As 2013 begins, several African countries will commence coordinated integrated mapping of Neglected Tropical Diseases (NTDs), ushering in the second phase WHO’s Regional NTD Strategic Plan. At present teams are being assembled for deployment to Ethiopia, Guinea, Liberia, Kenya, Nigeria, Zambia and Zimbabwe. The teams are comprised of NTD research scientists, epidemiologists, statisticians and members of the regional NTD programme.

Mapping of NTDs in the region is a key element of WHO AFRO’s Regional Strategy towards the control and/or elimination of NTDs. Knowing the burden, distribution and location of these diseases is essential for developing targeted strategies to control NTDs.

WHO NTD Regional Adviser, Dr Adiele Onyeze explains, “Phase One of WHO’s AFRO’s NTD programme focused on supporting countries develop integrated NTD Multi-year (Master) Plans. This next phase aims to obtain up-to-date information on NTDs burden, status of national NTDs programmes and identify gaps. Based on this data, NTD programmes can jointly develop their plans to maximize the limited human, financial and logistical resources available to countries.”

Trachoma mapping has already begun in Ethiopia. Nigeria, with a population of 160 million is the largest and most densely populated country in the region, will convene a mapping planning meeting in early February 2013. Technical assistance and funding for mapping of NTDs has been made available from several partners, mainly through USAID, DFID and their implementing partners.

Getting the Groundwork Right for Coordinated NTD Mapping

Extensive planning and logistics was required for Phase Two of WHO’s NTD Strategic Plan. Elaborating further, “To undertake this next step, WHO and partners needed to plan and agree on the composition of the mapping teams, the sample size for each disease, logistics and supplies required and the laboratory tests to be used. This was especially important given that there are different diagnostic methodologies and mapping requirements for each targeted disease. Also, there was a need to review quality control and supervision of the activities to ensure validity of the results,” said Dr Onyeze.

To support this process, WHO AFRO with partner’s support organized a workshop to finalize the Guidelines for Coordinated Mapping of NTDs, and trained a pool of consultants to support countries in mapping from 22 to 27 October 2012 in Lusaka, Zambia. WHO aims to
generate updated and complete NTD maps in the entire African region by the end of 2013 for Preventive Chemotherapy (PCT) NTDs including, Lymphatic Filariasis, Schistosomiasis, STH, Trachoma and Onchocerciasis.

BUILDING CAPACITY FOR MONITORING AND EVALUATION OF NTD PROGRAMMES

In order to improve NTD programme service delivery, WHO AFRO convened four Monitoring and Evaluation (M&E) workshops during 2012. The series of four workshops was held for 96 participants, representative of NTD national programme managers, M&E officers, data managers, and partners’ PCT focal points from 28 countries of the WHO African Region. These workshops aimed to build the capacity of national NTD programme staff to harmonize and develop standardized M&E indicators in accordance with their integrated NTD Multi-Year Plans.

Given frequent challenges with regard to gathering timely and systematic data from countries, the training also focused on various areas tools such as using, Geographic Information System (GIS), e-Tools and m-Health to collect data. The training comprehensively focused on the processes and procedures for data management including the collection, reporting, database, data quality assessments, data analysis and feedback.

AFRO/NTD M&E Officer, Dr Alexandre Tiendrebeogo said, “Often times data is gathered ad-hoc and unsystematically. This poses challenges for identifying common gaps and determining where more resources are needed to improve NTD programme service delivery. Therefore these tools will help countries identify progress and bottlenecks towards strengthening NTD implementation. Also, this will help the AFRO NTD programme assess and better prioritize those countries requiring additional support in 2013 and beyond.”

As NTD programmes delved into how to improve M&E, the training was also an eye-opener for evaluating and identifying areas where WHO AFRO’s NTD programme can better provide support to countries during 2013. Common recommendations made during the series of M&E workshop were the following:

- Appointment for a specific NTD Data Manager
- NTD M&E training for Data Managers.
- Specific Tool for gathering, collating and analysing NTD data for decision-making.
The training was also an eye-opener for evaluating and identifying areas where AFRO’s NTD programme can better support countries.

