EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

ANNUAL REPORT 2023

World Health Organization

African Region

Expanded Special Project for Elimination of Neglected Tropical Diseases Annual Report 2023

ESPEN
UHC/UCN Cluster
World Health Organization
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Contents

ESPEN ANNUAL REPORT 2023

World Health Organization
African Region

EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

NTDS

- 560 million poor vulnerable people at risk in Africa
- Comprising 35% of global NTD burden
- Leading cause of disability e.e. blindness and other morbidity

ESPEN

Is a public private partnership established in 2016 at WHO-AFRO to accelerate eliminqtion of preventive chemotherapy NTDs comprising 90% of NTD burden in Africa

ESPEN's Mission

Reduce burden of diseases in the WHO Africa Region through the elimination of NTDs amenable to preventive chemotherapy (PC-NTDs)

ESPEN ANNUAL REPORT 2023

Foreword

Ending the burden of neglected tropical diseases in Africa

Message from the Director, Universal Health, Coverage/Communicable and Noncommunicable Diseases Cluster

I am pleased to share with you the progress and achievements of the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) in 2023.

The achievements highlighted reflect the fruits of effective collaboration fostered through ESPEN among the World Health Organization (WHO), national neglected tropical disease (NTD) programmes, global donors and partners, and the communities and their partners. Through our collective efforts, Benin and Mali were validated for elimination of trachoma as a public health problem in May 2023, while four countries received extensive technical support for preparation of elimination dossiers for onchocerciasis and trachoma. The year also saw the coordination of the delivery of over 500 million treatments and provision of various forms of programmatic capacity building for over 300 national programme officers and partners.

The annual regional NTD programme managers' meeting provided a crucial platform for collaboration, knowledge sharing and strategic planning, while the ESPEN NTD data portal continued to be the backbone for the regional evidence for NTD programmes and all partners, facilitating informed decision-making for intervention planning and implementation.

Through our efforts to enhance diversity and inclusiveness in NTD leadership, the first cohort of 10 mentees joined the Mwele Malecela Mentorship Programme, empowering women leaders in the NTD field. They immediately made their mark on the global stage, actively participating and showcasing their work at the annual meetings of the Neglected Tropical Disease NGO Network, the American Society of Tropical Medicine and Hygiene and the African NTD programme managers. We remain committed to nurturing future cohorts of women leaders in NTDs.

ESPEN's mission is to reduce the burden of diseases in the WHO African Region through elimination of NTDs amenable to preventive chemotherapy (PC-NTDs). This requires working with our partners to reach all populations at risk with preventive chemotherapy while simultaneously building resilient health systems to ensure equitable access to health care and fostering multisectoral coordination for healthier populations and the use of strategic health information for policy planning and implementation of programmes.

In 2023, we faced new challenges posed by the post-COVID-19 pandemic global economic downturn, whose consequences particularly affected low-income countries already facing challenges with strained health systems, slower economic growth and the impact of climate change on vulnerable populations. The downturn also affected our own resource mobilization efforts, which hit a record low meeting only 19% of annual needs, significantly affecting our ability to support interventions in countries with few or no external partners and which traditionally depend on WHO for resources for their NTD interventions.

This report shows the strength of partnership in advancing our work to end NTDs in Africa despite the difficulties encountered by us, country programmes and stakeholders. It is crucial to put health first as a vital part of resilient communities, economic recovery and development. We will continue to support country leadership and smart and effective investments in NTDs for impact.

Dr Benido IMPOUMA
Director, Universal Health Coverage/Communicable and Noncommunicable Diseases Cluster

World Health Organization
African Region

ESPEN
EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

ABBREVIATIONS

ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
GONE	Global Onchocerciasis Network for Elimination
MMM	Mwele Malecela Mentorship Programme
NGO	nongovernmental organization
NTD	Neglected Tropical Disease
OEM	onchocerciasis elimination mapping
PC-NTDs	Neglected Tropical Diseases Amenable to Preventive Chemotherapy
RPRG	Regional Programme Review Group for PC-NTDs
SAFE	Surgery, Antibiotics, Facial Cleanliness and Environmental Improvements
WHO	World Health Organization

EXECUTIVE SUMMARY

Disease elimination

500 million people treated

Over 500 million people were treated for onchocerciasis, lymphatic filariasis, schistosomiasis and soil-transmitted helminthiases.

2 countries eliminated trachoma

Benin and Mali were validated for the elimination of trachoma as a public health problem.

Leveraging data use for decision-making

36 surveys conducted

36 epidemiological and entomological surveys were conducted using ESPEN Collect.

4.1 billion tablets managed

Cumulatively, 4.1 billion donated medicines have been managed in the African Region since 2016.

4 elimination dossiers in review

Four disease elimination dossiers were under review.

156 people trained

156 national programme officers and NTD partners were trained on the Joint Application Package and other tools.

Promoting gender equity and inclusion in NTD leadership

156 people trained

The inaugural cohort of 10 mentees joined the Mwele Malecela Mentorship Programme, empowering women leaders in NTDs

INTRODUCTION

ESPEN is a flagship project of the WHO Regional Office for Africa, established in 2016 to address NTDs amenable to preventive chemotherapy (PC-NTDs) as a public-private partnership comprising Member States, WHO, donors, implementing nongovernmental development agencies, research institutions and pharmaceutical companies donating NTD medicines. Over the past nine years, ESPEN has engaged in extensive collaboration with partners as a collective venture to mobilize political, technical and financial resources to achieve its mission to reduce the burden of disease in Africa through the elimination of PC-NTDs. These NTDs are lymphatic filariasis, onchocerciasis, soil-transmitted helminthiases, schistosomiasis, taeniasis and trachoma. Hosted at the WHO Regional Office for Africa, ESPEN works with ministries of health and NTD stakeholders not just in the WHO African Region but also in Djibouti, Egypt, Sudan, Somalia and Yemen, working in collaboration with the WHO Eastern Mediterranean Region.

