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# ELIMINATING NEGLECTED TROPICAL DISEASES



AFRICA HEALTH  
ORGANISATION

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AHO PLAN OF ACTION FOR THE ELIMINATION  
OF NEGLECTED TROPICAL DISEASES 2020-2030

## Partners



# Preface

The Plan of Action for the Elimination of Neglected Tropical Diseases and Post-Elimination Actions 2020-2030 provides the background and contextual significance, implementation measures, and thorough strategic lines of action to ensure Africa reaches the finish line in defeating Neglected Tropical Diseases.

The prevalence of Neglected Infectious Diseases leads to serious adverse health outcomes and poverty, whilst the Zoonotic NTDs present economic problems because of the threat to livestock and the market value of products. Despite some progress coming in the form of complete elimination in specific areas, many regions still require evidence-based health interventions to protect human lives, in rural farming communities and beyond. The plan of action allocates resources efficiently and tackles different NTDs in the most effective way, considering how cost-effective the corresponding available tools are, or how integrated and innovative the management tools are in order to achieve the greatest possible health outcomes.

The efforts from around the globe, including the WHO's 2007 Global Plan to Combat Neglected Tropical Diseases and the 2012 London declaration on Neglected Tropical Diseases, can only be strengthened by the AHO Plan of Action for elimination and its innovative approaches to achieving post elimination targets. The WHO Roadmap on NTDs for 2020 and the UN 2030 Sustainable Development Goals provide clear guidance regarding the goals of this Plan of Action and help pinpoint key areas for the AHO and Member States to collaboratively target in an intelligent, compassionate manner that promises tangible change for those affected by NTDs.



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## Introduction

1. The neglected tropical diseases (NTDs) and other poverty-related infections, sometimes are known as the neglected infectious diseases (NIDs), rank together with HIV/AIDS, malaria, and tuberculosis as among the most common serious infections both globally and in Africa. The NTDs have created a large burden on the lives of marginalized populations across the globe and in Africa. For example, an estimated 46 million children in 25 countries live in areas of risk of infection and re-infection with soil-transmitted helminths (hookworms, *Ascaris lumbricoides*, and *Trichuris trichiura*) (3), often compounded by co-infections with other parasites and microorganisms. In addition, AHO estimates that about 11 million people remain at risk of blinding trachoma. Furthermore, 70.2 million people are at risk of human African Trypanosomiasis disease due to poor housing quality and the presence of insect vectors, while approximately 5.7 million persons are currently infected.

2. The NIDs, in addition to their direct burden of morbidity, mortality, disability, and stigma, have created a significant social and financial burden on poor and marginalized groups because they contribute to the cycle of poverty. Significant advances toward the control and elimination of these diseases have been made in the Region in the last eight years, a period when three related resolutions on NTDs (whose life cycle concluded in 2017) were passed by the Council: Towards the Elimination of Onchocerciasis (River Blindness) in Africa, Elimination of Neglected Diseases and Other Poverty-Related Infections and Strategy and Plan of Action for human African Trypanosomiasis Prevention, Control, and Care. A final report on these three resolutions is presented in Annex A. However, the goals set in each of the three AHO resolutions on neglected infectious diseases were not fully met, and a new comprehensive regional strategic Plan of Action for Neglected Infectious Diseases and Post-Elimination Actions is needed.

3. The Plan of Action proposed for 2020-2030 is based on six strategic lines of action that are in accord with the WHO Roadmap for NTDs and Resolution WHA66.12 (2013), discussed further below. The six-year Plan of Action proposes up-to-date, clear and innovative lines of action to reduce morbidity, disability, and mortality; address stigma; and more rapidly advance efforts to eliminate NIDs as public health problems and stop NTD transmission among and to humans. The Plan of Action will principally address the surveillance, management, control, and elimination of 13 diseases: blinding trachoma, Chagas disease, cystic echinococcosis/hydatidosis, fascioliasis, human plague, leishmaniasis, leprosy (Hansen's disease), lymphatic filariasis, onchocerciasis (river blindness), dog-mediated human rabies, schistosomiasis, soil-transmitted helminthiasis, and taeniasis/cysticercosis. There is still a need to evaluate and document the regional epidemiological situation with respect to other NTDs such as brucellosis, Buruli ulcer, strongyloidiasis, ectoparasitic infections (e.g., scabies, tungiasis), selected fungal infections, myiasis, and yaws (one of the endemic treponematoses), as well as poisoning by venomous snakes and arthropods. Although not infectious, the burden of disease caused by snake bites is considerable in Africa.

