrix and upload into ESPEN Portal

"The USAID NTD Program was the first large-scale program to support control and to focus on the



elimination of NTDs. Because of the size and flexibility of programming, the commitment to many of the worst-affected endemic countries, and its close collaboration with WHO and with other donors, the USAID NTD Program was able to play an extraordinarily strong leadership role for addressing NTDs. Today,

we are convinced of ESPEN's impact especially in supporting Health Ministries expand access to healthcare, strengthen health systems and build integrated approaches to advance NTD control and elimination goals to protect the most vulnerable communities from five deadly and devastating diseases and improve millions of lives."

Irene Koek

*Senior Deputy Assistant Administrator,
Bureau for Global Health at USAID*





WHAT WE DO

Established in the spirit of public-private partnership between WHO Regional Office for Africa, Member States and NTD partners, ESPEN strives to achieve an AFRICA FREE OF NEGLECTED TROPICAL DISEASES.

Our mission is to accelerate the elimination of the 5 PC-NTDs to protect **600 million people** in Africa.

With ESPEN team based in WHO AFRO in Brazzaville, [in the Republic of Congo](#), we focus on a data-driven approach to plan, implement and monitor towards elimination. We contribute to promoting [Universal Health Coverage](#) (UHC) in NTD-affected countries through the provision of the much-needed drugs for treatment of PC-NTDs in the most underserved communities. We strengthen health systems, providing technical support and building capacity to Ministries of Health in Africa.



SCHISTOSOMIASIS



ONCHOCERCIASIS



LYMPHATIC
FILARIASIS



SOIL-TRANSMITTED
HELMINTHIASIS



TRACHOMA

OUR VALUES



Country-owned initiative

Countries strengthen their health systems and build integrated and tailored approaches, leading the efforts to reach NTD elimination with the support of their partners.



Leadership

As part of WHO AFRO, ESPEN stands ready to provide technical expertise to countries and partners.



Transparency

Timely information sharing.



Value for money:

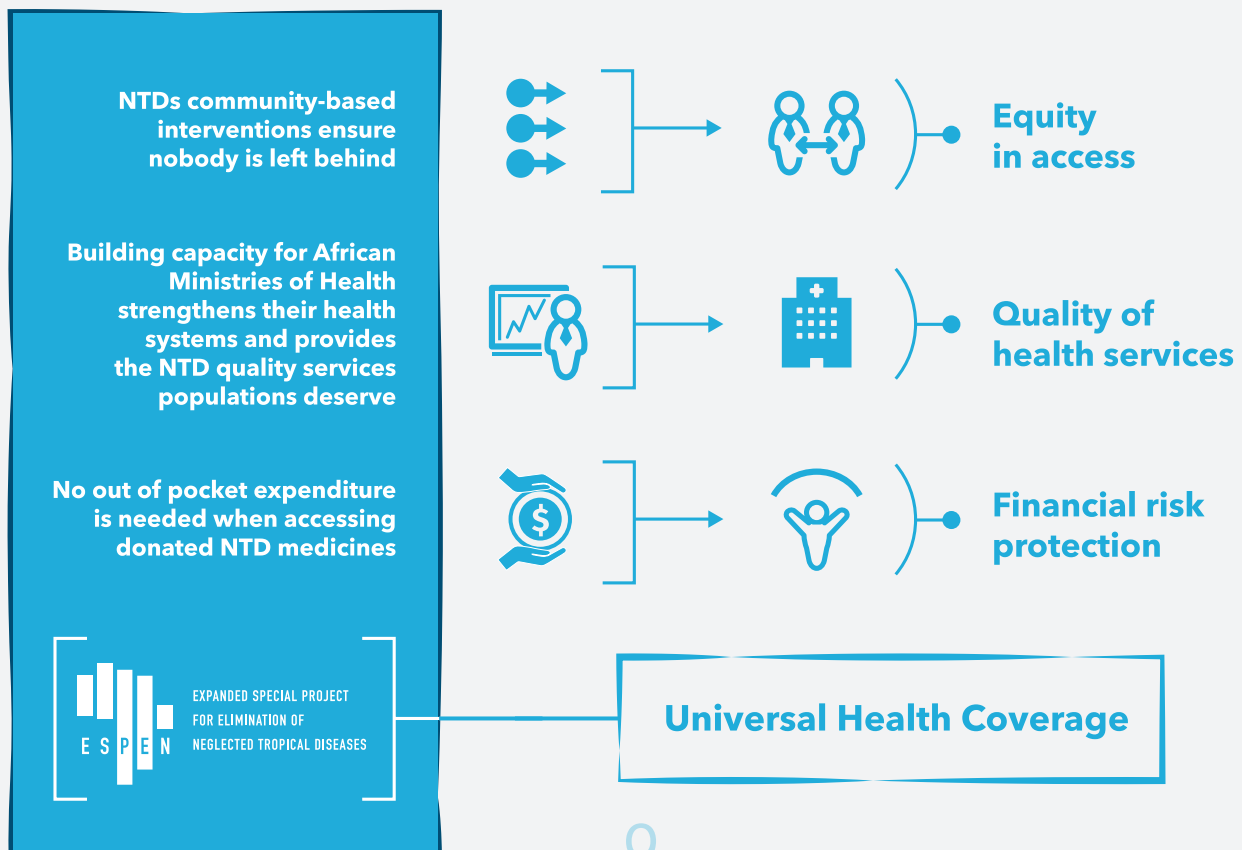
1. **Economy:** Quality interventions at a minimum cost.
2. **Effectiveness:** A flexible project for rapid in-country responses, adapting to a changing environment.
3. **Efficiency:** Use quality data for smarter decision-making.
4. **Equity:** Provide equitable access to NTD interventions for all.



Partnerships

We are a group of like-minded partners from both public and private sectors fighting for the elimination of NTDs in Africa.

ESPEN'S CONTRIBUTION TO UNIVERSAL HEALTH COVERAGE





OUR TEAM

Dr. Maria Rebollo Polo
ESPEN Team Leader



I Love Africa. I was not born in the continent but my heart belongs to its people. I believe in Africa, in a healthier and better future and I am proud of the African people for their daily efforts to make it happen."

Dr. Didier Bakajika
Medical Officer LF & Oncho



I am proud to be part of this great team and support countries to accelerate the elimination of Onchocerciasis and Lymphatic Filariasis."

Dr. Amir Kello
Medical Officer, Trachoma



I am very pleased to join the ESPEN team as a Medical Officer for Trachoma in August 2018 just weeks after Ghana has been validated as the first county in WHO/AFRO region as having eliminated trachoma as a public health problem. I do have high hopes that ESPEN, together with other trachoma stakeholders, would significantly contribute towards making the elimination of trachoma as a public health problem in several endemic Sub-Saharan Africa countries by the year 2020 a reality."

Dr. Pauline Mwinzi
Technical Officer SCH & STH



Having grown up in an NTD endemic area, witnessed first-hand the devastation caused by these diseases in my community, and now with the opportunity to be part of the control and elimination efforts in the African Region in the ESPEN team, I have the commitment that elimination can be achieved within the timelines we have collectively set for ourselves."



Dr. Zhiqiang Qin
Medical Officer, Schistosomiasis



I am very happy to join the ESPEN team as a Medical Officer for Schistosomiasis from China CDC. I do wish that China CDC will be an important partner for ESPEN, together with other schistosomiasis stakeholders, would directly contribute to the attainment of control and elimination of schistosomiasis in African region within the timelines."

Mr. Honorat Zoure
Data Manager



Using data to guide decisions is crucial for controlling or eliminating any disease. ESPEN's partnership offers me the opportunity to contribute in this area."

Dr. Uffe Poulsen
Program Manager



ESPEN is a great team which has already achieved important results towards the elimination of the 5 PC-NTDs. I am very happy to be a member of the team which I joined in April 2018 focusing on Project Management issues."

Mr. Absolom Makoni
Finance Manager



Ensuring the integrity of ESPEN financial data."

Mrs. Satiane Odika
Administrative Assistant



I am delighted to support ESPEN's administrative operations in order to accelerate the elimination of Neglected Tropical Diseases in Africa and alleviate the suffering of affected populations on the continent."

PROGRESS TOWARDS ESPEN'S 4 OBJECTIVES



1. SCALING UP:

INCREASED GEOGRAPHICAL COVERAGE AMONG POPULATIONS REQUIRING TREATMENT

In 2018, ESPEN analysed coverage gaps throughout the region and financially supported 21 countries to scale up treatments: Burundi, Cameroon, Chad, Comoros, Eritrea, eSwatini, Ethiopia, Gabon, Gambia, Ghana, Lesotho, Malawi, Namibia, Nigeria, Republic of Congo, Rwanda, Sierra Leone, South Sudan, Sao Tome and Principe, Sudan and Yemen. In addition, Madagascar and DRC were supported to conduct MDA but the implementation was delayed to 2019.

