

# **Regional Strategic Plan for Neglected Tropical Diseases in the African Region 2014–2020**



# **Regional Strategic Plan for Neglected Tropical Diseases in the African Region 2014–2020**

**World Health Organization  
Regional Office for Africa  
Brazzaville • 2013**

## CONTENTS

	Page
<b>ABBREVIATIONS</b> .....	v
<b>EXECUTIVE SUMMARY</b> .....	vi
	<b>Paragraphs</b>
<b>BACKGROUND</b> .....	1–5
<b>AIM</b> .....	6
<b>PROCESS</b> .....	7
<b>MAGNITUDE OF NEGLECTED TROPICAL DISEASES IN THE WHO AFRICAN REGION</b> .....	8–9
<b>COSTS OF ACTION VERSUS INACTION</b> .....	10–12
<b>ENABLING FACTORS AND CHALLENGES</b> .....	13–16
<b>VISION</b> .....	17
<b>GUIDING PRINCIPLES</b> .....	18
<b>GOAL</b> .....	19
<b>TIME FRAME AND TARGETS</b> .....	20–22
<b>ADAPTATION TO NATIONAL CONTEXTS</b> .....	23
<b>OBJECTIVES</b> .....	24–58
<b>Objective 1: Scale up Access to Interventions and System Capacity Building</b> .....	25–38
Actions by Member States .....	36
Actions by the WHO Secretariat .....	37
Proposed actions by partners .....	38
<b>Objective 2: Enhance Planning for Results, Resource Mobilization and Financial Sustainability of National Neglected Tropical Disease Programmes</b> .....	39–45
Actions by Member States .....	43
Actions by the WHO Secretariat .....	44
Proposed actions by partners .....	45
<b>Objective 3: Strengthen Advocacy, Coordination and National Ownership</b> .....	46–51
Actions by Member States .....	49
Actions by the WHO Secretariat .....	50

Proposed actions by partners.....	51
<b>Objective 4: Enhance Neglected Tropical Disease Monitoring and Evaluation, Surveillance and Research .....</b>	<b>52–58</b>
Actions by Member States .....	52–56
Actions by the WHO Secretariat.....	57
Proposed actions by partners.....	58

## ANNEXES

	<b>Page</b>
1. Neglected Tropical Diseases Endemicity Status in the WHO African Region .....	18
2. Consultations .....	19
3. Regional Targets of some Neglected Tropical Diseases in the African Region.....	20
4a. Regional Milestones for Preventive Chemotherapy Neglected Tropical Diseases .....	21
4b. Regional Milestones for Case Management Neglected Tropical Diseases .....	21

## ABBREVIATIONS

AFDB	African Development Bank
ALM	American Leprosy Mission
APOC	African Programme for Onchocerciasis Control
BMGF	Bill and Melinda Gates Foundation
BU	Buruli ulcer
CBM	Christofell Blinden Mission
CDC	Centre for Disease Control
CDI	Community Directed Intervention
CDTI	Community-Directed Treatment with Ivermectin
CM	Case Management
CM-NTDs	Case Management Neglected Tropical Diseases
CNTD	Centre of Neglected Tropical Diseases
CSA	Committee of Sponsoring Agencies of the APOC
CWW	Children Without Worms
DFID	Department for International Development
ENDFund	End Neglected Disease Fund
EPR	Epidemic Preparedness and Response
FHI360	Family Health International 360
GNNTD	Global Network for NTDs
GSK	Glaxo Smith Kline
GWD	Guinea-worm disease
HAT	Human African Trypanosomiasis
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HKI	Helen Keller International
WHO/HQ	WHO headquarters
ICL/UK	Imperial College of London/UK
IMA	Interchurch Medical Assistance
IMTU	International Medical and Technological University
ISTs	Inter-Country Support Teams (Tanzania)
ITI	International Trachoma Initiative
ITN	Insecticide-treated bednets
JAF	Joint Action Forum
J&J	John and Johnson
JRFs	Joint Reporting Forms (for CM-NTDs and PC-NTDs)
LF	Lymphatic filariasis
LFW	Light for the World
M&E	Monitoring and Evaluation
LSTM	Liverpool School of Tropical Medicine
LRC	Leprosy Research Centre/Japan
MAP	Medical Assistance Programme
MDA	Mass Drug Administration
MDGs	Millennium Development Goals
MDP	Mectizan Donation Programme

MDT	Multiple Drug Therapy
MOH	Ministry of Health
MP	Master Plan
NGDO	Nongovernmental Development Organization
NIH	National Institute of Health
NIS/NIMS	National Information and Management System
NTDs	Neglected Tropical Diseases
OCP	Onchocerciasis Control Programme
OPC	<i>Organisation pour la Prévention de la Cécité</i>
PC	Preventive Chemotherapy
PC-NTDs	Preventive Chemotherapy Neglected Tropical Diseases
PHASE	Preventive chemotherapy, Health education, Access to safe drinking water, Sanitation and hygiene, and Environmental improvements
Pre-SAC	Pre-School Age Children
RTI	Research Triangle Institute
SAC	School Age Children
SAE	Severe Adverse Event
SAFE	Surgery, Antibiotics, Facial cleanliness, Environmental improvements
SCH	Schistosomiasis
SCI	Schistosomiasis control Initiative
STH	Soil-transmitted helminthiases
TB	Tuberculosis
TC	Transmission control
TFGH	Task Force for Global Health
TIPAC	Tool for Integrated Planning and Costing
TLMI	The Leprosy Mission International
TNF-SHMF	The Nippon Foundation Sasakawa Health Memorial Foundation
UCAD	University of Cheick Anta Diop, Dakar, Senegal
USAID	United States Agency for International Developer
WB	World Bank
WCOs	WHO Country Offices
WHO	World Health Organization
WHO/AFRO	WHO Regional Office for Africa
WHO/HQ	WHO/headquarters
WUSL	Washington University of Saint Louis
YPBF	Youth Preparation for a Better Future/Ghana

## EXECUTIVE SUMMARY

More than one billion people suffer from one or more neglected tropical diseases (NTDs) worldwide and the WHO African Region bears about half of this global burden. Guinea-worm disease (GWD), Buruli ulcer (BU) and human African trypanosomiasis (HAT) affect only or mainly the African continent. All 47 countries in the African Region are endemic for at least one NTD and 37 of them (79%) are co-endemic for at least five of these diseases. The total population at risk of NTDs amenable to preventive chemotherapy ranges from about 123 million for onchocerciasis to about 470 million for lymphatic filariasis.

Progress is being made in delivering interventions to control NTDs. Guinea-worm disease is now close to eradication. All countries of the African Region have achieved the elimination of leprosy as a public health problem. In some countries, interventions to reduce the burden of onchocerciasis have resulted in elimination of the disease in some communities. These successes are the rationale for shifting the onchocerciasis post-2015 goal from control to elimination. In addition, the capacity of national NTD programmes is being strengthened; it is noteworthy that 36 countries in the Region have developed integrated national multi-year plans (also called NTD Master Plans) that provide a sound foundation for improved programme performance and effectiveness.

The momentum to eliminate NTDs in the African Region is growing. Major political commitments to address NTDs include World Health Assembly resolutions; the Regional Committee resolution on NTDs in 2009; the Global NTD Roadmap, the London Declaration on NTDs and the Accra Urgent Call to Action on NTDs, all in 2012. As a follow-up to these commitments, the regional consultative meeting on NTDs held in Brazzaville in March 2013 recommended the WHO Regional Committee adopt a resolution on NTDs. This **Regional Strategic Plan on Neglected Tropical Diseases in the African Region 2014–2020** was developed in this context and is the result of extensive consultations with representatives of Member States and other NTD stakeholders.

With the **vision** of “an African Region free of Neglected Tropical Diseases,” this Regional Strategic Plan for NTDs pursues the **goal** of accelerating the reduction of the disease burden by controlling, eliminating and eradicating targeted NTDs in the African Region.