## **Background**

4. Since the adoption of the WHO Global Plan to Combat Neglected Tropical Diseases (2007) and AHO Resolution (2019) for the Elimination of Neglected Diseases and Other Poverty-Related Infections 2020-2030, there has been a growing global and regional commitment to control and eliminate such diseases, including the launching in 2012 of the WHO “Roadmap for NTDs”. Soon thereafter, support for this Roadmap was offered in the form of the London Declaration on Neglected Tropical Diseases (2012, a document signed by key supporters (bilateral, multilateral, and private-sector organizations; pharmaceutical companies; nongovernmental development organizations; and a number of ministries of health) of the work of WHO’s Department of Control of NTD. In addition, in 2013, the African Union to politically support the regional initiative created by AHO Resolution, and that same year the World Health Assembly adopted Resolution WHA66.12 on Neglected Tropical Diseases as a general framework for combating NTDs.

5. The AHO Strategic Plan 2020-2030 includes as indicators for Impact Goal 8 the elimination of onchocerciasis in four countries, the elimination of vectorial transmission of trypanosomiasis disease in 21 countries by 2029, and zero human cases of dog-mediated human rabies in the 35 Member States. In Category 1 (Communicable Diseases), Program Areas 1.3 and 1.4 include increasing diagnosis and treatment coverage for different clinical forms of trypanosomiasis disease, leishmaniasis, leprosy, lymphatic filariasis, schistosomiasis, soil-transmitted helminthiasis, onchocerciasis, and trachoma(see Annex C).

## **Situation Analysis**

6. In addition to the health and poverty-related problems caused by NTDs Zoonotic NTDs affect human and animal health and production and cause further economic losses (market value of products), particularly in poor rural farming communities. Given the diversity of neglected infectious diseases, challenges remain in terms of achieving the goals of controlling and eliminating prioritized NTDs, along with implementing measures to prevent their reintroduction and to sustain achievements to 2030 (the date established for reaching the UN Sustainable Development Goals) and beyond.

7. A number of countries and territories in Africa have interrupted or eliminated transmission of one or more NTDs in all or part of their national territory. Although we are approaching “the last mile” to reach regional elimination (i.e., interruption of disease transmission to humans) of several NTDs, elimination goals have not yet been met in all countries. We still need to reach with deworming medicines about 11.7 million children under 15 years old (3), and other children, need treatment for fascioliasis and cystic echinococcosis. In addition, many people with chronic forms of trypanosomiasis disease and cutaneous and mucosal leishmaniasis are in need of affordable access to effective and safe medicines. Preventing all human deaths from plague, visceral leishmaniasis, cystic echinococcosis/hydatidosis, and human taeniasis/cysticercosis remain elusive regional targets and require the support of other sectors such as animal health and production. Progress has been made in describing the epidemiological situation of plague in Africa as well as developing a strategic plan and an updated version of the guidelines for surveillance and control in endemic

countries; however, its elimination requires prioritization of surveillance and control in the public health agenda.

8. These challenges need to be addressed in Africa through comprehensive and evidence-based public health interventions involving intersectoral collaborations, but also in a cross-cutting manner that can address the health needs of neglected populations: the poor living in remote rural areas, residents of slums and periurban shantytowns, indigenous communities and indigenous-descendent settlements, prisoners and other confined special populations, migrants, and refugees. In addition, actions should be focused on the special needs of women and children in any impoverished community or marginalized population. Furthermore, we are reminded that these special risk populations epitomize Africa's continual challenges with respect to achieving health for all and the full realization of health in the framework of human rights.

9. Successful implementation of this new Plan of Action will require integrated inter-programmatic actions to efficiently reach elimination and control goals in a timely and cost-efficient manner. Also, the plan should articulate well with other program areas of the AHO Strategic Plan such as malaria, vaccine-preventable diseases, food safety, epidemic and pandemic-prone diseases, and access to medicines and health services as appropriate. As well, an intersectoral approach is needed to tackle the environmental and

social determinants of these infections and conditions as a means of controlling and eventually ending their transmission. In the case of zoonotic NTDs, there is ample evidence that the most cost-effective way of preventing these diseases in humans and sustaining elimination is by means of interventions at the animal source. In 2018, an AHO expert consultation on disease elimination in Africa highlighted these challenges and provided recommendations to integrate and accelerate efforts in the Americas for the control and elimination of NTDs, as well as progress on actions to avoid the reintroduction or recrudescence of these diseases in the post-elimination phase.

