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**REGIONAL STRATEGY ON NEGLECTED TROPICAL DISEASES
IN THE WHO AFRICAN REGION 2014–2020**

Report of the Secretariat

EXECUTIVE SUMMARY

1. The African Region bears about half of the global burden of neglected tropical diseases (NTDs). All countries in the WHO African Region are endemic for at least one NTD, and more than three quarters are co-endemic for at least five NTDs. This situation perpetuates poverty especially among the poorest communities and hinders socioeconomic development.
2. Countries in the African Region have made encouraging progress in tackling NTDs. Guinea-worm disease is now nearly eradicated and almost all the countries have sustained the elimination of leprosy as a public health problem. The successes in reducing the burden of onchocerciasis have resulted in a shift in goal from control to elimination. However, the current rates of progress are insufficient to achieve the 2015 and 2020 NTD targets.
3. The major challenges include limited effective coverage of NTD interventions, weak coordination and linkages to other sectors and inadequate resources at all levels. With the increasing political commitment, funding and medicine donations and the adoption by the Sixty-sixth World Health Assembly of a resolution on NTDs, the momentum in tackling NTDs in the African Region is growing.
4. The major thrust of this strategy is to reduce the huge burden of NTDs and contribute to poverty alleviation, increased productivity and improved quality of life for the affected people. The main strategic approaches proposed focus on the rapid scale-up of access to interventions, enhanced planning for results, resource mobilization and financial sustainability, strengthening of advocacy, coordination and national ownership, and improved monitoring, evaluation, surveillance and research to tackle NTDs.
5. The Regional Committee is requested to review and adopt this strategy together with the attached Regional Strategic Plan for Neglected Tropical Diseases in the African Region 2014–2020.

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INTRODUCTION

1. The African Region bears about half of the global burden of neglected tropical diseases (NTDs). Some of these NTDs, including guinea-worm disease, Buruli ulcer and human African trypanosomiasis, affect only or mainly the African continent. All the 47 countries of the Region are endemic to at least one NTD and 37 of them (79%) are co-endemic for at least five of these diseases.¹ By impairing the physical and intellectual capacities of the affected persons, NTDs perpetuate the cycle of poverty.

2. The NTDs in the African Region that are amenable to preventive chemotherapy (PC-NTDs) comprise lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis (STH) and trachoma. Other NTDs, addressed through case management (CM-NTDs), include Buruli ulcer, dengue, guinea-worm disease, human African trypanosomiasis, leishmaniasis, leprosy, rabies, and endemic treponematoses. Epidemic-prone NTDs (dengue and rabies) are also addressed through the Epidemic Preparedness and Response programme while blindness due to trachoma is addressed as a noncommunicable disease.

3. There is an increasing momentum to eliminate NTDs. Following the World Health Assembly's adoption of resolutions on NTDs, the ministers of health of Member States in the African Region have expressed their commitment to scaling up interventions against the major NTDs.² The global commitments to control NTDs culminated in the publication by World Health Organization in January 2012 of the document "*Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation*". In June 2012, in the Accra Urgent Call to Action on NTDs, all stakeholders were urged to accelerate efforts to eliminate targeted NTDs in the African Region.

4. In 2013, the regional consultative meeting on NTDs in Brazzaville expressed the need for a strategy to accelerate the elimination of NTDs in the Region. This proposed regional strategy therefore provides a set of public health interventions aiming to accelerate the control, elimination and eradication of the priority NTDs in the WHO African Region. It is in alignment with the resolution on NTDs adopted by the Sixty-sixth World Health Assembly in May 2013.

SITUATION ANALYSIS AND JUSTIFICATION

Situation analysis

5. In the WHO African Region, populations at risk requiring preventive chemotherapy range from 123 million for onchocerciasis to 470 million for lymphatic filariasis. The most predominant case management NTDs are Buruli ulcer with 3443 cases, human African trypanosomiasis with 7197 cases and leprosy with 25 231 cases.³

¹ WHO, *Neglected tropical diseases in the WHO African Region*, 2012 Information Bulletin, Brazzaville, World Health Organization Regional Office for Africa, 2013.

² WHO, *Tackling neglected tropical diseases*, Brazzaville, World Health Organization, Regional Office for Africa, Document AFR/RC59/10, 2009.