MAPPING

- ➔ The AFRO mapping guide was updated. It now integrates the most recent diagnostic methods. Countries such as **Central African Republic, Mauritania, South Sudan and Angola** were supported to map for SCH, STH and LF.
- ➔ **Central African Republic:** Mapping of LF was initiated in 2018 in 8 out of 16 districts. The mapping was completed in 5 out of 8 districts. The five districts mapped were found endemic for LF-SCH and STH. The remaining three districts were not mapped because of security issues. They will be mapped when security permits. In order to complete mapping of trachoma in suspected districts, mapping was conducted in 2 evaluation units (EUs) in the provinces of Nana-Mambéré and Ouham Pende from July 31 to August 11, 2018. The survey was preceded by a 5-day refresher training for graders and recorders using WHO protocol. The Tropical Data project provided support to ensure good quality. The survey teams comprised of 6 teams of 2 people each and 2 supervisors. The result of the mapping showed that both surveyed EUs are endemic for trachoma. The prevalence of TF in 1 to 9 years old children was 26.3% and 19.16%, and that of TT among those who are 15 years and above was 0.56% and 0.16%. So far Nana-Mambéré, and Ouham Pende have been found to be endemic for trachoma and therefore require MDA.
- ➔ **Zimbabwe:** The Ministry of Health conducted trachoma mapping in 20 additional districts in the provinces of Manicaland, Mashonaland East, Mashonaland Central, Mashonaland West, Midlands and Masvingo, neighbouring endemic districts in order to inform strategic planning and scaling up the implementation of trachoma elimination activities in Zimbabwe. The report and the results of the mapping activity are still pending.
- ➔ **Kenya:** Mapping for LF was needed in 13 counties: Baringo, Busia, Bungoma, Turkana, Narok, Kajiado, Trans Nzoia, West Pokot, Marsabit, Meru, Wajir, Siaya and Migori. In addition, the mapping gap for SCH/STH was identified after compiling STH/SCH baseline data from various research studies as well as the STH/SCH mapping data from 246 primary schools in 15 counties as part of the AFRO NTD mapping project in 2013-2014. The re-mapping recommended by the RPRG was supported by ESPEN to validate the prevalence of STH/SCH in 30 sub-counties.
- ➔ **Mauritania:** Two consultants were recruited to support confirmatory mapping of LF in 13 IUs in four regions (Hodh el Gharbi, Hodh echargui, Trarza, Brakna, Gorgol, Guidimakha and Adradr) and initial LF mapping in four IUs in two regions (Nouadhibou and Tirix Zemour) not mapped in 2017. The results of this mapping showed no LF in all 17 IUs in Mauritania.
- ➔ **Angola:** In 2014, Angola conducted mapping on SCH and STH in the provinces of Huambo, Uíge and Zaire. The rest of the 15 provinces in the country where schistosomiasis is suspected had not yet been mapped. ESPEN provided technical and financial support in 2018 to commence this mapping which includes surveys in 655 schools purposively selected schools. Training of mapping teams and initiation of activity in 2 Districts was accomplished, and the mapping will be completed in 2019.
- ➔ **South Sudan:** Conducted mapping for SCH/STH/LF in 2015, but 33 Counties could not be mapped at the time due to insecurity. With security now ensured in these areas, ESPEN supported the completion of the mapping in 2018, deploying five consultants and financial resources. Mapping for 22 counties was accomplished by 2018, and the activity will be completed in 2019.

MASS DRUG ADMINISTRATION

- ➔ **Burundi:** ESPEN has been supporting the implementation of Oncho MDA in Burundi since the transition from APOC, and in 2018 provided support to target 1,610,796 with CDTi in 12 IUs.
- ➔ **Chad:** With financial support from ESPEN, Chad has been able to reach 2,276,028 persons in 17 IUs during Oncho and LF MDA in November 2018.
- ➔ **Cameroon:** The country was provided financial support by ESPEN for SCH-STH deworming campaign in the Littoral Region, which was launched in a high level ceremony. The campaign targeted 24 health districts with a target population of 1,011,845 SAC (STH) and 82,500 SAC in 4 health districts. The MDA campaign also targeted 130,000 adults for SCH in the 4 districts.
- ➔ **Comoros:** The country was fully supported in 2019 by ESPEN to reach 935,759 people targeted for LF in 17 IUs. A repeated LF Transmission Assessment survey is planned in July 2019 to decide on the shift to IDA strategy to accelerate the interruption of transmission and elimination of Lymphatic filariasis.
- ➔ **Democratic Republic of Congo:** The NTD programme in DRC was funded by ESPEN to support MDA for Oncho, LF, SCH, STH and TRA in 45 IUs for a total population of 4,608,645 persons. Due to logistical issues because of planned presidential elections in December 2018, MDA was reported to February 2019.
- ➔ **Eritrea:** Eritrea was supported in 2018 to distribute PZQ treatment for SCH to 378,144 school age children in 27 sub-Zobas and DEC in the 2 sub-Zobas of Forto Sawa and Areta, targeting 69,634 people for LF. Eritrea's goal is elimination of SCH and LF, with the government going beyond the current donation of PZQ for school-age children to procure medicines for adults. Community wide distribution is accomplished with the engagement of community health workers.
- ➔ **eSwatini:** After completing NTD mapping in 2015, eSwatini has implemented integrated control of SCH/STH to scale consistently since 2016, reaching high levels of coverage and making it the #1 country on the ALMA NTD Scorecard. In 2018, ESPEN continued to support the country, targeting 342,062 school age children in all the 55. eSwatini has set an excellent example implementing appropriately deworming for adults and women of child-bearing age through domestic resources.
- ➔ **Ethiopia:** As a contribution towards reaching 100% geographic coverage in Ethiopia, ESPEN provided financial support to the Federal Ministry of Health of Ethiopia to fill the gap for trachoma MDA. ESPEN's support enabled the Ministry of Health to conduct first round MDA for trachoma in 31 endemic districts in the Somali Region and 11 endemic districts in Southern Nations Nationalities Peoples Region (SNNPR), which did not have funding support previously. In 2018, a total population of 3,383,196 was targeted in the 42 districts for trachoma MDA and 3,008,856 (90%) were treated.
- ➔ **Gabon:** With technical and financial support from ESPEN, Gabon was able to reach 100% geographical coverage for STH and SCH MDA in July 2018. In total, 524,238 children in 44 IUs and 571,206 children in 47 IUs were treated for STH and SCH. Therapeutic coverage reported were below WHO recommended threshold. Treatment coverage survey conducted two weeks after the MDA revealed low therapeutic coverage reported versus observed. Corrective measures were developed to help the program to improve the coverage during the next round of MDA.
- ➔ **Ghana:** Following a financial gap in the school based SCH control in Ghana in 2018, ESPEN stepped in to provide funding support to target 6,480,084 school age children for integrated treatment in all the 216 districts of the country endemic for both SCH and STH.
- ➔ **Lesotho:** The only PC-NTD is STH, which is endemic in all the 10 regions of the country. ESPEN provided support to reach 278,495 school age children in two rounds for 2018. However, due to logistical challenges, the second round was postponed to early 2019 (difficult terrain and unique modes of transport including use of horses have to be deployed to reach mountainous areas). Being a young programme with limited capacity, particular emphasis was put on providing technical support.
- ➔ **Madagascar:** Was provided financial support by ESPEN to target a population of 2,332,519 persons for LF MDA during the fourth quarter of 2018. However due to the presidential election during this period, MDA activity was postponed to early 2019.
- ➔ **Malawi:** During 2018 Oncho MDA, a total of 2,054,160 persons were treated out of the target population of 2,414,870 people representing treatment coverage of 85%. All the 2186 communities in 8 IUs were treated representing a 100% geographical coverage.
- ➔ **Namibia:** Was provided technical and financial support to finalize their NTD multi-year Master Plan, and to distribute PZQ in 12 districts targeting 268,214 school age children, and Albendazole distribution in 22 districts targeting 406,264 school age children, which was integrated in the co-endemic districts.
- ➔ **Nigeria:** Is endemic for all 5 PC-NTDs and is home to one of the highest NTD burdens in the region. ESPEN funding and technical support facilitated the reduction of SCH geographic coverage gap from 171 local government areas (LGA) to 60, and reduction of STH geographic coverage gap from 39 to 25 districts that are yet to receive MDA. For SCH, 27 LGAs were in conflict prone areas of the North East and received treatment for the first time. Collaboration and co-implementation using WHO polio eradication structures made this activity possible. ESPEN also supported the 2018 NTD annual review meeting and preparation of 2019 work plan. The country has started preparation of country-level guidance on LF from MDA to surveillance and MMDP and trained 219 community directed implementers for all PC-NTDs.
- ➔ **Republic of Congo:** Was provided technical and financial support by ESPEN to update their NTD Master Plan and target 524,459 persons in 17 IUs for Oncho and LF MDA in October 2018.
- ➔ **Rwanda:** Is endemic for SCH and STH. Historically, Oncho has been present in some areas at low levels, and not requiring MDA. The country was supported to provide PZQ and Albendazole integrated distribution for SCH and STH treatment in 16 Districts, with the total targeted population of 2,601,495, to cover gaps in these districts.

- ➔ **Sierra Leone:** With ESPEN funding, the country targeted 2,794,012 school age children for STH MDA in 2018.
- ➔ **South Sudan:** Out of the 33 counties that were pending to be mapped, 22 were mapped for SCH/STH in 2018. LF mapping in the 33 counties and SCH/STH mapping in the remaining 11 counties will be completed in 2019. ESPEN support was utilized to implement LF MDA in the 3 counties of Awerial, Tonj South and Yirol West, treating up to 330,116 persons corresponding to 80% treatment coverage.
- ➔ **STP:** Launched in March 2018 the first MDA for LF in all seven endemic districts reaching a geographical coverage of 100% thanks to ESPEN's financial and technical support: 160,301 out of 191,696 people in 7 districts were treated reaching a geographical and therapeutic coverage of 100% and 94 % respectively. SCH and STH MDA targeted 23,126 school age children.
- ➔ **Sudan:** ESPEN provided support to the Ministry of Health to conduct MDA for trachoma in Zalingi and Azoom in Central Darfur and Elfashir in North Darfur targeting 1,445,696 people. The second round MDA for trachoma in the localities of Azoom and Zalingi in Central Darfur State as well as in the localities of Elkoma, Maleet and Elfashir in the North Darfur State were also completed.
- ➔ **The Gambia:** The 2018 SCH/STH MDA was supported by ESPEN to reach 388,767 people (including 102,839 adults in high risk areas) targeted for SCH in 25 districts, and to provide 137,273 treatments for STH to school age children in two treatment rounds in 2018 in 4 districts of Banjul South, Banjul Central, Banjul North and Kombo South. The Gambia NTD programme is appropriately using the TIPAC tool for district level planning and budgeting.
- ➔ **Yemen:** With ESPEN support, the first round of Oncho treatment targeted districts in 7 Governorates: Sana'a, AlMahweet, Hajjah, Rymah, Alhodeidah, Dhamar, Ibb and Taiz (other districts were already supported by World Bank), for a target population of 297,026. The second round of treatment targeted 33 districts in 8 Governorates: Raima, Taiz, Hajjah, Dhamar, Al-Hodiedah, IBB, Al-Mahweet and Sana'a, for a target population of 628,710 (6 years and over). Yemen successfully implemented both treatments despite the prevailing challenges. The second round was completed utilizing 225 team leaders, 970 team workers and 1970 drug distributors. About 1,300,000 Ivermectin (IVM) tablets were used during the campaign. Our WHO country office closely supervised and monitored the campaigns.