The **2020 targets** include eradication of guinea-worm disease; sustained elimination of leprosy with further reduction of severe leprosy disabilities; and the elimination of lymphatic filariasis, onchocerciasis, schistosomiasis and blinding trachoma. Soil-transmitted helminthiasis, Buruli ulcer, human African trypanosomiasis, leishmaniasis, rabies and yaws are targeted for control.

The Regional Strategic Plan for NTDs envisions **four objectives**: (1) Scale up access to interventions and system capacity building; (2) Enhance planning for results, resource mobilization and financial sustainability of national NTD programmes; (3) Strengthen advocacy, coordination and national ownership; and (4) Enhance monitoring, evaluation, surveillance and research. For each objective, the Plan defines and/or proposes **actions** to be carried out by Member States, WHO Secretariat and partners. The actions constitute the backbone of the Strategic Plan.

**Member States** will mainly establish national NTD programmes and coordination mechanisms; enhance planning; strengthen advocacy and sustained resource mobilization; coordinate interventions for preventive chemotherapy, case management and transmission control; and conduct monitoring and evaluation. **The WHO Secretariat's actions** include convening and coordination; policy advice and guidance; technical assistance and capacity building; support for

supplies, mainly for medicines, lab tests and reagents; support for monitoring, evaluation, surveillance and research as well as sharing best practices. **Proposed actions for partners** focus on support to countries; collaboration with the WHO Secretariat; mobilization of resources; funding; and contribution to in-country supply of commodities.



## BACKGROUND

1. The African Region bears about half of the global burden of neglected tropical diseases (NTDs), which are highly prevalent in tropical and subtropical regions and affect mainly the low-income populations. Some of these diseases, including guinea-worm disease, Buruli ulcer and human African trypanosomiasis, affect only or mainly the African continent. NTDs are distinguished by their slowly evolving symptoms that often lead to debilitating complications. By impairing the physical and intellectual capacities of the affected persons, these diseases perpetuate the cycle of poverty and negatively affect socioeconomic development. All 47 countries in the African Region are endemic to at least one NTD and 37 of them (79%) are co-endemic for at least five of these diseases,<sup>1</sup> which affect mainly low-income populations and impoverished communities (see Annex 1).

2. There is an increasing momentum to control and eliminate NTDs. The ministers of health of Member States in the African Region expressed their commitment to scaling up proven interventions against the major NTDs at the Fifty-ninth session of the Regional Committee in September 2009,<sup>2</sup> following the adoption by the World Health Assembly of resolutions on NTDs. These global and regional political commitments to control NTDs culminated in the publication by World Health Organization of the document “*Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation*” in January 2012. This was followed by the London Declaration on NTDs in January 2012 that made a public commitment to see to the end of ten high-priority NTDs by 2020. In June 2012, the Accra Urgent Call to Action on NTDs urged all stakeholders to accelerate efforts to control and eliminate targeted NTDs in the African Region. In November 2012, NTD stakeholders from 65 countries met in Washington DC, USA, to discuss how to ensure that medicines donated by the pharmaceutical industries reach those who need them.

3. Progress is being made in delivering interventions to control NTDs and in strengthening the capacity of national NTD programmes in the WHO African Region. For examples, mass drug administration for various diseases amenable to preventive chemotherapy (PC) such as lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis and blinding trachoma, reached around 203 million people at risk in 2011.<sup>3</sup> Numbers of new cases of diseases addressed annually through case management (CM), including leprosy, human African trypanosomiasis and Buruli ulcer, continue to decrease, while three countries (Burkina Faso, Eritrea and Togo) were recently certified free of local transmission of guinea-worm disease. There are indications that transmission of onchocerciasis has been interrupted in several foci.

4. The African Programme for Onchocerciasis Control (APOC) is now expanding the scope of its goal to eliminate onchocerciasis from most of Africa by 2025. APOC will also collaborate with the Regional Office to deliver treatment for other major preventable NTDs, starting with lymphatic filariasis.

5. Seizing the opportunity provided by the current momentum for NTDs, reinforced by the WHO Global Roadmap for NTDs, the World Health Assembly resolution on NTDs<sup>4</sup> and the London Declaration on NTDs, and further to several consultations with Member States and partners, the WHO Regional Office for Africa has developed this Regional Strategic Plan for

---

<sup>1</sup> WHO, Neglected Tropical Diseases in the WHO African Region, 2012 Information Bulletin, Brazzaville, WHO Regional Office for Africa, 2013.

<sup>2</sup> WHO, Tackling Neglected Tropical Diseases, Brazzaville, WHO Regional Office for Africa, (Document AFR/RC59/10), 2009.

<sup>3</sup> WHO Regional Office for Africa, NTD Database.

<sup>4</sup> WHO, Neglected tropical diseases, working document A66/20, World Health Assembly, Sixty-sixth session, Geneva, 2013.

NTDs in the African Region. It will provide the required operational basis for a resolution proposed to the Regional Committee. It will also provide a framework for national NTD plans, a reference for monitoring and evaluation and serve as a resource mobilization tool.

## **AIM**

6. The Regional Strategic Plan for Neglected Tropical Diseases in the African Region 2014–2020 aims to translate into action in the African Region the WHO Global NTD Roadmap, the World Health Assembly resolution on NTDs,<sup>4</sup> the London Declaration on NTDs and the Accra Urgent Call to Action on NTDs.

## **PROCESS**

7. The Regional Strategic Plan for NTDs in the African Region is a result of extensive consultations involving country NTD programmes and various stakeholders. Following the publication of the WHO NTD Global Roadmap and the London declaration on NTDs, the WHO Regional Office for Africa in collaboration with key partners<sup>5</sup> organized a regional NTD stakeholders' meeting and a regional NTD programme managers' workshop in June 2012 in Accra, Ghana, during which the major elements of the regional plan were reviewed. In February 2013, the WHO Regional Office organized an informal consultation with leading NTD experts, and in March, the same year, the Regional Office hosted a regional consultative meeting on NTDs in Brazzaville, Republic of Congo. Participants at these meetings included permanent secretaries and NTD programme managers from ministries of health, and representatives of WHO headquarters, APOC, major donors and development partners (see Annex 2). This Strategic Plan also supports the achievement of relevant World Health Assembly and Regional Committee resolutions on NTDs.

## **MAGNITUDE OF NEGLECTED TROPICAL DISEASES IN THE WHO AFRICAN REGION**

8. The major NTDs in the African Region that are amenable to preventive chemotherapy (PC-NTDs) are lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis (STH) and trachoma. Other NTDs that are addressed mainly through case management (CM-NTDs) are Buruli ulcer, dengue, guinea-worm disease, human African trypanosomiasis (HAT), leishmaniasis, leprosy, rabies, and endemic treponematoses (yaws and bejel). Epidemic-prone NTDs such as dengue and rabies are also addressed through Epidemic Preparedness and Response programme (EPR) and blindness from blinding trachoma is also addressed as a non-communicable disease.

9. In the WHO African Region, guinea-worm disease and yaws are targeted for eradication. Leprosy, lymphatic filariasis and trachoma are targeted for elimination. As a result of the progress in their control and guidance from experts, new elimination targets have been set for other NTDs in the African Region, namely: onchocerciasis and schistosomiasis. Soil-transmitted helminthiasis, Buruli ulcer, yaws, dengue fever, HAT, leishmaniasis and rabies are targeted for control. Prevention of disabilities addresses complications of Buruli ulcer, leishmaniasis, leprosy, lymphatic filariasis, and trichiasis of trachoma.

---

<sup>5</sup> Partners refer to the NGOs, donors, pharmaceutical industry, medicine donation programmes, UN agencies, multilateral and bilateral cooperation agencies, research institutions, etc.

## **COSTS OF ACTION VERSUS INACTION**

10. Interventions to address NTDs are among the most cost-effective. A treatment-cost comparison shows that for just US\$ 1.00 per person and per year, including medicine costs, the five PC-NTDs can be prevented/treated using mass drug administration. This contrast with an estimated cost of US\$ 6.64 to treat one case of malaria and US\$ 700 to treat one case of human immunodeficiency virus/acquired immune-deficiency syndrome (HIV/AIDS) per year. Infection with NTDs adversely affects agricultural activities; for example, the control of onchocerciasis has enabled 25 million hectares of land to be regained for productive use.<sup>6</sup> Soil-transmitted helminthiases, schistosomiasis and onchocerciasis infections adversely affect both school attendance and performance, and their control contributes to achieving MDG2 on universal primary education. In addition, co-implementation of health interventions alongside NTD control directly contributes to HIV/AIDS and tuberculosis (TB) education in addition to bednet distribution for the control of malaria. The prevention of genitourinary schistosomiasis also contributes to reducing HIV/AIDS transmission.