10. In the face of the diverse epidemiological and geographical distribution of the neglected infectious diseases, there are a number of reasons why countries have not reached all of the regional goals or maintained the achievements of surveillance, prevention, control, and elimination of priority NTDs: *a)* lack of timely and affordable access to essential medicines, diagnostic tests, vaccines, and equipment to reduce the burden of disease; *b)* lack of adequate human resources and sufficient funding for proper surveillance, screening, and monitoring of entomological interventions for various NTDs transmitted by vectors; *c)* weak monitoring and evaluation systems; *d)* low visibility of NTDs and lack of political will at the higher governmental levels, delaying achievement of national and subnational elimination goals; *e)* poverty and gaps in health education, good hygienic practices, access to adequate sanitation and safe water, and social participation; *f)* limited or no access to health services for NID treatment and prevention at the primary (e.g., perinatal services) and secondary health care levels; *g)* failure to capitalize on inter-programmatic, intersectoral, and inter-country opportunities for disease elimination and control and on donations of NTD medicines by WHO; *h)* limited human and animal health coordination efforts or sustained interventions at the animal source to tackle zoonotic NTDs; and *i)* lack of proven strategies and interventions to

tackle the post-elimination public health issues remaining in communities where NTD transmission has stopped. The Plan of Action lists a set of general objectives and strategies to address the cross-cutting themes and underlying causes of the continuing presence of NTDs. The plan will incorporate lessons learned in Africa and best practices as recognized in various WHO NTD guidelines and policy briefs, as well as published scientific papers.

### **Proposal**

11. The new strategic Plan of Action for Neglected Tropical Diseases and Post-Elimination Actions is focused on elimination and scaled-up control of NTDs and tackling community needs in the post-elimination phase. The plan will take into account the lessons learned in the three AHO resolutions on NTDs and remaining work to be done on elimination. The objective of the plan is to reach and maintain disease elimination in order to meet the goals set out in the WHO Roadmap on NTDs for 2020 and the UN Sustainable Development Goals by 2030. The accompanying proposed resolution (Annex B), if approved, will validate the objectives of the Plan of Action and make public the commitment of the Member States and AHO collectively, to meet them.

### **Plan of Action (2020-2030)**

12. The general objectives and priorities of the Plan of Action, which can be reached through the strategic lines of action (below), are to:

- a) Interrupt transmission of and eliminate eight NTDs for which there are cost-effective tools: blinding trachoma, African trypanosomiasis disease, dog-mediated human rabies, leprosy (Hansen's disease; eliminated as a public health problem), human taeniasis/cysticercosis, lymphatic filariasis, onchocerciasis (river blindness), and schistosomiasis.
- b) Prevent, control, and reduce the burden of disease from five NTDs for which there are integrated and innovative management tools: cystic echinococcosis/hydatidosis, fascioliasis, human plague, leishmaniasis (cutaneous and visceral), and soil-transmitted helminthiasis.
- c) Assess the continental epidemiological situation with respect to other NTDs affecting groups living in vulnerable conditions, such as brucellosis, Buruli ulcer, ectoparasitic infections (e.g., lice, scabies, tungiasis), selected fungal infections, myiasis, strongyloidiasis, venomous snake bite and arthropod bite poisonings, and yaws, including gap assessment of the current systems for the detection and monitoring of these NTDs.
- d) Reduce the risk of recrudescence or reintroduction of any NTD in the post-elimination phase.

# Strategic Lines of Action

13. Member States, in collaboration with AHO, will support the following strategic lines of action and accompanying objectives and indicators

***Strategic Line of Action 1: Strengthen innovative and intensified disease surveillance, diagnosis, and clinical case management of NTDs problem***

a) Identify obstacles to implementing control and elimination actions at the national and subnational levels, according to the epidemiological status and capacities of the national health system in each country, and tailor and implement strategies to scale up early detection and diagnosis, prompt treatment, high-quality care, systematic screening, and adequate monitoring and epidemiological surveillance of NTDs, including capture of gender and age-related data.

b) Establish innovative approaches to tackling several diseases affecting the same population groups living in vulnerable conditions through the design and implementation of strategies that change existing routine management measures and accelerate the reduction of disease prevalence to near elimination. Operational research and implementation science are important to identify system bottlenecks and create innovative approaches to addressing NIDs.

c) Develop, implement, monitor, and evaluate national and subnational integrated plans, programs, projects, or strategies to tackle multiple NIDs and their determinants. Establishing task forces with delegates from inter-programmatic and intersectoral partners and stakeholders is critical to define packages of interventions to tackle multiple NIDs, including the estimation of costs and financial gaps of operational plans to be fully implemented, as well as to advocate for and help to sustain the commitment with control and elimination goals at the highest governmental level.

d) Improve case detection and decentralize clinical management to prevent mortality, reduce morbidity, and interrupt transmission of NTDs among and to humans. This includes improving the skills and capacities of health workers and health facilities at all levels for morbidity management and disability prevention to tackle stigma and discrimination caused by NTDs.

e) Deliver effective, safe, and quality-assured health interventions, including diagnostic tools and treatments, and improve access to medicines for all.

f) Expand inter-country, South to South, and subregional initiatives to place NIDs at the highest political agenda levels and promote common approaches among countries sharing similar challenges.

g) Strengthen cross-border initiatives to tackle NTDs affecting people living in vulnerable conditions in remote and difficult-to-reach geographical border areas.