1 Scaling up
Scaling up MDA to achieve 100% geographic coverage and effective epidemiological coverage

2 Scaling down
Scaling down MDA towards PC-NTD elimination and reduction of those at risk for NTDs

3 Strengthening the information system
Strengthening the information management system for evidence-based implementation-level desion-making

4 Effective use of medicines
Improving the effective use of donated medicines through enhanced supply chain management

5 Partnership and coordination
Promote coordination, collaboration, country leadership, and partnerships

Fig. 1. ESPEN's Strategic Objectives

This 2023 annual report presents ESPEN's progress and performance in the WHO African Region. It covers key activities and achievements of the partnership in 2023, highlighting the progress made towards elimination of PC-NTDs, strengthening of health systems for NTDs and leveraging of access to NTD data for decision-making, along with progress by the Mwele Malecela Mentorship Programme for empowering women in the fight against NTDs. The report also provides a financial overview of ESPEN's resource mobilization and expenditure, as well as the challenges faced and recommendations for improving ESPEN's effectiveness and impact. The report concludes with looking ahead to the planned actions and priorities for ESPEN in 2024 and 2025.

PROGRESS TOWARDS NTD ELIMINATION

Trachoma

Significant progress was made towards eliminating trachoma as a public health problem in the African Region in 2023. This success was due to the concerted efforts of WHO, governments, nongovernmental organizations (NGOs), international partnerships like the International Trachoma Initiative and local communities. In 2023, the partnership celebrated the validation of the elimination of trachoma as a public health problem in Benin and Mali, bringing the total number of countries that have made this achievement since 2018 to six, with the others as Ghana, Gambia, Togo and Malawi (see Annex 1 for some of the success stories and Annex 2 for an overview of the regional progress in NTD elimination).

The WHO criteria for validation of elimination of the disease as a public health problem requires a country to provide evidence of:

- A prevalence of trachomatous trichiasis (TT) “unknown to the health system” of less than 0.2% of adults aged 15 years or more;
- A prevalence of trachomatous follicular inflammation in children aged one year to nine years of less than 5% in each formerly endemic district;
- The health system’s capability to continue to identify and manage incident cases of trachomatous trichiasis.

ESPEN provided technical assistance for the SAFE strategy, which stands for surgery for treatment of trachomatous trichiasis to prevent blindness, antibiotics to clear infection through mass drug administration or direct care, facial cleanliness, and environmental initiatives to improve access to clean water and sanitation facilities to reduce the disease transmission. In addition, ESPEN provided both financial support for trachoma impact surveys in 13 health districts in the Democratic Republic of the Congo. These efforts are aimed not only at treating and preventing trachoma but also improving overall public health and living conditions, demonstrating a comprehensive approach to tackling NTDs. and living conditions, demonstrating a comprehensive approach to tackling NTDs.

water and sanitation facilities to reduce the disease transmission. In addition, ESPEN provided both financial support for trachoma impact surveys in 13 health districts in the Democratic Republic of the Congo. These efforts are aimed not only at treating and preventing trachoma but also improving overall public health and living conditions, demonstrating a comprehensive approach to tackling NTDs.

Despite the significant progress made in trachoma elimination, the burden of the disease and its complications is highest in the WHO African Region, where 86% or nearly 100 million people at risk of trachoma live. Some of the challenges faced in trachoma elimination include the protracted time taken by countries to achieve the elimination threshold for the prevalence of trachomatous trichiasis despite achieving the threshold for trachomatous folliculitis, and persistent and recrudescent trachoma in its endemic countries.

ESPEN’s priorities going forward include advocating for resources to reach 100% coverage with treatment and surgery and impact evaluations, providing technical guidance on management of persistent and recrudescent trachoma and technical support for countries on post-validation surveillance, and facilitating cross-border collaboration.

Benin and Mali eliminate trachoma as a public health problem

Benin and Mali were validated as having eliminated trachoma as a public health problem in May 2023, making them the fifth and sixth countries in the WHO African Region to achieve this significant milestone in the fight against the disease that is the leading infectious cause of blindness worldwide. Countries that had earlier been validated for trachoma elimination in the WHO African Region are Ghana (June 2018), Gambia (April 2021), Togo (May 2022) and Malawi (September 2022).

Benin began the trachoma elimination activities in 2014, and by 2015 all the 26 districts suspected to be endemic for trachoma were surveyed. With the support of WHO and partners, the country rolled out the WHO-recommended SAFE strategy for controlling trachoma. Benin sought to take a more holistic approach to tackling trachoma by integrating its interventions into national health programmes for other NTDs. Trachoma is the third NTD to be eliminated in Benin. The country was certified free of the transmission of dracunculiasis, otherwise known as Guinea-worm disease, in 2009. In 2021, it was validated for eliminating the Gambiense form of human African trypanosomiasis, also known as sleeping sickness.

Mali started trachoma control activities in 1996–1997 by conducting national level mapping for the disease, which demonstrated that trachoma was endemic to all the districts of the country. Mali was among the first endemic countries to have benefitted from the Zithromax donation programme of Pfizer in 1999. With the support of WHO and partners, Mali rolled out the WHO-recommended SAFE strategy to control trachoma throughout the country. Mali has done exemplary work in conducting trachoma impact and surveillance surveys, as well as trachoma trichiasis surgeries, adopting appropriate strategies to achieve its elimination targets despite dealing with a security crisis in its trachoma-endemic northern regions of Gao, Tombouctou, Kidal and Ménaka, and sociopolitical upheavals in recent years.

Globally, Benin and Mali join 15 other countries that have been validated for the elimination of trachoma as a public health problem and will receive technical support from WHO for post-elimination surveillance in the previously endemic communities to ensure there is no resurgence of the disease.

WHO Representative in Benin, Dr Renee Tania Bissouma-Ledjou (R), presents Dr Benjamin Hounkpatin, Minister of Health of Benin, with the trachoma elimination validation letter.

Professor Traore, Professor Sanoussi and Dr Sacko are acknowledged by the Prime Minster of Mali, HE Choguel Kokalla Maïga (centre), for their contributions to trachoma elimination.

World Health Organization
African Region

EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

Schistosomiasis

It was suspected by 2023 that Algeria and Mauritius had interrupted transmission of schistosomiasis, becoming the first countries to do so in Africa. However, these countries were not considered for validation of schistosomiasis elimination, as the WHO surveillance monitoring and evaluation framework outlining the process for validation of elimination of schistosomiasis and soil-transmitted helminthiases was not available then. The framework is only nearing completion in early 2024 with its launching planned for later in the year. No country in the world in which schistosomiasis was previously endemic has been validated for its elimination.