COUNTRY	USD	TOTAL #IU	TREATED POPULATION IN 2017	
			TOTAL TREATED 2017; (COVERAGE)	TOTAL TREATMENTS DELIVERED
BURUNDI	73,451	11	Oncho: 1,437,189; (81.4%)	1,437,189
CAPE VERDE	5,200	22	STH: 89,210; (71.1%)	89,210
CHAD	89,805	28	Oncho: 1,116,236 ; (81.5%)	1,116,236
			Oncho/LF: 2,128,190; (83.0%)	2,128,190
COMOROS	233,000	17	LF: 349,649; (86.4%)	349,649
CONGO	129,660	16	LF: 106,081; (77.8%)	106,081
			Oncho: 490,467; (29.4%)	490,467
			SCH: 74,803; (40.8%)	74,803
			STH: 674,902; (58.57%)	674,902
DRC	1,448,993	30	LF: 1820342; (93.8%)	1,820,342
			Oncho: 1941402; (93.3%)	1,941,402
			SCH: 264,376; (68.6%)	264,376
			STH: 349833; (57.1%)	349,833
ERITREA	195,000	30	LF: 55,525; (76.1%)	55,525
			SCH: 140,923 (61.2%)	140,923
GAMBIA	128,382	42	SCH: 103,608 (83.3%)	103,608
MALAWI	103,784	8	Oncho; 1,955,721; (85.6%)	1,955,721
SAO TOME & PRINCIPE	124,307	7	SCH: 32,201; (88%)	32,201
			STH: 32,201; (88%)	32,201
SOUTH SUDAN	313,844	4	LF: 159,168; (74.4%)	159,168
			Oncho: 414,873; (76.1%)	414,873
SUDAN	93,270	2	Azoom: 66,690 (133%)	66,690
			Zilingi: 265,815 (81%)	265,815
TOTAL	2,938,696			14,069,405

TABLE 1: ESPEN SUPPORTED THE SCALE UP OF MDA IN 23 COUNTRIES IN 2018

COUNTRY	USD	POPULATION TARGETED FOR TREATMENT IN 2018 WITH ESPEN FUNDING										Total #IU	Total Target 2018
		#IU	LF	#IU	Oncho	#IU	STH	#IU	SCH	#IU	TRA		
BURUNDI	89 771			12	1 610 796	12	998 901					12	1 610 796
CAMEROON	174 853					24	1 011 845	4	212 500			24	1 224 349
CHAD	200 000	17	1 136 142	17	2 276 028							17	2 276 028
COMOROS	178,447	17	935 759									17	935 759
DRC*	983 372	24	2 334 990	24	1 487 194	24	165 884	11	128 239	26	2 395 473	45	4 608 645
ERITREA	216 072	2	69 634					27	378 144			29	437 708
ESWATINI	166 307					55	342 062	55	342 062			55	342 062
ETHIOPIA	479 860									42	3 383 196	42	3 383 196
GABON	250 000					47	571 206	44	524 238			47	571 206
GAMBIA	125 861					4	137 273	25	388 767			29	526 040
GHANA	312 080					216	4 851 717	216	6 462 147			216	6 480 084
LESOTHO	250 518					10	278 495					10	278 495
MADAGASCAR*	190 675	18	2 332 519			3	366 219					18	2 332 519
MALAWI	72 580			8	2 361 936							8	2 361 936
NAMIBIA	42 091					22	406 264	12	268 214			22	406 264
NIGERIA	288 528							75	4 733 042			75	4 733 042
REP. OF CONGO	131 180	6	144 625	17	501 711							17	524 459
RWANDA	357 248					16	2 601 495	16	2 601 495			16	2 601 495
SÃO T. e PRIN.	217 966	7	191 696			7	23 126	7	23 126			7	191 696
SIERRA LEONE	181 733							7	4 099 794			7	4 099 794
SOUTH SUDAN	200 000	3										3	330 116
SUDAN	582 620									2	1 445 696	2	1 445 696
YEMEN	406 605			33	628 710							33	628 710
TOTAL	6 098 367	94	7 145 365	111	8 866 375	424	11 754 487	499	20 138 642	70	7,224,365	751	42 330 095

*TREATMENT ROUND POSTPONED TO 2019

In 2018
ESPEN provided funding
to scale up MDA to deliver
55 million treatments
for a total population of
42 million in 751 districts across 23 countries

2. SCALING DOWN: REDUCED NUMBER OF PEOPLE REQUIRING PREVENTIVE CHEMOTHERAPY

IMPACT ASSESSMENTS

ESPEN supported the supply of Filarial Test Strip (FTS) for LF Pre-Transmission assessment surveys (Pre-TAS) and Transmission assessment surveys (TAS) in [Burkina Faso](#), [Ethiopia](#), [Kenya](#), [Malawi](#), [Nigeria](#), [Madagascar](#), [Zanzibar \(United Republic of Tanzania\)](#). A consultant was also recruited to provide technical support for Pre-TAS and TAS training in Zanzibar.

Zanzibar: TAS training was conducted by a consultant from Cameroon but field activities were not conducted because of technical issues with the FTS tests. SCH/STH impact surveys in Unguja and Pemba and Pre-TAS in 25 EUs in 11 districts of Unguja and Pemba were supported. However, Pre-TAS plans had to be cancelled because the FTS didn't respond to the control samples during the pretest.

Madagascar: TAS were conducted in Vomava (IU: Vohibinany- Mahanoro et Vatmandry) and Vafeno (Vavatenina- Fenerive Est), where 700 children out of 1702 and 707 children out of 1707 tested positive in Vomava and Vafeno respectively.

Equatorial Guinea: ESPEN supported Onchocerciasis entomological evaluation on Bioko Island, following rumors on recrudescence of blackflies on the island. It can nevertheless be affirmed that the females of *Simulium damnosum* s.l. presently encountered in certain watercourses of Bioko Island, belong to a subgroup of the *damnosum* complex that was not known to the Island but is well represented in neighbouring countries (Cameroon, Gabon). The vector *Simulium damnosum* bioko does not seem to have reappeared in the current state of the investigation.

Malawi: using WHO Onchocerciasis Guidelines on stopping MDA and recommendations of the Onchocerciasis Technical Advisory subgroup (OTS), Malawi conducted Onchocerciasis impact assessment in August 2018. A total of 10,247 children were tested using OV16 Rapid Diagnostic Test (RDT); 5034 from first line villages and 5213 from the second line villages. A total of 4763 children aged 10-15 years were also screened whereby 2503 were from first line villages and 2260 were from second line villages. The total positivity was 25 children with 13 from first line villages and 12 from second line villages. Total onchocerciasis prevalence was found to be 0.24 by Ov-16 RDT. Collected dried blood spots (DBS) are currently being analysed. Despite the huge achievements by the NTD Programme, this evaluation results show evidence of ongoing onchocerciasis transmission in some areas. The cross border communities of the Republic of Mozambique need to be evaluated to avoid a potential risk of recrudescence of onchocerciasis.

Sudan: Trachoma impact surveys were completed in 4 districts in the Darfur State (Baida and Genaina localities in West Darfur State as well as Belail and Elsalam localities in South Darfur State). In addition, baseline trachoma mapping surveys have been planned in 14 districts to be conducted in 2019.

Zimbabwe: Having completed six rounds of consistent MDA for SCH/STH, Zimbabwe was supported by ESPEN in 2018 to conduct impact assessment in all of the 57 endemic districts in the country, sampling in up to 311 schools. During this time, the treatment coverage for schistosomiasis had risen from 40% in 2012 to 90% in 2016 and remained consistently high thereafter. The treatment coverage for STH had risen from 47% in 2012, to 81% in 2016. In 2018, the impact survey teams managed to cover 75% of the districts and 66% of the schools, with the remainder of the exercise being completed in 2019. It is expected that once this assessment is completed, Zimbabwe will be able to plan better for the next targets, and adjust strategies where applicable.

TABLE 2: SCALING DOWN SUPPORTED ACTIVITIES

COUNTRY	DISEASE	US\$	# TARGETED IUS
Equatorial Guinea	Oncho entomological survey	40,000	5
Kenya*	LF- Pre-TAS	21,216	2
Madagascar	LF- TAS	38,549	5
Malawi	Oncho epidemiological STOP Survey	115,000	10
Zanzibar	LF- Pre-TAS	27,185	25
	SCH/STH impact assessment	42,120	2
Zimbabwe	SCH/STH impact assessment	629,765	57

*Activity postponed

EVALUATION OF TRACHOMA PROGRAMME IN ETHIOPIA

Trachoma affects Ethiopia more severely than any other nation globally. In 2016, an estimated 693,000 people in the country had trichomatous trichiasis (TT), and more than 74 million people lived in districts in which the prevalence of the active trachoma (TF) was more than 5%, thereby qualifying for district-wide implementation of the A, F and E components of the SAFE strategy. Despite several years of trachoma intervention in some of the endemic districts, impact surveys have revealed an apparently heterogeneous effect of interventions related to lower-than-expected drops in TF prevalence following multiple rounds of antibiotic MDA in some districts. On the other hand, in some districts impact surveys following MDA have been interpreted as showing an increase in TF prevalence compared to previous estimates. The apparent lack of progress towards trachoma elimination in some areas was of a concern for the national programme and its partners, putting at risk plans for scaling up and scaling down of interventions throughout the country. Therefore, FMOH of Ethiopia requested WHO to support an evaluation of the national programme.