Objective	Indicator	Baseline 2020	Target 2030
<b>1.1</b> Reduce the lethality rate of visceral leishmaniasis and the proportion of children with cutaneous leishmaniasis	<b>1.1.1</b> Number of endemic countries that have reduced the lethality rate of visceral leishmaniasis by 50%	0	5
	<b>1.1.2</b> Number of endemic countries that have reduced the proportion of children under 10 years old with cutaneous leishmaniasis by 50%	0	10
<b>1.2</b> Accelerate actions to interrupt domiciliary transmission of African Trypanosomiasis disease by the principal vectors	<b>1.2.1</b> Number of endemic countries and territories where the entire endemic country or territory, or the endemic territorial subdivision, has a domestic infestation index (either by the principal triatomine vector species or by the substitute vector) of less than or equal to 1%	0	10
<b>1.3</b> Further reduce the burden of leprosy	<b>1.3.1</b> Number of endemic countries and territories with a high burden of leprosy that have less than one new case per million population with grade 2 disabilities at diagnosis	0	5
	<b>1.3.2</b> Number of endemic countries that have eliminated leprosy as a public health problem at the first subnational level	0	5
<b>1.4</b> Implement diagnosis and case management of cystic echinococcosis/ hydatidosis patients	<b>1.4.1</b> Number of endemic countries that have implemented sensitive serological and ultrasound screening for cystic echinococcosis/hydatidosis in endemic areas	0	7
	<b>1.4.2</b> Number of endemic countries that monitor and characterize the number of treated people screened for cystic echinococcosis/hydatidosis in endemic areas	0	5
<b>1.5</b> Strengthen case and event management of human plague in the framework of the IHR through improved clinical and diagnostic protocols	<b>1.5.1</b> Number of plague-endemic countries with improved surveillance and clinical and laboratory network diagnosis capabilities	0	10

***Strategic Line of Action 2: Strengthen preventive chemotherapy and increase access to basic health care for NTDs***

- a) Scale up preventive chemotherapy through widespread delivery of safe, single-dose, quality-assured medicines, either alone or in combination, at regular intervals and with optimal coverage to treat selected NTDs for which effectiveness has been demonstrated. This includes ensuring improved accessibility and affordability of medicines for those in need of preventive chemotherapy by leveraging a number of mechanisms, such as donations of medicines offered through WHO.
- b) Promote integration of preventive chemotherapy and other large-scale interventions for NTDs in public health platforms already in place to reach populations in need of treatment, thus optimizing installed capacities (e.g., integration of deworming for STH during Vaccination Week in the Africa to reach preschool-age children). Integrated activities result in increased cost-effectiveness, enhanced health impact, political advantages, improved logistical convenience, and better timing.
- c) Reinforce monitoring, evaluation, and operational/implementation research as a means of improving decision-making processes throughout the life cycle of programs designed to control and eliminate NTDs, including definitions of criteria to scale up preventive chemotherapy and other interventions, sentinel surveillance, transmission assessment surveys, impact surveys, surveillance of severe adverse events, surveillance of drug efficacy, and post-treatment and post-elimination surveillance.

Objective	Indicator	Baseline 2020	Target 2030
<b>2.1</b> Increase access to preventive chemotherapy for populations at risk of selected NTDs according to AHO/WHO recommendations	<b>2.1.1</b> Number of endemic countries that have achieved the recommended treatment target coverage <sup>6</sup> of the population at risk of the following necessary to interrupt transmission, depending on the country's epidemiological situation:		
	Lymphatic filariasis	0	5
	Soil transmitted helminthiasis	0	5
	Schistosomiasis	0	5
	Trachoma	0	5
	Onchocerciasis	0	5
<b>2.2</b> Eliminate NTDs that are targeted for preventive chemotherapy, including collection of evidence to support elimination	<b>2.2.1</b> Number of endemic countries that have eliminated transmission of onchocerciasis and schistosomiasis and have eliminated lymphatic filariasis and blinding trachoma as a	0	4

	public health problem		
	Onchocerciasis	0	4
	Schistosomiasis	0	4
	Lymphatic filariasis	0	4
	Blinding trachoma	0	4
<b>2.3</b> Increase access of at-risk and exposed people to quality rabies immune globulin (RIG) and rabies human vaccine	<b>2.3.1</b> Number of endemic countries with prompt availability of cell culture vaccine and RIG for at-risk and/or exposed people	0	5

***Strategic Line of Action 3: Strengthen integrated management of vectors***

a) Combine different interventions in an effective manner through comprehensive and inter-programmatic collaborations within the health sector and with other sectors, including agriculture and the environment, to scale up integrated vector management. This approach improves the efficacy, cost-effectiveness, ecological soundness, and sustainability of disease control measures used to tackle vectorborne NTDs.

b) Reinforce rational decision-making in terms of the optimal and integrated use of resources against single or multiple vector-borne NIDs to reduce vectorial capacity.

c) Strengthen subnational, national, and regional entomology capacities to support entomological surveillance as a means of controlling and eliminating NTDs according to the epidemiological situation in each country.

d) Carry out operational research/implementation efforts to establish effective, feasible, and sustainable integrated vector management interventions according to the epidemiological situation in each country.

