African Union









CONTINENTAL FRAMEWORK ON THE CONTROL AND ELIMINATION OF NEGLECTED TROPICAL DISEASES IN AFRICA BY 2030

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GLOSSARY

AHS ..... Africa Health Strategy (2016-2030)

AU ..... African Union

AUC ..... African Union Commission

AWA ..... AIDS Watch Africa

CF-ATM ..... Catalytic Framework to End HIV/AIDS, TB and Eliminate Malaria by 2030

CF-NTDs ..... Continental Framework to control and eliminate Neglected Tropical Diseases by 2030

CAMH6 ..... Conference of African Union Ministers of Health

CM – NTDs .. Case Management Neglected Tropical Diseases

CSO ..... Civil Society Organisations

DHIS ..... District Health Information Systems

HAT ..... Human African Trypanosomiasis

HIV/AIDS ... Human Immunodeficiency Virus/ Acquired Immune Diseases Syndrome

ICTs ..... Information and Communication Technology

LF ..... Lymphatic Filariasis

MDA ..... Mass drug administration

MDGs ..... Millennium Development Goals

M&E ..... Monitoring and Evaluation

NTDs ..... Neglected Tropical Diseases

PC-NTDs ..... Preventive Chemotherapy Neglected tropical diseases

RECs ..... Regional Economic Communities

R & D ..... Research and Development

SDGs ..... Sustainable development goals

STH ..... Soil Transmitted Helminthiases

TB ..... Tuberculosis

UHC ..... Universal Health Coverage

VL ..... Visceral Leishmaniasis

WASH ..... Water, Sanitation & Hygiene

WHA ..... World Health Assembly

WHO ..... World Health Organisation

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EXECUTIVE SUMMARY

Neglected Tropical Diseases (NTDs) are a diverse group of diseases and conditions prevalent mainly in Africa, Asia and the Americas where they affect more than 1 billion people. The World Health Organization (WHO) currently lists 20 disease groups as NTDs. Most of these ailments, a mixture of parasitic, bacterial, fungal, viral and non-communicable diseases, endemic in 49-member states on the continent and affect over 600 million individuals, representing 42% of the global burden of NTDs.

While they are both treatable and preventable, NTDs cause more than 500 000 deaths annually. Although mortality is relatively low, morbidity and the public health burden is extremely high. Untreated, these infections can cause blindness, disfigurement, chronic pain, cognitive impairment and other long-term disability and irreversible damage. They also create obstacles to education, employment, economic growth, stigmatisation with disastrous social exclusions by family, community and society thereby affecting the overall economic development. Reducing mortality and morbidity caused by NTDs is integral to improving the health of the world's poorest people.

The latest list of NTDs adopted by the WHO African region includes in alphabetical order Buruli ulcer, dengue, dracunculiasis, endemic treponematoses (yaws and bejel), Human African trypanosomiasis, leishmaniasis, leprosy, lymphatic filariasis, onchocerciasis, rabies, schistosomiasis, snakebite envenoming, soil-transmitted helminthiases, taeniasis & neurocysticercosis and trachoma. WHO has developed the following key approaches to detect, prevent, control, eliminate and eradicate NTDs: preventive chemotherapy (mass treatment); innovative and intensified disease management; vector ecology and management; provision of clean Water and Sanitation, and Hygiene (WASH) and veterinary public health to protect and improve human health.

In parallel to an individual receiving preventive chemotherapy, the environmental factors leading to transmission of infection, such as safe water, sanitation and hygiene need to be addressed. The progress so far is highly commendable, however accelerated efforts are needed in order to achieve the Agenda 2063 goal of having healthy and well-nourished citizens, where Africa will be free of all neglected tropical diseases. This also aligns to SDG 3.3 target of reducing by 90% the numbers of people requiring interventions for NTDs by 2030. The Agenda 2063 brought about the revitalization of other frameworks with a much short life span for the implementation of control activities in a cascaded manner. The key one being the Africa Health Strategy (AHS 2016-2030), an overarching document that provides strategic guidance for Member States on reducing morbidity and ending preventable mortality from communicable and non-communicable diseases inclusive of NTDs.

In 2001 the heads of State, recognised that the epidemic of HIV/AIDS, Tuberculosis and other related infectious diseases constituted a major health crisis and were an exceptional threat to Africa's development. These epidemics entailed a devastating economic burden due to the loss of human capital, reduced productivity and diversion of the resources to care and treatment. Although the first three Abuja Call to Action focused on HIV/AIDS, TB and other infectious diseases, the component of infectious diseases was later lost in translation and the follow up declarations such as the five-year review of the Abuja Call, the Shared responsibility and Global Solidarity for AIDS, TB and Malaria and the Abuja +12 all focused on the three diseases and made no mention of the other infectious diseases or NTDs.

Progress against AIDS, TB and Malaria through the commitments described above is a clear example that alignment of political will, advocacy, and funding against NTDs could be effective similarly. Leaders in Africa committed to focused and accelerated efforts to combat these diseases by setting up national TB, HIV/AIDs and Malaria prevention and control programs. This was supported with dedicated budgets that leverage on additional partner funding. Evidently, this kind of commitment towards NTDs is much needed and vital for elimination to be attained.

The Continental Framework's vision is to free Africa of all NTDs by 2030. Its mission is to Strive towards the integration of strategies and efforts to control and eliminate NTDs and contribute to global eradication efforts. The objectives include:

i. The full integration of interventions towards the control of NTDs through a multi-sectoral approach which will include: water, sanitation and hygiene/health education, vectorcontrol, veterinary public health, preventive chemotherapy, innovative and intensified disease management.
ii. Harmonisation of community-based initiatives which include community engagement and ownership.
iii. Advocate for the establishment of fully functional NTDs program through the provision of adequate domestic finances.
iv. Coordinate with other relevant sectors at national level for the integration of NTDs into the mainstream health initiatives including the utilisation of existing primary health care systems and inclusion into health information system platform such as DHIS.

In order to achieve this, the framework highlights the following strategic approaches:

i. **Increase domestic financing for NTDs** through advocacy for the establishment of fully functional NTDs programs in all the Member States and rallying Member States to allocate adequate budgets for the operations of NTDs programs.
ii. **Human Resource Mobilisation** through engaging Member States to ensure that NTDs programs are adequately staffed for sustainability to be attained.
iii. **Harmonisation and coordination of initiatives** by supporting member states in the harmonisation and coordination of intervention by implementing partners towards NTDs initiatives
iv. **Promote partnerships and collaboration** by encouraging Member States to engage all relevant sectors critical for elimination and ensuring that there is a common understanding of the objectives and activities to be undertaken if NTDs are to be eliminated.

v. **Community Engagement and Ownership by Member States** through ensuring that affected communities are engaged in the activities on NTDs from program inception up to implementation.

vi. **Integration with other programs** that utilise Community Health workers through inclusion of a component on NTDs in the training packages.

vii. **Utilisation of Alternative Strategies** through advocacy for the inclusion of vector control and health education in the intervention package for the control of NTDs.

viii. **Research, development and innovative technologies** where the African Union and other partners advocate for increased funding toward research and development of NTDs while countries create an enabling environment for R&D.

ix. **Categorisation of intervention** by ensuring that Member States and stakeholders categorise and prioritise the NTDs based on national prevalence.

1. BACKGROUND

Neglected Tropical Diseases (NTDs) are a diverse group of diseases and conditions prevalent mainly in Africa, Asia and the Americas where they affect more than 1 billion people[1]. The World Health Organization (WHO) currently lists 20[2] disease groups as neglected tropical diseases. Most of these diseases, a mixture of parasitic, bacterial, fungal, viral and non-communicable diseases endemic in 49 countries on the continent and affect over 600 million individuals, representing 42% of the global burden of NTDs.