11. Neglected tropical diseases cause approximately 534 000 deaths annually,<sup>7</sup> contributing to about 10% of the deaths caused by the global burden of infectious and parasitic diseases. They are also associated with high levels of disability, accounting for 25% of the Disability Adjusted Life Years (DALYs).<sup>8</sup> For example, onchocerciasis and lymphatic filariasis alone were estimated to result in 1.76 million and 4.7 million DALYs lost in 2008 and 2001 respectively. The resultant incapacitation of NTD patients reduces their agricultural productivity and largely contributes to poverty over generations.

12. Many NTDs tend to disproportionately affect women and children, the most vulnerable segments of the population, and contribute to the vicious cycle of poverty. Lymphatic filariasis, for example, is most prevalent in men of working age and the affected persons lose as much as 11 years of productivity, mainly in the agricultural sector. Cost-effective NTD programme interventions, if implemented to scale, can eliminate most of these diseases and contribute to better health and socioeconomic development.

## **ENABLING FACTORS AND CHALLENGES**

13. The major strengths of national NTD programmes in the African Region include strong commitment from national governments, established NTD programmes in all countries that have developed integrated national multi-year strategic plans and monitoring and evaluation frameworks to tackle NTDs. In addition countries in the Region have the experience and expertise and have eliminated leprosy as a public health problem (reduction of the prevalence rate to less than one case per 10 000 populations) at national level in all countries since 2005. Furthermore, the Region is close to eradicating guinea-worm disease whose annual incidence has decreased by 99% since 2005 (5057 cases), with only Chad, Ethiopia and Mali remaining endemic in 2012 when only 21 cases were reported.

14. Weak coordination of many national NTD programmes and inadequate government leadership of national NTD agenda are major weaknesses. In addition, insufficient resources for implementation remain a major obstacle to rapid scale up of interventions. The geographic coverage of preventive chemotherapy is increasing for lymphatic filariasis, schistosomiasis, soil-

---

<sup>6</sup> WHO. Success in Africa: The Onchocerciasis Control Programme in West Africa, 1974-2002. World Health Organization, Geneva, 2002, ISBN 92 4 156227 7.

<sup>7</sup> Hotez PJ, et al. Incorporating a rapid-impact package for neglected tropical diseases with programmes for HIV/AIDS, tuberculosis, malaria. PLoS Med 2006;3:e102-e102.

<sup>8</sup> Engels D & Savioli L (2006), Re-considering the underestimation of the burden caused by neglected tropical diseases. TRENDS in Parasitology, Vol. 22, No. 8.

transmitted helminthiasis and trachoma. However, treatment coverage rates for these diseases are still far below the agreed targets. The gap in financial and other requirements remains huge for national NTD programmes, functioning within effective health education and other sectors in order to ensure sustained delivery of NTD-related services and interventions. Un-streamlined funding mechanisms as well as insufficient capacity to monitor and evaluate NTD programmes are factors impeding progress towards achieving NTD elimination goals. Furthermore, lack of harmonized programme policies, un-streamlined programme strategies, poor integration of interventions and limited technical support are issues of concern.

15. The increasing momentum to tackle NTDs, including the commitment of Member States, the WHO NTD global roadmap and the London Declaration on NTDs, provides new opportunities to speed up the fight against NTDs. National and international investments in prevention and control of NTDs is increasing. Other opportunities are the increasing and broadening collaboration, including the engagement of the United Nations system, intergovernmental organizations and nongovernmental development organizations (NGDOs), academic institutions, civil society and the private sector. The donations of sufficient quantities of quality-assured essential medicines for prevention and treatment of NTDs, availability of safer medicines and diagnostics, new technologies and tools, including e-health and real-time information technologies present new opportunities for accelerating the achievement of regional NTD goals.

16. However competing priorities in the health sector, weak health systems, wars, insecurity and complex emergencies remain major threats to tackling NTDs in countries of the African Region. The generally low socioeconomic conditions and the dearth of resources in many countries in the African Region remain impediments to the rapid scale up of NTD-related interventions.

## VISION

17. The vision of this Strategic Plan is to ensure that the WHO African Region is free of neglected tropical diseases.

## GUIDING PRINCIPLES

18. To ensure success, the following guiding principles will underpin the implementation of the Strategic Plan.

- (a) **Country ownership and leadership:** in many countries, NTD programmes are still implemented as vertical projects, sponsored mainly by partners. Efforts should be made to enhance country ownership and leadership of national NTD programmes. This will require the political commitment and financial support of governments.
- (b) **Broad-based national and international coordination and collaboration:** considering the resources required to tackle NTDs, the role of civil society and private sector, pharmaceutical firms, nongovernmental development organizations and international cooperation in assisting NTD-endemic Member States is important. Strong collaboration between all these NTD stakeholders should be at the core of the Regional Strategic Plan for NTDs.
- (c) **Empowerment of people and communities:** the involvement of populations affected by or at risk of NTD is important for the success of the interventions. Communities should therefore be empowered and involved in activities to prevent and control NTDs.

- (d) **Evidence-based approach:** decisions to scale up or scale down interventions, particularly preventive chemotherapy, will be based on evidence generated through mapping, monitoring, evaluation and research. Furthermore, all strategies to prevent and control NTDs should be based upon scientific evidence and/or best practices, taking into account cost-effectiveness, affordability, public health principles and cultural considerations.
- (e) **Equity and gender-based interventions:** access to health services is more difficult for women, especially in rural areas where NTDs are highly endemic. All interventions against NTDs would intentionally address or advance gender issues and other inequities.
- (f) **Strengthening health systems:** the sustainability and effectiveness of NTD interventions increase when the interventions are implemented within national health systems. All interventions should therefore be implemented within existing health systems and contribute to increasing health system infrastructure and performance.

## GOAL

19. Accelerate the reduction of the disease burden through the control, elimination and eradication of targeted NTDs and contribute to poverty alleviation, increased productivity and better quality of life of the affected people in the African Region.

## TIME FRAME AND TARGETS

20. This Strategic Plan will be implemented during the period 2014 to 2020.

21. The targets of this Regional Strategic Plan by 2020 are:

- (a) to eradicate guinea-worm disease and yaws in all countries of the Region;
- (b) to sustain elimination of leprosy and further reduce severe leprosy disabilities;
- (c) to eliminate lymphatic filariasis, onchocerciasis, schistosomiasis and blinding trachoma;
- (d) to control morbidity due to Buruli ulcer, human African trypanosomiasis, leishmaniasis, soil-transmitted helminthiasis and rabies in the Region;
- (e) to prevent disabilities due to Buruli ulcer, leishmaniasis, leprosy, lymphatic filariasis and blinding trachoma.

22. The details of the above are provided in Annexes 3 and 4. For some diseases, the targets go beyond 2020.

## ADAPTATION TO NATIONAL CONTEXTS

23. The framework provided in this Regional Strategic Plan needs to be adapted in each country, taking into account their contexts and NTD endemicity. Actions are proposed under the four objectives listed below with a menu of options for Member States to prevent, control, eliminate or eradicate NTDs. Thirty-six of the countries in the Region have already developed NTD multi-year plans (also called NTD Master Plans) that are aligned to the four objectives listed below, with timelines up to 2015 or 2016. Countries will need to develop or update their national plans to align them with the 2020 target year.

## OBJECTIVES

24. The Regional Strategic Plan is anchored on four mutually reinforcing objectives that together strengthen programme capacity to achieve NTD goals and targets. These objectives are:

- (a) Objective 1: scale up access to interventions and system capacity building.
- (b) Objective 2: enhance planning for results, resource mobilization and financial sustainability of national NTD programmes.
- (c) Objective 3: strengthen advocacy, coordination and national ownership.
- (d) Objective 4: enhance monitoring, evaluation, surveillance and research.