As an outcome of the training, WHO in collaboration with WHO Headquarters (HQ), APOC and NTD partners (RTI, CNTD) will develop an Integrated NTD Database for use by National NTD programmes with funding support mainly from Liverpool School of Tropical Medicine Centre for NTDs (CNNTD). Training on the use of this tool will also be organised for national Database Managers during the second quarter of 2013.

The M&E trainings were facilitated by WHO AFRO, WHO’s Inter-Country Support teams (ISTs) in Eastern and Southern African, Central and West Africa offices, and Headquarters as well as from NTD programme partner NGOs; RTI/Washington, CDC/Atlanta and CNTD/Liverpool.

Countries that participated in the training include: Benin, Burkina Faso, Burundi, Cameroon, Central African Republic (CAR), Chad, Congo, Cote d’Ivoire, Democratic Republic of the Congo (DRC), Eritrea, Ghana, Guinea, Kenya, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Tanzania (Mainland and Zanzibar), Togo, Uganda, Zambia and Zimbabwe.

WHO AFRO Conducts Media Training Workshop on NTDs: Moving From Neglected to Making the News Headlines

WHO AFRO hosted a Media Training Workshop entitled: “Media Reporting on Neglected Tropical Diseases (NTDs) in Africa” from 4 to 6 December 2012, in Johannesburg, South Africa for priority Anglophone African countries.

In total, nearly 40 participants attended from national, regional and international media. More specifically, the training targeted three (3) senior journalists/health reporters, (one from print, radio and television) from the following countries: Ethiopia, Ghana, Kenya, Nigeria, Tanzania, Zimbabwe and South Africa.

The training was highly interactive and practical. Based on various NTD reports, journalists were challenged to identify information considered as news-worthy and develop a story based on the information. The groups were arranged according to print, radio and television channels.
Some issues raised by the participants included:

- **Financial Support to Cover NTD Stories in Rural Areas**
  - News agencies lack funds for phones, transport, camera, etc. It was advise for WHO to cover these expenses to increase the chances of

- **NTD Health Competition**
  - Will encourage more coverage from not only health journalists but other journalists

- **Regular Sharing of NTD information**
  - Sharing information frequently via email etc. and contact details

- Advised to visit the WHO AFRO and WHO HQ website which has latest data, news and report to allow improved coverage on ‘slow days.’

**Key Outputs**

The outcomes of the media training were as follows:

- **NTD Anglophone Media List** consisting of 30 journalists from priority Anglophone countries.

- **NTD Media Training Kit** that includes resources to improve knowledge and understanding of NTDs as well as important reports / resources.

- **Recommendations for establishment of an on NTD Journalist NTD Media Network for ongoing NTD information sharing and reporting.**

The training in itself received extensive media coverage from the South African, Nigerian and Zimbabwe media agencies.

A separate media training session for Francophone countries is planned for April 2013.
GABON

BURULI ULCER (BU) STRATEGIC PLAN EVALUATION

Gabon conducted an evaluation of its national Buruli Ulcer Strategic Plan 2008-2012. To maximise and utilise NTD resources more effectively, Leprosy, Human African Trypanosomiasis (HAT) and Schistosomiasis programmes were also reviewed.

The five-member evaluation team comprised of two programme managers responsible for the control of infectious and parasitic diseases, the focal point for immunization of the WHO Country Office (WCO) and the Representative for Africa of the NGO FAIRMED. The team visited health facilities in the Central and Western Health Regions, including hospitals of Nkembo and Melen in Libreville.

Key observations from the BU evaluation were that Gabon developed a practical work plan to implement the seven strategic components outlined in the Buruli Ulcer Control Strategic Plan for 2008-2012. Additionally, a decentralised approach and strong community-based ownership was critical. Other proven strategies include: an updated prevalence surveys, capacity building and social mobilization. The Province of Moyen Ogooué in the central region is the epicentre of the BU epidemic requiring greater attention.

Buruli ulcer (BU) is a disease of the skin caused by Mycobacterium ulcerans, a bacterium related to those causing tuberculosis and leprosy. BU usually begins with a painless nodule in the skin, which, if left untreated, leads to massive skin ulcerations and can disfigure and disable patients. WHO recommends a combined antibiotic treatment (rifampicin and streptomycin) for BU case management, complemented with surgery and care for the prevention of disabilities where needed.