The epidemiology of NTDs on the continent varies greatly with many countries affected by as many as five or more of these infections at any given time. Africa is hardest hit and bears about half the global burden of NTDs[3]. For example, almost 90% of the global Schistosomiasis and Onchocerciasis cases are found in Africa[4]. Socioeconomic factors such as poverty, heightened exposure to vectors, unsafe food and water, reservoir hosts, climate and other poor conditions exacerbate the spread of NTDs[5,6]. In some regions of the African continent, sociopolitical conflicts and internal civil unrest have aggravated the spread of NTDs and also hampered effective interventions to control and /or eliminate these diseases. Though these diseases are diverse in transmission, pathology and requirements for prevention and control, they are labelled as NTDs because they are intrinsically associated with poverty and are predominately prevalent in low income countries.

While they are both treatable and preventable, NTDs cause more than 500 000 deaths annually. Although mortality is relatively low, morbidity and the public health burden is extremely high. Untreated, these infections can cause blindness, disfigurement, chronic pain, cognitive impairment and other long-term disability and irreversible damage. They also create obstacles to education, employment, economic growth, stigmatisation with disastrous social exclusions by family, community and society thereby affecting the overall economic development. Reducing mortality and morbidity caused by NTDs is integral to improving the health of the world's poorest people.

2. ANALYSIS OF NTDS IN AFRICA

a) Epidemiology

Constituting of a diverse group of parasitic, bacterial, fungal, viral and non-communicable diseases, NTDs remain a high burden for the majority of African countries. The list of NTDs is not exhaustive as new diseases may be added to the current global NTD portfolio based on criteria for classifying a condition as an NTD.

The latest list of NTDs adopted by the WHO African region includes in alphabetical order Buruli ulcer, dengue, dracunculiasis, endemic treponematoses (yaws and bejel), human African trypanosomiasis, leishmaniasis, leprosy, lymphatic filariasis, Onchocerciasis, rabies, schistosomiasis, snakebite envenoming soil-transmitted helminthiases, taeniasis and neurocysticercosis and trachoma. It is worth mentioning that the WHO has validated the elimination of trachoma in Morocco in 2016 and in Ghana in 2018, and lymphatic filariasis in Togo in 2017 and Egypt in 2018.

1 Mitra & Mawson, Neglected tropical diseases: Epidemiology and Global burden; Trop.Med.infect.Dis.2007, 2,36

2 https://www.who.int/neglected_diseases/diseases/en/

3 WHO Regional Office for Africa. 2014. Regional Strategy on NTDs in the WHO African Region 2014-2020.

4 AU Commission. 2013. Neglected Tropical Diseases in the African Region. Sixth Conference of AU Ministers of Health.

5 WHO Regional Office for Africa. 2014. Regional Strategy on NTDs in the WHO African Region 2014-2020.

6 AU Commission. 2013. Neglected Tropical Diseases in the African Region. Sixth Conference of AU Ministers of Health

WHO certified Central African Republic in 2006 and Kenya in 2018 for having eradicated dracunculiasis (Guinea worm disease) joining Cote d'Ivoire, Ghana, Niger, Nigeria that were certified few years before.

On basis of the main interventions needed to control them, NTDs can be broadly categorized into two groups: Preventive Chemotherapy (PC) NTDs and Innovative and Intensified Disease Management NTDs. The Preventive Chemotherapy (PC) NTDs are lymphatic filariasis, onchocerciasis, schistosomiasis, trachoma, and three soil-transmitted helminths (ascariasis, trichiuriasis and hookworm). These account for a considerable amount of the NTD burden in Africa, they can all be treated through preventive chemotherapy, which involves reaching entire at-risk communities annually with safe and effective medicines to treat and prevent NTDs.

The Innovative and intensified Disease Management (CM NTDs) diseases include: Buruli Ulcer, Chagas Disease, Cysticercosis, Dengue Fever, Dracunculiasis (Guinea Worm Disease), Echinococcosis, Fascioliasis, Human African Trypanosomiasis (African sleeping sickness), Leishmaniasis, Leprosy (Hansen's disease), Mycetoma, Rabies, and Yaws. Other NTDs though cited to be found in Africa have insufficient data available. These are: Dengue fever, Cysticercosis, Mycetoma (Chad, Ethiopia, Mauritania, Senegal, Somalia, South Sudan and Sudan), snake bite envenoming and scabies. WHO has developed the following key approaches to detect, prevent, control, eliminate and eradicate NTDs: preventive chemotherapy (mass treatment); innovative and intensified disease management; vector ecology and management; provision of clean water and sanitation, and hygiene (WASH); and veterinary public health to protect and improve human health.

Tremendous effort has focused on preventive chemotherapy, a highly cost-effective approach to help achieve elimination, however, the implementation of the other four strategies is needed in order to accelerate progress and achieve long-term sustainability.

Although the above interventions can contribute to reducing morbidity and mortality in infected individuals, when implemented alone they are not sufficient enough to reduce the risk of reinfection or eliminate the disease in a sustainable manner. During preventive chemotherapy interventions, for example, individuals are successfully treated and protected from the diseases, but as they live in endemic communities, they are re-exposed to vectors and parasites which leads to a perpetual cycle of re-infection. This highlights the need to advocate for an integrated approach if elimination is to be attained and maintained.

In parallel to an individual receiving preventive chemotherapy, the environmental factors leading to the transmission of the infection, such as safe water, sanitation and hygiene need to be addressed. The progress so far is highly commendable, however accelerated efforts are needed in order to achieve the Agenda 2063 goal of having Healthy and well-nourished citizens where Africa will be free of all NTDs and SDG 3.3 target of reducing by 90% the numbers of people requiring interventions for NTDs by 2030.

Table 1: List of PC-NTDs in Africa in 2018

#	NTD	Endemic Countries	Disease Summary
1	Lymphatic filariasis	Angola, Benin, Burkina Faso, Cameroon, Central Africa Republic, Chad, Comoros, Congo, Cote d'Ivoire, DRC, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Ghana, Guinea, Guinea Bissau, Kenya, Liberia, Madagascar, Mali, Mozambique, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone, South Sudan, Sudan, Uganda, Tanzania, Zambia and Zimbabwe	More commonly known as elephantiasis, is a painful, debilitating, and disfiguring diseasecaused by infection from parasitic worms and transmitted by mosquitos. Most infected people are asymptomatic, but some develop lymphedema of the legs, arms, breasts, and genitalia. There are an estimated 120 million people infected with lymphatic filariasis, and 36 million people living with a chronic condition caused by lymphatic filariasis
2	Onchocerciasis	Angola, Benin, Burkina Faso, Burundi,Cameroon, Central Africa Republic, Chad, Congo, Cote d'Ivoire, DRC, Equatorial Guinea, Ethiopia, Gabon, Ghana, Guinea, Guinea Bissau, Liberia, Malawi, Mali, Senegal, Sierra Leone, South Sudan, Sudan, Togo, Uganda, Tanzania	Commonly known as river blindness, is caused by a parasitic worm and is transmitted by blackflies that live near fast-moving streams and rivers . The disease causes debilitating itching, impaired vision and sight loss and, eventually, irreversible blindness. 99% of people affected by river blindness live in Sub-Saharan Africa, with more than 26 million people infected and 200 million people at risk.
3	Schistosomiasis	Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central Africa Republic, Chad, Congo, Cote d'Ivoire, DRC, Egypt, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Togo, Uganda, Tanzania, Zambia and Zimbabwe	Also known as bilharzia, or "snail fever" is caused by flatworms, whose larvae are released into rivers or lakes by snails, the intermediate hosts for this infection. Due to transmission via water, school-age children are the most vulnerable because of poor hygiene and activities such as fishing or swimming. 96% of 220 million people requiring preventive chemotherapy treatment for schistosomiasis live in Africa, and a review of disease burden estimated that more than 200 000 deaths per year are due to schistosomiasis in Africa.
4	Soil-transmitted helminthiasis	Angola, Benin, Botswana, Burundi, Cameroon, Cabo Verde, Cameroon, Central Africa Republic, Chad, Comoros, Congo, Cote d'Ivoire, DRC, Equatorial Guinea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Togo, Uganda, Tanzania, Zambia and Zimbabwe	These are a group of intestinal parasites, the most common of which are ascariasis (roundworm), trichuriasis (whipworm), and hookworm. Intestinal worms are transmitted after coming into contact with soil contaminated with the parasites' eggs, and contraction of STH is linked to poor hygiene. STH are very common on the African continent and it is estimated that more than 880 million children are in need of treatment for these parasites.
5	Trachoma	Algeria, Benin, Burkina Faso, Burundi, Cameroon, Central Africa Republic, Chad, Cote d'Ivoire, DRC, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea Bissau, Kenya, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Senegal, South Sudan, Sudan, Togo, Uganda, Tanzania, Zambia and Zimbabwe	Trachoma is the leading infectious cause of blindness in the world. It is caused by Chlamydia trachomatis and is transmitted from person to person through contaminated fingers, fomites and flies that came into contact with discharge from the eyes and nose of an infected person. The infection usually starts in early childhood and repeated infections lead to complications later in life resulting in inwards turning of eyelashes that rub on the cornea leading to visual impairment and irreversible blindness. Globally, 142 million people live in areas endemic for trachoma, of which 128 million are found in Africa accounting for 90% of all cases globally (WER No. 29, July 29,2019, 94, 317-328).