### Objective 1: Scale Up Access to Interventions and System Capacity Building

25. The current achievements and the pace of implementation of disease-specific interventions will not permit the achievement of the 2020 NTD goals and targets. For diseases amenable to preventive chemotherapy, the major steps towards interruption are mapping, mass drug administration, post-treatment surveillance and verification of the interruption of disease transmission. The mapping of NTDs is currently ongoing in many countries. While onchocerciasis mapping is generally complete, APOC needs to refine onchocerciasis transmission zones in order to achieve its new elimination agenda. Significant mapping gaps still exist for lymphatic filariasis, schistosomiasis, soil-transmitted helminthiasis and blinding trachoma. The mapping process is mainly facilitated by NGOs and other partners focusing on specific NTDs; the process needs to be better coordinated.

26. At-risk populations for these diseases range from 123 million for onchocerciasis to 470 million for lymphatic filariasis (see Annex 3). The geographic coverage of interventions to tackle NTDs, notably mass drug administration, is increasing, with onchocerciasis attaining the highest rate. Treatment coverage rates for other preventive chemotherapy NTDs have increased during recent years but are still far below the agreed targets. This underscores the urgency to scale up mass drug administration.

27. Following the London Declaration and the commitments of the pharmaceutical industry to increase and sustain their NTD drug donations, the required quantities of drugs are substantially available for all PC-NTDs. The major challenges remain resources for mass drug administration. It is important to streamline drug requests and supply-chain management.

28. In addition to Preventive chemotherapy, other operational interventions to eliminate PC-NTDs are Health Education, Access to clean water, Sanitation and Environmental improvement. These constitute the *PHASE* approach, which necessitates multisectoral collaboration in the fight against NTDs. Morbidity management is also essential for elimination of lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis and blinding trachoma. Attention to this important component is currently minimal.

29. Onchocerciasis is endemic in 30 countries in Africa (see Annexes 1 and 3). Currently, more than 120 million people are at risk of the disease and about half a million people are visually impaired or blind due to the disease. APOC has completed onchocerciasis mapping in Africa. The main intervention is community-directed treatment with Ivermectin (CDTI), targeting 100% geographical coverage and 75% therapeutic coverage. Using CDTI, APOC succeeded in providing ivermectin treatment to more than 80 million people in 2011 in 16 countries. Therapeutic coverage increased to around 80% in 2012.

30. APOC supported projects to implement the community-directed interventions (CDIs) approach to combine the delivery of ivermectin and other interventions such as distribution of insecticide-treated bednets (ITNs), treatments for lymphatic filariasis and schistosomiasis, eradication of guinea-worm disease, vitamin A supplementation, de-worming, immunization campaigns, and health education on HIV/AIDS.

31. In some countries, sustained control has resulted in complete elimination of onchocerciasis from communities. Based on the current efforts, it is estimated that 70 of the 108 projects in seven stable countries would achieve elimination of onchocerciasis infection and interrupt transmission by 2015. This was the rationale for shifting the onchocerciasis post-2015 goal from control to elimination and targeting hypoendemic areas for CDTI. By 2020, it is expected that 23 countries (74% of endemic ones) would have eliminated onchocerciasis. This percentage should increase to 80% by 2025.

32. With respect to case management NTDs, the key steps in disease elimination include disease burden assessment, active case finding, and treatment and surveillance. Countries in the African Region have made significant progress towards eradication of guinea-worm disease and only four countries (Chad, Mali, Ethiopia and South Sudan) remain endemic in 2013. Leprosy elimination has been achieved in all countries of the African Region and has been sustained since 2005. However, hot spots remain in few countries, and severe disabilities are now more frequent among new cases.

33. The number of new cases of HAT has decreased and has been less than 10 000 since 2009. However, there is a need to intensify and expand case finding and surveillance. The numbers of annual cases of Buruli ulcer, leishmaniasis and yaws have also decreased, although disease burden assessments have yet to be completed in many countries. Furthermore, clinical trials are ongoing and newer and safer medicines for Buruli ulcer, human African trypanosomiasis, leishmaniasis and yaws are expected to facilitate expansion of case finding and treatment of patients to free our Region from these diseases. Overall, the CM-NTDs are receiving less support and funding than the PC-NTDs.

34. Many national NTD programmes still possess limited managerial capacity and disease-specific technical expertise. Programme managers in many countries are newly appointed and have limited experience in management of accelerated programme scale up. In addition, until recently, rapid turn-over of experienced programme staff had been the norm.

35. Effective implementation of the actions outlined under this objective will enable countries to contribute to the regional and national targets towards accelerating disease burden reduction and the elimination of NTDs.

### **Actions by Member States**

36. It is proposed that Member States undertake the actions set forth below and specifically that they adopt and implement the PHASE approach to the control and elimination of NTDs amenable to preventive chemotherapy.

(a) **Integrated preventive chemotherapy**

- (i) **Coordinate mapping:** complete the mapping of PC-NTDs using the coordinated mapping approach and the WHO/AFRO coordinated mapping framework as a guide.
- (ii) **Coordinate mass drug administration:** implement MDA using a coordinated approach including co-implementation of CDI and sustain coverage of at least

75% of the populations in order to achieve the disease control and elimination goals. Cross-cutting interventions or activities such as training, supervision, supply of medicines, IEC and sensitization campaigns, involvement of community volunteers or medicine distributors, etc. should be harmonized and streamlined to increase efficiency and avoid fragmentation. Regional guidelines on coordinated MDA and the WHO manual on preventive chemotherapy of human helminthiasis will serve as guidance documents.

- (iii) **Strengthen morbidity management interventions:** management of lymphatic filariasis, schistosomiasis and trachoma, including hygiene promotion, improved access to safe water, improved sanitation, environmental management, and access to surgical services.
  - (iv) **Implement other components of the PHASE approach:** promote linkages with related health programmes and intensify implementation of the key interventions using the “PHASE approach”. These interventions are also essential for transmission control and the control of case-management NTDs. National programmes are expected to ensure integrated implementation of the PHASE package of interventions.
- (b) **Intensified case management**
- (i) Assess the disease burden: complete disease burden assessment for Buruli ulcer (BU), leishmaniasis and yaws.
  - (ii) Conduct active case finding: co-implement active case finding for Buruli ulcer, human African trypanosomiasis, leprosy, leishmaniasis and yaws in districts where these NTDs overlap.
  - (iii) Undertake case management: provide prompt diagnostic testing of all suspected cases of NTDs and effective treatments with appropriate therapy.
  - (iv) Prevent and manage disabilities: ensure effective prevention and management of disabilities, and physical rehabilitation and socioeconomic reintegration of affected people.
  - (v) Build capacity: organize training and support supervisory visits for case detection, confirmation of diagnosis and implementation of cross-cutting activities (IEC campaigns, active case finding, out-reach treatment of patients and supply of medicines. WHO guides and manuals on specific CM-NTDs will provide technical guidance, as no comprehensive manual on all CM-NTDs exists as yet.
- (c) **Strengthening health system and programme capacity**
- (i) Support interventions to strengthen the national health system in terms of building human resource capacity, strengthening laboratory networks and community health systems and coordinating with other health programmes.
  - (ii) Build and strengthen the capacity of national NTD programmes including the infrastructure, human resources and supervision of skilled staff at national, district and community levels.
  - (iii) Include NTD medicines in the national drug list and ensure improvement of the management of the supply chain for NTD medicines and commodities through adequate forecasting, timely procurement, improved stock management system and facilitated importation and customs clearance.