This evaluation was supported by ESPEN in 2018 and resulted in recommendations to the FMOH of Ethiopia and its trachoma control programme. The evaluation group recommended that great caution should be exercised in comparison of prevalence estimates generated at different time points where the boundaries of the evaluation units subjected to survey, and/or the methodologies used for the surveys have not been the same. It further suggested to enforce the recently-set minimum standards for the conduct of trachoma prevalence surveys based on WHO mapping methodologies as well as undertake further research and operational studies.

LABORATORY

In 2018, the ESPEN laboratory focused on the analysis of adult black fly samples for infectivity with *Onchocerca volvulus* using a pool screening technique and on detection of anti-*Onchocerca volvulus* antibodies from dried blood spots (DBS) samples using the Ov-16 ELISA. Capacity building in terms of training of ESPEN Lab staff in new diagnostic methods was conducted. In addition, NTD programmes within the region were given support by ESPEN staff through training.

POOL SCREENING

The ESPEN laboratory received 220,328 adult black fly samples from five countries; namely, [Mali](#), [Ghana](#), [Togo](#), [Burkina Faso](#) and [Benin](#). Analysis of these samples focused on the determination of their infectivity rates by a PCR-ELISA method to detect the presence of *Onchocerca volvulus* DNA in their heads. A summary of laboratory results from the above listed countries is presented below.

- ➔ **Mali:** 40,716 adult black flies were collected in December 2017 from 10 different collection points in the river basins of Niger and Baoulé. After analysis, the results indicated infectivity rate below the critical threshold of 0.5 per 1000 *Simulium* adult females suggesting interruption of transmission. However, the upper limit of the 95% confidence interval at certain collection points crossed the threshold, which can be attributed to the low number of black flies analyzed.
- ➔ **Ghana:** A total 108,420 of black flies were collected in 2017 from 33 sites. Analysis of the results suggested ongoing transmission of onchocerciasis.
- ➔ **Togo:** 22,237 black flies were collected from October to December of 2017 from 3 sites. Their analysis suggested on-going transmission of onchocerciasis in one site out of the three.
- ➔ **Burkina Faso:** Analysis of 7329 black flies collected from 7 study sites suggested on-going transmission of onchocerciasis in two sites.
- ➔ **Benin:** A total of 41,626 adult black flies were collected from four sites. Their analysis indicated on-going transmission in two sites.

SEROLOGY

As part of the evaluation of the performance of the Ov-16 ELISA serological test, DBS samples were collected from sites in [Mali](#), [Burkina Faso](#) and [Guinea Bissau](#). Out of the 9347 DBS samples from [Burkina Faso](#), 652 (7%) were positive for Onchocerciasis. Results from [Mali](#) samples are pending as several samples must be re-assayed. This is because the initial processing of [Mali](#) samples coincided with the training of the ESPEN staff on Ov-16 ELISA, thus the repeats. The ESPEN team is now competent in conducting the Ov-16 ELISA and will process the remaining samples as soon as the shipment of new Ov-16 ELISA kits are received.

CYTOTAXONOMY

In 2018, the ESPEN laboratory conducted species identification by cytotaxonomy of black flies collected from 17 breeding sites in [Liberia](#), 5 sites in [Mali](#), and 1 site in [Equatorial Guinea](#). The major species in [Liberia](#) was *Simulium yahense* which is a forest strain. [Mali](#) had only *Simulium sirbanum*; a savannah strain while [Guinea equatorial](#) had *Simulium squamosum* which is a forest strain.

TRAINING

ESPEN Laboratory technicians were trained by the CDC staff from 23rd July to 3rd August 2018 on Ov-16 ELISA; a serological test for detection of onchocerciasis. In terms of Training, the ESPEN laboratory provided technical support to the NTD programme in [Liberia](#). This support covered a comprehensive survey of breeding sites and identification of first line communities.

DOSSIER VALIDATION

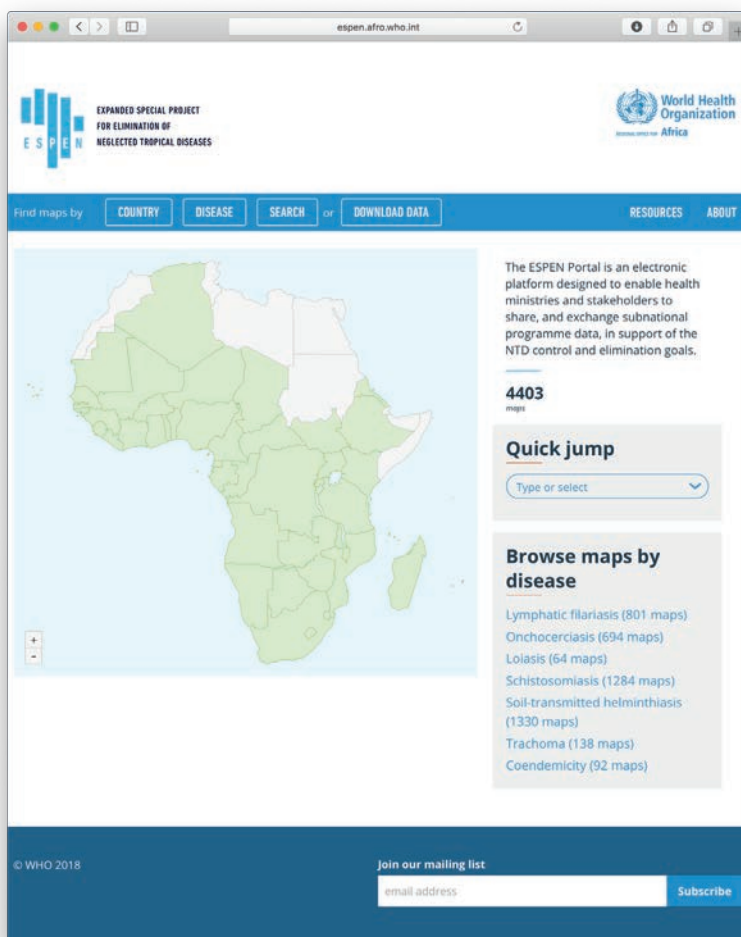
In Togo: ESPEN provided technical support to nominate three members of an ad hoc Dossier Review Group (DRG) to evaluate and provide feedback on the trachoma elimination dossier submitted by MoH of Togo. ESPEN also prepared a summary of the independent feedback provided by the DRG members and shared it with the MoH through the [WR Togo office](#). Furthermore, ESPEN is ready to provide any technical support requested by MoH to help respond to the comments of the DRG members and finalize the revised dossier for resubmission.

3. STRENGTHENING INFORMATION SYSTEMS FOR EVIDENCE-BASED DECISION-MAKING

THE ESPEN PORTAL

The ESPEN portal that was launched in 2017 with 240 implementation unit level endemicity maps has been revamped to be more user-friendly and include more resources. The Phase II of the portal released in March 2018 has made available 4403 maps and underlying datasets for all the five PC-NTD. Information is available at both implementation unit level (endemicity status and treatment coverage), and site-level (mapping, impact assessment).

[HTTP://ESPEN.AFRO.WHO.INT](http://espen.afro.who.int)



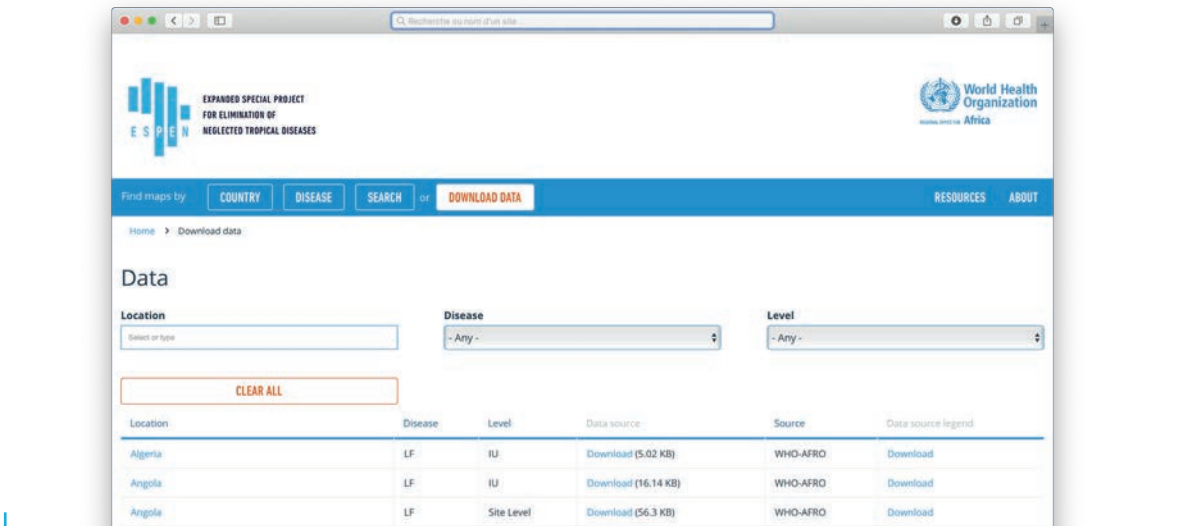
The ESPEN portal is being used as reference for accessing maps and data for informed decision-making by country programme and partners. As an example, the identification of districts for Onchocerciasis Elimination Mapping (OEM) used by OTS is based on the information shared on the ESPEN portal.

6 months
following the launch of the phase II,
2255 users
had consulted the portal from
112 countries
during
5181 sessions



In addition to the maps and datasets, a section on resources has been added. It makes available for download country NTD master plans, partners matrix, RPRG reports, ESPEN annual reports and disease elimination dossiers. ESPEN updated SOPs for PC NTDs, which are now available on the Portal.

In 2018, ESPEN reviewed, consolidated and updated PC-NTD tools for use in planning, training for all phases of programme implementation, implementation, monitoring and evaluation, and reporting and made them available through the portal.



