

The future of Combatting Neglected Tropical Diseases

World Health Summit 2025, Berlin

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Global Malaria & Neglected Tropical Diseases Programme

WORLD HEALTH ORGANIZATION



Structure of my presentation

- 1. WHO Global Malaria and NTDs programme**
- 2. Progress of NTD programs to date**
- 3. Barriers**
- 4. Opportunities and enablers for sustainable and country-driven NTD interventions**
- 5. Key recommendations for the years to come**

1. WHO Global NTD programme



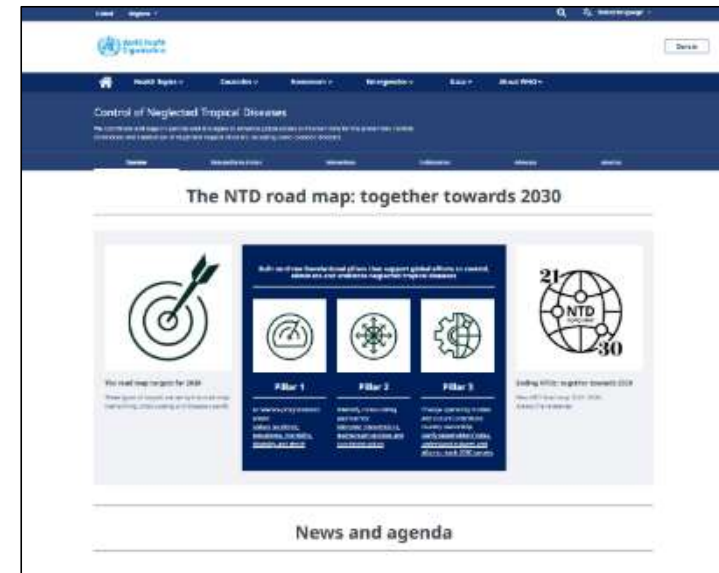
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WHO Global NTD programme

- Established as a WHO department in 2005
- Core functions:
 - Develop guidance and standards
 - Receive, process, manage data and report progress
 - Identify priority research gaps
 - Facilitate validation of new tools
 - Coordinate access to medicines and diagnostics
 - 3-level support to countries
- Responsible for more than more than 21 diseases and group of diseases
- **MERGED with Global Malaria Programme in 2025**



NTDs: WHO-recommended intervention strategies

1. Preventive chemotherapy (mass treatment)

- Large-scale distribution of medicines to entire population groups
- Can be implemented by non-medical personnel

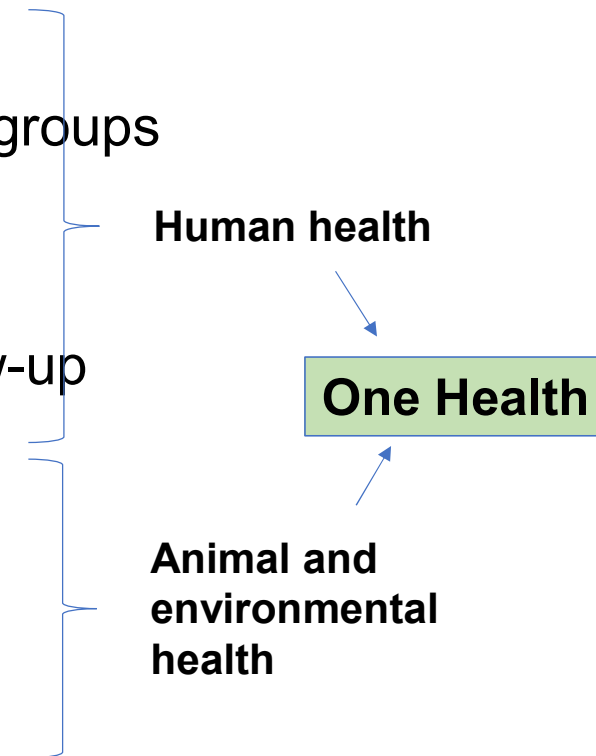
2. Individual case-management

- Patient-focused detection, diagnosis, treatment and follow-up
- Requires specialized personnel