Source: http://apps.who.int/gho/cabinet/pc.jsp

Table 2: List of Innovative and intensified Disease Management NTDs (2018 available data)

#	NTD	Endemic Countries	Disease Summary
1	Buruli Ulcer	Benin (219), Cameroon (155), Cote d'Ivoire (261), DRC (99), Gabon (29), Ghana (630), Guinea (102), Liberia (323), Nigeria (424) and Togo (93).	Caused by Mycobacterium ulcerans, it is achronic, debilitating and necrotizing infectious disease of the skin and soft tissue.
2	Dracunculiasis	Angola (1), Chad (17) and South Sudan (10)	Caused by the parasitic worm Dracunculus medinensis or "Guinea-worm", it is the largest of the tissue parasite affecting humans. It is contaminated when a person drinks contaminated water from ponds or shallow open wells, where the Cyclops is dissolved by the gastric acid of the stomach and then the larvae are released and migrate through the intestinal wall.
3	Human African Trypanosomiasis Sleeping Sickness	T.b. gambiense: Angola (79), Cameroon (7), Central African Republic (57), Chad (12), Congo (24), Cote d'Ivoire (2), DRC (660), Equatorial Guinea (4), Gabon (16), Guinea (74), Uganda (1), South Sudan (17) T.b. rhodesiense: Malawi (15), Uganda (4), Zambia (5)	Also known as sleeping sickness, it is a vector-borne parasitic disease caused by infection with protozoan parasites belonging to the genus Trypanosoma and transmitted to humans by tsetse fly (Glossina genus) bites which have acquired their infection from human beings or from animals harbouring human pathogenic parasites.
4	Leishmaniasis	Visceral Leishmaniasis: Algeria (40), Ethiopia (1828), Kenya (907), Uganda (29), South Sudan (1867), Libya (34), Somalia (408),Sudan (2584), and Tunisia (23) Cutaneous Leishmaniasis: Algeria (10847), Burkina Faso (615), Chad (46), Ethiopia (878), Kenya (44), Niger (521), Egypt (1161), Libya (2977), Tunisia (6627)	Caused by an intracellular protozoan parasite (genus Leishmania) transmitted by the bite of a female phlebotomine sandfly, its clinical spectrum ranges from a self-resolving cutaneous ulcer to a mutilating mucocutaneous disease and even to a lethal systemic illness.
5	Leprosy	Angola (847), Benin (154), Botswana (4), Burkina Faso (183), Burundi (339), Cameroon (136), Cabo Verde (11), Central African Republic (173), Chad (342), Comoros (275), Congo (233), Côte d'Ivoire (645), Democratic Republic of the Congo (3323), Egypt (407), Equatorial Guinea (23), Eritrea (6), Ethiopia (3218), Gabon (12), Gambia (7), Ghana (276), Guinea (279), Lesotho (2), Liberia (162), Libya (5), Madagascar (1424), Malawi (341), Mali (162), Mauritania (30), Mauritius (1), Morocco (22), Mozambique (2422), Namibia (17), Niger (317), Nigeria (2095), Rwanda (35), Senegal (204), Sierra Leone (160), Somalia (1482), Zambia (201) and Zimbabwe (9).	Caused by bacterium Mycobacterium leprae, this highly contagious infectious disease causes severe, disfiguring skin sores and nerve damage in the arms, legs, and skin areas around the body. The disease has been known since ancient times, often surrounded by terrifying, negative stigmas and tales of leprosy patients being shunned as outcasts.
6	Mycetoma	Chad, Ethiopia, Mauritania, Senegal, Somalia, Sudan	A chronic infection of the skin and subcutaneous tissues caused by bacterial and fungal microorganisms. The disease is characterized by severe morbidities resulting in deformities, disabilities and sometimes resulting in mortalities. Data not available for other countries except Sudan and burden and distribution not yet known.

#	NTD	Endemic Countries	Disease Summary
7	Rabies (2017)	Algeria (18), Cote d'Ivoire (18), Ethiopia (17), Gambia, Ghana (8), Kenya (350), Lesotho (7), Malawi (9), Mali (7), Morocco (15), Mozambique (89), Niger (7), Nigeria (4), Sierra Leone (14), Somalia (1), South Africa (9), South Sudan (1), Sudan (1), Tanzania (10), Tunisia (1), and Zimbabwe (8)	This viral disease that causes inflammation of the brain in humans and other mammals is spread through the saliva of infected animals. Early symptoms can include fever and tingling at the site of exposure.
8	Yaws (2016)	Cameroon (890), Côte d'Ivoire (1581), Ghana (1481), Togo (11)	This tropical infection of the skin, bones and joints is caused by the spirochete bacterium Treponema pallidum pertenue. The disease begins with a round, hard swelling of the skin, 2 to 5 centimeters in diameter. It mainly affects children in rural, warm, tropical areas, such as, Africa, Western Pacific islands, and Southeast Asia.

b) Intervention towards reducing the continental burden of NTDs

As of 2018, all Member States were supported by WHO to develop their second generation NTD master plans for 2016-2020. Member States have finalized these plans and started resource mobilization and implementation, with exception of three countries (Algeria, Cabo Verde and Mauritania),

Four 4 countries (Central Africa Republic, Nigeria, South Africa and South Sudan) completed mapping between 2018-2019, increasing the number of Member States that have mapped for three PC NTDs to 41. Mass Drug Administration (MDA) coverage for the 5 PC-NTDs increased to 65.2% in 2017. Malawi has stopped LF MDA nationwide and 12 Member States have stopped MDA in at least one district. The population requiring treatment for LF has been reduced by 115.6 million, representing a 25% reduction. Togo in 2017 and Ghana in 2018 were validated for elimination as a public health problem of LF and trachoma respectively. Treatments for onchocerciasis increased by 21 million and 1.1 million people no longer need treatments. For STH: Burkina Faso and Mali no longer require MDA because morbidity for STH is now under control and prevalence reached very low level after a the long period of treatment. The region has reached 65% coverage for STH MDA in children.

For Case Management NTDs (CM-NTDs), guidance documents on integrated case management were disseminated to Member States for adaptation to tackle five CM-NTDs Therefore, progress is also being made in integrated case-management of NTDs, which reduced trends of annual cases from 2013 to 2017, respectively from 26,499 to 23,355 cases for leprosy; from 2,543 to 1,914 cases for Buruli ulcer and from 6,314 to 1,447 cases for HAT. It also helped in improving access to visceral leishmaniasis (VL) services.

For dracunculiasis eradication, only 4 countries remain endemic. Chad continues to report both human cases and animal infections. Ethiopia has not reported any human case so far in 2018, after a point source outbreak during September to December 2017.

Mali has not reported any human case since November 2015, but continues to report animal infections (dogs). Seventeen months after reporting its last indigenous case in November 2016, South Sudan has again reported cases in 2018 in areas previously inaccessible to the programme. Verification of absence of local transmission is ongoing in Angola and the Democratic Republic of the Congo, despite a first confirmed human case in Angola.

Despite this significant progress, challenges such as occurrence of animal infections of dracunculiasis and resource mobilization for CM-NTDs and newly added NTDs remain.