With the aim of popularizing the Portal at the global level, it has been presented to several fora, including ESPEN first annual NTD Programme Managers Meeting on Preventive Chemotherapy (Kigali, Rwanda, July 2018), the 9th Annual NTD NGO Network Conference (Addis Ababa, Ethiopia, September 2018) and the COR-NTD Annual Meeting (New Orleans, USA, October 2018).

At national level, the Portal has been presented to the following 16 countries: [Benin](#), [Burundi](#), [Cameroon](#), [Cape Verde](#), [Chad](#), [Eritrea](#), [Guinea](#), [Liberia](#), [Madagascar](#), [Mauritania](#), [Namibia](#), [Togo](#), [Burkina Faso](#), [South Africa](#), [Lesotho](#) and [Zambia](#).

Through the portal, ESPEN aims to improve the overall data systems available to the NTD community by streamlining the information and reinforcing the work undertaken by partners at all levels.

In order to ensure the integration into existing systems and connecting to existing data, in July 2018, ESPEN trained a pool of 14 data managers to provide technical support to country NTD programmes in the review and validation of NTD data and building capacity towards sustainable data management systems. Following this training session, ESPEN proposed to Ministries of Health a technical support in the review and validation of NTD data, developing an implementation unit level multi-year roadmap for NTDs, and capacity strengthening in data management and costing of NTD activities.

From September to December 2018, the 16 countries mentioned above received technical support by 10 consultants.

Among the results of these missions, 122 nationals from the Ministries of Health were trained in the Country Integrated NTD database, among those 119 were also trained on the Tool for Integrated Planning and Costing (TIPAC) and draft implementation unit level roadmaps for the NTDs control and elimination activities have been developed.

OPTIMISATION MAPPING FOR SCH

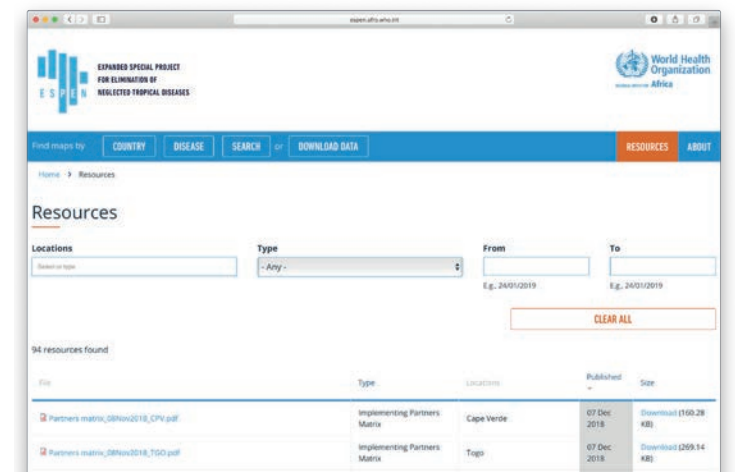
Schistosomiasis is often a focal disease. PZQ is a scarce resource and it is fundamental to optimise the utilisation of the donated medicine in order to treat the population suffering the morbidity due to SCH.

In line with this approach, in 2018 countries were supported to develop demographic data sets with population delineated at sub-district levels and disaggregate endemicity data by sub-districts for more targeted action at lower levels (additional mapping where needed or focalized MDA,) which will allow re-directing medicines specifically to the affected communities.

ESPEN is working with the schistosomiasis community to determine the most appropriate methodology that is feasible and efficient for achieving appropriate level of granularity in endemicity data to better target people in need of treatment for SCH and guide an optimal use of PZQ.

Baseline analysis conducted on data available through the ESPEN portal shows that district-wide PZQ treatment across schools may not be as widespread as previously perceived, and countries may select some areas within the district to treat and exclude others. However a systematic approach is not being utilised. In 2017, ESPEN initiated discussions on shrinking the SCH map to optimise the treatment strategy, starting with a consultative group in Brazzaville in late 2017, and several follow-up meetings with partners in 2018. ESPEN sent data experts to 16 countries to support among other data capacity gaps, the development of demographic data at levels lower than current implementation units, that will be used to understand better the distribution of SCH and where possible shrink the SCH map.

PARTNERS MATRIX

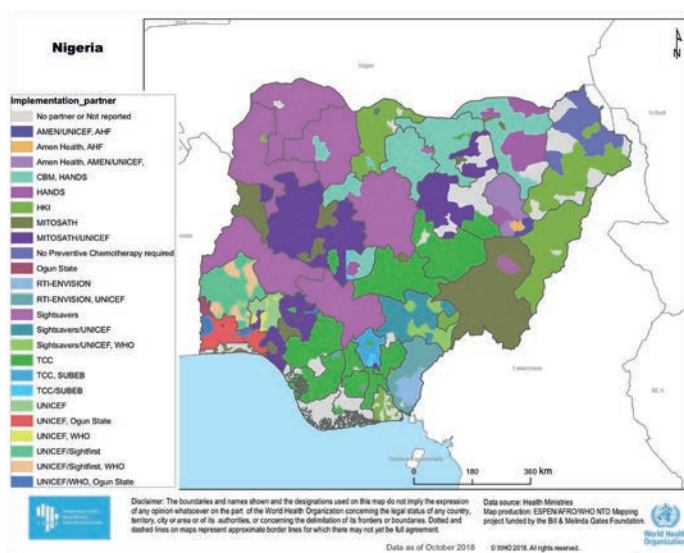


The ESPEN Partners Matrix developed in the 2017, has since been updated to include trachoma partners and uploaded on the ESPEN Portal for endemic countries implementing NTD control in the African Region.

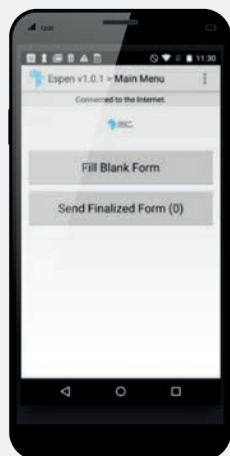
The Partners Matrix is a robust tool for all stakeholders to get information on who is doing what and where. It enables NTD stakeholders not only to avoid duplication of efforts but also create synergies where applicable and make use of the meagre resources in the best possible way.

The Partners Matrix is of great help to different stakeholders of PC-NTDs to work together both at the country level and globally by identifying which implementing partners are active where and for which NTD. The partners matrix is a living document and needs to be updated on an ongoing basis to ensure its usability.

The Partners Matrix provides information by country, province/region and district code, as well as details of donors and implementing partners for each of the 5 PC-NTDs.



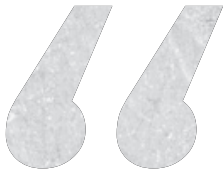
THE ESPEN COLLECT



To support country efforts in conducting surveys for scaling up or scaling down preventive chemotherapy, ESPEN launched in November 2017 a regional mobile data collection system using smartphones. ESPEN Collect provides standardized and quality assured data collection tools for epidemiological assessments in the African Region including a clear data flow from the point of collection to the ESPEN portal. ESPEN Collect has been used since February 2018 as a tool for collection and transmission of mapping and impact assessment surveys data in 4 countries. The table to the right presents the number of sites from which data has been collected and transmitted using the ESPEN mobile data collection platform. Notably, it was used by the Onchocerciasis Elimination Mapping pilot study.

COUNTRY	ONCHO	LF	SCH	STH	SURVEY TYPE
Angola			7	7	Mapping
Ghana	67	5	15	15	OEM
Nigeria	65		104	104	OEM
Liberia	26				Impact assessment

The ambition is to make it a reference platform for NTD activities to help countries in the transmission of data from spot surveys, but also for routine communication and information transmission.



"The Qatar Fund for Development considers healthcare as one of the highest priority sectors, being part of the Sustainable Development Goals notably the third goal to ensure healthy lives and well-being for everyone. More than 70% of countries and territories that report the presence of NTDs are low income or lower-middle income economies. Therefore, this kind of project aligns with the State of Qatar's goal to help those in need around the world."

Mr. Misfer Hamad Al-Shahwani,
*Deputy Director General for Development Projects,
Qatar Fund for Development*



4. IMPROVING THE EFFECTIVE USE OF DONATED MEDICINES THROUGH ENHANCED SUPPLY CHAIN MANAGEMENT

As part of global efforts to accelerate expansion of PC, WHO/ESPEN facilitates the supply of the following medicines donated by the pharmaceutical industry: diethylcarbamazine citrate, albendazole, mebendazole, and praziquantel. ESPEN/WHO also collaborates to supply ivermectin for onchocerciasis and LF elimination programmes.

ESPEN strives to strengthen the quality of supply chain management and ensure all donated tablets are distributed to the intended population. As part of WHO's role to coordinate the supply of donated medicines, ESPEN has intervened in three areas in 2018:

- (i) support to countries in applying for medicines donated for PC by prepopulating the Joint Application Package (JAP) with the information available on the portal,
- (ii) provide technical support to countries in justifying unaccounted medicines tablets,
- (iii) build capacity of country team in applying for medicines.

The JAP refers to the joint mechanism and set of forms developed by WHO to facilitate the process of application, review and reporting as well as to improve coordination and integration among different programmes. The JAP was released in 2013. Since then, countries have been using JAP to request PC medicines and to report epidemiological data as well as data on PC implementation.

ESPEN provided technical assistance to countries and prepopulated **Joint Request for Selected Medicines (JRSM)** forms for all the 45 country NTD programmes implementing PC, in order to avoid inconsistency and delays in data submission, which have previously led to large amounts of unaccounted for medicines. This support has greatly improved the quality and consistency of the available data as there were less inconsistencies with regards to unjustified change in endemicity status of districts, MDA strategy not in line with endemicity status of the districts, and districts requiring PC not being planned for PC. The challenge remained the frequency of treatment for Schistosomiasis for district that are low or moderate prevalence. Even though the prepopulating of JAP forms has improved the quality of applications and should have accelerated the finalisation of the applications received from countries, the leading factor on the delay on approval of JAP remains the unaccounted medicines tablets.