Key findings from evaluating the other NTDs were the following:

- **Leprosy**: Leprosy activities rely more on regional focal points at Regional level (BELE) when compared the decentralized and community driven approach adopted by the BU programme. Given this approach there are delays in detection and treatment of cases as well as low access to services.
- **Human African Trypanosomiasis (HAT)**: The HAT programme is severely under-resourced. HAT appears to be endemic in the Western region of the country although more extensive mapping is required. There is only one HAT reference centre which is limits access for communities.
- **Schistosomiasis (SCH) and Soil Transmitted Helminthiases (STH)**: Urinary Schistosomiasis was found in the Central and Western regions. Additionally, it was found that initial baseline data on the prevalence of Schistosomiasis and STH in sentinel sites should be obtained before preventive chemotherapy (PCT) based Mass Drug Administration (MDA) campaigns.

Overall findings for all NTDs, indicate a strong need for capacity building of health workers particularly on PCT at all levels. Also, community outreach and education needs to be strengthened to improve case detection and treatment rates.

ETHIOPIA

GLOBAL SURVEY TO IDENTIFY 180 MILLION AT RISK OF BLINDING DISEASE BEGINS IN ETHIOPIA

Mapping of Trachoma began in Ethiopia on 19 December 2013. The first survey started on Oromia, in central Ethiopia where 22 million people live in suspected endemic areas. The availability of water, sanitation and hygiene facilities in their village was also recorded, with all data captured on a smart phone. The remaining affected districts in Oromia will be mapped in the coming months and results uploaded to the open-access disease maps via [www.trachomaatlas.org](http://www.trachomaatlas.org).

Mapping of Trachoma is being supported by the UK government, the International Trachoma Initiative (ITI), other NGOs and academic institutions, led by Sight savers.

WHO has provided technical support and advocates for a proven method to treat and prevent trachoma – the SAFE strategy which has been successful in many countries. Trachoma, caused by a bacterial infection, is a significant public health threat in the developing world and is confirmed endemic in 53 countries. It is a disease of poverty that mainly affects women and children who live in hot, dry and dusty areas where there is a lack of water and sanitation. Repeated infections, if untreated, can lead to blindness. WHO which has resolved to eliminate the Trachoma by 2020.

ETHIOPIA

PRIVATE SECTOR IN SUPPORT OF LEISHMANIASIS PREVENTION

WHO Ethiopia in collaboration with the Health, Development and Anti - Malaria Association (HDAMA) and Amhara Regional Health Bureau conducted a conference to encourage active engagement of the private sector in support of
Leishmaniasis prevention and control. More than 17 investors, representatives of various regional bureaus, including the Bureau of Investment and members of Regional and District Councils attended the conference. Specifically, the conference aimed at mobilizing resources from the private sector to finance Preventive Kits consisting of flyers and bed nets for newly arriving migrant labourers as well as establishing treatment clinics to facilitate early detection and access to treatment.

Leishmaniasis is endemic in the north-western areas of Ethiopia in Metema and Humera parts of Amhara and Tigray Region in particular. Areas of these regions are characterized by large mechanised and labour intensive farms owned by private business growing crops such as sesame, cotton and sorghum for local consumption and export. Millions of daily labourers migrate from various parts of the country to these farms to make their livelihoods.

The low awareness of Leishmaniasis transmission and prevention leads to delays in seeking treatment. WHO Ethiopia and partners have worked with the private sector to develop workplace programmes to reduce Leishmaniasis among its workforce.

Various trainings were conducted with business leaders such as the “Health Leadership, Networking and Partnership” training in December 2012. As a result of these efforts, there is increased political will and commitment to raise resources to strengthen health promotion, advocacy activities and provide Leishmaniasis kits. Another outcome is the formation of a “Regional Health Promotion and Coordination Task Force” which will focus on strengthening private sector support to Leishmaniasis in the regions of Ethiopia.