3. Vector control

4. Veterinary public health

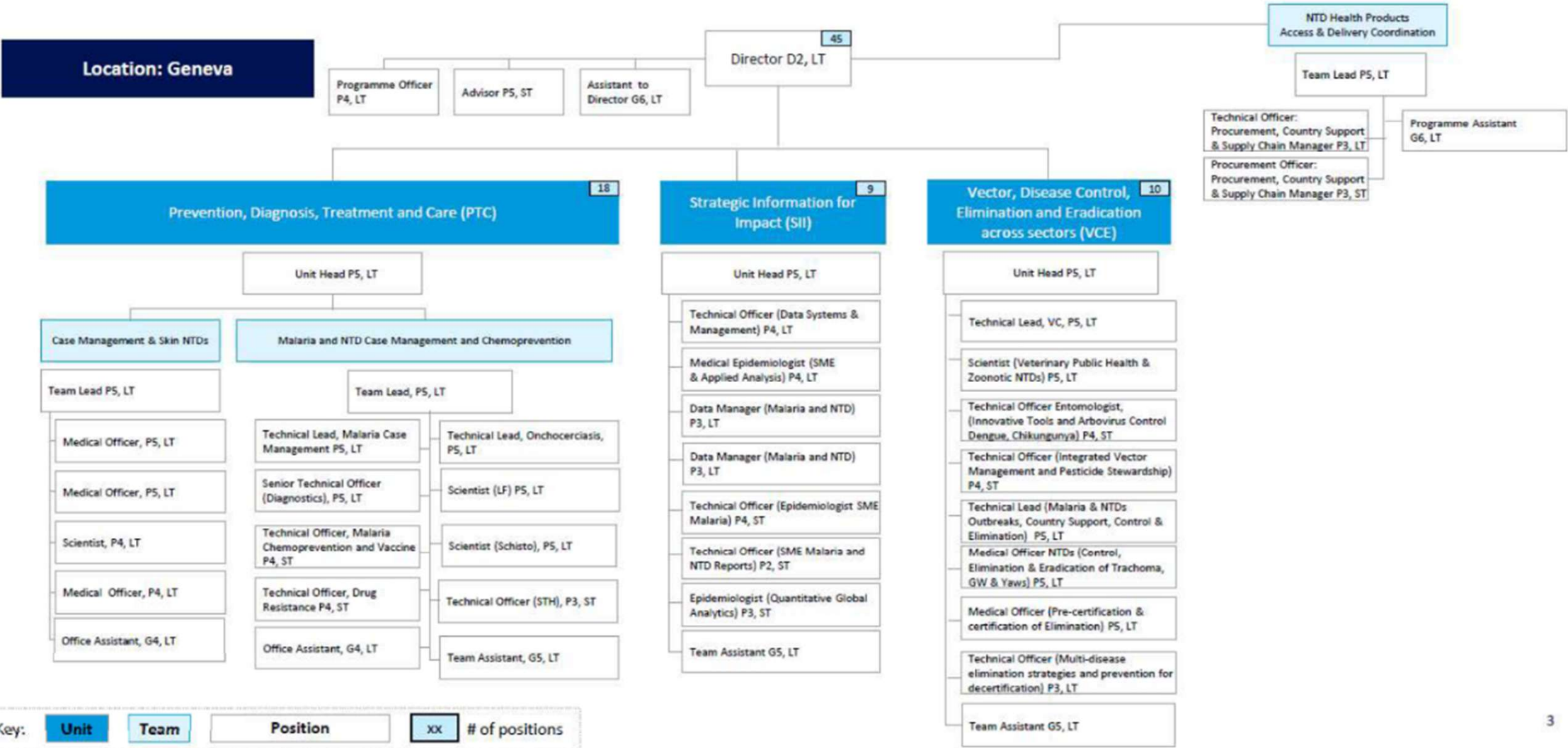
5. WASH



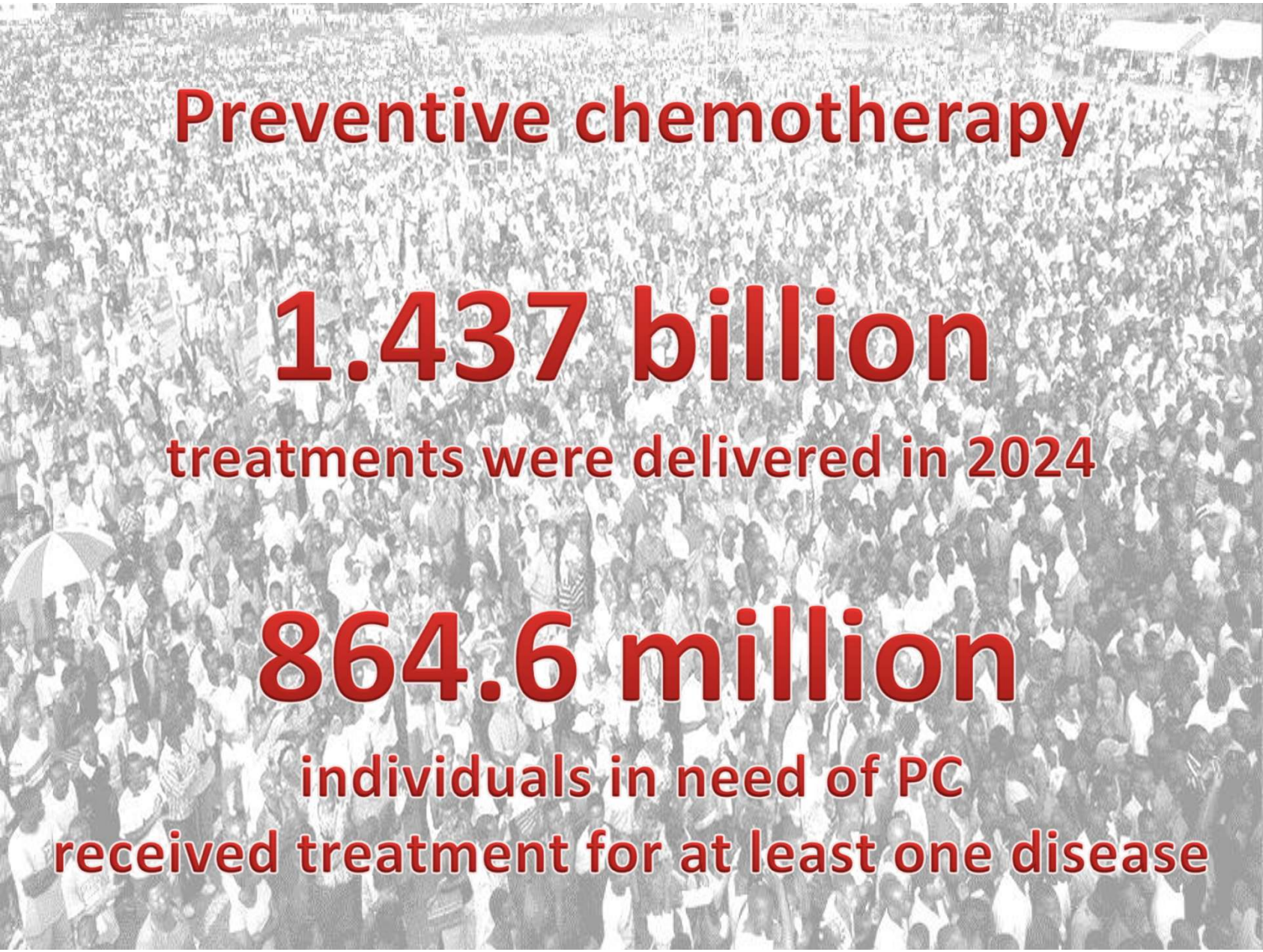
Not all strategies are applicable to all diseases, but usually addressing one disease effectively requires more than one strategy

Malaria & Neglected Tropical Diseases (MNT) |

Approved by WHO Director-General



2. Progress of NTD programs to date



Preventive chemotherapy

1.437 billion

treatments were delivered in 2024

864.6 million

individuals in need of PC
received treatment for at least one disease

Progress 1: overarching target 1/SDG indicator 3.3.5:

Number of people **requiring interventions** against neglected tropical diseases

Target:

90%

between 2010 and 2030

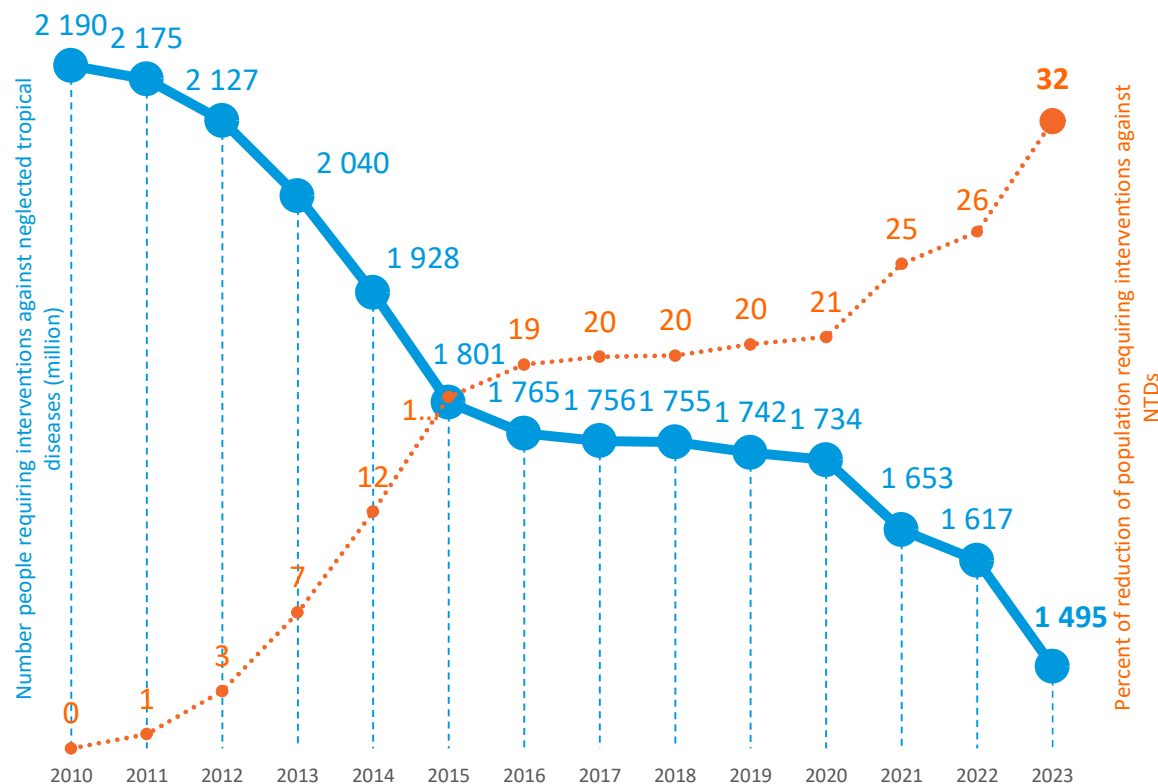
Achieved:

-32%

between 2010 and 2023

A decrease of some 695 million people has occurred since 2010, of which 239 million between 2020 and 2023, and 122 million between 2022 and 2023

Trend highly dependent on PC diseases 15 high-burden countries (80%)



WHO Public Health Targets for NTDs

Most ambitious

Certification

Eradication (reduction to zero of a pathogen at global level)

- Dracunculiasis (Guinea worm disease)
- Yaws

Verification

Elimination (zero incident infection = zero transmission)

- Onchocerciasis
- Leprosy
- Human African trypanosomiasis (g)

Validation

Elimination as a public-health problem (reach and maintain global targets for both infection and disease, advancing to interruption of transmission for some where possible)

- Human African trypanosomiasis (r)
- Chagas disease
- Lymphatic filariasis
- Rabies
- Trachoma
- Visceral leishmaniasis
- Schistosomiasis
- Soil-transmitted helminthiases

Control (reduction of morbidity)

- All the others

Less
ambitious

Progress 2:

Number of countries having eliminated at least one NTD

Target:

100

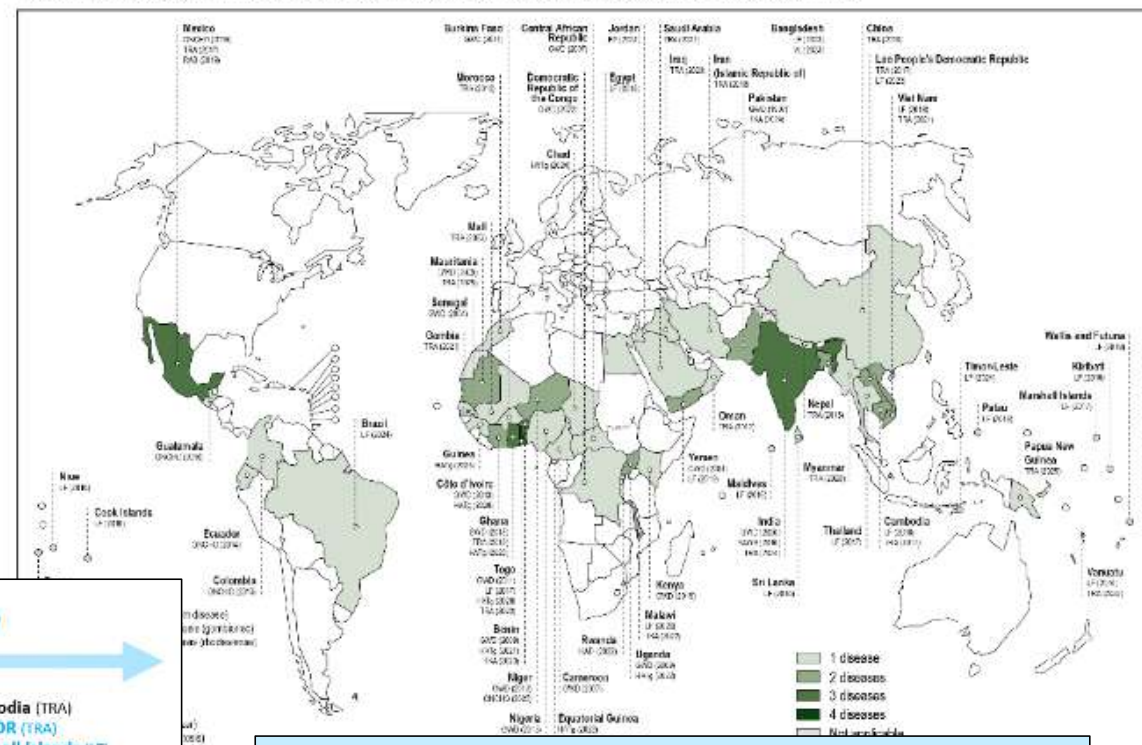
Countries by 2030

Achieved:

57

Countries as of May 2025

Countries having eliminated at least one neglected tropical disease (n=56 as of May 2025)

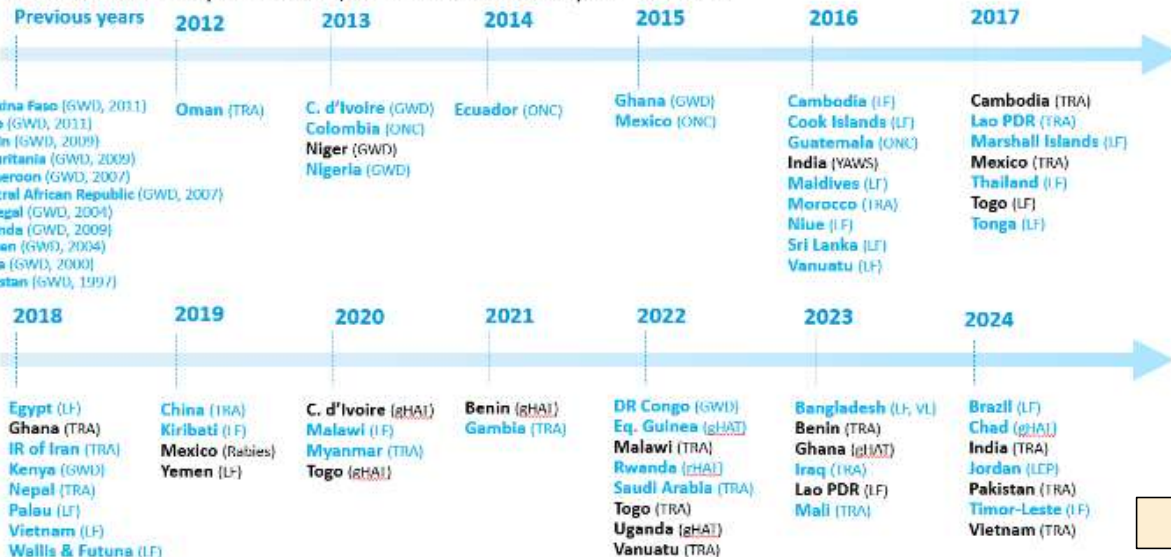


4 countries acknowledged so far in 2025:

- Guinea for gHAT (29 January)
- Niger for onchocerciasis (30 January)
- Mauritania for trachoma (19 May)
- Papua New Guinea for trachoma (19 May)

Since 1997, 79 acknowledgment processes have been successfully completed

Countries that have completed validation, verification and certification processes for NTDs



Global status of preventive chemotherapy (as of 31 March 2025)

PC implementation	LF	ONCHO	STH		SCH		TRA	PC ⁶
			PreSAC	SAC	SAC	Adults		
Number of countries requiring PC ¹	38	28	86		50		28	100
Number of people requiring PC	657M	249.5M	253.1M	623.0M	135.5M	117.8M	114.2M	1493M
Number of countries implemented and reported	31	23	32	53	34	20	22	67
Proportion (%) of districts implemented PC ²	72.9	81.6	29.9	61.3	40.5	13.5	30.1	ND
Proportion (%) of districts achieving effective coverage ³	84.8	91.9	58.4	69.1	62.5	35.1	81.1	ND
Number of people in need treated ⁴	412.4M	172.2M	98.0M	359.4M	76.6M	14.2M	32.9M	864.6M
Coverage (%)⁵	62.8	69.0	38.7	57.7	56.5	12.0	28.8	57.9

¹ Number of endemic countries moved to post-treatment surveillance stage is not included in total.

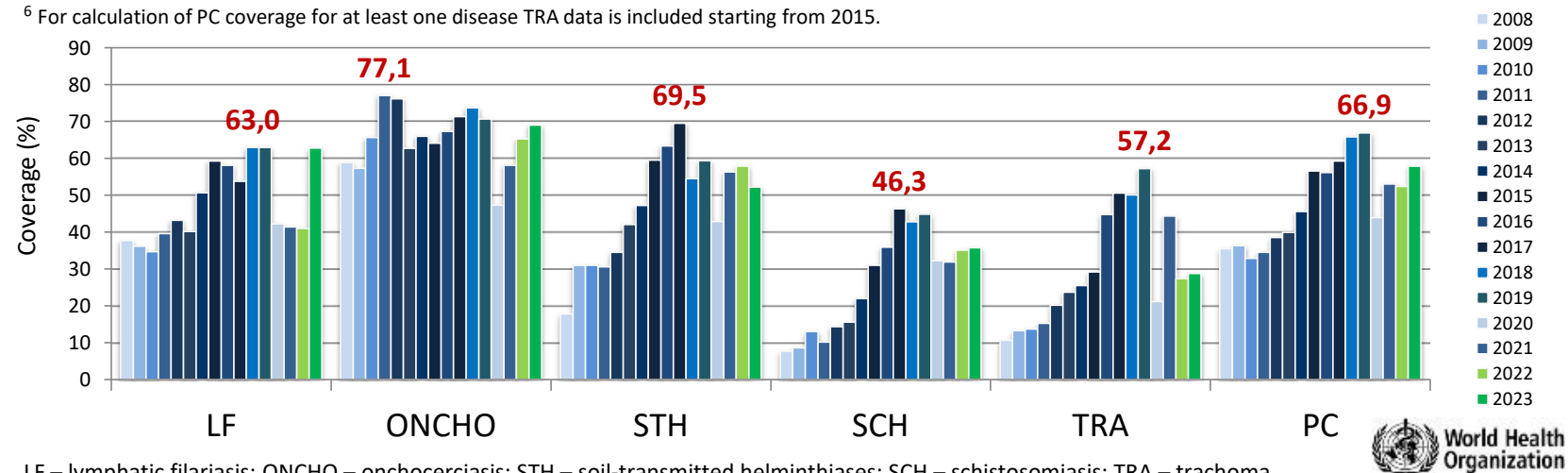
² Proportion of known endemic districts implementing PC in countries that reported on PC interventions.

³ Proportion of districts implementing PC achieving the defined effective coverage for the disease $\geq 65\%$ for LF and ONCHO, $\geq 75\%$ for STH and SCH, and $\geq 80\%$ for TRA.

⁴ Number of people received treatment in areas where PC is required according to the recommended strategy for a specific disease.

⁵ Coverage is calculated as the number of people treated out of total population requiring PC.

⁶ For calculation of PC coverage for at least one disease TRA data is included starting from 2015.