### **Actions by the WHO Secretariat**

37. In order to accelerate the scaling up of NTD interventions, the WHO Secretariat will take the following actions to strengthen Member States’ capacity and support the implementation of interventions to prevent, control and eliminate NTDs:



- (a) **Support countries for capacity building:** Develop training of trainers' modules on Preventive Chemotherapy (PC), Case Management (CM) and Transmission Control (TC) and support initial training of trainers and supervisory visits during interventions.
- (b) **Support countries for key initial interventions:** Provide guidance and carry out field visits for mapping of PC-NTDs, disease burden assessment of CM-NTDs and first launches of mass treatments for PC-NTDs, active case-finding and treatment for CM-NTDs.
- (c) **Support for supplies:** Ensure regular supplies of commodities for interventions including medicines and other resources (lab tests and reagents, etc.); facilitate delivery of imported materials; guarantee the quality of medicines and other laboratory tests; ensure acquisition and/or importation of logistics for field activities including vehicles, motorcycles, bicycles, etc.
- (d) **Measure progress:** Convene annual consultative meetings with NTD stakeholders, organize national NTD programme review meetings and evaluations, organize NTD programme advisory and review groups to support countries in preparing medicine applications and requests for funds and other resources.
- (e) **Share best practices:** Promote and facilitate intercountry collaboration for exchange of best practices in national NTD programme interventions and approaches to deliver required actions against NTDs, health system strengthening and training of health personnel so as to learn from the experiences of Member States in meeting the challenges.

### **Proposed Actions by Partners**

38. The following actions are proposed for partners to promote universal access to preventive chemotherapy, case management, surveillance, as well as integrated vector management and other preventive measures:

- (a) **Harmonize the provision of support** for implementing national plans and using quality-assured commodities and medicines and facilitate in-country supplies.
- (b) **Support national authorities** to create enabling environments for implementing evidence-based multisectoral actions for the prevention of NTDs.
- (c) **Work with national NTD programmes** to ensure coordinated programme implementation.
- (d) **Collaborate with WHO and provide** support for training and supervision during interventions.

### **Objective 2: Enhance Planning for Results, Resource Mobilization and Financial Sustainability of National NTD Programmes**

39. Integrated national multi-year plans for Neglected Tropical Diseases also called "NTD Master Plans," are essential components of effective planning and implementation of sustainable NTD programmes in the African Region. The Regional Office has produced a guide for preparing a country NTD Master Plan and a guide for preparing an annual strategic plan for NTDs. Using these guides, the majority (36) of the countries in the Region have developed NTD master plans for the period up to 2015 and are extracting annual action plans for implementation. It is important for countries to prepare monthly progress reports, conduct quarterly review meetings and mid- and end-term evaluations of the plans as part of the dynamic programme planning

process. With the development of the Regional NTD Strategic Plan, countries will need to update their NTD master plans to cover the period up to 2020.

40. Effective resource mobilization is essential for programme success. Lack of adequate resources for implementation is a major issue with national NTD programmes. The gap in financial requirement for national NTD programmes is huge, based upon national NTD Master Plans. Given these significant financial gaps, more funds and new approaches to resource mobilization are required. The APOC Trust Fund will be maintained to serve its function of supporting the onchocerciasis elimination and co-implementation agenda until 2025 when consideration will be given to expanding the Trust Fund's remit to provide an additional channel for development partners to fund the broader NTD agenda. While the timeframe for this plan is up to 2020, it is important to note that APOC activities are time-bound, related to elimination goals and scheduled to end in 2025. Soil-transmitted helminthiasis and schistosomiasis programmes will also continue beyond 2020 and will need to be sustained.

41. Ensuring long-term financing, including government budget line, is essential for NTD programme operations. Cost-effectiveness of NTD interventions, economic and health impact analyses and studies will provide useful tools for advocacy and resource mobilization. Countries will also align their NTD master plans with national planning and budgeting frameworks and use these plans to mobilize national and external resources. Transparency and timely allocation of funds to countries are needed for effective programme implementation, and it is essential to establish funding mechanisms that can accelerate region-wide resource mobilization for NTD programmes.

42. The desired outcomes of this objective are enhanced resources, improved capacity and creation of an enabling environment for effective programme implementation in order to achieve regional and national NTD programme targets (see Annexes 3 and 4).

### **Actions by Member States**

43. It is proposed that Member States undertake the actions set out below:

- (a) **Enhanced planning**—countries should:
  - (i) develop annual NTD plans, using the Master Plans, and monitor their implementation using quarterly and annual programme review meetings;
  - (ii) develop/update NTD multi-year plans covering the period up to 2020. This could be based on the recommendations of the review meetings and programme evaluations.
- (b) **Resource mobilization and sustainability**—countries should:
  - (i) include and align NTD master plans and budgets with national planning and budgeting processes, and ensure government budget lines for national NTD programmes;
  - (ii) mobilize additional government resources from subnational and district levels of the health sector;
  - (iii) use the national NTD master plans and annual plans of action as resource mobilization tools for innovative and external funding from other sectors, international donors and funding agencies;
  - (iv) strengthen their capacity to demonstrate clear accountability to donors by providing up-to-date reports on the use of funds and other resources;
  - (v) advocate for long-term predictable international financing for the control of NTDs.

## Actions by the WHO Secretariat

44. It is envisaged that the WHO Secretariat will take the following actions:

- (a) **Convening and coordination**—the Regional Office will:
  - (i) provide support to Member States for mobilization of internal and external resources for country NTD programmes through in-country and regional donors and programme funding meetings;
  - (ii) conduct annual meetings with national NTD programme managers to review annual and multi-year NTD plans;
  - (iii) develop a process and mechanism for mobilizing resources from donors so that contributions are made to a central fund through which a coordinated effort will be made to fund programmes based on country master plans, using consistent measures, compatible data, and shared objectives;
  - (iv) consider establishing a regional NTD funding mechanism that can ensure transparent, reliable and timely allocation of funds to countries for effective programme implementation.
- (b) **Policy advice and guidelines**—the Regional Office will provide guidance to countries for adaptation of their national NTD master plans, annual plans, resource mobilization and sustainability, in line with the Regional NTD Strategic Plan.
- (c) **Technical assistance**—the Regional Office will:
  - (i) provide estimates of NTD funding gaps in consultation with NTD stakeholders and give support to increasing and harmonizing resource mobilization for NTD programmes;
  - (ii) strengthen the capacity of national NTD programmes to mobilize resources for NTD interventions.
- (d) **Measuring progress**: The Regional Office will develop a system for tracking financial contributions to NTD programmes from all stakeholders.
- (e) **Sharing best practices**: The Regional Office will promote and facilitate intercountry collaboration for exchange of best practices in the areas of planning, resource mobilization and financial sustainability of national NTD programmes.

## Proposed Actions by Partners

45. The following actions are proposed for partners:

- (a) **Provide sufficient and predictable funding** to support national NTD programmes towards achieving the NTD targets for 2020.
- (b) **Support and be part of the social movement**, including commitment to the London Declaration on NTDs in order to support collaborative implementation of the WHO Global NTD roadmap for implementation and respond to the Accra Urgent Call to Action. They should support the inclusion of NTDs in the post-2015 international and national development agendas.
- (c) **Establish and adhere to the Principles for Investment and Collaboration** in order to streamline and harmonize funding support for national NTD programmes. This process should involve consultation with countries and other stakeholders.
- (d) **Confirm annual and multi-year funding commitments** to national NTD programmes in a transparent manner.

### Objective 3: Strengthen Advocacy, Coordination and National Ownership

46. The visibility of NTD programmes remains poor. In many countries, the NTD programmes are still being implemented along diseases-specific lines, with little coordination within a national NTD programme. The increasing number of stakeholders for NTDs in countries poses challenges for their coordination. Only few countries in the Region prioritize and provide adequate resources to NTD programmes. In some countries, partner priorities and activities are not aligned with the country NTD master plans, which often leads to duplication and weak coordination of interventions. A robust national integrated NTD programme is vital for effective response to the new momentum to reduce the burden of NTDs. This will help bring together all stakeholders within a single national programme and country coordination structure that will support the rapid scale up of interventions needed to eliminate NTDs. Effective control of NTDs can contribute significantly to human capital development, as NTDs are linked to almost all the Millennium Development Goals (MDGs).