KENYA

WHO – MERCK SERONO PRAZIQUENTEL DONATION PROGRAMME DONATES 3,5M MILLION TABLETS TO PROTECT CHILDREN

On 29 November 2012, the MERCK SERONO and WHO Praziquantel (PZQ) Donation Programme handed-over approximately 3,500 million tablets to the Ministry of Public Health and Sanitation. The donation was presented to the Permanent Secretary, Mr Mark Bor who received it on behalf of the Minister for Public Health and sanitation.

The tablets will be donated as part of its mass drug administration (MDA) campaigns in areas endemic for schistosomiasis. The symbolic handing-over of the hundredth millionth tablet was held at Mokou Primary School, located in a schistosomiasis endemic area nearest to Nairobi. During this visit pupils at the school and other school aged children from the surrounding community were treated for schistosomiasis.

MALI

PRIVATE SECTOR BOOSTS NTD PROGRAMME

The fight to control NTDs in Mali received a boost in November from the private sector when mining companies operating in Mali donated US$742,000 (FCFA 380 million) to the Government. The donation was handed over the South African mining company Randgold representing several other mining companies. The funds raised will be put at the disposal of two NGOs (END FUND and Helen Keller International (HKI) and will be used for the purchase and distribution of drugs to targeted populations.
According to the Ministry of Mines, the funds were mobilised to make up for the cessation of funding from external partners, including USAID which, until the coup of 22 March 2012, was the main financier of the programme for the fight against neglected tropical diseases. The programme has since been suspended.

In addition to Randgold, other mining companies which contributed to the fund are Avion Gold Corporation, AngloGold Ashanti Limited, Iam Gold Corporation, Resolute Mining Limited, African Mining and Exploration PLC, Gold Field.

### Nigeria

**THREE MILLION NIGERIANS TO BENEFIT FROM LIFE-SAVING DE-WORMING TABLETS**

On 8 November 2012, WHO donated over five million life-saving deworming tablets to the Federal Ministry of Health on 8 November 2012 to protect three million people from Schistosomiasis. This contribution forms part of a consignment of 23,025 million tablets donated by Merck to support the scale-up of treatment to combat Neglected Tropical Diseases (NTDs) in Nigeria.

Through Merck’s donation, WHO has been able to donate more than 20 million tablets to treat nearly eight million school children and adults in in 12 States namely, Plateau, Nasarawa, Edo, Delta, Taraba, Ekiti, Jigawa, Ogun, Ondo, Zamfara, Sokoto and Niger. The next consignment of five million tablets, worth US$3, 2 million will help scale up deworming activities to reach another three million people. In Nigeria, 33.5 million people, mainly children, are at risk of Schistosomiasis. A press statement to commemorate this event emphasized the need to rapidly scale-up treatment for NTDs. The involvement of the private sector in funding NTD interventions is an important initiative that needs to be strengthened. This donation is timely given that the country is gearing up to officially launch its integrated NTD Master Plan in February 2013.

### Tanzania

**LESIONS LEARNED FROM TRACHOMA PROGRAMME ON INTEGRATED AND COORDINATION NTD MAPPING**

Innovation in tackling NTDs is critical given the heterogeneity, different geographical disease endemicity, diverse partners’ interests, varied funding capacities, and disbursement trends. “The Tanzania National NTD Control Programme under MOHSW where trachoma control is housed, had to derive a most practical approach to ensure partners’ participation and appreciation to foreseeable outcomes following pooling of resources to implement Trachoma mapping and impact assessment,” explains WHO NTD Professional Officer, Dr Nanai Masako Alphoncina.

Under the leadership of the NTD Coordinator, Ministry of Health and Social Welfare, Dr. Upendo Mwingira, the innovation began with several planning meetings involving the Ministry, World Health Organisation, IMA World Health, Sight Savers, and Hellen Keller International (HKI) from June 2012 where a joint programme of action was formulated.

This common plan highlighted the number of districts to be mapped as well as number of districts requiring impact assessment surveys. These were merged to form a common integrated plan. A budget was drawn up focusing on costs for each district. The budget included a funding gaps analysis which helped partner’s to identify how many districts would each support and at what particular time between 2012 and 2013.
Given that partners were involved from inception, there was strong joint ownership with the Government. Partners readily shared financial reports, updates and budget gaps. This approach ensured that logistics and resources were more easily sourced through either in-kind contributions or financial support. Logistical support like vehicles was instantly donated, such that 12 vehicles were obtained from various partners to support field work.