MEDICINE TABLETS SAVED THROUGH THE REVIEW OF JAP

MEDICINE	INITIALLY REQUESTED	FINALLY REQUIRED	RETRIEVED	VALUE (USD)
Albendazole	367,425,580	343,957,569	23,468,011	469,360
Diethylcarbamazine citrate	92,400,410	85,192,943	7,207,467	108,112
Ivermectin	1,041,895,554	1,054,166,315	0	0
Mebendazole	75,891,216	79,610,341	0	0
Praziquantel	252,353,818	215,103,607	37,250,211	4,814,962
GRAND TOTAL	1,829,966,578	1,778,030,775	67,925,689	5,392,434

During the revision of JAPs, the justification of the usage of medicines is one of the criteria before the application can be cleared. By requesting countries to report every single donated medicine tablet, ESPEN has been able to increase the level of reporting tablets remaining in stock.

By checking the treatment plan versus the current endemicity status of the diseases in districts, and history and treatment with PZQ in low and moderate schistosomiasis prevalence districts,

67,925,689
million tablets
of donated medicines
have been saved.

In November 2018, ESPEN organized practical sessions with 32 National Professional officers (NPOs) in charge of NTDs at national level in the WHO country offices (WCO) on the JAP, with the ambition to improve the quality of the data in-country before it reaches the regional office.

A total of

140,684,643
additional tablets

have been reported in stock for use in 2019,

saving not less than
USD 61,574,071.

THE TABLE BELOW SHOWS THE NUMBER OF MEDICINE TABLETS ACCOUNTED FOR THROUGH THE REVIEW OF COUNTRY JAP

COUNTRY	ALBENDAZOLE	MEBENDAZOLE	PRAZIQUANTEL	IVERMECTIN	TOTAL
Angola	8,610,400	0	1,308,000	5,045,000	14,963,400
Benin	1,627,977	0	299,471	3,122,396	5,049,844
Cameroon	10,339,399	1,405,134	7,101,023	0	18,845,556
Cape Verde	11,400	0	0	0	11,400
Congo	451,000	0	181,000	47,000	679,000
Côte D'Ivoire	95,019	0	170,906	609,035	874,960
Ethiopia	25,687	579,379	3,192,502	0	3,797,568
Ghana	0	0	9,542,000	9,205,500	18,747,500
Guinea	4,347,800	0	806,000	661,000	5,814,800
Liberia	103,324	0	0	0	103,324
Madagascar	13,217,227	1,396,350	3,699,000	0	18,312,577
Malawi	0	0	0	547,674	547,674
Mali	374,056	0	503,398	870,614	1,748,068
Mauritania	59,902	0	0	0	59,902
Mozambique	0	0	0	3,000,000	3,000,000
Nigeria	27,249,152	0	0	0	27,249,152
Rwanda	0	0	2,260	0	2,260
South Africa	0	1,560,623	0	0	1,560,623
United Rep. Of Tanzania	0	0	3,744,000	5,483,000	9,227,000
Togo	584,408	0	0	8,757,943	9,342,351
Zambia	747,684	0	0	0	747,684
NUMBER OF TABLETS	67,844,435	4,941,486	30,549,560	37,349,162	140,684,643
	140,684,643				
VALUE (USD)	1,356,889	244,604	3,948,836	56,023,743	
	61,574,071				



ESPEN has organized country support missions to assist in recovering unused medicines tablets and justifying medicines used and not reported. Joint ESPEN/HQ mission were organized in the following five countries: **Madagascar, Ghana, Côte d'Ivoire, Malawi and Senegal**. Apart from making suggestions for the improvement of supply chain management, these missions allowed reconciling the number of unaccounted PC medicine tablets for LF, SCH, STH for the last 3-5 years.

THE TABLE BELOW SHOWS THE NUMBER OF MEDICINE TABLETS ACCOUNTED FOR OR RECOVERED FOLLOWING THE COUNTRY SUPPORT MISSIONS.

COUNTRY	ALB	MBD	PZQ	DEC
Ghana	3,000,000			
Malawi	5,400,000			
Madagascar	24,000,000	5,300,000	11,100,000	25,700,000
Côte d'Ivoire	1,100,000			
Senegal	1,069,807			
TOTAL TABLETS	34,569,807	5,300,000	11,100,000	25,700,000
	76,669,807			
COST (USD)	691,396	262,350	1,434,786	385,500
	2,774,032			

A total of
76,669,807
 additional tablets
 have been reported in stock
 for use in 2019,
 saving not less than
USD 2,774,032.

In 2018, by providing in-country technical support and critically reviewing applications for donated medicines,
ESPEN's work allowed to account for or save 285,280,139 medicine tablets, saving no less than
USD 69,740,537 for disease control activities.



“When we invest in eliminating neglected tropical diseases, we help more children stay in school and more adults earn a decent living in the world’s poorest communities. That’s why we support the World Health Organization to beat these diseases in sub-Saharan Africa.”

Mark Suzman

*Chief Strategy Officer and President
of the Bill & Melinda Gates Foundation*

BUILDING CAPACITY WHERE NEEDED

The ESPEN partnership regroups a network of experts and consultants deployed into countries to support Ministries of Health in key areas from supply chain to data management and the development of country plans. In February, ESPEN supported training on albendazole biannual mass drug administration for IUs LF-loiasis co-endemic. In total, 29 staff from Ministry of Health from [Angola, CAR, Chad, Congo Brazzaville, Cameroon, DRC, Equatorial Guinea and Gabon](#) were invited. One of the main outcomes of the technical assistance is the development of the Country plans for Biannual Albendazole mass distribution for future Bi-annual Albendazole MDA in Loa -LF co-endemic districts in those countries.

The last week of March, together with HKI and CDC/USA, ESPEN supported a training on morbidity management and disability prevention due to Lymphatic filariasis (WHO LF-MMDP) for 10 French speaking countries ([Benin, Burkina Faso, Cameroon, Congo Brazzaville, Cote d'Ivoire, DRC, Madagascar, Mali, Niger, Senegal](#)) and one lusophone country ([São Tomé e Príncipe](#)) in [Cotonou, Benin](#). In total 45 staff from MoH have been capacitated on MMDP due to Lymphatic filariasis and countries plan for implementation of MMDP have been developed.

The first week of April, ESPEN supported training on triple drug therapy strategy (IDA) for six countries eligible for IDA in the region (endemic for LF but not to Onchocerciasis: [Comoros, Kenya, Madagascar, Malawi, Sao Tome e Principe, and Zimbabwe](#)). During this workshop, LF country progress has been reviewed and districts where the new treatment strategy is to accelerate the elimination of LF were identified. A country road map to accelerate the elimination of LF has been developed for each country.

A Master Plan development workshop was organized for the Eastern and Southern African Countries in [Victoria Falls, Zimbabwe](#): April 16-20, 2018; followed by in-country support for finalisation, while the West and Central African Countries were provided in country support for finalisation. The workshop noted that in many countries, NTD programmes are still implemented based on specific diseases lacking coordination, managerial capacity and expertise. Hence, coordination mechanisms need to be strengthened at country level in order to enhance the harmonisation of efforts by different stakeholders. It was also noted that whilst NTD control has gained momentum, elimination and transmission interruption of vector borne PC-NTD could lag behind if vector control is given less priority. The participants identified behaviour change communication and WASH activities as critical to the transformative change required for elimination of NTD. Both the workshop and in country support missions mobilized the support of partners and NTD experts from the region, who included RPRG members and experienced NTD Programme Managers from countries with matured well-performing NTD Programmes.

ACTIVITY	COUNTRY AND DATES	OUTPUTS AND OUTCOMES
Preparation and execution of the first campaign Mass Treatment Program of the Lymphatic Filariasis Elimination Program	São Tomé e Príncipe from 09 to 28 Feb 2018	Trained country teams; Control plan for SCH/STH
Technical support to the Ministry of Health and Hygiene of Mali in the validation of its strategic plan for the elimination of onchocerciasis.	Mali from 19 to 22 June 2018	Onchocerciasis elimination plan completed
Facilitate the training workshop for Provincial Program Coordinators MTN-CTP of the DRC on Morbidity Management and Prevention of Disabilities Due to Lymphatic Filariasis (PCMPI)	DRC from 24 to 30 June 2018	National Plan for Morbidity Management and disability prevention of LF completed.

ESPEN'S ADVISORY ROLE GLOBALLY AND IN THE AFRICAN REGION ON PC-NTDS

ACTIVITY	COUNTRY AND DATES	OUTPUTS AND OUTCOMES
Capacity Building for Trichiasis Elimination in Eastern/Southern Africa & the Eastern Mediterranean Region	Cairo, Egypt from 10 Dec to 14 Dec 2018	Soft skills on trichiasis surgery supervision and audits imparted for 28 participants from Egypt, Ethiopia, Pakistan, Sudan, South Sudan, Tanzania, Yemen, and Zimbabwe to improve their technical assistance to their respective national trachoma elimination programmes; trachoma elimination plan for Egypt was also reviewed.
Technical support to the Expert Panel on Filariasis Infections. Advisory on challenges and priorities post 2020 for the elimination of LF in the African region and contribute to discussions during the meeting	Geneva, Switzerland, from 08 Dec 2018 to 13 Dec 2018	Contribution to development of post 2020 priorities and targets Lymphatic Filariasis.
ESPEN technical team at the ASTMH and COR-NTD	New Orleans, U.S.A, from 23 Oct 2018 to 04 Nov 2018	Gave WHO scientific updates in the area of the 5 PC-NTDs, networking with partners.
Technical assistance to the elimination of onchocerciasis from the Côte d'Ivoire	Côte d'Ivoire from 11 Nov 2018 to 14 Nov 2018	Committee updated on WHO Guidelines on stopping Ivermectin MDA and verification of the elimination of Onchocerciasis and recommendations of the OTS.
Participation in the 4th Global Scientific Meeting on Trachoma	Geneva, Switzerland from 25 Nov 2018 to 01 Dec 2018	Definition of "trachomatous trichiasis" in the context of prevalence targets for "elimination of trachoma as a public health problem"; redefining the targets and how to measure trichiasis unknown to the health system.