47. Most countries have an established coordination mechanism that includes a national NTD forum and expert committees. However, there are gaps in the composition and operations of these mechanisms. These include inadequate participation of high-level government officers and inadequate involvement of other sectors, communities and people affected by NTDs. With regard to regional coordination arrangements and funding mechanisms, lessons can be drawn from APOC as well as the programmes for polio eradication, guinea-worm disease eradication and leprosy elimination. Effective structures are required to increase the efficiency and effectiveness of collaboration and boost the impact of NTD interventions in the African Region.

48. The actions listed under this objective are aimed at creating an enabling environment at regional and country levels and forging a collaborative multi-sector response in order to achieve regional and national NTD programme targets (see Annexes 3 and 4).

#### Actions by Member States

49. It is proposed that, as appropriate, in view of their specific NTD endemicity and co-endemicity, Member States undertake the actions set out below:

- (a) **Establish and strengthen integrated national NTD programmes:** countries will integrate existing disease-specific programmes; establish a national NTD programme combining the diseases through approaches such as preventive chemotherapy carried out at community level and case management implemented mainly in peripheral health facilities. Strengthening of national health system at all levels and involvement of communities will be major factors for the success of these integrated national NTD programmes.
- (b) **Strengthen national NTD coordination mechanisms:** Countries will strengthen their coordination mechanisms and structures, as proposed in the WHO/AFRO guide for coordination mechanisms<sup>9</sup> for the national NTD programmes. This includes a national NTD forum, the steering committee and the technical experts' committee. The aims and objectives, terms of reference, membership, and modus operandi of each mechanism or structure are described in the WHO/AFRO guide. Some scenarios are also proposed for various organizations of the coordination mechanisms.

---

<sup>9</sup> WHO, Guide for Country Level Coordination Mechanisms for the Neglected Tropical Disease Programme, Brazzaville, Regional Office for Africa, 2013.

- (c) **Strengthening coordination.** Countries will:
  - (i) promote linkages between NTD programme and other programmes in the health sector, including primary health care services in districts and communities in order to achieve greater coverage and reduce operational costs.
  - (ii) forge multisector collaboration to address functional gaps that constrain programme interventions and promote cooperation among donors, medicine donation programmes, nongovernmental organizations, bilateral cooperation agencies, the African Union, regional economic communities, UN agencies and institutions.
- (d) **Strengthening advocacy.** Countries will:
  - (i) generate more evidence for advocacy and disseminate information about the linkages between NTDs and sustainable development including related issues such as poverty alleviation and MDGs.
  - (ii) strengthen advocacy to increase or sustain government commitments to resolutions and declarations on NTDs.
  - (iii) promote the inclusion of NTDs in the post-2015 national development agenda.

### **Actions by the WHO Secretariat**

50. It is envisaged that the WHO Secretariat will take the following actions:

- (a) **Convening and coordination:** the Regional Office will:
  - (i) enhance and sustain the Regional Office's leadership and guidance in the effort to control and eliminate NTDs. Facilitate collaboration and cooperation among the major stakeholders including Member States, donors, the pharmaceutical industry and medicine donation programmes, NGDOs, intergovernmental organizations, as well as other United Nations institutions by convening annual meetings of NTD stakeholders to discuss policy, implementation and funding issues of national NTD programmes;
  - (ii) promote intercountry coordination as well as multi-sector linkages to support national NTD programmes;
  - (iii) strengthen regional coordination mechanisms and structures. After 2015, the existing structures of APOC, including its Committee of Sponsoring Agencies (CSA) and the Joint Action Forum (JAF) will be reformed in consultation with the relevant stakeholders.
- (b) **Policy advice and guidelines:** the Regional Office will:
  - (i) support the development and updating of evidence-based regional policies, guidelines and strategies on NTDs in alignment with WHO guidance;
  - (ii) strengthen guidance for country ownership of NTD programmes, advocacy, as well as coordination mechanisms;
  - (iii) develop and promote guidelines and tools for communication and media engagement, as well as for advocacy and coordination.
- (c) **Technical assistance:** the Regional Office will:
  - (i) provide technical assistance to raise public awareness about the links between NTDs and sustainable development, to integrate the prevention and control of NTDs into national health planning processes and development agenda;

- (ii) strengthen guidance and support for country coordination mechanisms and arrangements, working with WHO country offices.
- (d) **Sharing best practices:** the Regional Office will: promote and facilitate intercountry exchanges of best practices regarding country ownership, programme advocacy, coordination and collaboration and support the translation of lessons learnt into actions to improve the effectiveness of national NTD programmes.

### **Proposed Actions by Partners**

51. The following actions are proposed for partners:

- (a) **Support regional and national coordination mechanisms and structures** through active participation in country-led arrangements and adoption of WHO guidelines.
- (b) **Establish and adhere to a code of good practice:** partners' priorities and activities should align with country NTD master plans in order to eliminate duplication and strengthen coordination of interventions.
- (c) **Encourage the mainstreaming of NTD issues** in national and international development agendas and frameworks.
- (d) **Collaborate with WHO** in establishing the regional coordination mechanism where NTD stakeholders can contribute and take concerted actions against NTDs.

### **Objective 4: Enhance Neglected Tropical Diseases Monitoring, Evaluation, Surveillance and Research**

52. Monitoring the progress toward the prevention and control of NTDs will provide internationally comparable assessments of the trends in these diseases over time; help to benchmark the situation in individual countries against others in the Region; provide the foundation for advocacy, policy development and coordinated global action; and help to reinforce political commitment. In addition, an effective monitoring and evaluation system will build a culture of accountability and results among NTD stakeholders.

53. The global NTD roadmap has defined global milestones and targets and, in alignment, the WHO Regional Office is developing regional NTD milestones (see Annex 4). These will be the basis for updating national plans towards the 2020 NTD targets. Joint reporting forms (JRFs) for national NTD programmes have been developed; however, timeliness and completeness of reports remain an issue. Performance dashboards and scorecards need to be developed in order to track the progress achieved in implementing NTD interventions.

54. Evaluation is needed in order to determine the effectiveness and impact of the interventions and approaches of NTD programmes. Mid-term evaluation of the multi-year plan and annual review of programmes are necessary for enhancing programme performance and achievements. However, these are often done on an ad-hoc basis. Research is required for learning and improving current programme approaches and methods. However, the priorities and agenda are often poorly defined and receive little attention. Furthermore, lessons learnt from programme monitoring, evaluation and research are neither shared widely nor translated into actions that can improve performance.

55. Technical and financial support will need to be increased significantly for institutional strengthening and modernization of the information technology system in order to strengthen the

capacity to collect and use data for monitoring programme performance and promoting a culture of accountability and results.

### **Actions by Member States**

56. It is proposed that Member States undertake the actions set out below:

- (a) **Monitoring and tracking progress:** countries will:
  - (i) **strengthen routine and periodic data collection:** strengthen the data collection and reporting system for all NTDs and improve the timeliness and completeness of reporting including data for mapping, mass drug administration, surveillance, disease burden assessment, case management and surveillance, based on the WHO/AFRO monitoring and evaluation framework;<sup>10</sup>
  - (ii) ensure high-quality data by conducting regular data validation and reviews, as well as data quality assurance assessments;
  - (iii) **improve data storage, reporting and sharing:** improve technology to store and manage national NTD programme data and ensure country ownership of all NTD programme data and linkages with national health information and management systems;
  - (iv) **strengthen the use of innovative data collection** and analysis methods and technologies, including eHealth and mHealth tools;
  - (v) **strengthen data analysis** capabilities and feedback to subnational levels and other stakeholders to enhance monitoring of national NTD programme performance and outcome;
  - (vi) **establish integrated data management** systems and support impact analysis for NTDs in the WHO African Region as part of the global NTD data management system and the global NTD plan. The country programmes will be supported to conduct data quality assurance including data validation, and timely reporting.
- (b) **Programme Evaluation:** countries will:
  - (i) **conduct annual reviews** of programme performance in order to improve programme planning and results;
  - (ii) **establish systems for comprehensive reviews** of NTD programmes, and mid-term/end-term evaluations of NTD multi-year plans, in collaboration with WHO and partners. These evaluations may include health as well as the socioeconomic impact of programme interventions and be linked with health sector reviews.
- (c) **Surveillance and research:** countries will:
  - (i) **strengthen the surveillance of NTDs** including early detection and response to epidemic-prone NTDs, particularly guinea-worm disease, dengue, leishmaniasis and rabies as well as the use of eHealth and mHealth;
  - (ii) **conduct research**, document and generate evidence to guide innovative approaches to NTD programme interventions, build research capacity, and promote research and development of NTD medicines and diagnostics;

---

<sup>10</sup> WHO, Neglected Tropical Disease Programme Monitoring and Evaluation Framework, Brazzaville, WHO Regional Office for Africa, 2012.