³ WHO, *Neglected tropical diseases in the WHO African Region*, 2012 Information Bulletin, Brazzaville, World Health Organization Regional Office for Africa, 2013.

6. Progress is being made in delivering interventions to control NTDs and in strengthening the capacity of national NTD programmes in the Region. For examples, mass drug administrations for lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis and trachoma, reached around 203 million people at risk in 2011. Annual numbers of cases of leprosy, human African trypanosomiasis and Buruli ulcer are decreasing. Only 21 cases of guinea-worm disease were reported in 2012 from three countries.

7. The coverage of community-directed treatment with ivermectin (CDTI) for controlling onchocerciasis has reached 80% of the population in many targeted communities. As a result, onchocerciasis transmission has been interrupted in several foci and the African Programme for Onchocerciasis Control (APOC) is now expanding the scope of its goal to achieve the elimination of the disease in most of Africa by 2025. APOC will also collaborate with the WHO Regional Office for Africa in controlling NTDs, starting with lymphatic filariasis.

Justification

8. The momentum to eliminate NTDs in the African Region is growing. A global roadmap on NTDs was developed by WHO in 2012. At the regional level, all stakeholders have adhered to the June 2012 Accra Urgent Call to Action on NTDs. In 2013, the regional consultative meeting on NTDs in Brazzaville expressed the need for a strategy to accelerate the elimination of NTDs in the Region. In addition, African Ministers of Health, at the African Union Conference of Ministers of Health, reviewed the AU Continental Framework on the control and elimination of NTDs and resolved to strengthen efforts to tackle NTDs, while the World Health Assembly recently adopted a resolution to scale up the control of NTDs.

9. 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.

10. Weak coordination of many national NTD programmes and inadequate government leadership of national NTD agenda are major weaknesses. Furthermore, lack of harmonized programme policies, un-streamlined programme strategies, poor integration of interventions and limited technical support are issues of concern. The lack of coordination between researchers and implementers remains a major concern as is the quality of data. The geographic coverage of preventive chemotherapy is increasing for lymphatic filariasis, schistosomiasis, soil-transmitted helminthiasis and trachoma. However, treatment coverage rates for these diseases are still far below the agreed targets.

11. 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. In addition, insufficient resources for implementation remain a major obstacle to rapid scale up of interventions.

12. 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.

13. 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.

THE REGIONAL STRATEGY

Goal

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

Objectives

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

- (a) to scale up access to NTD-related interventions;
- (b) to enhance planning for results, resource mobilization and financial sustainability of national NTD programmes;
- (c) to strengthen advocacy, coordination and national ownership;
- (d) to enhance monitoring, evaluation, surveillance and research;

Targets

16. The targets 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 in targeted countries;
- (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.

Guiding principles

17. To ensure success, the following guiding principles will underpin the implementation of this strategy:

- (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.

Priority interventions

18. Scale up access to interventions and health system capacity building

(a) **Integrated preventive chemotherapy:**

- (i) Coordinated mapping: complete mapping of PC-NTDs using the coordinated mapping approach. In this regard, the WHO/AFRO coordinated mapping framework should be used as a guide.
- (ii) Coordinated mass drug administration: implement mass drug administration using a coordinated approach, which includes co-implementation of community-directed interventions and sustained 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 mass drug administration and the WHO manual on preventive chemotherapy of human helminthiasis will serve as guidance documents.
- (iii) Strengthen morbidity management interventions for lymphatic filariasis, schistosomiasis and trachoma, including hygiene promotion, improved access to safe water, improved sanitation, environmental management, and access to surgical services.
- (iv) Other components of the PHASE approach: promote linkages with other related health programmes and intensify implementation of the key interventions using the “PHASE approach”, which refers to integrated implementation of a package of preventive chemotherapy, health education, access to safe drinking water, sanitation and hygiene, and environmental improvement, including integrated vector management. These interventions are also essential for transmission control and the control of case-management NTDs, and should take into consideration social determinants of health as well as the “One Health” approach.