2. POLICY PERSPECTIVE

a) Summary of the existing policies and protocol on NTDs

In 1997, the World Health Assembly passed a resolution (WHA 50.29) calling for elimination of LF as a public health problem by the year 2020. This was followed by the launch of Millennium development goals (MDGs) in 2000 which underscored the need to combat HIV/AIDS, Malaria and other disease by the year 2015. The expiration of MDGs led to the launch of the sustainable development goals (SDGs) which have a particular focus on NTDs in Goal number three (target 3.3; indicator 3.3.5). Taking into account the nature of NTDs, elimination can only be attained if there is collaboration with other relevant sectors including the supply of clean water and sanitation (SDG goal 6); Industry Innovation and Infrastructure (SDGs goal 9); reducing inequality among the population considering that NTDs are mainly found in the poor and marginalised communities (SDG goal 10); and partnerships with other sectors (SDG goal 17). Prior to the SDGs, WHA passed a resolution (WHA 66.12) in 2013 urging countries to strengthen efforts towards the elimination of NTDs . Other commitments for NTDs also worth noting include the Global Roadmap for implementation (2012-2020), aimed at accelerating work to overcome the global impact of NTDs; the 2012 London declaration on NTDs which brought together various partners from different sectors who committed to control, eliminate or eradicate 10 diseases by the year 2020 thereby improving the lives of over a billion people.

> ***"In the recent past, NTDs have been more donor driven with very little input from national governments. As such, very little funding has been allocated to the control of these diseases from national budgets".***

Continentally, the Heads of States have adopted various health policy instruments that elevate health as a development priority. Since the Abuja call , the Africa Union has provided its Member States with leadership and direction on combating diseases on the continent. In 2001 the heads of State, recognised that the epidemic of HIV/AIDS, TB and other related infectious diseases constituted a major health crisis and were an exceptional threat to Africa's development, and thus entailing devastating economic burdens due to the loss of human capital, reduced productivity and diversion of the resources to care and treatment.

The leaders committed to address and control communicable diseases through the provision of governance and advocacy, and pledged to allocate 15% of the national budget towards health. In 2003 and 2006, while noting the progress made in address HIV/AIDS & TB, the Abuja call was reaffirmed and calls for the reinforcement and acceleration of concerted action. Although the first three Abuja calls focused on HIV/AIDS, TB and other infectious diseases, the component of infectious diseases was later lost in translation and the follow up calls such as the five year review of the Abuja call, the Shared responsibility and Global Solidarity for AIDS, TB and Malaria and the Abuja +12 all focused on the 3 diseases and made no mention of the other infectious diseases including NTDs. Unfortunately, this led to the reduced efforts on other communicable diseases and while significant progress was attained for AIDS, TB and Malaria, the gains in monitoring the other diseases were reversed due to lack of concerted focus by national programs leading to the re-emerging of diseases that were once thought to be under control. In the recent past, NTDs have been more donor driven with very little input from national governments. As such, very little funding has been allocated to the control of these diseases from national budgets.

> ***"Africa will be rid of all the neglected tropical diseases (NTDs), and all communicable and infectious diseases, such as Ebola, will be fully brought under control. The African population of 2063 will be healthy, well nourished, and enjoying a life expectancy of above 75 years." — Agenda 2063***

Despite the loss of high level commitments at continental level, in 2013, during the 6th session of conference of Africa Union ministers of health (CAMH6), held under the theme "Impact of non-Communicable Diseases and NTDs on the development of Africa", the Ministers of Health adopted the continental framework for the control and elimination of NTDs in Africa by the year 2020. During this conference, Ministers of Health, reviewed the AU Continental Framework on the control and elimination of NTDs and resolved to strengthen efforts to tackle NTDs on the continent.

Concurrently, during the development of the Agenda 2063 "the Africa we want" framework in 2013, NTDs received the much needed attention at a continental level once more. In the Agenda 2063 framework, the Africa Union envisages a Continent with healthy and well-nourished citizens. In attaining this, the AU strives to ensure that every citizen has full access to affordable and quality health care services including universal access to sexual and reproductive health and rights information for all women. More critically, the Agenda 2063 advocates for an Africa will be rid of all the neglected tropical diseases (NTDs) with all communicable diseases such as Ebola emerging and re-emerging diseases under control. The Agenda also calls for integrated and comprehensive health services where infrastructure is in place and services are available, accessible, affordable, and acceptable and of quality. This will lead to the African population of 2063 will be healthy, well nourished, and enjoying a life expectancy of above 75 years.

"Ending AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases, neglected tropical diseases and other emerging and re-emerging communicable diseases." — Africa Health Strategy

The development of the Agenda 2063 brought about the revitalization of other frameworks with a much short life span for the implementation of control activities in a cascaded manner to ensure that objectives of healthy and well-nourished citizens is attained. Among these frameworks is the Africa Health Strategy (AHS 2016-2030), an overarching document that provides strategic guidance for Member States in reducing morbidity and ending preventable mortality from communicable where NTDs are highlighted as well. The AHS emphasises the need to increase national financing through innovative and sustainable funding mechanisms and allocation of domestic resources for health intervention which is critical in the control of NTDs if elimination is to be attained. Furthermore, the framework calls for a new paradigm in reducing the diseases burden such as improvement in governance, accountability and stewardship through the strengthening of health research, innovation, ICTs for health and community engagement. In addition the AHS calls for the strengthening of multi-sectoral collaboration and partnerships in addressing the social determinants of health a component that is vital for attaining the elimination of NTDs as this requires integration with various sectors.

"Looking to the future, the following actions need to be taken into account: a) Committing to the achievement of financially sustainable health care systems, which ensure equitable access, aligned with local health priorities while being domestically directed and financed, including through: i) Engendering country ownership of the funding and management of health care, including increase in domestic funding; ii) Engaging the relevant stakeholders in the funding of health care delivery; iii) Mobilizing resources especially local and international, for the financing of health; and iv) Aligning donor policy and funding with national government and local priorities. The continent must optimally explore some opportunities that could effectively change the current scenario of health financing. This includes creating pooled funding at the national level to finance health, which may involve corporate social responsibility contributions as well as taxation. The dwindling and unpredictability of development assistance compels Africa to look inwards for domestic resources for the care of her people. Africa will need to mobilize internal resources for the promotion of her health, encourage public –private partnership in the financing of health and the provision of services while promoting equity through universal health coverage." — Agenda 2063

The commendable progress attained in the HIV/AIDS, TB and Malaria programs can be replicated for NTDs if effort for concerted leadership and political will from Heads of States and Governments and senior technical officials is applied. This is evident in AIDS Watch Africa (AWA) platform established as an advocacy forum to mobilise action and resources for the above-mentioned diseases during a special summit of the AU in Abuja in 2013 . The AWA platform is presided over by the incumbent chair of the African Union. The progress made through the implementation of interventions towards HIV/AIDS, TB and Malaria are reported to AWA every year highlighting the challenges faced and providing key recommendations. The prioritization by country leadership (Abuja declaration and Abuja +12 declaration and other declarations in the past 20 years) and stakeholders of these diseases has resulted in significant progress in reducing the prevalence, incidence rates, and morbidity.

The progress against these three "major diseases" through the commitments described above is a clear example that alignment of political will, advocacy, and funding against NTDs could similarly be effective. African Leaders committed and accelerated focused efforts to combat these three "major" diseases by implementing National TB, HIV/AIDs and Malaria prevention and control programs, supported with dedicated budgets that leverage on additional partner funding. Evidently, this kind of commitment towards NTDs is much needed and vital for elimination to be attained.