Objective	Indicator	Baseline 2020	Target 2030
<b>3.1</b> Strengthen integrated management of NTD vectors	<b>3.1.1</b> Number of NTD-endemic countries that have applied strategies related to the integrated management of vectors, according to their epidemiological situation	0	5
	<b>3.1.2</b> Number of endemic countries that have strengthened their capacity in terms of NTD entomology, according to their epidemiological situation	0	10

***Strategic Line of Action 4: Strengthen the prevention of select neglected zoonoses through a veterinary public health/One Health approach***

a) Tailor interventions to break the human-animal-environmental cycle of transmission of neglected zoonotic diseases through an intersectoral collaboration covering the three areas of interest involved in the cycle: human health, veterinary health, and environmental health.

b) Foster intersectoral and interdisciplinary collaborations across the different sectors related to the interventions to tackle neglected zoonotic diseases in the framework of a veterinary public health/One Health approach.

c) Promote and implement cross-border initiatives to tackle neglected zoonotic diseases that are common to population groups living in difficult-to-reach geographical border areas.

d) Improve coordinated actions between countries to prevent and respond to both endemic and epidemic zoonotic diseases by linking efforts targeting people, animals, food, and the environment. This includes reinforcement of surveillance data on zoonoses and public awareness of the threat to public health of zoonoses.

e) Increase national and subnational capacities to establish the burden of neglected zoonotic diseases, implement surveillance and reporting systems, promote research, install laboratory capacities to support diagnoses, guarantee supplies and medicines, diagnostic tests and equipment and formulate and implement integrated plans of action to tackle single or multiple neglected zoonotic diseases according to the epidemiological status in each country.

Objective	Indicator	Baseline 2020	Target 2030
4.1 Strengthen the prevention of prioritized zoonoses through a veterinary public health/One Health approach	4.1.1 Number of endemic countries with established capacity and processes to control or eliminate human taeniasis/ cysticercosis (HT/C) and cystic echinococcosis/ hydatidosis (CE/H) through a veterinary public health/One Health approach	HT/C 0	HT/C 5
	4.1.2 Number of plague-endemic countries and territories that have established a specific cross-sectoral, integrative, and multidisciplinary plan or norm for plague prevention, surveillance, and control	CE/H 0	CE/H 5
4.2 Increase countries' capacity to eliminate	4.2.1 Number of endemic countries and territories with established capacity and effective processes to eliminate dogmediated	30	54

dogmediated human rabies	human rabies		
	<b>4.2.2</b> Number of endemic countries and territories that can provide evidence confirming they had no autochthonous canine rabies cases in the last two years	0	10
<b>4.3</b> Strengthen cross-border coordination to improve surveillance and control	<b>4.3.1</b> Number of endemic countries that work collaboratively to strengthen crossborder surveillance of animal sources of rabies, cystic echinococcosis/hydatidosis (CE/H), brucellosis, and visceral leishmaniasis	Rabies 0	Rabies 10
		CE/H 0	CE/H 10
		Brucellosis 0	Brucellosis 10
		Visceral Leishmaniasis 0	Visceral Leishmaniasis 5

***Strategic Line of Action 5: Adopt intersectoral approaches to reduce the risk of NTD transmission through increased access to safe water, basic sanitation, hygiene, and improved housing conditions***

- a) Foster new intersectoral networks of partners and stakeholders at the national and subnational levels to support the expansion of approaches designed to increase access to safe water, basic sanitation, hygiene, and to improved housing conditions with the goal of reducing the risk of NTD transmission through environmental management and lasting behavioral change and through services that improve community development and enable communities to sustain change. These partners and stakeholders should be included as part of the task forces created in countries to support plans, programs, projects, and strategies to tackle NTDs.
- b) Implement water, sanitation, and hygiene (WASH) strategies as part of national and subnational initiatives addressing NTDs in order to maximize the effectiveness of WASH interventions for NTD control and elimination.
- c) Facilitate collaboration between the national institutions responsible for WASH and NTDs at the country level to ensure that NTDs are part of the decision-making process for implementation of WASH initiatives, and vice versa.
- d) Increase the evidence base on how to deliver effective WASH interventions for NTD control and elimination and embed relevant findings in guidance and practice.