Algeria charts the course towards schistosomiasis elimination

Building on its experience with elimination of falciparum malaria, Algeria initiated its schistosomiasis control programme in 1985 and since then its concerted efforts have led to the elimination of historical outbreaks of the disease, with no new cases recorded since 2018. ESPEN, with financial support from GIZ, extended technical and expertise support to Algeria in preparing a comprehensive plan for verification of interruption of transmission of the disease. ESPEN's assistance has been instrumental in finalizing a detailed plan for verifying the interruption of schistosomiasis transmission, aligned with the draft WHO monitoring and evaluation framework for schistosomiasis elimination.

Algeria will focus on the crucial actions to ensure sustainable elimination of schistosomiasis, key among which is surveillance to prevent the disease's reintroduction. The country is strengthening its cross-border collaboration, updating existing agreements to include schistosomiasis management and ensuring effective epidemic control and multisectoral engagement through the One Health approach.

Algerian and WHO schistosomiasis experts meet in El Gazir, Algeria.

Taeniasis

Vaccinating pigs with Cysvax recombinant porcine cysticercosis vaccine in Madagascar.

Taeniasis, caused by the pig tapeworm *Taenia solium*, is transmitted by consumption of undercooked infected pork or self-infection. In the WHO African Region, taeniasis is confirmed in 27 countries and suspected in 11 others. The One Health approach is needed to effectively address taeniasis elimination. A training resource for the programmatic control of taeniasis was launched on the OpenWHO platform in November 2023.

ESPEN has provided countries with technical support to raise the profile of One Health in addressing zoonotic NTDs by country programmes. Taeniasis mapping protocols were developed for Cameroon, Namibia and Tanzania, providing the first guidance on integrated mapping for taeniasis in the African Region.

ESPEN also undertook to document lessons from the One Health NTD project in Madagascar. The southern African island's pioneering work on the One Health model for zoonotic NTDs offers invaluable insights for other African nations. The country has applied a multisectoral approach that is led by the Department of Livestock, Veterinary and Fisheries Research of the National Agricultural Research Centre under the Madagascar Ministry of Higher Education and Scientific Research, the Ministry of Health, the International Development Research Centre, Canada, the University of Melbourne Indian Ocean Commission, ESPEN and WHO. Through this initiative, Madagascar implements a comprehensive approach for taeniasis and schistosomiasis control that includes pig vaccination, mass drug administration, care and treatment for cysticercosis and use of community preventive measures.

The project has successfully reduced the prevalence of *Taenia solium* in pigs, which has decreased from 31% to 8%. All the vaccinated pigs tested negative for the disease, and the positive cases were found exclusively in non-vaccinated pigs. Furthermore, the prevalence of human cysticercosis has been halved from 1.25% to 0.6%. The Madagascar project highlights the importance of government leadership of programme coordination, which enables the alignment of different government sectors for effective programme delivery and impact.

> **"All the vaccinated pigs tested negative for the disease, and the positive cases were found exclusively in non-vaccinated pigs"**

World Health Organization
African Region

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EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

Soil-transmitted helminthiases

Soil-transmitted helminthiases remain the most prevalent PC-NTDs in the African Region and are endemic in all 47 countries, 42 of which required preventive chemotherapy during the year. In 2023 Ghana joined Burkina Faso, Mali and Niger as the countries that had reduced the prevalence of soil-transmitted helminthiases to levels below the threshold for preventive chemotherapy. As with schistosomiasis, a draft WHO monitoring and evaluation framework for validation of elimination of soil-transmitted helminthiases as a public health problem will be launched in 2024 to enable countries to prepare for validation.

ESPEN provided financial support valued at US$ 1.9 million for the treatment of over 16 million people in 126 implementation units in the five countries of Eritrea, Kenya, Liberia, South Sudan and Zambia.

Reaching coverage targets for soil-transmitted helminthiases is hampered significantly by the lack of financial resources. ESPEN was not able to provide the financial support requested by the Republic of the Congo, Gambia, Liberia and Sao Tome and Principe, although collectively they needed only US$ 850 000 for mass drug administration, and because of this, they missed their annual campaigns for 2023. The funding landscape for mass drug administration for both soil-transmitted helminthiases and schistosomiasis continues to be dire with 27% of the countries reporting a funding gap for 2024.

DEVELOPMENT OF WHO SCHISTOSOMIASIS AND SOIL-TRANSMITTED HELMINTHIASES MONITORING AND EVALUATION FRAMEWORK

A workshop held in July 2023 in Tanzania reviewed the framework for monitoring and evaluation of schistosomiasis and soil-transmitted helminthiases.

ESPEN and the WHO Global NTD Programme convened a global workshop for the finalization of a framework for monitoring and evaluation of soil-transmitted helminthiases and schistosomiasis and its accompanying manual. These guidance documents outline the epidemiological and entomological procedures required for validation of the elimination of the diseases as public health problems. To review the feasibility and applicability of the draft procedures in impact assessments, the workshop particularly sought inputs from national NTD programmes of Ethiopia, India, Kenya, Mali and Tanzania that had either already conducted an impact survey or were preparing to conduct impact assessments.

The framework and manual are among the most eagerly awaited technical products on norms and standards, data and research from the WHO Global NTD Programme's work in 2023. The two products, which were developed by the Technical Advisory Group on Schistosomiasis and Soil-transmitted Helminthiases, are meant to provide guidance to the ministries of health on the attainment of programmatic targets for the two diseases outlined in the 2030 NTD roadmap.

Equity and inclusivity: reaching vulnerable populations with mass drug administration in Kenya

A community health promoter administers medicine to street children in Meru town. Source: WHO Kenya.

A mass drug administration campaign carried out from April to June 2023 in eastern Kenya and funded through ESPEN provides a compelling narrative on innovation, collaboration and human impact in the realm of public health. This initiative, aimed at combatting soil-transmitted helminths and schistosomiasis, sets a benchmark for future health interventions in the country and the Region.

Through the meticulous planning and execution of the campaign, over 6 million individuals received treatment for soil-transmitted helminths, a 99% coverage level, and 851 700 people were treated for schistosomiasis, an 86% coverage level, surpassing WHO's coverage targets. These achievements are particularly significant given the logistical challenges of reaching remote and underserved populations in the Region.