"Looking to the future, the following actions need to be taken into account: a) Committing to the achievement of financially sustainable health care systems, which ensure equitable access, aligned with local health priorities while being domestically directed and financed, including through: i) Engendering country ownership of the funding and management of health care, including increase in domestic funding; ii) Engaging the relevant stakeholders in the funding of health care delivery; iii) Mobilizing resources especially local and international, for the financing of health; and iv) Aligning donor policy and funding with national government and local priorities. The continent must optimally explore some opportunities that could effectively change the current scenario of health financing. This includes creating pooled funding at the national level to finance health, which may involve corporate social responsibility contributions as well as taxation. The dwindling and unpredictability of development assistance compels Africa to look inwards for domestic resources for the care of her people. Africa will need to mobilize internal resources for the promotion of her health, encourage public –private partnership in the financing of health and the provision of services while promoting equity through universal health coverage." — Agenda 2063

4. CONTINENTAL FRAMEWORK

a) Vision:

Africa free of all NTDs by 2030.

b) Mission:

Strive towards the integration of strategies and efforts deployed by Africa to control and eliminate NTDs across the entire continent and contribute to global eradication efforts.

c) Objectives:

i. To fully integrate interventions towards the control of NTDs through a multi-sectoral approach which will include: water, sanitation and hygiene/health education, vector control, veterinary public health, preventive chemotherapy and innovative and intensified disease management.
ii. Harmonise community-based initiatives including engagement and ownership.
iii. To advocate for establishment or fully functional NTDs program through the provision of adequate domestic finances.
iv. To coordinate with other relevant sectors at national level for the integration of NTDs into the mainstream health initiatives such the utilisation of existing primary health care systems and inclusion into health information system platform such as DHIS.

d) Expected Outcomes:

i. By 2025, interventions towards the control of NTDs successfully integrated and initiatives such as health education and vector control being at the centre of programs and receiving the same amount of attention and funding as mass drug administration and advocacy.
ii. NTDs programs in the 55 Member States fully functional and allocated a significant budget line for operations, vector control, veterinary public health and health education. Stakeholders working in the arena having a shift in focus from financing preventive chemotherapy and advocacy to inclusion of vector control, veterinary public health, health education and intensified disease management.
iii. By 2025 NTDs integrated into community initiatives and services including the utilisation of community-based cadres such as community health care workers within programs. NTDs will be part of the curriculum of community-based trainings as these diseases affect the same population.

e) Guiding Principles:

i. **Country leadership and ownership** of national NTDs control programs through development of strategic plans and implementation of integrated interventions.
ii. **Domestic financing** of NTDs programs through allocation of funds from the national budget for implementation of programs and intervention.
iii. **Coordination and harmonization** of interventions related to NTDs by various stakeholders in country and within communities to avoid duplication of initiatives by different organization.

iv. **Integration** of control initiatives from various NTDs as some of the control measures such vector control may be common to parasitic NTDs.

v. Development of **effective external partnerships** is essential, as is co-ordination and collaboration between communities, governments and development partners.

vi. **Internal partnerships** with relevant ministries within countries as NTDs are not unique to the health sector alone but to local government, water and sanitation, education, veterinary, environment etc.

vii. **Community-based strategies** as local participation will ensure ownership of programs in addressing some of the key challenges to the control of NTDs such as perceptions and attitudes. The utilization of community health workers already vested in the community will promote ownership of the programs.

viii. **Advocacy** for improved diagnosis and treatment through innovative technologies will ensure timely testing of infections and effective treatment programs.

ix. **Prevention** as the key focus area of control for NTDs as it is cost- effective and efficient in reducing disease burden. Prevention will also address the socio-cultural and economic barriers for accessing health services.

x. Diseases know no boundaries hence there us need to ensure **cross border cooperation** in management and control of NTDs.

The need to adapt a right approach which will guarantee the right to health, the right access to health care, the right non-stigmatization and the right social reintegration or rehabilitation.

5. STRATEGIC APPROACHES

a) Increase domestic financing for NTDs:

Countries should take deliberate effort to allocate a substantial budget to ensure the operations of NTDs are catered for locally and also finance interventions such as vector control and health education which may not be partner funded. Government should also ensure that NTDs program are established and fully functional with adequate staff. Additionally, NTDs should be standalone programs and not merged with others to ensure that they receive the desired attention.

Catalytic actions:

i. Advocate for the establishment of fully functional NTDs programs in all the Member States.

ii. Rally Member States to allocate adequate budgets for the operations of NTDs programs.

b) Human Resource Mobilisation:

Human resource is one of the major challenges in addressing the burden of NTDs. In most cases, the personal that manage NTDs also have other equally demanding portfolio. For those with deducted staff, the number of experts is usually very minimal leaving the program to depend on other relevant ministries to support the implementation of activities. Although this is very efficient when there is sufficient harmonization between the relevant organizations, it becomes a challenge if and when miscommunications arise as a result of misunderstanding. This leads to most of the activities not implemented effectively.

Catalytic actions:

i. Engage Member States to ensure that NTDs programs are adequately staffed for sustainability to be attained.

c) Harmonisation and coordination of initiatives:

NTDs programs exists in a number of Member States, however, control initiatives aimed at reducing the burden are usually fragmented between various stakeholders including NGO, implementing partners and government institution. It worth noting that in most cases these organizations are not coordinating at national, district and even community level thereby creating parallel structures and working in silos. There is need to ensure that all organisations working on NTDs are under the umbrella of one Ministry with the mandate for addressing diseases. The relevant Ministry will lead and work in collaborations with other relevant institutions to ensure harmonisation of effort towards the elimination and control.

Catalytic actions:

i. *Support member states in the harmonisation of intervention by implementing partners towards NTDs initiatives.*
ii. *Support the coordination of NTDs initiatives and advocate for the programs to be housed by one ministry with the mandate of NTDs.*
iii. *Countries to engage all relevant ministries to harmonise efforts through identification of the lead institution that will coordinate all partner efforts.*

d) Promote partnerships and collaboration:

Considering that NTDs cater across a wide range of sectors and also a number of goals under the SDGs including Innovation and infrastructure; reducing inequality in poor and marginalised population; and water and sanitation, there is need to ensure effective and robust partnerships. Relevant ministries in Member States with the mandate of addressing NTDs should endeavour to engage all these sectors and develop consolidated plans towards the elimination of NTDs.

Catalytic actions:

i. *Member States to engage all relevant sectors critical for elimination to be attained and ensure that there is a common understanding of the objectives and activities to be implemented.*
ii. *Ministries mandated with NTDs in Member States to advocacy to others sectors for collaboration towards the elimination of NTDs.*

e) Community Engagement and Ownership:

NTDs occur in mostly poor and marginalised communities. Due to the fatality rate compared to Malaria or HIV/AIDS, these infections have received insignificant attention. Hygiene practices such as washing of hands, using of toilets and mosquito nets within the affected communities play a significant role in the reduction of transmission in affected areas. However, for elimination to be attained, change in attitude and perception towards positive and health practices should be encouraged within the affected communities. Thus, it is critical that communities are engagement from the commencement of interventions and activities to ensure their buy- in and also continuation of programs. Additionally, the utilisation of Community Health Workers who are already part of these communities will promote the transference of good hygiene practices and changes in perception. This will promote interruption of transmission and prevent re-infection once individuals are treated.

Catalytic actions:

i. *Partners should utilise the existing human resource in the implementations of activities.*

ii. *Member States should ensure that affected communities are engaged in the activities on NTDs from program inception up to implementation.*

iii. *Communities should be the custodian of these initiatives as they are the affected individuals to ensure continuity.*

iv. *Partners should utilise the existing human resource in the implementations of activities.*

f) Integration with other programs:

Integration of interventions with other existing programs in communities that are already well established is crucial for the elimination of NTDs. For example, most member States should utilise CHWs in testing and treatment of Malaria, implementation of dots for TB patients, and maternal and child health and other activities. CHWs receive adequate training to implement these services within their societies. Integration of NTDs into these programs would greatly accelerate efforts towards elimination as the same CHW who already have substantial knowledge of health could be trained on prevention, identification and treatment of NTDs. This would be cost efficient as it would be the same cadre of staff being equipped and trained. Additionally, it is in line with the AU initiative to train 2 million CHW on the Continent as part of the health system strengthening.