- (iii) strengthen capacity of national laboratories for diagnosis and drug quality control and pharmacovigilance, especially as the programmes moves towards elimination.
- (d) **Guinea-worm disease eradication and certification:** countries will:
  - (i) Intensify interventions to interrupt guinea-worm disease transmission in Chad, Ethiopia and Mali, using the regional final surge strategy for guinea-worm eradication.
  - (ii) Further strengthen active surveillance and case containment of Guinea worm disease cases.
  - (iii) Sustain the gains in interrupting local transmission and ensure adequate documentation for verification and certification of Guinea worm disease eradication.

### **Actions by the WHO Secretariat**

57. It is envisaged that the WHO Secretariat will take the following actions to monitor progress in achieving regional and national targets for NTDs and provide support to Member States to collect, validate, analyse and use data to drive programme performance and support regional initiatives on research to increase the efficacy and cost-effectiveness of NTD-related interventions:

- (a) **Convening and coordination:** enhance streamlining and consensus building on key M&E indicators, tools and approaches by organizing meetings and consultations with national NTD programme managers, experts and other stakeholders.
- (b) **Policy advice and guidance:** implement the regional framework for monitoring and evaluation of NTD programmes.
- (c) **Technical assistance:** the Regional Office will:
  - (i) support countries to strengthen national M&E systems for NTDs including integrated reporting tools (JRFs) and approaches;
  - (ii) strengthen data collection systems and tools in national NTD programmes by supporting the adoption of integrated NTD database systems, and contribute to the global NTD database;
  - (iii) promote the use of innovative data collection and analysis methods and technologies, including eHealth and mHealth tools;
  - (iv) develop programme performance dashboards and scorecards, including real-time analysis and reports and support their use in countries to track performance and enhance the use of evidence for programme decision-making;
  - (v) support countries to improve data quality through data validation and reviews, data quality assurance, etc;
  - (vi) support analysis of the impact of NTD programmes in the African Region.
- (d) **Research:** provide guidance and technical support to define research priorities and agendas, support the translation of NTD research into policy and action, with reference to the “Libreville Declaration,”<sup>11</sup> the “Algiers Declaration”<sup>12</sup> and the

---

<sup>11</sup> WHO and UNEP, Libreville Declaration on Health and Environment in Africa, World Health Organization, Libreville, 2008.

<sup>12</sup> WHO, The Algiers Declaration, Ministerial Conference on Research for Health in the African Region, World Health Organization, Algiers, 2008.



“Ouagadougou Declaration”,<sup>13</sup> and promote the establishment of centres of excellence.

- (e) **Sharing best practices:** document progress, disseminate best practices and promote their adoption in the control and elimination of NTDs.

### **Proposed Actions by Partners**

58. The following actions are proposed for international partners to collaborate with WHO in measuring progress, implementation and accomplishing national NTD programme goals, and support initiatives for research and development of new medicines, diagnostics, operational research and improved tools and technologies to increase the efficiency and cost-effectiveness of NTD-related interventions in the Region:

- (a) **Coordination and collaboration:** collaborate with the WHO Regional Office in strengthening national M&E systems for NTDs.
- (b) **Advocacy and resource mobilization:** collaborate with the WHO Regional Office to develop NTD database and make it available for use by countries.
- (c) **Capacity strengthening and research:** collaborate with the WHO Regional Office in building capacity for research and support research on relevant NTD agendas, including the use of electronic communication technologies (eHealth) and mobile devices (mHealth), and support research and development for medicines and diagnostics.

---

<sup>13</sup> WHO, Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium, World Health Organization, Ouagadougou, 2008.

## ANNEX 1: NTD ENDEMICITY STATUS IN THE WHO AFRICAN REGION

### Major NTDs Current Endemicity Status

	LF	Oncho	Schisto	STH	Trachoma	GWD	Leprosy	HAT	Buruli ulcer	Visceral Leishmaniasis	Cutaneous Leishmaniasis	Number of NTDs
Algeria	N	N	Y	Y	Y	N	N	N	N	Y	Y	3
Benin*	Y	Y	Y	Y	Y	N	Y	Y	Y	N	N	8
Burkina Faso*	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	9
Cape Verde	Y	N	N	Y	N	N	N	N	N	N	N	2
Côte d'Ivoire*	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	9
Gambia	Y	N	Y	Y	Y	N	Y	Y	N	Y	N	7
Ghana*	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	9
Guinea*	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	9
Guinea-Bissau*	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	8
Liberia	Y	Y	Y	Y	N	N	Y	Y	Y	N	N	7
Mali*	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	10
Mauritania	N	N	Y	Y	Y	N	Y	N	N	Y	Y	5
Niger*	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y	7
Nigeria	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	9
Senegal*	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y	8
Sierra Leone*	Y	Y	Y	Y	N	N	Y	Y	Y	N	N	7
Togo*	Y	Y	Y	Y	Y	N	Y	Y	Y	N	N	8
Western Africa	15/17	13/17	16/17	17/17	14/17	1/17	15/17	14/17	10/17	6/17	11/17	
Angola	Y	Y	Y	Y	N	N	Y	Y	Y	N	N	7
Burundi	Y	Y	Y	Y	N	N	Y	Y	N	N	N	6
Cameroon	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	9
Central African Republic	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	N	9
Chad	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
Congo	Y	Y	Y	Y	Y	N	Y	Y	Y	N	N	8
Dem. Rep. of Congo	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	8
Equatorial Guinea	Y	Y	Y	Y	N	N	Y	Y	Y	N	N	7
Gabon	Y	Y	Y	Y	N	N	Y	Y	Y	N	N	6
Sao Tome and Principe	Y	N	Y	Y	N	N	N	N	N	N	N	3
Central Africa	10/10	9/10	10/10	10/10	4/10	1/10	9/10	9/10	8/10	3/10	3/10	
Botswana	N	N	Y	Y	Y	N	Y	Y	N	N	N	5
Comoros	Y	N	Y	Y	N	N	Y	N	N	N	N	3
Eritrea	Y	N	Y	Y	Y	N	Y	N	N	Y	Y	6
Ethiopia	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	9
Kenya	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	8
Lesotho	N	N	N	Y	N	N	Y	N	N	N	N	2
Madagascar	Y	N	Y	Y	N	N	Y	N	N	N	N	4
Malawi	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	9
Mauritius	Y	N	N	Y	N	N	Y	N	N	N	N	3
Mozambique	Y	Y	Y	Y	Y	N	Y	Y	N	N	N	6
Namibia	N	N	Y	Y	Y	N	Y	Y	N	N	Y	6
Rwanda	Y	Y	Y	Y	Y	N	Y	Y	N	N	N	6
Seychelles	Y	N	N	Y	N	N	N	N	N	N	N	2
South Africa	N	N	Y	Y	N	N	Y	N	N	N	Y	4
South Sudan	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
Swaziland	N	N	Y	Y	N	N	Y	Y	N	N	N	4
Tanzania	Y	Y	Y	Y	Y	N	Y	Y	Y	N	N	8
Uganda	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	9
Zambia	Y	N	Y	Y	Y	N	Y	Y	Y	Y	N	8
Zimbabwe	Y	N	Y	Y	Y	N	Y	Y	N	N	N	6
East and Southern Africa	15/20	8/20	17/20	20/20	13/20	2/20	19/20	13/20	6/20	6/20	8/20	
WHO African Region	40/47	30/47	43/47	44/47	31/47	4/47	43/47	36/47	24/47	15/47	22/47	

Source: WHO/AFRO Neglected Tropical Diseases Programme, 2012.