The cornerstone of the campaign's success was its innovative approach to community engagement and partnership. The local media played a crucial role in raising awareness and mobilizing communities, while partnerships with local NGOs, community leaders and health workers ensured the smooth execution of the campaign at the grassroots level.

The campaign also showcased an exemplary model of inclusivity by providing treatment and support to marginalized groups, including people with disabilities, street persons and those living in extreme poverty. This focus on inclusivity not only improved health outcomes but also fostered a sense of community and solidarity among the participants. Moreover, the integration into the campaign of additional health services such as vitamin A supplementation demonstrated a holistic approach to public health that goes beyond treating specific diseases. This strategy not only maximized the impact of the campaign but also provided a more comprehensive approach to improving the overall health and well-being of the community.

Lymphatic filariasis

Madagascar achieved 100% geographic coverage with mass drug administration for lymphatic filariasis for the first time in the 20 years of the programme following the integration of the intervention with a polio supplementary immunization activity. The integrated campaign was made possible through the WHO Country Office coordinating joint planning and implementation activities of the respective programmes. for its elimination.

With the financial support from the Korea International Cooperation Agency, Nigeria treated over 2.4 million people in eight implementation units, while South Sudan treated 4.9 million people in 36 such units.

World Health Organization
African Region

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ESPEN provided technical support for the implementation of transmission assessment surveys in several countries. Zambia, with support from the Bill & Melinda Gates Foundation, conducted pre-transmission assessment surveys and transmission assessment survey 1 in 16 and 80 implementation units, respectively. In the Democratic Republic of Congo 14 implementation units conducted and passed transmission assessment surveys 1 (TAS1) and 16 implementation units conducted and passed transmission assessment surveys 2 (TAS 2). Nigeria and Madagascar, with the financial support from the Korea International Cooperation Agency, successfully completed and passed pre-transmission assessment surveys (Pre- TAS) and TAS 1 in two implementation units each. In addition, they conducted TAS 2 in three implementation units in each country and TAS 3 in one implantation unit in each country as well. In Chad, with funding from Sightsavers, 13 implementation units conducted pre-transmission assessment surveys, out of which 11 passed, making them eligible for transmission assessment survey 1.

ESPEN facilitated the procurement and delivery of filarial test strips for confirmatory mapping activities in 16 districts in Zimbabwe as well as for all pre-transmission assessment surveys and transmission assessment surveys conducted in Chad, the Democratic Republic of the Congo, Nigeria, Madagascar, Mozambique and Zambia. With this technical support from ESPEN, Zimbabwe completed the national confirmatory mapping for lymphatic filariasis and is on track to implement geographic coverage with mass drug administration using the ivermectin, diethylcarbamazine and albendazole treatment regimen in seven implementation units found to be endemic for lymphatic filariasis.

Onchocerciasis

ESPEN joined a team of technical experts leading the verification of elimination of onchocerciasis in Niger, and the country has since then submitted its dossier to WHO for the elimination of the disease. In preparation for elimination activities elsewhere in the Region, ESPEN also provided technical support and capacity building to onchocerciasis elimination committees in Burundi, Cameroon, the Democratic Republic of the Congo, Mali and Niger. The focus of the work on onchocerciasis in 2023 was supporting mass drug administration campaigns in the Republic of the Congo, the Democratic Republic of the Congo and South Sudan. ESPEN supported onchocerciasis pre-stop mass drug administration in 12 districts in Burundi, five districts in Brazzaville in the Republic of the Congo and three districts in Kinshasa in the Democratic Republic of the Congo. This was after at least 15 years of distribution of ivermectin using community-directed treatment in 34 districts formerly known to be hypo-endemic in Burundi, 15 districts in the Democratic Republic of the Congo and five districts in Cameroon. The countries also conducted with onchocerciasis elimination mapping surveys to determine impact of the mass drug administrations.

All dried blood spot samples will be processed at the ESPEN Reference Laboratory in Ouagadougou, Burkina Faso, in 2024.

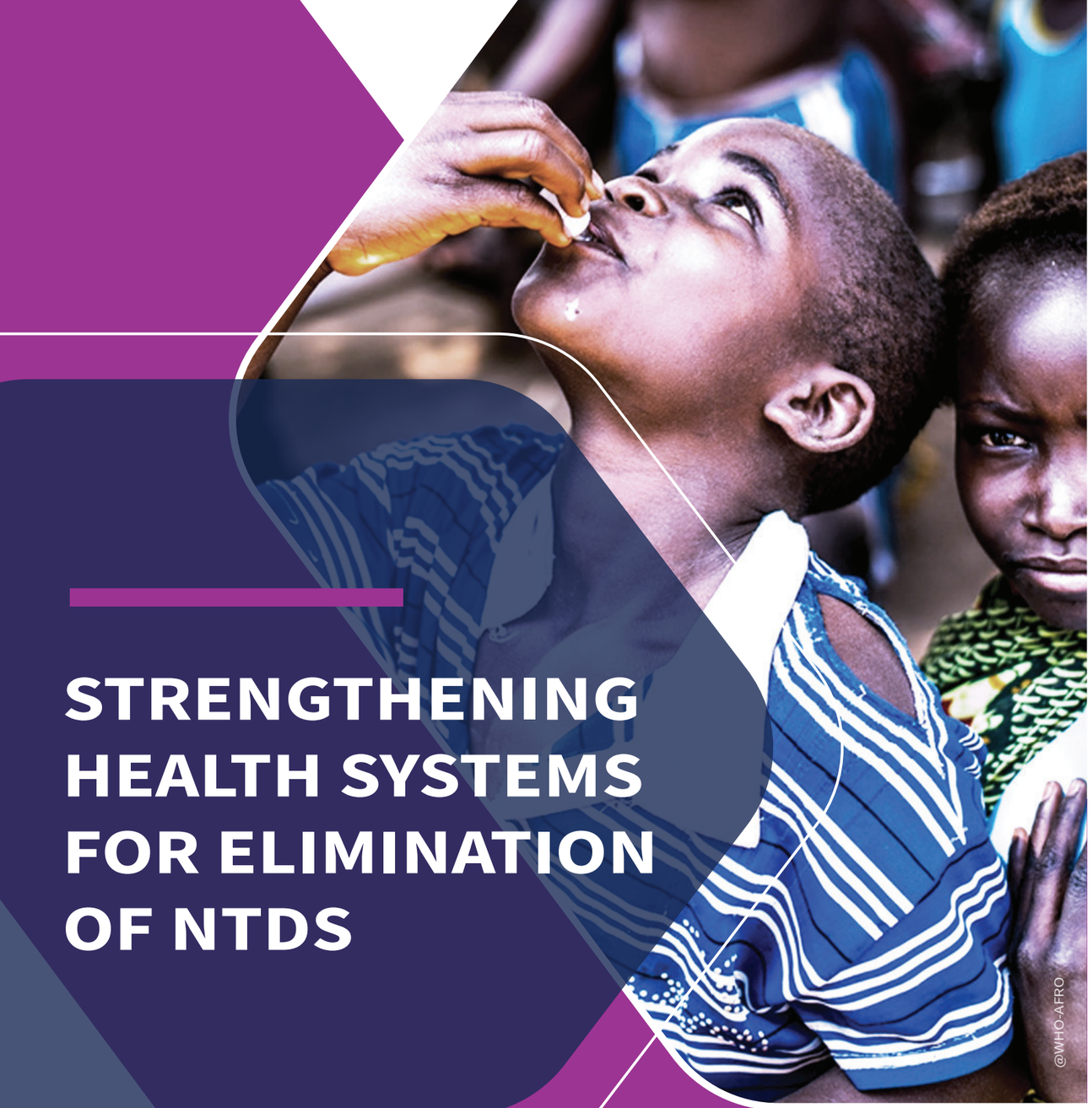
> **"In preparation for elimination activities elsewhere in the Region, ESPEN also provided technical support and capacity building to onchocerciasis elimination committees in Burundi, Cameroon, the Democratic Republic of the Congo, Mali and Niger"**