LF – lymphatic filariasis; ONCHO – onchocerciasis; STH – soil-transmitted helminthiasis; SCH – schistosomiasis; TRA – trachoma
PreSAC – preschool-aged children (1–4 years); SAC – school-aged children (5–14 years); Adults – people aged ≥ 15 years



Source: WHO/NTD

3. Barriers to sustainability of NTD programs



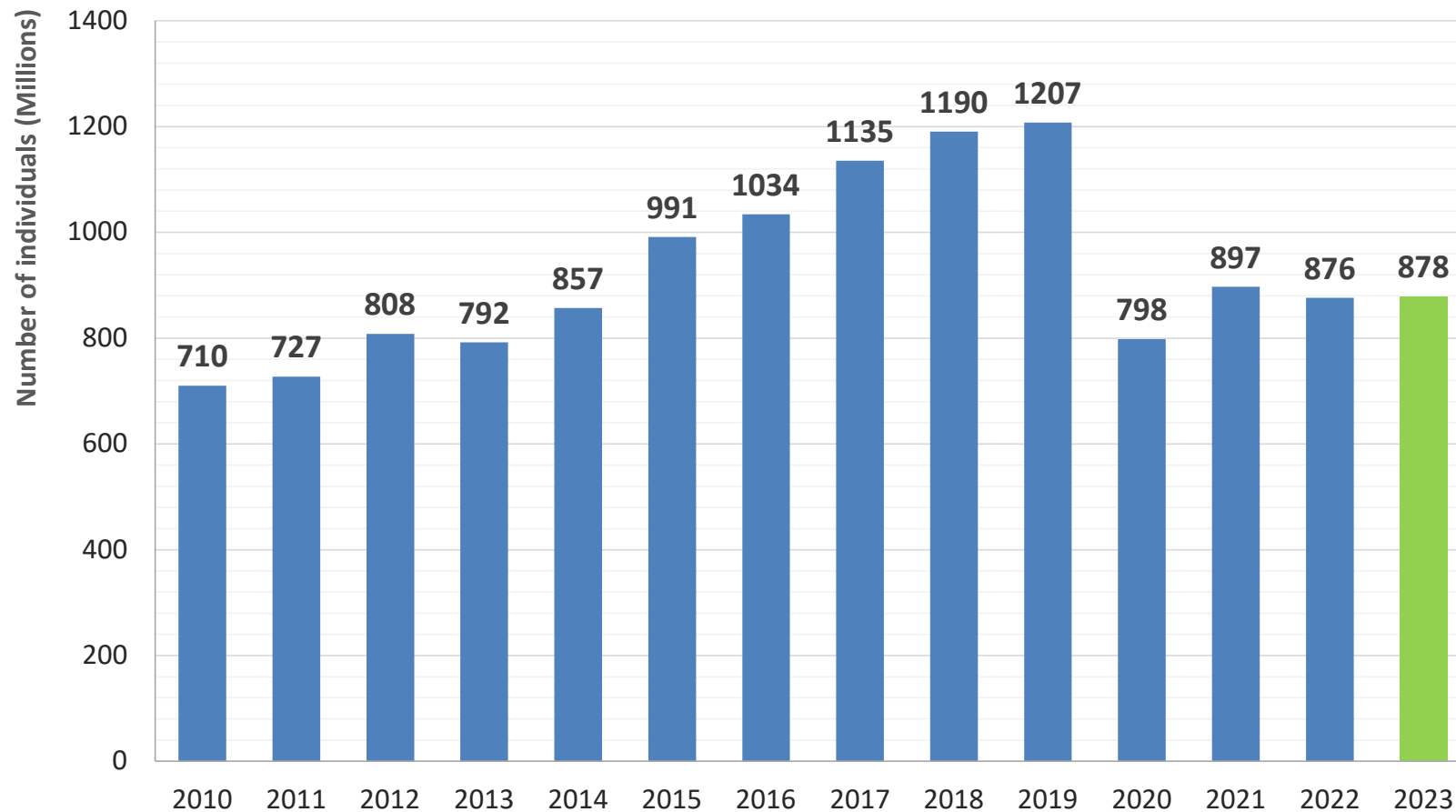
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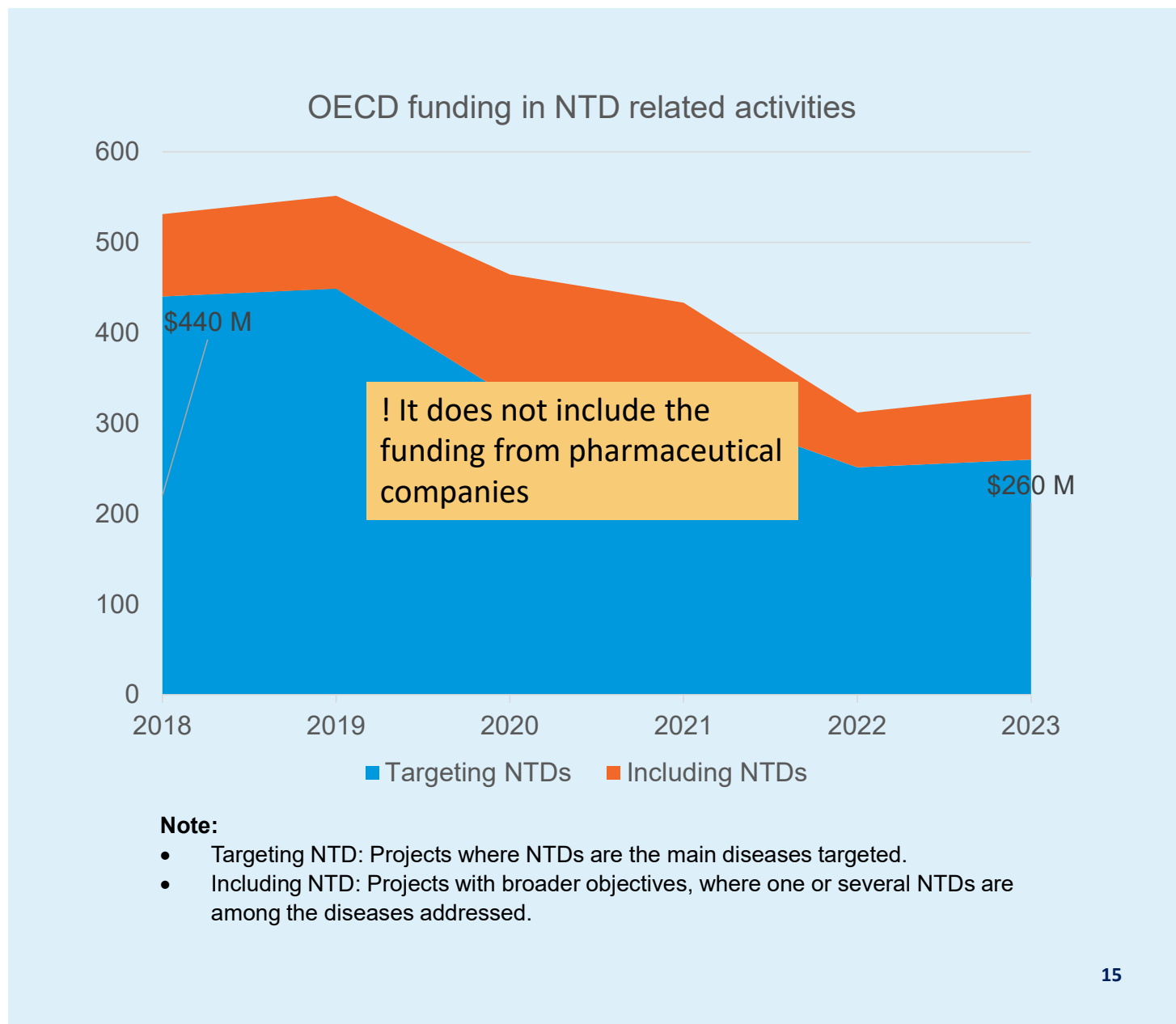
Number of individuals received Preventive Chemotherapy (PC) interventions for at least one disease, 2010-2023 (as of 31 March 2025)



These interventions have been delivered to individuals living in areas which require PC and also in areas which may not require PC