\*: These former OCP countries were endemic before OCP but Onchocerciasis has been eliminated as a public health problem except for four countries that are within the APOC Programme (Côte d'Ivoire, Ghana, Guinea-Bissau and Sierra Leone).

Key: Y=Endemic; N=Not endemic.

## ANNEX 2: CONSULTATIONS

Meetings	Country Participants	Partner Participants	WHO Participants	Total number of participants
Annual Regional NTD Stakeholders' meeting, 25-27 June 2012, Accra, Ghana and NTD Programme Managers Meeting, 28-30 June 2012 Accra, Ghana	Seven (7) Permanent Secretaries of MoH and 29 NTD programme managers and representatives of 27 countries: Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Côte d'Ivoire, DRC, Equatorial Guinea, Ethiopia, Gabon, Guinea, Ghana, Kenya, Liberia, Malawi, Mali, Mozambique, Niger, Nigeria, Senegal, Sierra Leone, Tanzania, Togo, Uganda, Zambia and Zimbabwe.	74 representatives of donors, pharmaceutical industry, medicine donation programmes, NGOs, institutions and agencies including: AFDB, ALM, BMGF, CDC, Child Fund, CWW, DFID, END Fund, FHI360, Fed Univ. of Nigeria, Geneva Global, GNNTD, GSK, HKI, ICL/UK, ILEP, IMA, IMTU/Tanzania, ITI, J&J, LFW, LSTM/CNTD, LRC, Makerere, MDP, NIH/Mozambique, RTI, Sanofi, TFGH, TLM, Univ Bobo, Univ. of Ibadan, Univ. of Tennessee, USAID, UCAD/Dakar, WB, World Vision, WUSL, YPBF/Ghana.	24 WHO staff members at various levels were involved as the secretariat, including: <ul style="list-style-type: none"> <li>• 3 from WHO/HQ</li> <li>• 9 from WHO/AFRO</li> <li>• 1 from APOC</li> <li>• 4 from ISTs</li> <li>• 7 from WCOs</li> </ul>	<b>134</b>
Regional Consultative Meeting on NTDs, 20-22 March 2013 Brazzaville, Congo	Six (6) Permanent Secretaries of MoH and 10 Programme Managers from 11 countries Angola: Cameroon, Congo, DR Congo, Ethiopia, Ghana Kenya, Niger, Nigeria, Sierra Leone and Tanzania.	Twenty-nine (29) representatives of donors, medicine donation programmes, NGOs, institutions and agencies including BMGF, CBM, CDC, CNTD, END Fund, GCI, KUWAIT FUND, RPRG, ITI, MAP International, MDP, NGDO, OPC, RTI, Sabin Vaccine Institute, SCI, Sight savers, TNF-SHMF, World Bank.	30 WHO staff members at various levels were involved as the secretariat, including: <ul style="list-style-type: none"> <li>• 2 from WHO/HQ</li> <li>• 11 from WHO/AFRO</li> <li>• 3 From APOC</li> <li>• 4 from ISTs</li> <li>• 10 from WCOs</li> </ul>	<b>75</b>

### ANNEX 3: REGIONAL TARGETS OF SOME NTDS IN THE AFRICAN REGION

Disease	Primary intervention	Number of countries where the disease is a public health problem	Estimated population requiring intervention	Regional disease target
lymphatic filariasis	Preventive chemotherapy and disability management	34	470 000 000	Elimination of LF by 2020
Onchocerciasis	Preventive chemotherapy	30 <sup>a</sup>	123 000 000	Elimination of onchocerciasis by 2025
Schistosomiasis	Preventive chemotherapy	41	183 000 000 <sup>b</sup>	Elimination of schistosomiasis by 2025
Soil-transmitted helminthiasis (STH)	Preventive chemotherapy	42	283 000 000 <sup>c</sup>	Deworming coverage of 75% of preschool and school-aged children at risk of STH by 2020
Blinding trachoma	Surgery Antibiotics Facial cleanliness Environmental improvements	30	Approximately 170 000 000	Elimination of blinding trachoma by 2020
Dracunculiasis	Case containment, supply of safe drinking water, surveillance	3	Approximately 30 000 000 inhabitants in the 3 countries are at risk	Transmission interruption by 2015
Leprosy	Case management	8 <sup>d</sup>		Global elimination of leprosy by 2020
Human African trypanosomiasis (HAT)	Case management and vector control	14 <sup>e</sup>	56 983 000 for <i>Tbg</i> 12 341 000 for <i>Tbr</i>	Elimination as a public health problem in more than 90% of foci by 2020
Buruli ulcer	Case management	15		Treatment of 80% of cases with antibiotics
Leishmaniasis	Case management and vector control	14		Treatment of 85% of cases of cutaneous leishmaniasis
Yaws	Case and contact management	10 <sup>e</sup>		Control of yaws by 2020

<sup>a</sup> Onchocerciasis: 30 endemic countries: Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Malawi, Mali, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Sudan, Tanzania, Togo and Uganda.

<sup>b</sup> Schistosomiasis and <sup>c</sup>STH: Children only, School-age children for STH, Pre-School and School-age children for STH.

<sup>d</sup> Leprosy: eight countries including two that have a prevalence rate greater than 1/10 000 (Comoros and Liberia) and six countries detecting more than 1000 new cases per year (Democratic Republic of the Congo, Ethiopia, Madagascar, Mozambique, Nigeria and Tanzania).

<sup>d</sup> HAT: 14 reporting countries including one country with more than 1000 annual cases (Democratic Republic of the Congo), four countries reporting between 100 and 500 annual cases (Angola, Chad, Central African Republic and South Sudan) and nine countries reporting less than 100 annual cases (Cameroon, Congo, Cote d'Ivoire, Equatorial Guinea, Gabon, Guinea, Malawi, Nigeria and Uganda).

<sup>e</sup> Yaws: 10 targeted countries: Benin, Cameroon, Central Africa Republic, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Ghana, Liberia and Togo.

#### ANNEX 4A: REGIONAL MILESTONES FOR PREVENTIVE CHEMOTHERAPY NTDs

Indicators	2014	2015	2016	2017	2018	2019	2020
<b>Mapping and Mass Drug Administration</b>							
% of countries that have completed mapping of PCT-NTDs	100%						
% of countries requiring preventive chemotherapy that have achieved 100% geographic coverage and at least 75% programme coverage	30%	50%	75%	100%			
<b>Morbidity control / Elimination</b>							
% of endemic countries that have eliminated LF		25%	40%	50%	75%	100%	
% of endemic countries that have eliminated schistosomiasis				15%	25%	40%	70%
% of endemic countries that have eliminated blinding trachoma	4%	30%	35%	45%	60%	80%	100%
% of endemic countries that have eliminated onchocerciasis		10%	20%	35%	50%	65%	74%
% of countries that have achieved advanced control of STH			20%	30%	40%	50%	100%
<b>Infection Prevention Interventions</b>							
% of schistosomiasis and STH-endemic communities provided with clean water source		50%	60%	70%	80%	90%	99%
% of schistosomiasis and STH-endemic communities with improved sanitation facilities		40%	50%	60%	70%	80%	99%

#### ANNEX 4B: REGIONAL MILESTONES FOR CASE MANAGEMENT NTDs

Indicators	2014	2015	2016	2017	2018	2019	2020
<b>Guinea-worm disease</b>							
Interruption of transmission of GWD in Chad, Ethiopia and Mali	33%	100%					
Certification as GWD-free of all 47 countries (including South Sudan)	76%	80%	84%	88%	92%	96%	100%
<b>Leprosy</b>							
% reduction in the rate of new cases of leprosy with grade 2 disabilities per 100 000 population at national level compared with the baseline at the end of 2010	30%	35%					
% of countries achieving less than 1 per 1 000 000 inhabitants of new grade 2 disabled cases of leprosy	48%	65%	82%	91%	96%	98%	100%
<b>HAT</b>							
Annual reported number of cases	5000	4500	4000	3500	3000	2500	<2000