Inaugural meeting of the Global Onchocerciasis Network for Elimination

More than 150 onchocerciasis partners, including national onchocerciasis coordinators from health ministries in endemic countries, national onchocerciasis elimination committee chairs, experts, researchers, NGOs, the donor community and civil society gathered on 1 and 2 November 2023 in Saly, Senegal, for the first meeting of the new Global Onchocerciasis Elimination Network (GONE) to strengthen collaboration among countries and partners. The WHO African Region has 99% of the 244 million people at risk of onchocerciasis residing in 28 countries.

At the meeting, ESPEN provided insights on the progress made by various countries in eliminating onchocerciasis with its expertise, along with updates to partners on onchocerciasis mapping, monitoring and evaluation, highlighting the data needs and strategic approaches to monitoring the impact of onchocerciasis interventions. In addition, participants got a demonstration on how to use the country health information platform on the ESPEN portal. The conference provided an opportunity for country programmes to share experiences in vector surveillance and cross-border collaboration for onchocerciasis elimination. The participants collectively endorsed the terms of reference of GONE and explored opportunities for new partnerships to support initiatives to accelerate the elimination of onchocerciasis.

Dr Didier Bakajika of ESPEN at the GONE meeting.



STRENGTHENING HEALTH SYSTEMS FOR ELIMINATION OF NTDS

Strengthening supply chain management systems

In 2023, ESPEN, in collaboration with WHO headquarters, supported countries in the African Region in applying for donated medicines and worked to ensure the supply of over half a billion tablets for mass drug administration interventions for 2023. It also facilitated the application for and approval of nearly 260 million tablets for such interventions planned for 2024 (Table 1).

Table 1: Donated NTD medicines coordinated by ESPEN

Medicine	Medicines supplied in 2023	Medicines approved for 2024 in 2023	Total
Albendazole for lymphatic filariasis	105 370 000	38 980 000	144 350 000
Diethylcarbamazine citrate for lymphatic filariasis	29 784 000	45 960 000	75 744 000
Mebendazole for soil-transmitted Helminthiases	60 139 000	25 230 000	85 369 000
Mebendazole for soil-transmitted Helminthiases	127 856 000	60 844 000	188 700 000
Praziquantel for schistosomiasis	198 921 000	85 140 000	284 061 000
Total	**522 072 023**	**256 156 024**	**778 224 000**

Laboratory systems strengthening

Capacity building for national laboratory personnel at the ESPEN reference laboratory in Ouagadougou, Burkina Faso.

ESPEN conducted an advanced training programme at its laboratory in Ouagadougou welcoming participants from Niger and Chad, key nations in the fight against onchocerciasis and lymphatic filariasis. With financial support from the END Fund, the capacity-building programme was aimed at enhancing the understanding of good laboratory practices and pool screening protocols for 0–150 PCR (polymerase chain reaction), which is crucial in onchocerciasis identification. Trainees engaged in practical testing of black fly samples, providing valuable data for research. This initiative underscores ESPEN's commitment to building the capacity of national programmes with skills to effectively combat NTDs.

As part of strengthening of the national capacity for conducting epidemiological and entomological surveillance, ESPEN procured and delivered to Burundi, Cameroon, the Republic of the Congo, Côte d'Ivoire, the Democratic Republic of the Congo, Niger, Nigeria and Senegal laboratory supplies for the collection of blood samples for onchocerciasis elimination mapping (OEM), pre-stop mass drug administration surveys and breeding site surveys.

Leveraging NTD data and analytics for decision-making

The ESPEN portal launched in 2017 has become a valuable resource with over 15 000 maps and underlying datasets for all PC-NTDs. The available data include information at both the implementation unit level, providing details on endemicity status and treatment coverage, and the site level, offering survey results. The portal serves as a centralized platform for accessing essential information and facilitating informed actions in NTD control. The ESPEN portal saw an increase in users from the African Region in 2023 compared to the preceding 18 months. New users surged by 93%, going from about 14 000 in January 2022 to 26 000 in July 2023. Page views skyrocketed by over 200%, going from 108 000 to over 370 000 over that period. On average, users visited more pages in a single session, going from four to six pages, an 80% increase.