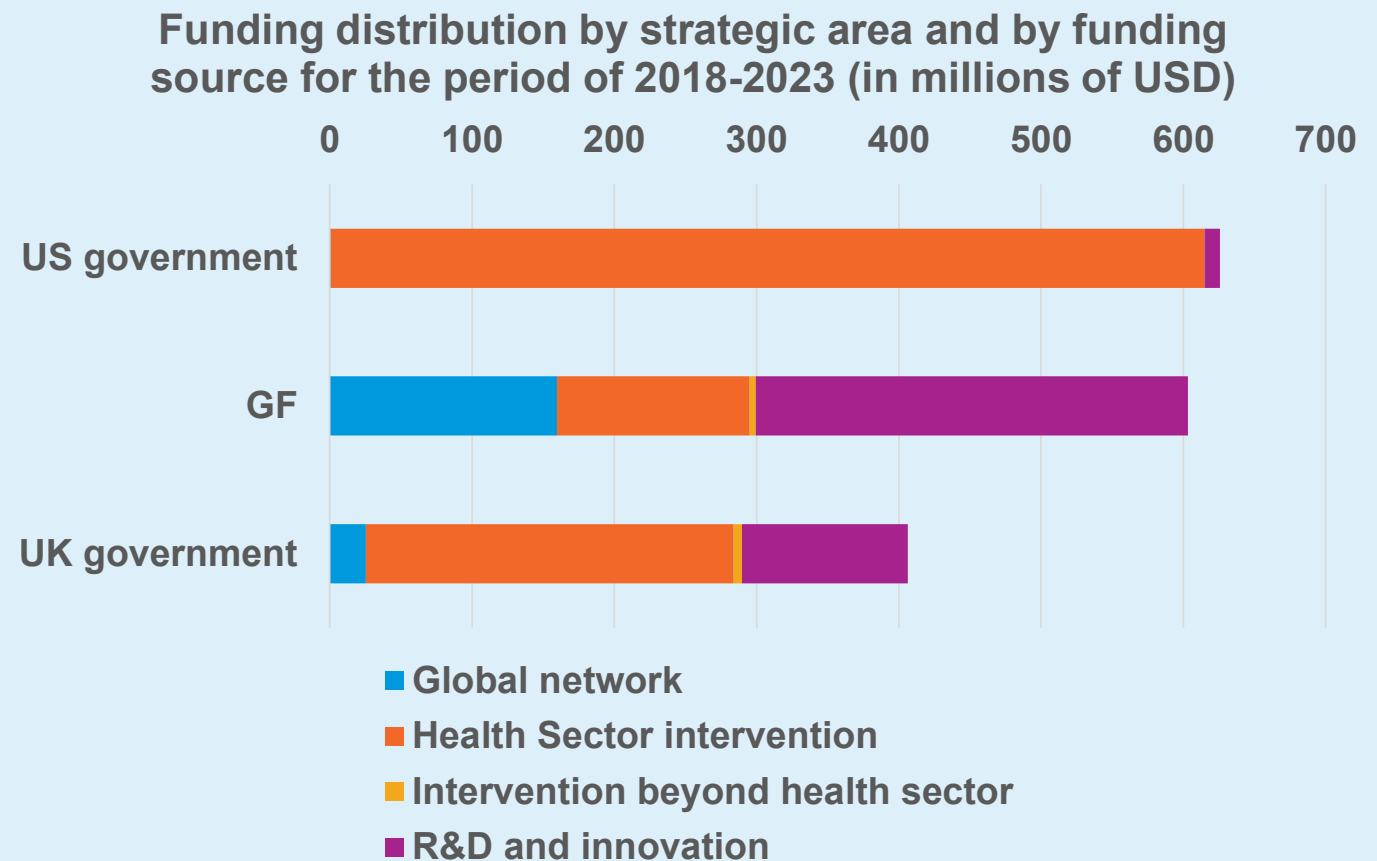
Decline of ODA from larger donors also **effecting NTD interventions and hard-won gains**, leaving a **critical gap in program delivery** at the country level.

- 2018: **\$531M** NTD-specific and related programs.
- Annual Decline: Avg. **9%** per year.
- 2023: Funding for NTD-targeted projects dropped to **\$260 M** (41% decrease from 2018).



Investment focus of the three biggest donors

- **US and UK ODA** were predominantly focused on **health sector interventions**, highlighting a strategic emphasis on strengthening health systems to combat NTDs.
- The **Gates Foundation** allocated **50% of its NTD funding to R&D**
- A **decline in ODA from the US and UK** primarily affects external **support for implementing NTD interventions**, leaving a **critical gap** in program delivery at the country level.



USAID stop work impact on NTD funding

Act to End NTDs West

- Supported elimination of 5 NTDs
- **11 countries** (Benin, Burkina Faso, Cameroon, Ghana, Guinea, Cote d'Ivoire, Mali, Niger, Senegal, Sierra Leone, and Togo)
- MDA, impact surveys, elimination dossier and sustain/mainstream NTD into national health systems
- **2023-2026**
- **\$120 million**

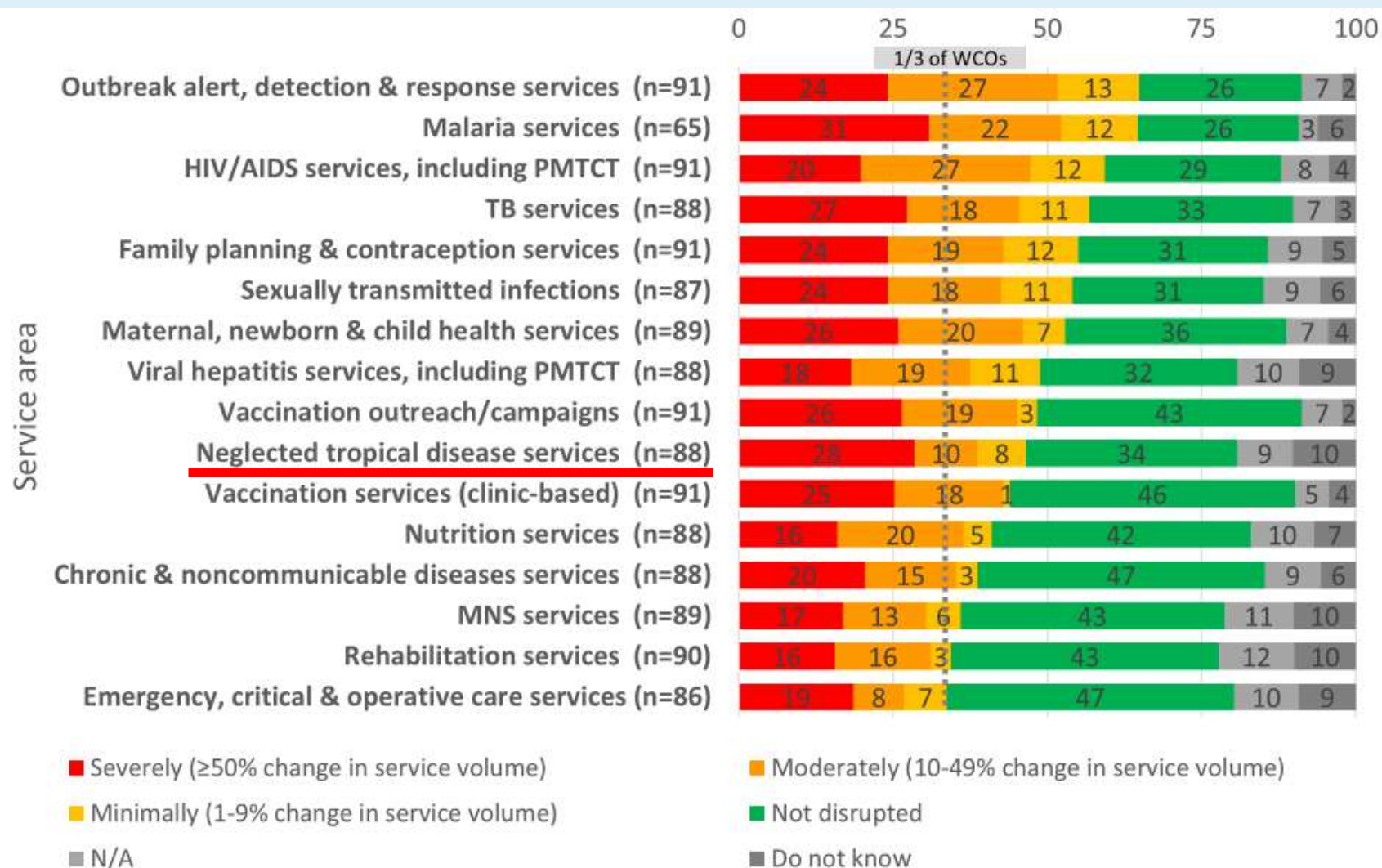
Act to End NTDs East

- Supported elimination of 5 NTDs
- **13 countries** (Bangladesh, DRC, Ethiopia, Haiti, Indonesia, Lao PDR, Mozambique, Nepal, Nigeria, Philippines, Tanzania, Uganda, and Vietnam)
- MDA, impact surveys, elimination dossier and sustain/mainstream NTD into national health systems, sustainable financing
- **2023-2026**
- **\$125 million**