ACTIVITY	COUNTRY AND DATES	OUTPUTS AND OUTCOMES
Review of NTD Programme and Supply Chain Management of PC-NTD Medicines in Senegal	Senegal from 22 Oct to 29 Oct 2018	Recovered 1.1M ALB tablets
Review of NTD Programme and Supply Chain Management of PC-NTD Medicines in Côte d'Ivoire	Côte d'Ivoire from 12 Oct to 19 Oct 2018	Recovered 1.1M ALB tablets
Review of NTD Programme and Supply Chain Management of PC-NTD Medicines in Malawi	Malawi from 20 Oct 2018 to 31 Oct 2018	Recovered 5.4M ALB tablets in CMS Trust: Reviewed stopping SCH MAD in Likoma Island
Review of NTD Programme and Supply Chain Management of PC-NTD Medicines in Ghana	Ghana from 1 Oct to 9 Oct, 2018	Recovered 3M ALB tablets
Review of NTD Programme and Supply Chain Management of PC-NTD Medicines in Madagascar	Madagascar from 10 Sept to 17 Sept 2018	Accounted for : 24,000,000 ALB tablets 5,3 MBD tablets 11,1M PZQ tablets 25,7M DEC tablets
Participation in 7th Eastern Mediterranean Region (EMR) Alliance for Trachoma Control and 19th Trachoma Expert Committee (TEC) meetings	Muscat, Oman from 11 Nov to 14 Nov 2018	Review of trachoma control status in the Eastern Mediterranean Region. Provision of technical support as needed during the meetings.
Participation in Soil-Transmitted Helminthiasis (STH) Advisory Committee	Basel, Switzerland 15 Oct 2018	Estimation of drug needs, Identification of potential challenges and research needs.
Consultation to identify targets for STH control 2030, The Swiss Tropical and Public Health Institute	Basel, Switzerland 16 Oct 2018	Consolidation of STH elimination and 2030 targets;
Participation in review of Target Product Profile for schistosomiasis diagnostic test;	Geneva, Switzerland 19 Oct 2018	Consensus on a TPP for a SCH diagnostic test
Participation at the 9th NTD NGO Network (NNN) annual conference	Addis Ababa, Ethiopia from 24 Sept to 26 Sept 2018	ESPEN advisory role on PC-NTDs in various sessions and dissemination of the ESPEN Portal to NNN partnership
Participation in GSA partnerships activities	London Feb April and August 2018	Schistosomiasis refinement mapping
WHO/Merck steering committee meetings 2018	Geneva, Switzerland November 2018	Projection of PZQ needs for 2018/19

ACTIVITY	COUNTRY AND DATES	OUTPUTS AND OUTCOMES
The NTD-STAG working group on monitoring drug efficacy	Geneva from 24 Feb to 28 Feb 2018	Reviewed progress in identification of biomarkers for PZQ resistance, efficacy data for IDA, possible drug combinations for STH and draft operational plan to assess drug efficacy in countries implementing SCH/STH PC for more than 6 yrs
Regional Consultation Meeting on the Implementation of the Distribution of biannual mass of Albendazole against LF in coendemic to loiasis	Kintele, Congo from 24 Mar to 29 Mar 2018	Harmonized data on LF-Loa loa co-endemicity; prepared drug estimates for the LF-Loa loa endemic areas; prepared a budget plan for these areas
Working session on Harmonisation of PC-NTD data and identification of Preventive Chemotherapy gap in AFRO region	Geneva from 10 Feb to 17 Feb 2018	Harmonized PC-NTD data between ESPEN and HQ, to present "one source/version of the truth"
Annual review of neglected tropical diseases activities at Preventive Chemotherapy (MTN-CTP) in 2017 from followed by the Partner Forum (Donors and Implementing Agencies)	from 02 April to 06 April 2018	Reviewed annual activities for DRS and Updated partner matrix
Observer role to the GSA/BMGF Meeting on "Moving Schistosomiasis out of the Red: Action Plan and next steps"	London 17 April 2018	Advanced discussions on harmonisation of an impact assessment protocol for SCH/STH; and Precision mapping for SCH
NTD Elimination Plan Development Workshop in targeted countries in the East and South Africa sub-region (IST / ESA)	Victoria Falls, Zimbabwe from 16 April to 20 April 2018	See under Master Plan
Capacity Building Workshop on Morbidity Management and Disability prevention in the fight against LF in 11 francophone and lusophone countries	Cotonou, Benin from 23 to 27 April 2018	See under capacity building
Workshop on the application of the new treatment strategy of Ivermectin, Diethylcarbamazine (DEC) and Albendazole in the of the Lymphatic Filariasis Elimination Program in 6 targeted countries not endemic to onchocerciasis in southern and eastern Africa	Nairobi, Kenya, from 2 May to 4 May 2018	See under capacity building
PC-NTD coendemicity with yaws, leprosy and ulcer Buruli in the WHO African Region	Abidjan, Côte d'Ivoire from 15 May to 17 May 2018	Modalities to integrate CM-NTD activities with PC-NTD MDA where feasible
Planning workshop for the 10 low endemic countries of leprosy of the IST / ESA subregion including Gambia	Gaborone, Botswana from 27 June to 28 June 2018	Modalities to integrate CM-NTD activities with PC-NTD MDA where feasible
Assessment of global patterns of drug efficacy and anthelmintic resistance in soil-transmitted helminth control programmes	Ghent, Belgium from 26 May to 01 Jun 2018	Selection of countries to participate in the pilot projects by STAR WORMS
Participation in the 59th Mectizan Experts committee (MEC) meeting	New Delhi, India from 10 Jun 2018 to 10 Jun 2018	Updated participants and the global community on the status of the elimination of onchocerciasis and the roll out of the triple therapy IDA in the African region (AFRO)

ACTIVITY	COUNTRY AND DATES	OUTPUTS AND OUTCOMES
Participation in the 10th GAELF Meeting and deliver a presentation of the status of the elimination of Lymphatic filariasis in the African region	New Delhi, India from 10 Jun to 10 Jun 2018	
Participation at the 2nd Southern Africa NTD/Trachoma cross-border partnership meeting	Victoria Falls, Zimbabwe from 25 Aug to 31 Aug 2018	Strengthened regional collaboration network in Southern Africa to effectively monitor progress of NTD and trachoma elimination in Southern African countries of Malawi, Mozambique, Tanzania, Zambia and Zimbabwe and planned to initiate joint interventions along the endemic common border areas
Advocacy in High-level Meeting on China-Africa Health Cooperation	Beijing, China from 17 Sept to 18 Sept 2018	Presented funding needs for SCH for the African region, for consideration by the China-Africa cooperation
2nd RAFET (Réseau Africain Francophone d'Expertise sur le Trachome) meeting	Ouagadougou, Burkina Faso from 28 Sept to 29 Sept 2018	Strengthened collaborative network in French-speaking Africa that will enable a real follow-up of the progress made to eliminate trachoma as a public health problem in all participating countries, while setting up joint initiatives among member countries
ESPEN is a member of the Trachoma Information Service (TIS) group		ESPEN collaborates with the Division of Ophthalmology at the University of Cape Town, a WHO Collaborating Centre for Trachoma, that is supported by KCCO to maintain the Trachoma Information Service (TIS). TIS is a monthly listserv, which includes a synopsis of a research article that has particular relevance for trachoma field programmes. TIS is believed to support national trachoma control programme managers' capacity who are very busy by providing them with synopsis of results of research that have particular relevance to trachoma control programmes
Capacity Building Workshop for Technical Support for Trichiasis Elimination in Eastern/Southern Africa & the Eastern Mediterranean Region	Cairo, Egypt from 10 Dec to 14 Dec 2018	This workshop was organized by the KCCO and financed by Sightsavers. There were 28 participants at the workshop with representatives from MoH NTD programmes and ophthalmologists from Egypt, Ethiopia, Kenya, Pakistan, Sudan, South Sudan, Tanzania, Yemen, and Zimbabwe. It is believed that the workshop has provided lead ophthalmologists and key programme people from the participant countries with key knowledge and skills related to trachomatous trichiasis and its management in order for them to be able to provide assistance to their national trachoma elimination programme in their respective countries.
Review of country NTD data, capacity building in data management and costing NTD control activities, and developing implementation unit roadmaps for the control and elimination of NTDs	Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Chad, Eritrea, Guinea, Liberia, Lesotho, Mauritania, Madagascar, Namibia, Togo, South Africa, Zambia	Technical support missions conducted in 16 countries

WHO COUNTRY OFFICES: AN INTEGRAL PART OF THE ESPEN PARTNERSHIP

NTD WCO Focal Points are WHO's interface with national authorities and partners at country level. Their capacity and competencies should enable them to critically advise Ministries of Health on all NTD issues, both on technical and operational issues. WHO/ESPEN in collaboration with headquarters and NTD programmes conducted a workshop in Brazzaville to build capacity of all WCO NTD Focal Points in the region to maintain, refresh and strengthen their own competences and bring them up-to-date on the latest developments related to NTDs to provide active and timely support to the national programmes.

ESPEN GOVERNANCE REVIEW

The WHO Regional Director for Africa commissioned a governance review for ESPEN earlier in 2018 following advice from the ESPEN Steering Committee (SC) to conduct this exercise at the mid-term of ESPEN establishment. A reputable firm, hera (www.hera.eu) was identified to carry out the evaluation. This included a review of the ESPEN Secretariat, the advisory bodies of ESPEN, the SC and the RPRG, as well as the country support and partnership model.

Methodology utilized by the firm included triangulation of qualitative (interviews from key stakeholders and partners) and quantitative data, in addition to a desk review, and utilisation of appropriate software (MAXQDA).