Objective	Indicator	Baseline 2020	Target 2030
<b>5.1</b> Develop new partnerships and networks of partners and stakeholders in NTD-endemic countries to tackle the social determinants of health and improve living conditions	<b>5.1.1</b> Number of NTD-endemic countries that establish new networks or groups of partners and stakeholders to support the development and implementation of interprogrammatic and/or intersectoral actions designed to improve living conditions (e.g., potable water, basic sanitation and hygiene, improved housing) in communities at high risk of transmission of NTDs, depending on the country's epidemiological situation	0	10
	<b>5.1.2</b> Number of endemic countries that have socio-ecologically characterized human plague in their plague-endemic areas	0	5
<b>5.2</b> Adopt the WHO WASH-NTDs strategy (2015), <sup>b</sup> as adapted for NID endemic countries in Africa	<b>5.2.1</b> Number of NTD-endemic countries that use the framework of the WHO WASH-NTDs strategy as part of national or subnational approaches to tackling NTDs	0	15

***Strategic Line of Action 6: Incorporate innovative approaches supported by operational research and implementation science to eliminate disease transmission and address NTD post-elimination actions and new priorities***

a) Foster new approaches and simplified strategies to control and eliminate NTDs. Operational research and implementation science are critical in finding new ways to deploy existing tools and strategies where they are needed most and to test new tools in the field.

b) Encourage national governments and international donors and partners to invest and create capacities in countries to develop basic and operational research as a means of tackling challenges in NTD elimination and post-elimination efforts.

c) Develop the necessary inter-country and cross-border surveillance initiatives and actions once a country reaches interruption of transmission of an NTD among humans as part of collaborative efforts to intervene if reintroduction occurs.

d) Identify new priorities and needs throughout the life cycle of an NTD control and elimination program, mainly when countries are integrating actions to reach those

most in need. This includes new diseases that affect communities living in vulnerable conditions for which establishment of disease burden and development of comprehensive actions to tackle the diseases are needed.

e) Document, through standardized protocols and procedures, the epidemiological and historical process that brings a country or group of countries to the elimination status of an NTD. This information will be compiled and submitted to AHO/WHO as part of the procedure officially recognizing the achievement, and the documentation and processes will be completed according to technical guidelines for each disease.

Objective	Indicator	Baseline 2020	Target 2030
<b>6.1</b> Develop and implement actions to monitor and sustain the achievement of control and elimination of NTDs in countries that have reached specific elimination goals	<b>6.1.1</b> Number of NTD-endemic countries that have achieved the goals of elimination of one or more NTD and have developed and put in place measures to prevent disease resurgence or reintroduction of African Trypanosomiasis disease, onchocerciasis, lymphatic filariasis, blinding trachoma, dog-mediated human rabies, or cystic echinococcosis/ hydatidosis (CE/H)	African trypanosomiasis 9	African trypanosomiasis 15
		Onchocerciasis 10	Onchocerciasis 15
		Lymphatic filariasis 3	Lymphatic filariasis 5
		Blinding trachoma 0	Blinding trachoma 7
		Dog-mediated human rabies 28	Dog-mediated human rabies 35
		CE/H 0	CE/H 5
	<b>6.1.2</b> Number of NTD-endemic countries that have established and implemented cross-border initiatives to carry out joint prevention, control, and elimination actions related to onchocerciasis, lymphatic filariasis, and blinding trachoma in affected populations living in border areas	Onchocerciasis 1	Onchocerciasis 3
		Lymphatic filariasis 2	Lymphatic filariasis 5
		Blinding trachoma 0	Blinding trachoma 5
<b>6.2</b> Develop and implement actions to address new NID priorities	<b>6.2.1</b> Number of NTD-endemic countries that have mapped or documented the epidemiological situation and baseline capacities for other NTDs of national importance	Buruli ulcer 0	Buruli ulcer 4
		Brucellosis 0	Brucellosis 10
<b>6.3</b> Compile evidence of the epidemiological status of other NTDs that affect population groups living in vulnerable	<b>6.3.1</b> Number of former endemic countries and territories that compile evidence to support the elimination of yaws, lymphatic filariasis, and schistosomiasis	Yaws 0	Yaws 10
		Lymphatic filariasis 0	Lymphatic filariasis 5
		Schistosomiasis 0	Schistosomiasis 6

conditions	<b>6.3.2</b> Number of countries and territories where blinding trachoma has been suspected to occur and/or occurs in groups of people living in vulnerable conditions that compile evidence to update their current epidemiological status	0	10
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## Monitoring and Evaluation

14. Progress towards the achievements of this Plan of Action can be measured in synchrony with the goals set out for Africa in the WHO Roadmap on NTDs for 2020 and the baseline and target indicators in the AHO Strategic Plan 2020-2030 that have a target date and biennial programs and budgets, and the additional baseline and target indicators in the plan can be measured to the year 2030. Data will be collected from such sources as national information systems (including sentinel site surveillance and survey data to obtain results of indicators towards achievement of control and elimination goals), regional reports, and ad hoc survey instruments. Monitoring and analytic reports will be submitted to AHO's Executive Management at a frequency to be set at their discretion. Monitoring can consider the use of both NTD and WASH indicators, as recommended by WHO, to highlight intersectoral impacts and community progress and to identify remaining inequalities. A mid-term evaluation report will be prepared in 2025 and a final evaluation report will be prepared in 2030 and presented in 2031 for the Organization's Governing Bodies.