Catalytic actions:

i. *Integrate NTDs activities into existing programs that utilise Community Health Workers.*

ii. *Include a component on NTDs in the training packages on Community Health.*

g) Utilisation of alternative strategies:

In the recent past, efforts towards elimination of NTDs have been mainly focused on mass medicines administration and increased advocacy on the occurrence of these infections and their devastative effects on the sufferers. However, MMA alone and advocacy will not accelerate the elimination of these diseases as transmission is always on going in endemic communities. As a result, even after receiving treatment, individuals still suffer for re-infection as they reside in the endemic communities where transmission is on-going. Elimination of NTDs will only be attained if other strategies such as vector control, health education and improved disease diagnosis and management are intensified. Focus on prevention will lead to a decrease in transmission. It is only when transmission ceases within communities that NTDs will be eradicated. Thus, there is need for a comprehensive intervention plan that focuses on all aspects of control and not only one or two standalone interventions.

Catalytic actions:

i. *Advocate for the inclusion of vector control and health education in the intervention package for the control of NTDs.*

i. *Engage partners and donors to ensure that financing for programs towards NTDs does not focus on Drug donations alone but funding for other initiatives should be included.*

h) Research, development and innovative technologies:

While there has been tremendous advancement in term of diagnosis and treatment options for other diseases, NTDs have lagged behind in these initiatives as ancient techniques are still being utilised in diagnosis and treatment. There is need for the provision of sustainable financing towards development of new technologies in the treatment and diagnosis of NTDs.

Catalytic actions:

i. *The African Union and other partners to advocate for increased funding toward research and development of NTDs.*
ii. *Countries to create an enabling environment for R&D.*

i) Categorisation of intervention:

Interventions towards the control of NTDs should clustered together based on the mode of transmission (e.g. vector borne or parasitic), epidemiology and whether targeted for elimination and eradication. For example, diseases such as Dracunculiasis and Yaws only occurs in three and four countries on the continent respectively, these could be prioritised for eradication with dedicated efforts towards achieving this goal. Other diseases which are more prevalent could be grouped together and coordinated efforts towards their elimination could be implemented per district, province or community. This will ensure targeted efforts on specific diseases within confined areas with expected outcome rather than a blanket approach.

Catalytic actions:

i. *Member States and stakeholders to categories and prioritise the NTDs based on national prevalence.*
ii. *Countries strategies and categories intervention based on elimination or eradication of NTDs.*

6. ADVOCACY AND RESOURCE MOBILISATION

Throughout Africa, countries are making progress towards NTD control and elimination goals. In 2017, Togo eliminated lymphatic filariasis (LF) as a public health problem and in 2018, Ghana has done the same with trachoma and Egypt with LF. However, these success stories are not the same in all the countries and remain fragile if action taken is not sustained.

While funding for NTDs has increased in the past decade, with around 17.8 billion USD in donations from pharmaceutical companies, donor funding for long-term NTD elimination will be increasingly insufficient for affected countries to achieve their national strategic plan goals. Additionally, this funding has mainly been focused on MDA and high level advocacy leaving behind other interventions such as Surveillance, vector control, WASH health education and promotion which are key if elimination is to be attained. Member States, therefore need to seek new sources of funding, particularly from domestic sources to focus on the disease prevention components mentioned above (Surveillance, vector control, WASH, health education and promotion), and use existing donor funding with greater efficiency in program implementation.

There is a gap in domestic resource mobilization and other forms of support in the Member States with the heaviest burden of NTDs. NTD programs still often do not receive the required priority in government funding. There is a critical need to scale up the advocacy and visibility of NTD programs at international, national and sub-national levels. Achieving the control and ultimate elimination of NTDs must be a high priority for every affected country, not only because of health gains that will be made but also because NTDs control and elimination are critical to the socio- economic development of endemic countries.

The strong collaboration and partnerships with donors and other partners are key to enable Africa to finance its programmes and development on the continent from political leaders to communities. It is important that Member States invest in advocacy campaigns such as the "No to NTDs", which will consolidate the efforts of national programs, private sector companies and civil society organizations and will foster the creation of inclusive accountability systems. The implementation and long-term funding of such advocacy campaigns will ensure the sustainability of our interventions.

An enabling environment to ensure political, social and legislative support of NTD prevention, treatment and care as well as the time-sensitive goal of NTD elimination has core components: a political commitment to NTDs, budget line dedicated to NTD control and elimination, and strong partnerships working in synergy towards NTD control and elimination. This requires commitment and engagement from all levels – from the community to political leaders. Some of the key component necessary for increased resource mobilisation include:

- *i. Increase overall political engagement for NTDs to build-up domestic resources for NTDs;*
- *ii. Build the capacity of civil society organizations to make NTD decision-making spaces more inclusive;*
- *i. Create an enabling environment at national level for increased prioritization of NTD elimination;*
- *i. Develop and implement national level sustainability frameworks that will see NTD programmes integrated into the health system and transitioning from external financing and delivery to domestic financing and delivery;*
- *i. Member states to waive taxes for donated medicines free of charge, NTDs are diseases of the poorest;*
- *i. Develop collaborative local manufacturing and lab capacity for NTD medicines, vaccines and diagnostics;*
- *i. NTD interventions to be incorporated into the essential package of health care under UHC according to national country priorities; stockpile of medicines pre-qualified by WHO can be acquired;*
- *i. Central mechanism to support pooled procurement that can be used for the stock-piling of medicines that can be used for point of care diagnostic or outbreaks such as Rabies, Dengue, Snake-bite e.g. for disease outbreaks;*
- *i. Create an enabling environment for the private sector on the African Continent and civil society partners in NTD interventions e.g. through tax incentives.*

Building support within government is a key driver for success in NTD advocacy efforts. Political will among affected countries to control, eliminate and eradicate NTDs has increased in the last five years. This has been extraordinarily helpful in the progress being made in a number of African countries. Political decisions are made differently depending on the nature of the state, politics, and media. Advocacy with government officials at the national or subnational level is necessary to ensure adequate and sustained political and financial commitment.

Private sector businesses can potentially support government efforts towards the elimination of NTDs. Some Ministries of Health already have in place cooperative Memoranda of Understanding with private sector firms for public health intervention that the NTD elimination campaign can build upon. Often large firms could have dedicated staff to further a business's good corporate citizenship goals as well as foundations through which they channel donations.

7. MONITORING AND EVALUATION

1. NTD Framework Target and Milestones			
Vision			
An Africa free of NTDs.			
Principles			
The implementation will be guided by the following principles:			
• Country ownership with sprit of partnership with stakeholders at all levels;			
• Universal access to NTD services, ensuring access to NTDs without leaving no-one behind;			
• Protection and promotion of human rights;			
• Adaptation of the Continental Framework and targets at country level.			
GOAL: End NTD by 2030			
Objectives		**Milestones and targets**	
	Indicators	2025	2030
Eradication of dracunculiasis by 2030	Number of countries certified free of transmission.	54	55
Eradication of yaws by 2030	Number of countries certified free of transmission.		55
Eliminated NTDs by 2030	Number of countries that have eliminated NTD.	At least by 50%	At least by 90%
Reduce people requiring interventions against NTDs.		At least by 50%	At least by 90%
Reduce in incidence of vector born NTDs cases.		At least by 30%	At least by 60%
Reduce vector born NTD deaths.		At least by 50%	At least by 75%
Reduce the NTD-related DALYs		At least by 50%	At least by 75%
Adopt and implement integrated skin NTD strategies	Number of countries `adopt and implement integrated skin NTD strategies (four countries in 2020).	20	
Integrated treatment coverage index for preventive chemotherapy.	Number of countries with >75% integrated treatment coverage index for preventive chemotherapy.	48	48