Ending Neglected Diseases through Operational Research (ENDOR)

- Support **priority OR** on NTDs and **cross-cutting** strategies
- Partnership between TFCH – ARNTD – KNUST
- **Thresholds for elimination** (oncho, SCH, STF)
- **Surveillance**- PC and skin NTDs
- **Diagnostics**
- **2024-2029**
- **\$45 million**

Essential health services are disrupted



70% WHO Offices reported disruptions in health services

Global effort to mitigate USAID-stop impact on NTDs



24

Number of countries



114

Number of activities



47

Number of MDAs



142.5M

Target population



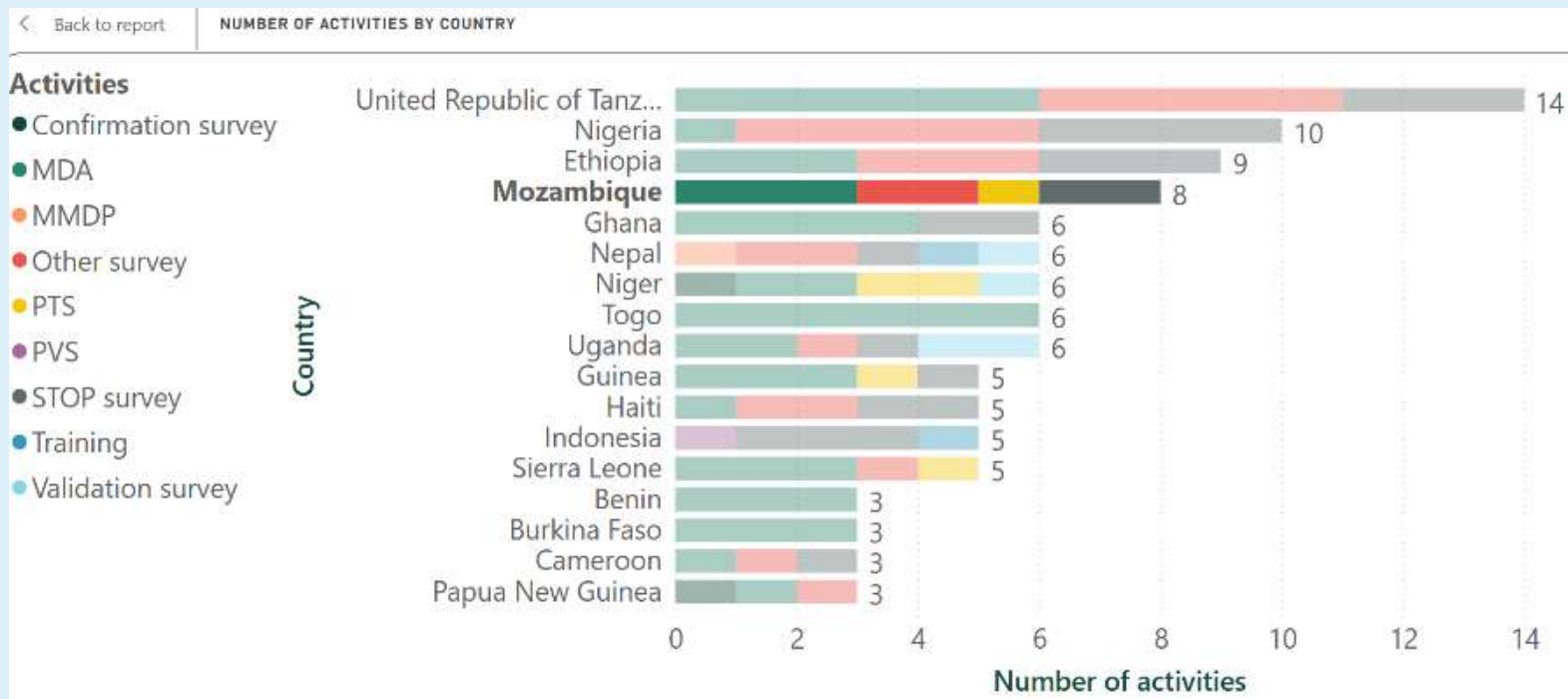
28%

Activities fully covered



3%

Activities completed



Main barriers to achieving sustainability in NTD programmes

- **Low political prioritisation**
Limited visibility and weak support from senior leadership.
- **Dependence on external funding**
- **Weak governance and coordination**
- **Limited human capacity**
- **Poor integration and vertical programming of health campaigns**
- **Low community engagement and awareness**
Minimal involvement of communities in decision-making.
- **Political & Economic Instability**
- **Competing Health Priorities**
- **Lack of Cost-Effectiveness Data for NTD**

4. Opportunities and enablers for sustainable and country-driven NTD interventions



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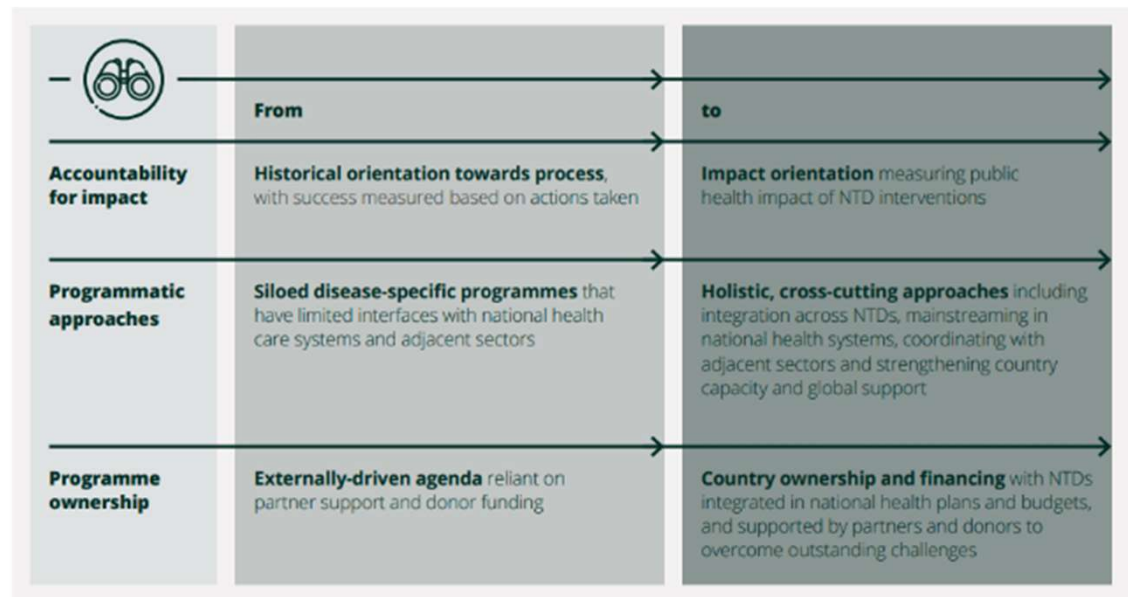
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Integration and Health Systems Strengthening

- Pillar 1:** Accelerate programmatic action (disease control, elimination, eradication)
- Pillar 2:** Intensify cross-cutting approaches (integration, mainstreaming into health systems, multisectoral action)
- Pillar 3:** Change operating models and culture to facilitate country ownership and sustainability

Fig. 4. Shifts in approaches to addressing NTDs



NTD Road Map 2030

NTD Optimization strategy per country

COUNTRY	MODEL	DELIVERY PLATFORM	KEY OUTCOMES	NOTABLE CHALLENGES
BENIN	-School and community-based MDAs	- Community health workers for onchocerciasis - Schools and community workers	- 50% cost reduction for onchocerciasis - Up to 75% savings for SCH/STH - Improved coverage and sustainability	- Need for stronger coordination - Capacity-building for sustainability
ETHIOPIA	-Integrated into decentralized primary health-care system;	-Health extension workers, teachers -Health Development Army -Electronic Collaborative Action Strategy piloted in 2024 for campaign coordination;	- Millions reached via MDA and surgery - 5 Integrated campaigns (e.g., HPV, polio) - Inclusion of NTDs in national health information system	-HR shortages -Financing gaps -Digital integration needs -Logistical constraints

Ethiopia: Campaigns have combined activities such as catch-up **vaccinations**, **malaria** testing, insecticide-treated net (ITN) distribution, **malnutrition** screening, **Vitamin A** supplementation, and **services for pregnant and lactating women**. A joint **polio** reactivation campaign reached over 6000 zero-dose children across five regions. The HPV (human papillomavirus) vaccination campaign in November 2024 was integrated with adolescent nutrition screening, reaching over 45 000 girls.