In 2023, ESPEN provided technical support to countries to conduct epidemiological and mapping surveys to determine the impact of treatments to inform the stopping or continuation of mass drug administration campaigns. As a result, 19 countries used ESPEN Collect to conduct 36 mapping or impact assessment surveys. A total of 27 surveys were completed and reported on the ESPEN portal.

Ensuring equity, inclusion and accountability in resource allocation in countries with limited financial support from external donors is one of WHO's core functions. ESPEN, through the development of the implementation unit tracker, has identified countries or implementation units that have had limited interventions owing to lack of resources. Using these data, ESPEN advocated and will continue to advocate for support by donors and other partners for implementation of interventions in the overlooked implementation units while also stepping up efforts in resource mobilization to leverage support to those countries. By coordinating efforts and directing resources to areas with the greatest need, ESPEN aims to address health disparities and promote inclusivity in global health agendas, leaving no one behind in the fight against NTDs and improving health outcomes for all communities.

Institutional capacity building for NTD elimination

In 2023, ESPEN facilitated capacity building workshops for national NTD programmes on various aspects of disease elimination, including NTD data management, entomological and epidemiological surveillance and preparation of disease elimination dossiers. A total of 317 NTD staff from 31 NTD endemic countries participated at these trainings. Some 209 of the trainees were male and 108 were female. A list of these trainings can be found in Annex 3.

NTD programme managers' meeting

This meeting was held in November 2023 in Brazzaville and was facilitated by the Regional Tropical and Vector-Borne Diseases Programme and ESPEN.

The overall aim of the meeting was to review countries' progress in achievement of NTD targets and sub-targets as articulated in the WHO NTD Roadmap 2021–2030 and to identify obstacles and opportunities in accelerating progress, with the rallying call to enhance country programme ownership.

NTD programme managers' meeting in 2023 in Brazzaville.

Specific objectives of the meeting were to evaluate the progress of national NTD programmes, exchange experiences and best practices, and develop recommendations to accelerate achievement of targets. In addition, the meeting sought to facilitate countries to undertake operational planning for NTDs and align them with global and regional frameworks.

As the meeting ended, countries presented technical updates and shared experiences and details on innovative practices. Countries were guided on adoption of strategies to enhance country ownership of NTD programmes and identification of funding opportunities, especially domestic sources, for sustainable support for NTD programmes.

The 150 participants were drawn from country programmes, WHO headquarters, NTD partners and stakeholders, and donors.

PC-NTD Regional Programme Review Group meeting

The eighth hybrid meeting of the PC-NTD Regional Programme Review Group (RPRG) took place 13–14 November 2023 in Brazzaville. The primary objective of the meeting was to assess the regional progress towards achieving the NTD 2030 Roadmap goals, identify specific challenges encountered by the Region and countries and recommend actionable steps to address these challenges and expedite progress.

This was the first face-to-face meeting since the COVID-19 pandemic and provided participants with an opportunity to meet, for some for the first time. RPRG is composed of independent experts in NTDs, public health and health systems who undertake in-depth review of progress made by national NTD programmes towards their national and regional goals for disease control, elimination or eradication.

> *Ministries of health must adjust treatment strategies based on impact assessment findings, in line with WHO guidelines, to allow for efficient use of NTD medicines where they are most needed.*
>
> *PC-NTD RPRG – November 2023*

With ESPEN providing an overview of the regional progress towards achievement of global targets for elimination of PC-NTDs and the challenges faced, RPRG was able to identify specific strategies to address challenges at both the regional and national levels for all PC-NTDs except trachoma.

The common challenges identified across all the PC-NTDs included mass drug administration implementation that was not to scale owing to incompleteness in mapping; inadequacy of resources, hampering reaching of targeted groups; significantly delayed impact assessments, especially for onchocerciasis and lymphatic filariasis; and inadequate planning for interventions targeting onchocerciasis in areas of its co-endemicity with loiasis, and for schistosomiasis in areas it is suspected to be co-endemic with taeniasis.

Overall, RPRG strongly recommended prioritization of impact assessments in the areas in which they are due. This would enable the freeing up of resources to target unreached populations while implementing post-treatment surveillance activities in areas where mass drug administration would no longer be needed. RPRG also stressed the need for ministries of health to use epidemiological data for policy decision-making and adjust treatment strategies based on impact assessment findings in line with WHO guidelines, for the efficient use of medicines where they are most needed.

PC-NTD Regional Programme Review Group meeting in Brazzaville.

Mwele Malecela Mentorship Programme: empowering women in the fight against NTDs

Announced in November 2022, the Mwele Malecela Mentorship (MMM) Programme for women in NTDs underwent a transformative implementation by ESPEN in 2023. This innovative initiative incorporated a gender-intentional perspective to drive change in the NTD landscape. The core objective is to enhance the overall impact of NTD interventions by promoting women's leadership and dismantling gender barriers. Going beyond traditional mentorship, the MMM Programme integrates a gender lens, ensuring women acquire skills and resources to become champions and influential leaders (see Fig. 2).

Programme design and selection of awardees

- **Tailored mentorship design addressing challenges faced by women in NTD programme leadership**
- **Rigorus selection process to identify awardees with transformative leadership potential**

Programme implementation

- **The gender-intentional approach is implemented during this phase**
- **Mentors guide mentees through tailored experiences to create a supportive environment for woman to thrive in leadership roles**

Programme mqnqgement monitoring & evaluation

- **The management review and evaluation cycles have incorporated gender-reponsive indicators**
- **Regular assessment ensure alignement with gender-international goals addressing evolving needs and challenges**

Fig. 2. Components of the MMM Programme.

The MMM Programme's journey in 2023 was marked by empowerment of women in NTD, collaboration and commitment to fostering leadership in the fight against NTDs (see Fig. 3). As it looks ahead to 2024, the MMM Programme remains committed to nurturing the next generation of women leaders, advocating for inclusivity and contributing to the goal of eliminating NTDs by 2030.

Successful launch of the inaugural cohort on 16 August 2023, bringing together talented mid-career African women committed to advancing the fight against NTDs.

Participation of mentees at key NTD events of 2023, including the 14th Annual NNN Conference in Dar es Salaam, the ASTMH Annual Meeting in Chicago, and the NTD programme managers meeting in Brazzaville.