(b) **Intensified case management:**

- (i) Disease burden assessment: complete disease burden assessment for Buruli ulcer, leishmaniasis and yaws.
- (ii) Active case finding: co-implement active case finding of Buruli ulcer, human African trypanosomiasis, leprosy, leishmaniasis and yaws in districts where these NTDs overlap.
- (iii) Case management: provide prompt diagnostic testing of all suspected cases of NTDs and effective treatments with appropriate therapy.
- (iv) Prevention and management of disabilities: ensure effective prevention and management of disabilities, and physical rehabilitation and socioeconomic reintegration of affected people.
- (v) Prevention and surveillance: integrate surveillance and outbreak response for dengue and rabies including collaboration with veterinary services and promote immunization.
- (vi) Integrated vector management: sustain vector control for dengue, HAT and leishmaniasis.

- (vii) Capacity building: 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 each specific CM-NTD will provide technical guidance, as there is no comprehensive manual yet on all CM-NTDs.

(c) **Health system and programme capacity strengthening:**

- (i) Support interventions to strengthen the national health system, including community health systems and coordinate with other health programmes.
- (ii) Build and strengthen the capacity of national NTD programmes, including the infrastructure, appropriate 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 facilitating importation and customs clearance.

19. Enhance planning for results, resource mobilization and financial sustainability of national NTD programmes.

(a) **Enhanced planning:**

- (i) Ensure the development of annual NTD plans, using the master plans, and monitor their implementation using monthly, quarterly and annual programme review meetings.
- (ii) Develop/update NTD multi-year plans up to 2020. This could be based on the recommendations from review meetings and programme evaluations.

(b) **Resource mobilization and sustainability:**

- (i) Include and align NTD master plans and budgets with the national planning and budgeting process, and dedicate a government budget line to national NTD programmes.
- (ii) Ensure that resources match requirements at national and subnational levels and that they flow in a sustainable manner by including NTD master plans in national planning and budgeting mechanisms.
- (iii) Use the country NTD Master Plan and annual plans of action as resource mobilization tools for innovative and external funding from other national sectors, international donors and funding agencies.
- (iv) Strengthen country capacity to demonstrate accountability to donors and provide 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.

20. Strengthen advocacy, coordination and national ownership:

- (a) **Establish and strengthen integrated national NTD programmes:** A robust integrated national NTD programme, combining interventions for preventive chemotherapy and case

management, is vital to draw upon the new momentum to reduce the burden of NTDs. This will help bring together all stakeholders in national coordination mechanisms for rapid scale up of interventions to eliminate NTDs.

- (b) **Strengthen regional and national NTD coordination mechanisms:** Strengthening regional and country coordination mechanisms includes the establishment NTD fora, steering committees and technical experts' committees. The aims, objectives and terms of reference, as well as the membership and modus operandi of the proposed structures in countries are described in the WHO/AFRO guide.⁴
 - (c) **Strengthening collaboration:**
 - (i) Promote linkages between the 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 pose constraints to programme interventions and promote cooperation among donors, medicine donation programmes, nongovernmental organizations (NGOs), bilateral cooperation, the African Union, regional economic communities, UN agencies and institutions.
 - (d) **Strengthening advocacy:**
 - (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.
21. Enhance monitoring, evaluation, surveillance and research.
- (a) **Monitoring and tracking progress:**
 - (i) Strengthen routine and periodic data collection: strengthen data collection and reporting system for all NTDs and improve the timeliness and completeness of reporting. These include data for mapping, mass drug administration, surveillance, disease burden assessment, case management and surveillance, based on the Monitoring and Evaluation framework developed by the WHO Regional Office for Africa.
 - (ii) Ensure high-quality data by conducting regular data validation and reviews as well as data quality assurance assessments.
 - (iii) Improved 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 e-Health and m-Health tools.

⁴ WHO, Guide for Country level Coordination Mechanisms for the Neglected tropical disease programme, Brazzaville, World Health Organization, Regional Office for Africa, 2012.