2. NTD Framework Strategic Approaches						
Priority interventions	**Indicators**	**Baseline**	**MS**	**Target**		**Means of verification**
				2025	**2030**	
Strategic Approach (1) Increased national investment and budgetary allocation dedicated to NTD programs						
National budget line allocated to NTD program.	Proportion of Member States funding 50% of NTDs budget.	0	55	26	55	CF NTD Biennial Report; WHO NTDs Reports, NTDs Score card/ National Health Account
	Proportion of at risk population protected against out-of-pocket health payment.	0	44	20	44	Domestic Financing score card / National Health account
	Proportion of Member States whose National Health accounts track; NTD allocations and expenditures.	0	44	20	44	CF NTD Biennial Report; WHO NTDs Reports. National Health Account
Establish fully functional NTDs programs in all the Member States	Proportion of Member States with fully functional NTDs programs (min of 5) in all the Member States	0	44	20	44	CF NTD Biennial Report, NTDs Scorecard.
Removal of user fees for NTD services and establishment of advanced social protection structures.	Proportion of Member States with xx% of the population protected against catastrophic/impoverishing out-of-pocket health expenditure due to NTDs.	0	36	16	36	CF NTD Biennial Report, NTDs Scorecard.
	% of population covered for NTDs by UHC and the essential health package.	0	55	26	55	WHO UHC reports
Updated economic case for investment in NTDs and supporting case studies.	Number of case studies and economic investment case produced.	0	44	20	44	Agenda 2063 progress report
Strategic Approach (2) Human resources mobilization						
Engage Member States to ensure that NTDs programs are appropriately staffed with skilled staff for sustainability to be attained.	Proportion of countries with integrated NTD program with appropriate staff.	0	44	20	44	CF NTD Biennial Report; WHO NTDs Reports,
Ensure capacity building of staff for skills aligned to program needs including entomology.	Proportion of countries with appropriately trained health staff for NTDs as defined in the country master plan	0	44	20	44	CF NTD Biennial Report; WHO NTDs Reports,
	Proportion of countries with dedicated medical entomologist for the vector borne NTDs.	0	44	20	44	CF NTD Biennial Report; WHO NTDs Reports,

	Proportion of countries including a component on NTDs in the training packages of pre-service training of health workers.	0	44	20	44	CF NTD Biennial Report; WHO NTDs Reports,
Strategic Approach (3) Integration and coordination of initiatives						
Support member states in the integration and coordination of intervention by implementing partners towards NTDs initiatives.	Proportion of countries with a functional coordination mechanism for partners working across NTDs.	0	44	20	44	CF NTD Biennial Report; WHO NTDs Reports,
Support the coordination of NTDs initiatives and advocate for the programs to be housed by one ministry with the mandate of NTDs.	Proportion of countries with integrated NTD program structure	0	44	20	44	CF NTD Biennial Report; WHO NTDs Reports,
Support high level coordination group with relevant sectors.	Proportion of countries with a formal and functional multisectoral collaboration and coordination mechanism for partners working across NTDs	0	44	20	44	CF NTD Biennial Report; WHO NTDs Reports,
Ensure that the focus for financing for programs towards NTDs does not focus only on drug distribution and case management but financing for other strategic components should be included if elimination is to be attained.	Proportion of countries with funding for non-MDA and case management activities like vector control, health education, and WASH	0	36	16	36	CF NTD Biennial Report; WHO NTDs Reports,
Strategic Approach (4) Partnership and collaboration						
Member States to engage all their relevant sectors critical for elimination to be attained and ensure that there is a common understanding of the objectives, activities, and accountability to be undertaken in NTDs are to be eliminated.	Proportion of countries with a formal and functional multisectoral collaboration and coordination mechanism for partners working across NTDs	0	44	20	44	CF NTD Biennial Report; WHO NTDs Reports,
Ministries of Health mandated with NTDs to advocate to others relevant international, continental and regional stakeholders for collaboration and integration towards the elimination of NTDs.	Proportion of countries with a formal and functional continental and regional collaboration and coordination mechanism for partners working across NTDs	0	44	20	44	CF NTD Biennial Report; WHO NTDs Reports,
Strategic Approach (4) Community engagement and ownership						

Member States should ensure that affected communities are engaged in the activities on NTDs from program inception up to implementation and feedback.	Proportion of countries that include communities in program inception, implementation, and feedback.	0	50	25	50	CF NTD Biennial Report; WHO NTDs Reports,
Communities should be the custodian of these initiatives as they are the affected individuals to ensure continuity.	Defined system for decision-making, with Community-Based Groups becoming the decision-makers.	0	50	25	50	CF NTD Biennial Report; WHO NTDs Reports,
	System to promote community involvement in strategic decision-making.	0	50	25	50	CF NTD Biennial Report; WHO NTDs Reports,
Partners should engage appropriately with existing communities and utilize their existing structures in the implementations of activities.	Proportion of community engagement approaches and models adapted to the local context.	0	44	20	44	CF NTD Biennial Report; WHO NTDs Reports,
	Adaptability and flexibility prioritized in the design of the NTDs initiative	0	44	20	44	CF NTD Biennial Report; WHO NTDs Reports,
	Linguistically and culturally appropriate formats used to communicate with the communities	0	44	20	44	CF NTD Biennial Report; WHO NTDs Reports,
Strategic Approach (5) Integration with other programs						
Integrate NTDs activities into existing programs into primary health care services.	Proportion of NTD activities embedded within the existing primary health care programs	0	36	16	36	CF NTD Biennial Report; WHO NTDs Reports,
Integrate a component on NTDs in the training packages of pre-service training package of health workers	Proportion of NTDs content in the training packages of pre-service training package of health workers	0	36	16	36	CF NTD Biennial Report; WHO NTDs Reports,
Strategic Approach (6) Utilization of alternative strategies						
Ensure the inclusion of vector control and health education and promotion in the intervention package for the control of NTDs	Proportion of vector control and health education and promotion in the intervention package for the control of NTDs	0	36	16	36	CF NTD Biennial Report; WHO NTDs Reports,
Strategic Approach (7) Surveillance, data, research, development and innovation						
African Union and other partners to advocate for increased funding toward research and development of NTDs	Annually increasing NTD research dollars that are invested in Africa (Gap finder)	0	44	20	44	CF NTD Biennial Report; WHO NTDs Reports,
Countries to create an enabling environment for R &D.	Increasing number of Africa related NTD publications annually.	0	36	16	36	CF NTD Biennial Report; WHO NTDs Reports,
Create relationships with Africa researcher and laboratories	African researcher meet annually to discuss	0	44	20	44	CF NTD Biennial Report; WHO NTDs Reports,

Countries to conduct researches on NTD	ESPEN African laboratory network for NTDs functional and serving the needs of countries	0	36	16	36	CF NTD Biennial Report; ESTI reports
Strategic Approach (8) Increase high level political commitment, leadership and governance on NTDs.						
Promote the NTD continental Framework at the continental, regional and national levels.	Presence of costed roadmap on the control and elimination of neglected tropical diseases (NTDs).	0	50	25	50	CF NTD Biennial Report; WHO NTDs Reports,
Integration of NTD interventions into the national health system and other health services.	Presence of national health policy frameworks and plans that integrates NTDs into the national health system and essential health package.	0	50	25	50	CF NTD Biennial Report; WHO NTDs Reports,
Updated NTD strategies at country level.	Presence of NTD master plan at country level.	0	50	25	50	CF NTD Biennial Report; WHO NTDs Reports,
Strategic Approach (9) Ensure accountability and strengthen monitoring and evaluation						
Engagement of African Leaders on the NTDs agenda.	Number of African Heads of States committing to the NTDs agenda by signing onto the Continental Framework.	0	44	20	44	AU Head of States report
An AU resolution on the Continental Framework on the Control and Elimination of Neglected Tropical Diseases in Africa by the Year 2030 is passed.	One resolution passed.	0	1	1	1	AUC meeting report
Establish an accountability scorecard on NTDs.	Creation of country scorecards on NTDs.	0	50	25	50	Dissemination of country scorecards.
Engagement of African Leaders on the NTDs agenda.	Scorecard used annually to follow progress	0	36	25	36	AU Head of States report

8. REPORTING AND ACCOUNTABILITY FRAMEWORK

Looking forward into the next decade, AU member states, through various Heads of State and Government platforms, have emphasized the need to rid of all the NTDs with all communicable diseases such as Ebola emerging and re-emerging diseases under control and ensure that its expected results and impact are fully realized. AHS 2016-2030 provides the mandate for robust M&E and reporting through augmenting and using existing continental reporting frameworks. The accountability on results and impact in eradicating NTDs shall entail: increased national financing through innovative and sustainable funding mechanisms and allocation of domestic resources for health intervention; a new paradigm in reducing the diseases burden such as improvement in governance, accountability and stewardship through the strengthening of health research, innovation, ICTs for health and community engagement; and strengthening of multi-sectoral collaboration and partnerships in addressing the social determinants of health a component that vital for attaining the elimination of NTDs as their control is multi-sectoral.