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KENYA	-Government-led integration into primary health care	-Community health promoters (CHP) and electronic Community Health Information System used	-6000 CHPs and 400 assistants trained -Increased coverage -Reduced patient costs -Improved data flow -Stronger governance	-Health worker overload -Limited MDA-specific data tools -Lack of sustained funding and policy support

NTD Optimization strategy per country

COUNTRY	MODEL	DELIVERY PLATFORM	KEY OUTCOMES	NOTABLE CHALLENGES
MADAGASCAR	-MDA + polio + vitamin A campaign	- Door-to-door and fixed-point strategies	-90% coverage, \$1.4M saved - 82% treatment coverage - 100% geographical coverage - Up to 89% cost savings	-Staff workload -Supply chain complexity -Unclear messaging -Minor adverse events and some treatment refusals
NIGER	- Since 2007 annual integrated MDA campaigns with unified teams and shared logistics	- Unified national teams - Shared planning and logistics	-Elimination of onchocerciasis transmission -Control of LF -Effective management of trachoma and intestinal worms -Improved geographical and therapeutic coverage	-Sustaining large-scale coordination -Need for adaptive management and continuous strategic planning
RWANDA	-Multisectoral NTD integration within health and across ministries; -SCH/STH MDA integrated into maternal and child health weeks -Cross-training entomologists for mosquitoes, snails, and black flies.	- Community health workers - Schoolteachers - Rwanda Biomedical Centre coordination	-Achieved >90% treatment coverage -100% geographical coverage for STH/SCH -Since 2021, adults included in all MDA rounds -100% operational costs funded domestically -Skin NTD pilot in 4 districts	- Financing and staffing constraints - Digitalization demands investment

NTD Optimization strategy per country

COUNTRY	MODEL	DELIVERY PLATFORM	KEY OUTCOMES	NOTABLE CHALLENGES
TANZANIA	-Integrated MDA with nutrition services; pilot in co-endemic districts for trachoma and STH	- House-to-house and fixed-point - Community and district coordination	- Improved reach and efficiency - Progress in NTD and nutrition outcomes	- Complex training and logistics - Staff turnover due to delayed incentives
TOGO	-National Multisectoral Coordination Framework for NTDs in 2022, operational in 2023 (incl 12 Ministries)	- Pilot integrated MDA SCH/STH maritime region	- Enhanced coordination and cost-effectiveness - Stronger national ownership	- Need for flexible external support -Lack of fully functional structure -Mobilizing domestic funding to reduce external dependency
UGANDA	-All case management NTDs (e.g., kala azar, HAT, scabies, rabies) integrated into primary health care. -MDA for PC-NTDs integrated into Child Health Days, targeting children <15y and pregnant women.	-Joint planning with Uganda National Expanded Programme on Immunization - District focal persons - Primary health facilities	- Nationwide coverage - 10M tablets saved - Strengthened system capacity	- Health worker overload - Limitations of Health Management Information system - Coverage gaps for preschoolers

What Makes NTD Programmes Sustainable

- **Domestic ownership and leadership**
Lead NTD efforts, prioritize in budgets, reduce donor reliance.
- **Financial and logistical independence**
Secure FLEXIBLE funding, ensure reliable logistics, integrate into health systems.
- **Community engagement and empowerment**
Co-design strategies, lead surveillance, promote lasting behaviour change.
- **Integrated and multisectoral approaches**
Align with WASH, education, nutrition and climate initiatives.
- **Resilience and long-term vision**
Adapt to change and sustain progress beyond donor support.
- **Equity and inclusion**
Ensure access for marginalized groups, with gender and disability inclusion.

Examples of country integration models of NTD interventions

- Health systems NTD mainstreaming: Ethiopia, Kenya, Uganda
- Platform based MDA delivery:
 - School and community based MDA (Benin, Niger)
 - Vitamine A campaign (Tanzania)
 - Polio Immunization (Madagascar)
 - Maternal and child health days (Rwanda, Uganda)
- Multisectoral NTD coordination: Rwanda, Togo

NTD “Optimization models” across countries

Cost Savings & Efficiency

- Benin: Up to **75% savings** for SCH/STH
- Madagascar: Saved **US\$1.4M**, up to **89% budget reduction**
- Uganda: Saved **10M tablets** via streamlined MDA

High Coverage & Reach

- Rwanda: **>90% treatment coverage**, **100% geographical coverage**
- Madagascar: **82–91% coverage**, **16M+ people reached**
- Ethiopia: Millions reached via MDA and TT surgeries

Strengthened Systems & Workforce

- Kenya: **6,000 Community health promoters** and **400 assistants** trained
- Ethiopia: NTDs integrated into **national health information system**
- Uganda: NTDs added to **essential medicines list**

Governance & Ownership

- Togo & Rwanda: Strong **national ownership** and **domestic funding**
- Kenya: Improved governance and policy support for NTDs

Disease Control Milestones

- Niger: **Elimination of onchocerciasis**, LF under control
- Uganda: MDA halted in **60 LF**, **33 oncho**, and **49 trachoma** districts

Survey outcome on Country Leadership & Sustainability in NTD Programs

Total respondents:

67

40 NTD program leads/disease managers
27 from national WHO offices,

Questions addressed following topics:

- **Sustainability:** Views on programme sustainability and definitions
- **Key enablers and barriers**
- **Country Ownership:** Perceptions and definitions of country-driven programmes.
- **Transition Strategies:** Actions needed to move towards full country ownership.
- **Stakeholder Roles:** Contributions of governments, partners, and donors.
- **Health System Integration:** Status and steps for mainstreaming NTD programmes.

Key actions to enable transition to full country ownership (1)

Planning the Transition	Strengthening Leadership & Capacity	Securing Sustainable Financing
❖ Develop a clear roadmap for transitioning from partner-led to country-owned NTD programmes. ❖ Communicate the plan to national leaders, emphasizing the burden of NTDs and benefits of local ownership. ❖ Align partner support with national strategies and priorities. ❖ Plan for gradual financial transition with reduced donor dependence.	❖ Build leadership skills of NTD programme managers through training and peer-learning. ❖ Empower implementers to make decisions independently of donor influence. ❖ Ensure strong political leadership with clear commitments at the highest level. ❖ Establish or reinforce national multisectoral coordination structures.	❖ Increase domestic investment and allocate dedicated budget lines for NTDs. ❖ Maximize use of limited funding through cost-sharing and integration. ❖ Create innovative financing mechanisms (e.g., pooled funds, public-private partnerships, solidarity taxes).

Key actions to enable transition to full country ownership (2)

Integrating & Coordinating Efforts	Strengthening Systems & Infrastructure
❖ Embed NTD services in primary healthcare and national strategic plans. ❖ Strengthen intersectoral coordination and reduce duplication of efforts. ❖ Use local data to guide decisions and adapt interventions.	❖ Establish national NTD mapping and data systems for evidence-based decision-making. ❖ Develop a national strategy for continuous training of health workers. ❖ Promote autonomy of health districts in managing NTD interventions. ❖ Encourage community-led initiatives for NTD prevention and surveillance.

