

REGIONAL COMMITTEE FOR AFRICA

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PROGRESS REPORT ON THE IMPLEMENTATION OF THE REGIONAL STRATEGY ON NEGLECTED TROPICAL DISEASES

Information Document

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BACKGROUND

1. In September 2013, the Sixty-third session of the Regional Committee adopted the Regional strategy on neglected tropical diseases (NTDs).¹ The strategy focuses on increasing access to NTD-services, ensuring the availability and sustainability of NTD resources, and strengthening partnerships. It also emphasizes national ownership, strengthening NTD surveillance, monitoring and evaluation.

2. In line with the targets of the Global WHO NTD roadmap,² the target of the regional strategy is to eradicate dracunculiasis and yaws, and eliminate human African trypanosomiasis (HAT), leprosy, lymphatic filariasis (LF), onchocerciasis and trachoma. Additionally, the strategy aims to control Buruli ulcer, leishmaniasis, schistosomiasis and soil-transmitted helminthiasis (STH).

3. Member States requested the WHO Regional Director to provide biennial progress reports on the implementation of the regional strategy. Two reports were provided in 2015 and 2017 and this is the third progress report that focuses on eradication and elimination targets.

PROGRESS MADE

4. In 2018, eight additional Member States³ developed and started implementing their NTD master plans. This brings the number of Member States implementing the master plans to 45. Algeria and Cabo Verde are the remaining Member States that are not implementing these five-year strategic plans.

5. With the support of the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN), Angola, Central African Republic and South Sudan carried out mapping of LF, schistosomiasis and STH in 2018. In total, 40 Member States have achieved full mapping for three preventive chemotherapy NTDs (PC-NTDs), namely LF, schistosomiasis and STH.⁴ Since the last report, geographical coverage of mass medicine administration (MMA) for the five PC-NTDs: LF, onchocerciasis, schistosomiasis, STH and trachoma, has increased in all the endemic Member States.⁵ Seventeen Member States have achieved universal coverage (100%) for at least one PC-NTD, while all other endemic Member States have started MMA for at least one disease.

6. Eradication of dracunculiasis in the Region is on track. Kenya was certified dracunculiasisfree in 2018. This brings the number of dracunculiasis-free Member States to 41. Angola and the Democratic Republic of the Congo are under verification for the absence of local transmission of the disease. With investigations having confirmed two cases in Angola, one in 2018 and another in 2019, the remaining endemic Member States have now increased to five, the others being Chad, Ethiopia, Mali and South Sudan.

¹ Resolution AFR/RC63/R6, Regional strategy on neglected tropical diseases in the WHO African Region, in resolutions of the Sixty-third session of the Regional Committee, Brazzaville, 2013, based on Document AFR/RC63/10.

² Accelerating work to overcome the global impact of neglected tropical diseases: a roadmap for implementation. WHO/HTM/NTD/2012.1F.

³ Botswana, Congo, Eswatini, Lesotho, Namibia, South Africa, Zambia and Zimbabwe.

⁴ The 40 Member States fully mapped for LF, schistosomiasis and STH exclude the following: Angola, Central African Republic, South Africa and South Sudan that are still mapping and Algeria, Mauritius and Seychelles that are not endemic for any of these three PC-NTDs.

⁵ Source: ESPEN Portal at <u>http://espen.afro.who.int</u>.

7. Progress with the eradication of yaws was limited during the reporting period, with none of the 10 endemic Member States⁶ certified yaws-free. However, with the donation of azithromycin by a Brazilian company, eradication of yaws in the Region appears feasible. The endemic Member States have begun mapping areas where mass administration of azithromycin may be required.

8. Regarding case-management neglected tropical diseases targeted for elimination, the number of HAT cases dropped by 46% from 2703 in 2015 to 1447 in 2017. Leprosy cases declined by 9% from 25 682 in 2015 to 23 335 in 2017. The target for HAT elimination at regional level was set at less than 2000 cases by 2020, meaning that HAT elimination has already been achieved at regional level. Leprosy elimination, defined as less than one leprosy case per 10 000 population, is sustained in all Member States except for Comoros, where the leprosy prevalence rate at the end of 2017 was 4.47 cases per 10 000 population.

9. Since the last report, Ghana has been validated for elimination of trachoma⁷ as a public health problem. This brings the number of validated Member States to two, with Togo having been validated for elimination of LF as a public health problem in 2017. In addition, Togo is awaiting validation of elimination of HAT and trachoma.

10. Despite the progress made, some challenges remain. These include the occurrence of animal infections with dracunculiasis in Chad, Ethiopia, Mali and South Sudan; detection of the first two cases of dracunculiasis in Angola, a Member State that has never reported cases before; and overlap of LF, onchocerciasis and loiasis in the Central African subregion. The overlap is impeding safe implementation of MMA using Ivermectin for LF and onchocerciasis because of serious adverse events in loiasis coinfected persons. Poor domestic funding for country NTD programmes also remains a programmatic challenge.

NEXT STEPS

- 11. Member states should:
- (a) Increase their NTD budget and release sustainable domestic funds for national NTD programmes;
- (b) Mobilize additional resources to facilitate full implementation of the NTD master plans in all 45 Member States that have developed these plans;
- (c) Support research on approaches to address animal infections with dracunculiasis.
- 12. WHO and partners should:
- (a) Support investigations on the newly emerging cases of dracunculiasis and develop an appropriate response plan;
- (b) Develop new diagnostic tests to identify loiasis coinfected persons;
- (c) Contribute to the development of new medicines to safely treat populations that are at risk of LF and onchocerciasis in Central Africa.
- 13. The Regional Committee took note of the progress report.

⁶ Benin, Cameroon, Central African Republic, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Liberia, Nigeria and Togo.

⁷ Validation is the process for confirming the elimination of a disease as a public health problem, reducing its burden below a given threshold.