To guide AU Member States during their process of developing and implementing NTDs plans, the AUC shall coordinate the development of the Guidelines for the Biennial Reporting Process and developing an appropriate Scorecard. These guidelines shall provide tools and clarify the thematic areas of the country report to the AU assembly, and to anticipate on the coordination and partners engagement strategy in establishing the continental mechanism to conduct the regular exercise of preparing the Biennial Report to the AU Assembly, with the Inaugural Biennial Report expected during the STC-HPDC-5 and at the 2025 Assembly. This Inaugural Biennial Report that is intended to be prepared through a pioneer exercise during the year 2023 and will engaged all the RECs; 55 AU member states through existing partnerships and collaboration with UN Agencies and CSOs. It is crucial for the Biennial Reports and their concomitant Scorecards to follow established AU methods and pathways of reporting to enhance ownership.

9. INSTITUTIONAL ROLES AND RESPONSIBILITIES

a) The African Union Commission (AUC):

In order to ensure that the leadership and ownership of NTDs programs in Member States, the lead role for coordinating and overseeing the implementation of the Continental framework will rest with the AUC with support from RECs and UN agencies. The Commission will coordinate the operationalisation of the Continental framework which will include strategic advocacy with the AU organs and key policy makers on the continent and beyond. The Commission will support resource mobilisation, monitoring and evaluation, dissemination of good practices and harmonisation of policies and strategic approaches.

The Commission shall also advocate for increased domestic financing for NTD program within its Member States and establishment of fully functional institutions. The Commission will also support national advocacy for the coordination and harmonisation of interventions for NTDs with ministries and between various donors supporting these programs. Implementation of the Continental framework is consistent with the various health instruments such as the AHS and the Agenda 2063: The Africa We Want" which call for the elimination of NTDs by 2030. Additionally the Commission through its various organs will advocate for increased prominence of NTDs by ensuring these diseases are on each health agenda and progress attained is brought to the attention of senior government officials and Heads of States.

b) Regional Economic Communities (RECs):

RECs will provide technical support to Member States and advocate for increased resources for NTD programs. The RECs will ensure a coherent and coordinated approach to the implementation of the Continental framework within the regions and promote cross border collaboration. The RECs will also support countries in ensuring that the framework is domesticated into the national policies and programmes, and also the monitoring and reporting of this framework to promote accountability. The RECs supporting advocacy, development and management of cross-border and cross-country initiatives and projects.

c) Member States:

Member States will take overall responsibility, ownership and leadership for the implementation of the Continental Framework for NTDs 2020-2030. Countries will align their national NTDs action plan to the continental framework and endeavour to implement the strategic approaches highlighted in the document. Member States are also expected to create an enabling environment for coordination and harmonisation of the implementation of the framework within relevant ministries such health, education, local government etc., and between various stakeholders. National governments will undertake the critical role of mobilisation of adequate domestic resources for the operations of the NTDs programs and implementation of the framework. Member States are also expected to adopt and incorporate the strategic approaches into their national health and multi-sectoral policy instruments. Countries are expected to put in place strong leadership efforts to ensure that the required advocacy, governance and actions are implemented in order to demonstrate their ownership of the Continental framework. Member States will undertake monitoring and reporting at country level to the RECs and Commission. Member States are also required to ensure the full engagement of communities, CSOs and the private sector from the inception stage in the implementation of the framework for NTDs.

d) International Development Partners:

Developmental partners including WHO, other UN agencies, bilateral and multi-lateral organizations, philanthropic foundations and international partnerships will contribute through technical assistance and implementation of the Continental framework on NTDs. Partners will support countries in the development of policies, normative guidelines, strengthening of informations systems and data collection, M&E systems and accountability frameworks for the elimination of NTDs in Africa. Additionally, partners are expected to support Member states in mobilisation of finances for the implementation of comprehensive programs for the control of NTDs by changing the focus from one or two standalone initiatives to all the recommended interventions.

e) Civil Society Organizations:

CSO play an important role in supporting the implementation of policies and advocating for accountability and community mobilisation. CSO will also be expected to play an increasing role in the provision of strategic information, capacity development and resource mobilisation for the implementation of continental framework for NTDs. As key stakeholders, CSO should play an active role promoting accountability at national, regional and continental level in the implementation of the framework.

f) Private Sector, research institutions and academia:

The Private sector and research community shall be responsible for generating and sharing evidence for programming. This includes data on epidemiology, socio-cultural aspects, attitudes, practices as well as support for knowledge generation and its translation to policy, practice and innovation. These sectors will provide a platform for the development of innovative technologies for the diagnosis and treatment of NTDs.

g) Communities:

Communities are increasingly becoming change agents in health care and service delivery. The utilisation of community health workers promotes ownership of the programs and ensure the integration of health at lower levels into the public health systems at national level. Communities are expected to strengthen ownership in NTD programmes including in key components such as health education, good hygiene practices and basic vector control interventions such as covering utilised latrines, wearing of shoes, washing of hands and faces, keeping the environments clean to prevent breeding sites for vectors.

10. SUMMARY OF INSTITUTIONAL ROLES AND RESPONSIBILITIES

Continental Framework on NTDs	Goal	Objectives & Strategic approaches	Cross-Cutting Functions
AUC	• Prioritise ending NTDs to achieve their goal of the Africa Health Strategy (AHS) 2016–2030 is to ensure healthy lives and promote the well-being for all in Africa, in the context of 'Agenda 2063: The Africa We Want' and the SDGs.	• Working to enhance financial sustainability of national NTD programmes • Pledge to increase domestic investments and work towards global NTD control & elimination targets	• Continental Advocacy for increased Financing towards NTDs
RECs	• Mobilise financial and technical resources for the coordination of NTD elimination	• Regional and cross-border interventions will be implemented in order to strengthen the strategies for controlling NTDs in the cross-border areas where prevalence and transmission of the diseases is highest and access to services lowest.	• Promotion of partnerships and collaborations
Member States	• National leadership in the control, elimination, and eradication of NTDs	• Integration of intervention towards the control of NTDs • National multi- sectoral coordination within various ministries and local stakeholders	• Promotion of partnerships and collaborations
WHO	• To support members states to achieve the SDG target 3.3 related to NTDs and targets stated in the NTD roadmap	• To support the development and updating of evidence-based norms, standards, policies, guidelines and strategies and research for prevention, control and elimination of neglected tropical diseases. • To monitor progress in achieving the targets set in the NTD roadmap 2030, and to provide support to Member States to strengthen national surveillance systems;	• Global advocacy and member state commitments through WHA resolutions; • to encourage and support initiatives to discover and obtain new diagnostic tools, medicines and vector control measures, and one health approaches; • to define research priorities and support implementation research

		to provide support to Member States to strengthen human resource capacity for prevention, diagnosis and control of neglected tropical diseases, scaling up of interventions including vector control and veterinary public health;	capacity and to increase the efficacy and cost–effectiveness of interventions;
International Development Partners	• Mobilize political, technical and financial resources to accelerate the elimination of NTDs	• Provision of support for research development and technologies	• Engagement and collaboration among the international stakeholders to support research initiatives within countries.
Civil Society & Communities	• Engage the media, parliamentarians, and elected officials at a community level in the fight against NTDs	• Engage parliamentarians on policy and financing for sustainable NTD control and elimination programs. • Build accountability and increase ownership of NTD-related issues. • Build capacity to develop and implement locally relevant advocacy strategies. • Strengthen the role of media in accountability in the financing and implementation of NTD control and elimination programs. • Engage local elected officials in workshops on NTD key messages and best means of communicating educational messages to community	• Promotion of partnerships and collaborations for the control of NTDs • Accountability and reporting for NTDs.
Private Sector	Financial contribution and/or implementation of workplace policies and other actions that seek to protect employees from NTDs.	• Support country, regional and continental efforts towards the control, elimination and eradication of NTDs	Increased financing toward integrated approaches to the control of NTDs.

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