The MMM Programme opened applications for cohort 2, building on the success of the inaugural cohort and paving the way for another year of transformative mentorship.

Fig. 3. MMM Programme's achievements in 2023.

Financial overview

About 74% of the expenditure on core activities (US$ 5.9 million) was sent directly to countries for implementation of interventions. The rest was spent at the Regional Office in providing technical support through consultants, for example for the development of NTD masterplans, workshops and meetings and capacity building activities.

ESPEN has a full-time staff complement of 23, of which four critical positions are unfilled. ESPEN engages short-term consultants for periods ranging from three to nine months as needed. ESPEN has over the years maintained a lean operations structure and has demonstrated technical and financial accountability to all donors and partners. With the financial support provided through WHO, ESPEN maintains its commitment and accountability to eliminating NTDs.

Table 2: Revenue and expenditure for 2023

	Revenue	
Balance brought forward 1 Jan 2023		*12,806,902*
Item	**Donor**	*1,498,920*
Designated Funds	Bill & Melinda Gates Foundation	*510,962*
	End Fund	*470,000*
	End Fund	
Sub-total Designated Funds		*2,479,882*
Unrestricted Funds	WHO	360,000
	Government of Japan	80,000
Sub-total Unrestricted Funds		*440,000*
Total Revenue 2023		**2,919,882**
Total Funding available in 2023		**15,726,784**
	Expenditures	
Balance brought forward 1 Jan 2023		**US$**
Item	**Activity**	3,199,918
Core activities	Scaling up mass drug administration	2,913,700
	Impact assessments for scaling down mass drug administration	787,270
	Strengthening information systems for evidence-based decision-making	548,271
	Strengthening supply chain management of donated NTD medicines	630,267
	Enhancing collaboration, country ownership and health-system strengthening for sustainability	5,000
	Mwele Malecela Mentorship Programme	**USD**
Sub-total Unrestricted Funds		*8,084,426*
UN Levy and WHO costs	Programme support costs WHO HQ	204,791
ESPEN Secretariat	Technical support capacity	2,158,067
Sub-total technical support and levy		*2,362,858*
Total Expenditure 2023		**10,447,284**

CHALLENGES AND LOOKING AHEAD

Challenges

Despite the significant achievements in disease elimination, ESPEN faced the two critical challenges of a decline in funding and weaknesses in country-led coordination of partners for impact. ESPEN, like many NTD programmes and partners, was faced with the challenge posed by the global decline in funding for NTDs following the COVID-19 pandemic. The funding situation affected all the strategic priorities, but most critically interrupted interventions in countries with few or no partners and could risk reversing gains made by previous investments. Country-led coordination of NTD stakeholders is critical for efficient and effective delivery of interventions. Multisectoral engagement is essential for NTD elimination as is taking into consideration the social determinants and environmental factors that influence transmission of NTDs.

Health system challenges such as inadequate capacity for disease surveillance, insufficient health workforce, weak supply chain management for health commodities and insufficient integration of NTD data in the national health information system persist at different levels in many countries. Many countries face conflict and humanitarian crises from time to time that interrupt delivery of interventions and progress towards NTD elimination. Climate change has emerged as a new threat to progress, especially for vector-borne NTDs.

Looking ahead

To address the challenges, ESPEN's prioritized focus will be on demonstrating impact, building resilient health systems, leveraging data, strengthening partnerships and improving communication. Ongoing monitoring and evaluation will remain crucial in adapting strategies to evolving global health landscapes, ensuring ESPEN's continued effectiveness in combating NTDs.

ESPEN priorities

Target resource mobilization
- Donor profiling and prioritizing aeras of alignment
- Diversifying portfolio of donors
- Expanded advocacy through influential stakeholders

Technical and Financial Support for NTD Programmes
- Disease mapping and intervention coverage, leaving no one behind
- Impact assessments to provide evidence, dossier preparation for validation
- Developement of NTD masterplans

Strengthening data systems and use for decision making
- Through ESPEN Collect, CHIP, and the ESPEN portal provide quality data for decision making
- IIntegration of NTD data in national health information systems for sustainability
- Integration os surveillance for NTDs in national systems fors sustainability

Strengthening supply chain for NTD medicines
- Capacity building integration within national systems for efficiency and accounttability

Country leadership and ownership of NTD Programmes
- Support for multi-sectoral coordination mechanisms for NTD partners for joint plannig
- Support for inclusion of NTDs as appropriate in One Heslth Approach and coordination mechanisms

Gender inclusivity in NTD elimination
- Prioritize initiatives aimed at ensuring gender inclusivity in disease mapping and representation at the leadership level within the NTDsin Africa

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Annex 1:

Links to country success stories

Algeria schistosomiasis elimination:
https://espen.afro.who.int/updates-events/updates/algeria-leads-the-way-in-schistosomiasis-elimination-in-africa

Comoros lymphatic filariasis elimination:
https://espen.afro.who.int/updates-events/updates/the-union-of-comoros-nears-a-major-health-milestone-the-end-of-lymphatic

Trachoma elimination in Zanzibar:
https://espen.afro.who.int/updates-events/updates/the-trachome-expert-committee-commends-zanzibar-on-successfully-attaining-the

Annex 2:

Heatmap showing progress with elimination of PC-NTDs

Countries	Trachoma Elimination status	Lymphatic filariasis elimination	Onchocerciasis	Schistosomiasis elimination	Soil transmitted Helminthiasis
Algeria	Endemic	Not endemic	Not endemic	Pending evaluation	Pending evaluation
Angola	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Benin	Elimination as a PHP 2023	Pending validation	Endemic	Requiring PC	Requiring PC
Botswana	Claims to have eliminated	Not endemic	Not endemic	Requiring PC	Requiring PC
Burkina Faso	Endemic	Endemic	Endemic	Requiring PC	Not requiring PC
Burundi	Claims to have eliminated	Not endemic	Endemic	Requiring PC	Requiring PC
Cameroon	Endemic	Pending validation	Endemic	Requiring PC	Requiring PC
Cape Verde	Not endemic	Not endemic	Not endemic	Not requiring PC	Requiring PC
Central African Rep.	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Chad	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Comoros	Not endemic	Pending validation	Not endemic	Not requiring PC	Requiring PC
Congo	Not endemic	Endemic	Endemic	Requiring PC	Requiring PC
Democratic Republic of Congo	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Equatorial Guinea	Not endemic	Endemic	Endemic	Requiring PC	Requiring PC
Eritrea	Endemic	Pending validation	Not endemic	Requiring PC	Not requiring PC
Eswatini	Not endemic	Not endemic	Not endemic	Requiring PC	Requiring PC
Ethiopia	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Gabon	Not endemic	Endemic	Endemic	Requiring PC	Requiring PC
Gambia	Elimination as a PHP 2021	Not endemic	Not endemic	Requiring PC	Requiring PC
Ghana	Elimination as a PHP 2018	Endemic	Endemic	Requiring PC	Requiring PC
Guinea	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Guinea Bissau	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Ivory Coast	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Kenya	Endemic	Endemic	Not requiring PC	Requiring PC	Requiring PC
Lesotho	Not endemic	Not endemic	Not endemic	Not requiring PC	Requiring PC
Liberia	Not endemic	Endemic	Endemic	Requiring PC	Requiring PC
Madagascar	Not endemic	Endemic	Not endemic	Requiring PC	Requiring PC
Malawi	Elimination as PHP 2022	Elimination as PHP 2020	Endemic	Requiring PC	Requiring PC
Mali	Elimination as PHP 2023	Pending validation	Endemic	Requiring PC	Not requiring PC
Mauritania	Claims to have eliminated	Not endemic	Not endemic	Requiring PC	Not requiring PC
Mauritius	Not endemic	Not endemic	Not endemic	Not requiring PC	Not requiring PC
Mozambique	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Namibia	Endemic	Not endemic	Not endemic	Requiring PC	Requiring PC
Niger	Endemic	Endemic	Pending verification	Requiring PC	Not requiring PC
Nigeria	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Rwanda	Not endemic	Not endemic	Not requiring PC	Requiring PC	Requiring PC
Sao Tome & Principe	Not endemic	Pending validation	Not endemic	Requiring PC	Requiring PC
Senegal	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Seychelles	Not endemic	Not endemic	Not endemic	Not requiring PC	Not requiring PC
Sierra Leone	Not endemic	Endemic	Endemic	Requiring PC	Requiring PC
South Africa	Not endemic	Not endemic	Not endemic	Requiring PC	Requiring PC
South Sudan	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Tanzania	Endemic	Endemic	Endemic	Requiring PC	Requiring PC
Togo	Elimination as PHP 2022	Elimination as PHP 2017	Endemic	Requiring PC	Requiring PC
Uganda	Endemic	Pending validation	Pending validation	Requiring PC	Requiring PC
Zambia	Endemic	Endemic	Not endemic	Requiring PC	Requiring PC
Zimbabwe	Endemic	Endemic	Not endemic	Requiring PC	Requiring PC

Elimination as public health problem	Trachoma	Lymphatic filariasis	Onchocerciasis	Schistosomiasis	Soil transmitted Helminthiasis
Western Africa	5	1	12	15	15
Central Africa			9	9	9
Eastern and Southern Africa	1	1	5	17	16
Total for Africa	6	2	26	41	40

Key:	Trachoma	Lymphatic filariasis	Onchocerciasis	Schistosomiasis	Soil transmitted Helminthiasis
	Eliminated/ Not endemic	Not endemic	Not endemic	PC not required	PC not required
	Pending validation	Pending validaton	Pending verification	Pending verification	Pending verification
	Endemic	Endemic	Endemic	Endemic/ PC required	Endemic/ PC required

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African Region

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Annex 3:

Capacity building workshops led by ESPEN in 2023

Training topic	Location	Countries involved	Participants		Training outcomes
			Male	Female	
Workshop for strengthening country NTD programmes capacity in the management and reporting of preventive chemotherapy data	Brazzaville, Congo	Angola, Benin, Burkina Faso, Burundi, Cameroon, Congo, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Malawi, Mali, Niger, Nigeria, Democratic Republic of the Congo, Rwanda, Senegal, South Sudan, Togo, Uganda, Zambia, Zimbabwe	111	45	Participants gained a deeper understanding of the latest ESPEN portal tools, addressed schistosomiasis data gaps and updated initiatives for PC-NTD data integration into DHIS2.
PC-NTDs microplanning training workshop (co-hosted with Act to End NTDs East)	Arusha, Tanzania	Ethiopia, Ghana, Malawi, Kenya, Nigeria, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe	16	11	Validation of PC-NTD microplanning training modules and training of trainers to enable PC-NTD microplanning scaling up in the African Region, with activities on the use of the modules currently occurring in Nigeria and Tanzania and planned for South Africa.
Training in the completion of the joint application package forms and their online submission through the ESPEN portal	Abuja, Nigeria	Nigeria	18	15	The NTD programme of Nigeria was strengthened in various data-related activities, including data collection, compilation, analysis and reporting using advanced Microsoft Excel skills.
Trachoma dossier preparation training workshop	Addis Ababa, Ethiopia	Eritrea, Ethiopia, Guinea-Bissau, Kenya, Mozambique, Nigeria, South Sudan, Tanzania, Uganda, Zambia, Zanzibar, Zimbabwe	20	3	National trachoma focal persons from the ministries of health in eastern and southern Africa, Nigeria, Mozambique and Guinea-Bissau were trained on developing and finalizing trachoma elimination dossiers using WHO guidelines.
Epidemiological and entomological survey methods	Brazzaville, Congo	Congo	20	22	Health professionals were provided with skills for implementing breeding site surveys, OEM and pre-stop mass drug administration for onchocerciasis.
Epidemiological and entomological survey methods	Bujumbura, Burundi	Burundi	12	4	Health professionals were provided with the skills for implementing breeding site surveys, OEM, and pre-stop mass drug administration for onchocerciasis.
Epidemiological and entomological survey methods	Kinshasa, Democratic Republic of the Congo	Democratic Republic of the Congo	10	8	Health professionals were provided with the skills for implementing breeding site surveys, OEM and pre-stop mass drug administration for onchocerciasis
Training of trainers in pool screening of black flies	Ouagadougou, Burkina Faso	Chad and Niger	2	0	The two participants once trained are expected to have the capacity to train other laboratory technicians in their respective countries.

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