## Financial Implications

15. The total estimated cost of implementing the Plan of Action from the beginning of 2020 to the end of 2030, including expenses for staffing and activities, is US\$ 541,543,000 (see Annex C).



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## ***PROPOSED RESOLUTION***

### **PLAN OF ACTION FOR THE ELIMINATION OF NEGLECTED TROPICAL DISEASES AND POST-ELIMINATION ACTIONS 2020-2030**

(PP1) Having examined the *Plan of Action for the Elimination of Neglected Tropical Diseases and Post-elimination Actions 2020-2030*;

(PP2) Considering that the World Health Organization (WHO) has provided an overarching framework to address the challenge of prevention, elimination, and control of neglected tropical diseases at the global level;

(PP3) Considering the Health Agenda for Africa 2020-2050, the Strategic Plan of Africa Health Organization 2020-2030

(PP4) Acknowledging the impact of neglected infectious diseases on morbidity and mortality, disability, and stigma in Africa, especially among high-risk populations and groups in situations of vulnerability;

(PP5) Recognizing that neglected infectious diseases both reflect and accentuate inequities in coverage of health services by affecting populations at the economic margins of society;

(PP6) Acknowledging that measures of prevention and treatment of neglected infectious diseases implemented in childhood and among women of childbearing age in the Region may protect these vulnerable groups from acute and chronic illness and premature death and reduce the risk of disability and stigma;

(PP7) Acknowledging that some neglected infectious diseases are also a risk for the periurban, rural, and agricultural workforce in the Region and impair the economic development of the individuals, families, and communities at risk;

(PP8) Acknowledging that in Africa there is evidence of the elimination and interruption of transmission of several priority neglected infectious diseases and the elimination as a public health problem of other neglected infectious diseases;

(PP9) Acknowledging that some countries that have eliminated neglected infectious diseases have implemented monitoring/surveillance measures for the post-elimination phase to prevent reintroduction or recrudescence and consolidate sustainability;

(PP10) Considering that prevention, elimination, expanded control, and post-elimination monitoring/surveillance of neglected infectious diseases in the Region are possible in each country and territory in the foreseeable future,

**RESOLVES:**

(OP)1. To approve the *Plan of Action for the Elimination of Neglected Tropical Diseases and Post-elimination Actions 2020-2030*

(OP)2. To urge all Member States, taking into account their epidemiological situation, national context, and priorities, to:

- a) prioritize neglected infectious diseases and their elimination as an important public health priority, promoting an integrated comprehensive response based on AHO recommendations and establishing specific targets to face the challenges entailed by these diseases with the goal of eliminating as many as possible by 2030 or earlier;
- b) foster interprogrammatic alliances, initiatives, synergies, and activities within and outside of the health system, engaging all relevant partners and stakeholders, including civil society, in the work of prevention, elimination, control, and post-elimination surveillance of neglected infectious diseases;
- c) promote mechanisms in each country to ensure the professionalization and stability of technical personnel and the political continuity of programmatic strategies;
- d) establish specific strategies for integrated surveillance and management of vectors of neglected infectious diseases and for strengthening the prevention of select neglected zoonoses through a veterinary public health/One Health approach, including collaboration with animal health and production areas, and outreach and educational interventions for neglected key populations and groups living in vulnerable conditions, with involvement of affected communities and key stakeholders;
- e) support promotion of treatment, rehabilitation, and related support services through an approach focused on integrated morbidity management and disability prevention for individuals and families afflicted by those neglected infectious diseases that cause disability and generate stigma;
- f) support the development of health-related policies, regulations, norms, and capacities at the country level for surveillance, screening, diagnosis, care, and treatment of neglected infectious diseases both within and outside of health care settings (according to evidence-based normative guidance developed by AHO and WHO), and ensure their implementation, monitoring, and periodic evaluation;
- g) promote inter-country collaboration and coordination in the monitoring of progress towards elimination goals and monitoring/surveillance in the post-elimination phase;
- h) ensure inclusion of medicines, diagnostics, and equipment related to neglected

infectious disease elimination in national essential medicine lists and formularies; negotiate expedited importation of medicines with the national regulatory, customs, and taxation authorities, and promote access to them through price negotiation processes and national and regional procurement mechanisms such as AHO's Revolving Fund for Strategic Public Health Supplies;