- (v) Strengthen data analysis capabilities and feedback to subnational levels and other stakeholders to enhance monitoring of national NTD programme performance and outcomes.
 - (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 Global NTD Plan. The country programmes will be supported for timely reporting and for conducting data quality assessment.
- (b) **Programme evaluation:**
- (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/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.
- (c) **Surveillance and research:**
- (i) Strengthen the surveillance of NTDs including early detection and response to epidemic-prone NTDs, particularly dengue, leishmaniasis and rabies and promote the use of e-health and m-health.
 - (ii) Conduct research, generate and document evidence to guide innovative approaches to NTD programme interventions and build capacity for research, research promotion and development of NTD medicines and diagnostics.
 - (iii) Strengthen capacity of national laboratories for diagnosis and drug quality control and pharmacovigilance, especially as the programmes move towards elimination.
- (d) **Guinea-worm disease eradication and certification:**
- (i) Intensify interventions to interrupt guinea-worm disease transmission in Chad, Ethiopia, Mali and South Sudan.
 - (ii) Further strengthen active surveillance and 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.
22. Contribute to poverty alleviation, productivity and quality of life of affected people.
- (a) Prevent blindness due to onchocerciasis, trachoma and leprosy and other disabilities due to lymphatic filariasis, leprosy, Buruli ulcer, leishmaniasis and yaws.
 - (b) Support social and physical rehabilitation of people affected by disabling NTDs and contribute to their participation in the socioeconomic development of their communities.
 - (c) Enhance collaboration with other sectors such as the departments of social welfare, education, agriculture and economy to promote rehabilitation and re-integration of people affected by NTDs.

Roles and responsibilities

23. Country responsibilities include:

- (a) Leadership in scaling up the implementation of national NTD plans.
- (b) Advocacy for increased support to the national NTD programme and coordination in support of achieving national NTD goals.
- (c) Enhancing internal and external resource mobilization and ensuring evidence-based plans to build NTD capacity at all levels of the national health system.
- (d) Promoting and strengthening national capacity to use quality data for monitoring and evaluating the results and impact of programme interventions.

24. The responsibilities of the Regional Office are:

- (a) to provide leadership and guidance to Member States in their efforts to control, eliminate and eradicate targeted NTDs;
- (b) to support the development and updating of evidence-based regional policies, guidelines and strategies on NTDs in accordance with WHO policy;
- (c) to provide support to Member States to strengthen their capacity to implement interventions to prevent, control and eliminate NTDs;
- (d) to support regional initiatives on research to increase the efficacy and cost-effectiveness of NTD-related interventions;
- (e) to monitor progress in achieving regional and national NTD targets and provide support to Member States to collect, validate, analyse and use data to enhance programme performance.

25. The responsibilities of partners, including intergovernmental organizations, nongovernmental development organizations (NGDOs), academic institutions, civil society and the private sector are:

- (a) to support Member States as appropriate:
 - (i) to mobilize sufficient and predictable funding to support national NTD programmes towards achieving the NTD targets for 2020;
 - (ii) to harmonize the provision of support for implementing national plans and for using quality-assured commodities and medicines;
 - (iii) to promote universal access to preventive chemotherapy, case management, surveillance, as well as integrated vector management and other preventive measures.
- (b) to support research and development initiatives for new medicines, diagnostics, operational research and improved tools and technologies in order to increase efficiency and cost-effectiveness of NTD-related interventions in the Region;
- (c) to collaborate with WHO in order to provide support to Member States in assessing the progress of implementation and accomplishing national goals for the control, elimination and eradication of targeted NTDs.

Resource implications

26. The total cost of the Regional Strategic Plan on NTDs is US\$ 2.57 billion, translating into US\$ 322 million a year. The WHO/AFRO NTD programme budget takes into account the WHO human resource needs to be able to support countries to achieve the NTD control targets, the cost of technical support to countries, capacity building at country level, and the operational costs to countries to enable them to scale up interventions.

27. In collaboration with countries, WHO will estimate resource gaps to be filled to ensure effective implementation of the Regional Strategy on NTDs in the WHO African Region.

Monitoring and evaluation

28. WHO will collaborate with Member States and partners in monitoring and evaluating the implementation of the Strategy. In this regard:

- (a) WHO will provide standard indicators based on the regional NTD monitoring and evaluation framework.
- (b) Countries will monitor the implementation of the strategy.
- (c) WHO will collect information on progress in implementing the strategy in countries.
- (d) WHO, partners and countries will carry out joint periodic evaluation of programmes.

CONCLUSION

29. The development of the present strategy reflects the importance Member States and WHO attach to the control, elimination and eradication of NTDs in the Region. Strong commitment and leadership of countries with robust advocacy are required to sustain the current momentum and mobilize the resources needed to accelerate the implementation of the strategy.

30. The Regional Committee is requested to examine and adopt this strategy together with the attached Regional Strategic Plan for Neglected Tropical Diseases in the African Region 2014–2020.