Road Map 2030 onchocerciasis targets, sub-targets and milestones

Indicator	2020 (baseline)	2023	2025	2030
Number of countries verified for interruption of transmission (=targeted for elimination)	4 (12%) Colombia Ecuador Guatemala Mexico	5 (13%)	8 (21%)	12 (31%)
Number of countries that stopped MDA for ≥ 1 focus	9 Ethiopia* Nigeria* Sudan* Uganda* Venezuela* *PTS started	22	24	34
Number of countries that stopped MDA for ≥ 50% of population	6	10	25	>16
Number of countries that stopped MDA for 100% of population	4	6	10	>12

- **2025 marks the midpoint of the NTD 2030 Road Map** — a key moment to evaluate progress toward elimination goals.
- **Mid-term review** will guide course corrections to accelerate action where programs are off track

Nigeria Onchocerciasis

Forecasted year of final impact survey

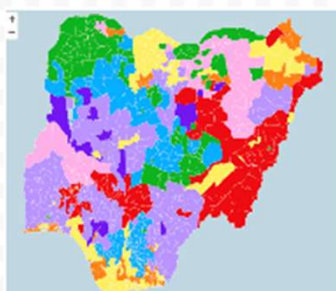
Key country statistics

MDA Coverage

Geographic coverage 88% | Program coverage 96% | Rollback coverage 88%

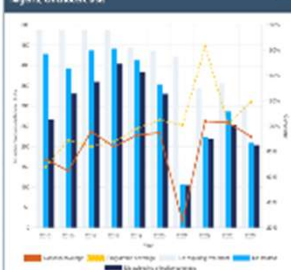
Year of baseline mapping	YYYY	Population	###,###,###
Mapping complete	Y/N	Population requiring treatment	##,###,###
Up-to-date Master Plan	Y/N	Population targeted for PC	##,###,###
		Population under treatment	##,###,###
		Population eligible for treatment	##,###,###

Program Milestones	Value	Health System / Readiness Indicators	Value
Proportion of IUs reaching stop MDA decision	6%	Existence of a national onchocerciasis elimination committee	Y/N
Number of IUs under post-treatment surveillance (PTS)	3	Availability of financing and drug supply security (ivermectin through Medecins Sans Frontieres)	Y/N
		Capacity for surveillance (lab, entomology, serology)	Y/N
		Integration of onchocerciasis into routine HIV/AIDS information systems	Y/N

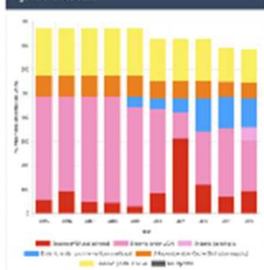


Nigeria's onchocerciasis programme is steadily progressing along the WHO elimination pathway. Years of large-scale ivermectin distribution have enabled many implementation units to accumulate the number of effective rounds needed to approach readiness for pre-STOP surveys, while others still require additional rounds to consolidate impact. Coverage data from the past decade show that most units have delivered multiple effective treatments, though performance varies, with some areas maintaining strong results and others facing occasional dips. At the same time, financing remains a critical challenge: several units still lack full funding for either MDA or the essential monitoring and evaluation activities that allow programmes to transition toward STOP-MDA and post-treatment surveillance. Nigeria has already demonstrated success in Plateau and Nasarawa, where transmission was interrupted and treatment halted, proving the model is achievable nationally. With continued strong coverage and urgent attention to closing funding gaps, Nigeria is on a credible path to eliminating transmission of onchocerciasis.

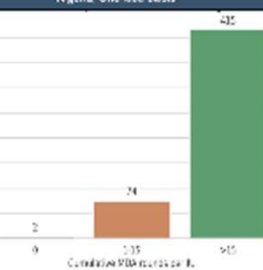
PC Coverage trends over time
Nigeria, onchocerciasis



Country progress: % of IUs per elimination stage
Nigeria, onchocerciasis



Endemic IUs by Cumulative MDA Rounds
Nigeria, onchocerciasis



IU Group (cumulative MDA rounds)	Current Status	Recommended Programmatic Actions	Key Indicators to Track
0 rounds (2 IUs)	Unreached or unmapped endemic IUs	- Confirm endemicity (mapping/assessments) - Immediately start annual/biannual ivermectin MDA - Integrate into national coverage plans	- Mapping status - % of population at risk reached with MDA
1-15 rounds (74 IUs)	Early-mid treatment areas	- Maintain high coverage (85%) - Strengthen community-directed treatment & supply chain - Begin O16 serology and entomological monitoring - Consider biannual treatment to accelerate progress	- Therapeutic coverage - O16 prevalence in children - Blackfly infestation rates
>15 rounds (415 IUs)	Long-standing treatment areas	- Conduct stop MDA evaluations (O16 serology, PCR in flies) - Transition eligible IUs to post-treatment surveillance - Investigate persistent hotspots or coverage gaps - Strengthen cross-border coordination	- # IUs eligible for stop MDA - % IUs in post-treatment surveillance - Hotspot investigation reports

A Mid Term Review of The NTD Road Map

- Extraction of key challenges
- Recommended actions
- Identify opportunities to integrate into Health Systems and develop recommendations adapted to each country specific situation.

Rockefeller Foundation



From Crisis to Opportunity – Shaping a Sustainable Future for NTD Elimination

A Brief Update on the Bellagio Meeting



Country leadership

WHO and regional offices

Pharma and philanthropic partners

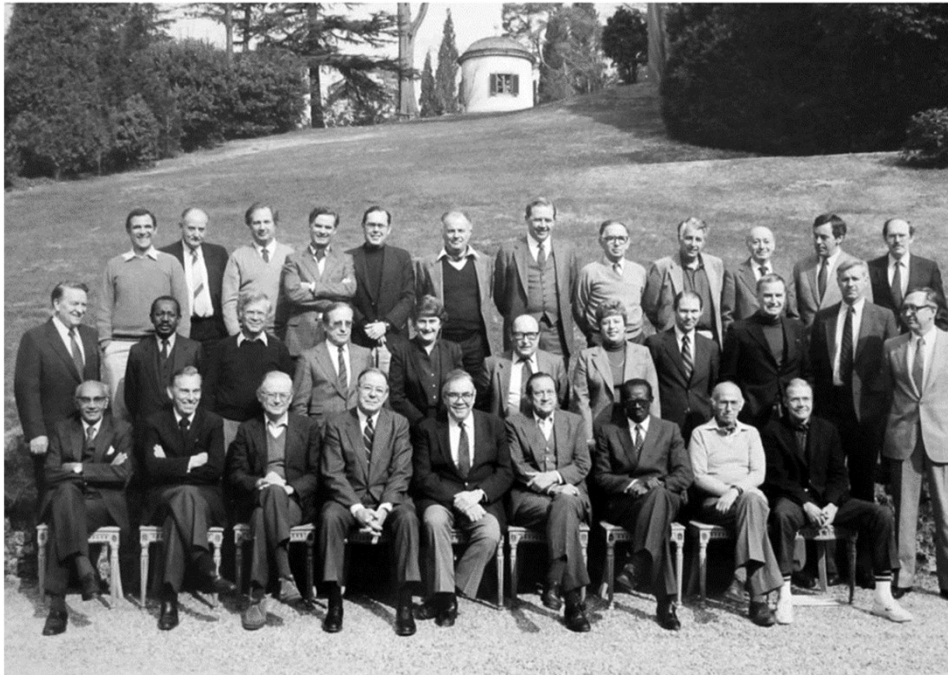
Regional organizations (Africa CDC, ALMA)

Global Institute for Disease Elimination

Technical experts

Rockefeller Center in Bellagio

Then



Now



5. Key recommendations from Belaggio Rockefeller C: Principles for Sustainable NTD Programs

1/Countries Lead

- Set priorities, sequence, and integration; partners align.
- Domestic investment already exceeds external funding in many settings.
- Countries are decision-makers, funders, and drivers of NTD programs.

2/Embed Services into Health System

- Move NTD programs from siloed campaigns to primary healthcare & UHC.
- Institutionalize services under government strategies for sustainability.
- Ensure responsiveness to the poorest and most vulnerable populations.

3/Partners Pivot

- Provide catalytic, time-bound support aligned with country goals.
- Co-design, Co invest, be transparent, avoid substituting for governments.
- Encourage mutual accountability with shared metrics and evaluations.
- Fund innovation, capacity building

Key recommendations from Belaggio Rockefeller C : Financing & Actionable Steps

4/Finance Smartly

- Protect core functions: surveillance, last-mile delivery, pharmacovigilance.
- External funding must complement domestic resources, not create vertical programs.
- Pursue innovative financing: blended finance, non-traditional donors, integrated health budgets.

5/Short–Medium–Long-Term Actions

- **Country Level:** Lead services, embed in health systems, strengthen advocacy to prioritize NTD within the health system & build capacity.
- **Global Level:** Develop investment cases, expand alliances, integrate with other health priorities, adapt post-donation guidelines.

▪

In conclusion : A call for Action

- 1.Countries must lead** – with ownership over priorities, strategies, and financing.
- 2.NTD services must be embedded** in the Health System– as an essential part of primary health care and universal health coverage. Delivering interventions through Routine services.
- 3.People and Communities** must be at the center
- 4.Partners must pivot** – from directing to enabling, supporting countries through catalytic, time-bound, and transparent engagement. Fund innovation. Build capacity.
- 5.Financing must evolve** – becoming smarter, more diversified, and more sustainable, with domestic investment at the center. There is an urgent need to write off unsustainable external debt to unlock development potential and promote health financing.



Thank you