i) strengthen countries' capacity to generate and disseminate timely and quality strategic information (and mapping) on neglected infectious diseases, disaggregated by age, gender, and ethnic group;

j) support the development of integrated strategies for provision of safe water, basic sanitation and hygiene, improved housing conditions, health promotion and education, vector control, and veterinary public health based on intersectoral approaches, taking into account and addressing the social determinants of health, for elimination of neglected infectious diseases, and assume a leadership role to champion such access at the highest level of authority;

k) eliminate gender, geographical, economic, sociocultural, legal, and organizational barriers that prevent universal equitable access to comprehensive health services for those affected by neglected infectious diseases, following the AHO Strategy for Universal Access to Health and Universal Health Coverage.

(OP)3. To request the Director to:

a) establish a technical advisory group on elimination and interruption of transmission among humans of neglected infectious diseases that can advise AHO and, through it, the Member States;

b) support the implementation of the Plan of Action, especially with respect to strengthening services for innovative and intensified disease surveillance and case management (surveillance, screening, diagnosis, care, and treatment) and preventive chemotherapy of neglected infectious diseases as part of the expansion of primary health care and universal health coverage in the Region of the Americas;

c) support Member States in reinforcing national and regional information and surveillance systems on neglected infectious diseases in order to monitor progress in control and elimination and support decision making in countries according to their epidemiological status;

d) provide technical assistance to Member States to scale up actions to eliminate neglected infectious diseases, strengthen integrated management of vectors of these diseases, and strengthen the prevention of select neglected zoonoses through a veterinary public health/One Health approach, in keeping with national priorities;

e) support Member States in increasing access to affordable neglected infectious disease medicines and commodities, including through price negotiation processes and other mechanisms for sustainable procurement;

f) promote strategic partnerships, alliances, and technical cooperation among countries in the Region in carrying out the activities included in this Plan of Action considering the future foreseeable goal of elimination and interruption of transmission among humans of select neglected infectious diseases in the Americas;

g) present a mid-term evaluation in 2025 and a final evaluation report to the Governing Bodies in 2030.

# Report on the Financial and Administrative Implications of the Proposed Resolution for AHO

**1. Agenda item:** 4.11 - Plan of Action for the Elimination of Neglected Tropical Diseases and Post-elimination Actions 2020-2030

**2. Linkage to AHO Program and Budget 2020-2030:**

**a) Categories:** 1. Communicable diseases.

**b) Program areas and outcomes:**

1.3 Malaria and Other Vector-borne Diseases

1.3 Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of malaria and other vector-borne diseases;

1.4 Neglected, Tropical, and Zoonotic Diseases

1.4 Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of neglected, tropical, and zoonotic diseases;

5.1 Alert and Response Capacities (for IHR)

5.1 All countries have minimum core capacities required by the International Health Regulations (2005) for all hazard alert and response;

5.4 Food Safety

5.4 All countries have the capacity to mitigate risks to food safety and to respond to outbreaks.

**3. Financial implications:**

**a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities):**

Areas	Estimated cost US\$
Program Activities	500,000,000.00
Human resources	15,400,000.00
Training	8,000,000.00
Consultants/service contracts	7,000,000.00
Travel and meetings	9,800,000.00
Publications	342,620.00
Monitoring and Evaluation	1,000,000.00
Supplies and other expenses	1,000,000.00
<b>Total</b>	<b>541,542,620.00</b>

Approximately US\$ 541,543,000, or an average of US\$56,924,000 annually (from the Regular Budget and/or extrabudgetary funds), needs to be invested in AHO technical cooperation to implement the Plan of Action for the period 2020-2030.

Continual funding from AHO HQ and principal partners/donors will be needed for the plan during its life cycle, and separately national governments will need to be prepared to continue, and in some cases scale up, their investments in order to reach the goals of the plan including disease elimination.

**b) Estimated cost for the 2020-2021 biennium (including staff and activities):** The estimated cost for the 2020-2021 biennium, including staff and activities, will be US\$56,846,000.

**c) Of the estimated cost noted in b), what can be subsumed under existing programmed activities?** A total of US\$7,971,140 is dedicated to existing programmed

activities.

**4. Administrative implications:**

**a) Indicate the levels of the Organization at which the work will be undertaken:**

Global, regional, subregional, and country levels.

**b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):**

It is necessary to sustain for six years the Regular Budget-funded Professional staff, as well as the following nine extrabudgetary-funded staff: two P-4, three P-3, one P-2, and two G-4 under the NTD program (including position reclassification costs) and one P-3 under the VPH program. This budget does not include funding for additional human resources.

**c) Time frames (indicate broad time frames for the implementation and evaluation):**

2020-2030