As of to date, a total of 34 government eye care workers have been trained, 26 got certified as competent for trachoma grading and 24 as recorders. Of the 13 districts planned for surveys, 10 have been covered. The final findings of the survey will be shared once all districts are reached.

**Making it Work for other NTDs**

Based on the above experience, the Tanzania NTD Control Programme share these insights as quick wins for effective co-implementation:

- Government ownership is critical and must lead the process;
- Coordination Mechanisms must be improved and supported at all levels;
- Goals for each disease need be clear, focused on local realities (bottom - up) and drive donors and governments efforts. District and regional level NTD plans should be developed aligned to NTD Master Plans;
- Involve and gain partners input right at the outset to decide on common NTD goals and objectives at national, regional and district levels. Based on mutual agreement of the overall aims and objectives, early and interactive engagement with partners will strengthen co-implementation and pooling of resources;
- Mapping of what partners are doing, and where available resources are must be shared with Government to obtain a comprehensive funding gap analysis and proper utilization of available resources, including human and material;
- Transparency in NTD funding must be ensured and streamlined across governments and partners to build trust, synergy and strengthened implementation and resources mobilization.

---

**Neglected Tropical Diseases as Hidden Causes of Cardiovascular Disease**

*Yasmin Moolani, Gene Bukhman, Peter J. Hotez*

Awareness is growing on the importance of chronic non-communicable diseases (CNCDs) in the world's low- and middle-income countries (LMICs). Specifically with respect to neglected populations, an important component of cardiovascular disease may be attributable to neglected tropical diseases (NTDs) and other infections of poverty.

Read more: [http://www.plosntds.org/article/info%3Adoi%2F10.1371%2Fjournal.pntd.0001499#pntd.0001499-World2](http://www.plosntds.org/article/info%3Adoi%2F10.1371%2Fjournal.pntd.0001499#pntd.0001499-World2)
Programmes, partnerships, and governance for elimination and control of neglected tropical diseases
Dr Bernhard Liese, Mark Rosenberg MD, Alexander Schratz MA

In this paper, the authors reviewed the fragmented structure of elimination and control programmes for these diseases and, describe selected international control initiatives, discuss efforts to exploit shared features of these diseases by integration of selected control activities within countries, and finally we address the challenges, and provide some suggestions for the way forward.

Read the complete Lancet series on NTDs: [http://www.thelancet.com/series/neglected-tropical-diseases](http://www.thelancet.com/series/neglected-tropical-diseases)

Calendar of Events

<table>
<thead>
<tr>
<th>DATE</th>
<th>EVENT</th>
<th>VENUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 January</td>
<td>London Anniversary Commemorative Events:</td>
<td>Geneva - WHO HQ</td>
</tr>
<tr>
<td>22-23 January</td>
<td>DRC NTD programme partners’ meeting</td>
<td>Kinshasa, DR Congo</td>
</tr>
<tr>
<td>28 January – 2</td>
<td>Nigeria NTD Mapping Planning workshop</td>
<td>Abuja, Nigeria</td>
</tr>
<tr>
<td>February</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-8 February</td>
<td>Nigeria NTD State /Mapping Planning Workshops</td>
<td>Abuja, Nigeria</td>
</tr>
<tr>
<td>7  February</td>
<td>Nigeria Launch of Integrated NTD Master Plan</td>
<td>Abuja, Nigeria</td>
</tr>
<tr>
<td>20-28 February</td>
<td>Follow up visits of BU clinical trials in Ghana and Benin</td>
<td>Ghana, Benin</td>
</tr>
</tbody>
</table>

Our mailing address is:
World Health Organization - Regional Office for Africa
Neglected Tropical Diseases (NTDs) Programme: Disease Prevention Cluster
Cité du Djoué, P.O.Box 06
Brazzaville, Republic of Congo
Telephone: + (47 241) 39100 / + (242) 770 02 02
Fax: + (47 241) 39503
E-mail: ntd@afro.who.int