In its review, hera recognized that the ESPEN Secretariat (ES) had made commendable contributions towards scaling up NTD interventions and supported scaling down where needed, in support for NTD donated medicines application and distribution and in technical advisory, with the establishment of the ESPEN Portal as a key achievement. The RPRG had demonstrated extemporarily expertise in addressing technical issues from countries, while the SC was instrumental during this period in providing broad strategic guidance.

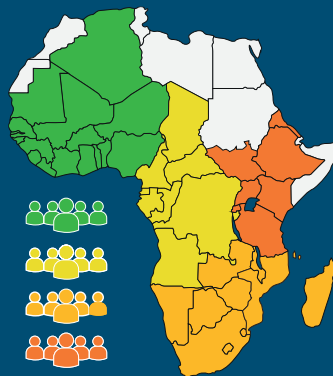
The review also identified areas that could be improved upon including ESPEN support for strengthening information systems in countries, optimizing use of WHO resources in the region to support countries and clarification and transparency on ESPEN Secretariat roles among NTD partnership. On the RPRG, the review observed that its current processes were not as effective, their expertise not being utilized optimally and a lack of adequate time and the right mix of skill set in identifying programme gaps and needs. For Steering Committee, the review revealed that deliberations within the committee could be more strategically focused, more proactive, more interactive with their respective constituencies of representation, and their minutes distributed more widely.

The review then provided various recommendations and options in addressing these weaknesses. The Regional Director (RD) has reviewed the recommendations and will be considering the way forward.



NEW RPRG STRUCTURE: KEY TASK

- ➔ To review progress towards regional and country goals and milestones and assess the overall adequacy of responsiveness to the regional policies and strategies of interventions required for achieving regional NTD programme targets and goals.
- ➔ To provide technical guidance to countries in order to accelerate the achievement of regional NTD programme targets and goals.
- ➔ To identify opportunities for operational research issues arising from the challenges on implementation of national programmes.
- ➔ To guide the national advocacy and domestic resource mobilisation strategies to enhance national ownership and programme sustainability.



Each Zone represents a sub-committee composed of **5 members** (1 chair and four members) each, that will meet once a year.

The 4 chairs will then meet with international experts at **an annual meeting.**



2018 PC-NTD PROGRAMME MANAGER'S MEETING

As part of the implementation of ESPEN's goals towards attainment of the NTD Road Map targets and the NTD Regional strategic plan for the period 2014-2020, ESPEN hosted its first annual Programme Managers Meeting (PMM) in Kigali, Rwanda from 17-20 July 2018. This meeting convened national NTD programme managers from African and Eastern Mediterranean Region countries along with programme implementation stakeholders to review progress towards the four ESPEN objectives in each endemic country.

The agenda of this meeting was developed based on two surveys conducted among Programme Managers to obtain priority topics of most interest to them, and areas of key constraints they face against each of the four ESPEN objectives. Various action points were agreed on, for collective accountability by countries, WHO and Partners on scaling up interventions, supporting scaling down where progress has been achieved, strengthening data systems and data sharing, and improving the efficiency of distribution of donated medicines.

Noting the scientific updates from WHO, the meeting made a strong emphasis on domestic financing for Universal Health Coverage, utilisation of the NTD indicators within the ALMA Scorecard as an advocacy tool to elevate NTDs on the list of priorities for policy makers, strengthen capacity for the WHO joint application package process as the central data sharing tool and integrate operational research into programmatic activities for continue evidence-based implementation.

Meeting participants also gave recommendations regarding the Post-2020 agenda for WHO and suggested as key action points the identification of key programmatic milestones and timelines to be included in the new 2030 vision, including the completion of elimination mapping for onchocerciasis, the achievement of 100% geographic coverage and stopping MDA in all districts in the country.

RESOURCE MOBILISATION

In 2018, ESPEN actively carried out its resource mobilisation efforts, which have resulted in over US\$ 35 million in contributions.

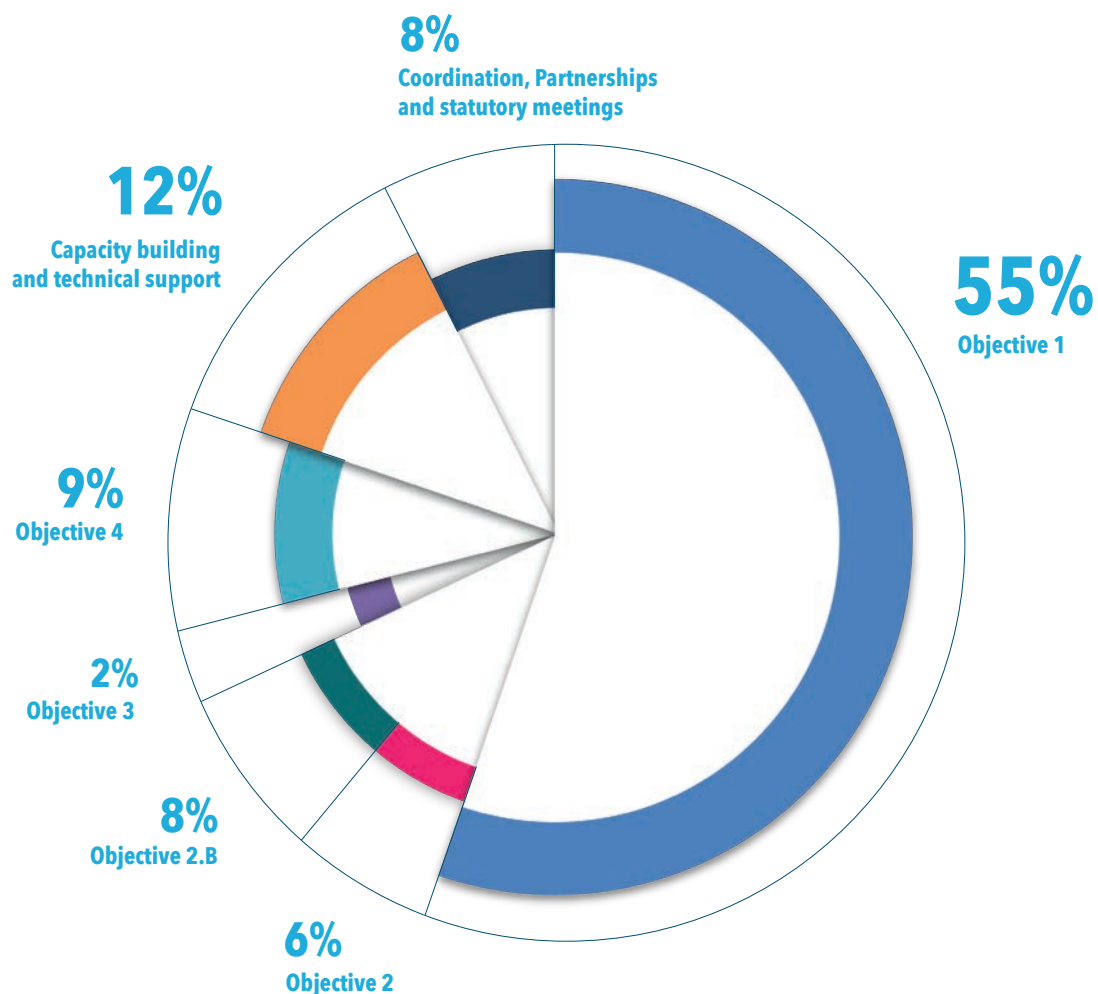


BMGF, USAID and DFID renewed their commitments to ESPEN with new funding announcements. New partners also committed to support ESPEN's NTD elimination efforts such as KOICA and the Carter Center. The Carter Center, Merck MSD and Pfizer (through International Trachoma Initiative) have joined the partnership making new financial commitments.

Under Dr. Moeti's leadership, ESPEN now counts partners from the Gulf Cooperation Council including the Government of Qatar, OFID and the Reaching the Last Mile Fund. Key regional development partners such as the African Development Bank (AfDB) also expressed interest in accompanying WHO/AFRO in accelerating the control and elimination of NTDs on the continent through ESPEN. The governments of Japan, South Korea, Belgium, France, Switzerland, China, and Germany have been approached to request financial support to the project.

ESPEN was also recognized as a ground-breaking public-private partnership at the 2018 UHC conference organized during the United Nations General Assembly in New York. The World Health Organization Regional Director for Africa, Dr. Matshidiso Rebecca Moeti, received the UHC Innovative Partnership Award for the creation of ESPEN. Distinguished guests including Dr. Tedros Adhanom Ghebreyesus, the Director General of the World Health Organization; His Excellency Jakaya Mrisho Kikwete, the former President of the United Republic of Tanzania; Dr. Chris Elias, President - Global Development Programme, Bill & Melinda Gates Foundation; Dr. Mariam Claeson, director, Global Financing Facility and Ms. Joy Phumaphi, Executive Secretary of the African Leaders Malaria Alliance commended WHO AFRO and Dr. Moeti for having the courage to break the organisational and partnership mold to create a new, innovative partnership model.

FINANCIAL OVERVIEW



	EXPENDITURE (USD)
Objective 1: Scale Up MDA	3 636 494
Objective 2: M&E, Impact assesements, surveillance and dossier	418 648
Objective 2.B: ESPEN Laboratory cost	555 110
Objective 3: Supply chain	140 969
Objective 4: Strengthening information systems	601 586
Capacity building and technical support	814 863
Coordination, Partnerships and statutory meetings	514 863
HR and Secretariat costs	1 447 545
Total	8 130 164





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Johnson & Johnson
Kuwait Fund for Arab Economic Development
Mectizan Donation Program
Merck Sharp & Dohme-Chibret
OPEC Fund for International Development
Qatar Fund
Sightsavers
Task Force for Global Health
The END Fund / Reaching the Last Mile Fund
The Merck Group
United States Agency for International Development
&
All 50 Ministries of Health and their partners for their relentless
work to put an end to the suffering due to NTDs.



African People Free of Neglected Tropical Diseases

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