



**COMMON AFRICAN POSITION ON
NEGLECTED TROPICAL DISEASES
IN AFRICA**
NOVEMBER 2022

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We, the African Ministers of Health, during the AU Specialised Technical Committee on Health, Population and Drug Control – 4 (STC-HPDC-4), held on 14th June 2022 considered and adopted Common Africa Position on Neglected Tropical Diseases (NTDs) in Africa to accelerate elimination.

RECALLING AND EMPHASIZING the highest level of commitment shown by Africa's Heads of State and Government to control NTDs including the following:

1. The **Assembly/AHG/Dec.161 (XXXVII)** [Abuja 2001 declaration] REITERATES its commitment on the fight against HIV/AIDS, Tuberculosis and other related Infectious diseases as enshrined in the Abuja Declaration;
2. The **Assembly/AU/Decl.6 (II)**, NOTES that many Member States have mobilized internal resources and taken bold leadership steps to confront HIV/AIDS and other health challenges. We also acknowledge the response by the international community to the efforts to combat HIV/AIDS, TB, Malaria and ORID.; REAFFIRMED the commitments enshrined in the Abuja Declaration and Plan of Action on Roll Back Malaria, and the Abuja Declaration and Framework Plan of Action on HIV/AIDS, TB and Other Related Infectious Diseases (ORID) and REITERATED commitment to intensify and consolidate efforts for their implementation;
3. The **Assembly/AU/Dec.115 (VII)**, REAFFIRMS the 2000/2001 Abuja Declarations and Frameworks for Action, and subsequent commitments for the fight against HIV/AIDS, Tuberculosis and Malaria; and URGES Member States to further strengthen partnerships with relevant stakeholders and coordinate the realization of a multisectoral and integrated approach to disease control;
4. The **Executive Council/EX.CL/810/(XXIV)** CALLS UPON all partners to support initiatives on mitigation of Non Communicable Diseases (NCDs) and NTDs in Africa and together with the RECs, Regional Health Organizations, WHO and other relevant partners to develop and implement Resource Mobilization and Advocacy Strategy for the Continental Framework on the Control and Elimination of NTDs in Africa by 2020, including the framework convention on Tobacco control;
5. The **Assembly/AU/Dec.565 (XXIV)** which ADOPTED the Agenda 2063 Framework Document and Popular Version. The **AU Agenda 2063: The Africa We Want** is a guiding framework for Africa Union Member States which calls for the elimination of all NTDs in Africa by 2030;
6. The **Assembly/AU/Dec.619 (XXVII)**, which ENDORSED the recommendations contained therein including on the Africa Health Strategy, the Maputo Plan of Action, and the Catalytic Framework to End AIDS, Tuberculosis and Eliminate Malaria in Africa by 2030; The **Africa Health Strategy (2016-2030)** emphasise the elimination of NTDs and other emerging and re-emerging communicable diseases by the year 2030;
7. The United Nations Sustainable Development Goal 3.3 which aims to end epidemics including neglected tropical diseases by 2030, Assembly Decision WHA66.12 which called upon Member States to continued country ownership of programmes for NTDs prevention, control, elimination and eradication; and further strengthen diseases surveillance system on those targeted for elimination among others recommendations.

Ministers of the Africa Union Member States attending Ministerial meeting as a Working Group of Health, of the Specialized Technical Committee (STC) on Health, Population and Drug Control:

1. ACKNOWLEDGE that Member States have made remarkable progress towards addressing NTDs:

- a. Some countries on the continent have successfully eliminated an NTD in the recent past including blinding trachoma in Ghana and Morocco ; lymphatic filariasis in Egypt and Togo; Guinea worm in Benin, Burkina Faso, Cameroon, Central African Republic, Cote D'Ivoire, Ghana, Kenya, Mauritania, Niger, Nigeria, Senegal, Togo and Uganda.
- b. A number of member states on the continent have established vertical and integrated NTDs programs which are dedicated to the control of these conditions.
- c. Some countries have streamlined data collection for NTDs to feed into the existing systems such as District Health Information Software (DHIS) or Health Management Information Systems (HMIS) and other similar platforms; this ensures the readily availability of information for monitoring and evaluation of interventions.
- d. The majority of the member states are currently implementing mass drug administration for diseases such as lymphatic filariasis, onchocerciasis schistosomiasis, soil transmitted helminthes and trachoma which has led to a reduction in prevalence.
- e. Significant number of member states are scaling up efforts in the control of NTDs by applying case management, vector control, Water Sanitation and Hygiene (WASH) and One health strategies.
- f. Progress been made in the elimination of leprosy and human African trypanosomiasis as major public health problems at national level in some countries.

2. CONCERNED that despite this progress, NTDs lack the necessary attention required to attain the elimination phase due to the following:

- a. Africa accounts for approximately 40% of the global burden of NTDs.
- b. Of the 55 AU Member States, 37 are co-endemic for at least five NTDs which affect the poor and marginalized communities which further exacerbates the cycle of poverty.
- c. Despite the relatively low mortality resulting from NTDs (500,000 deaths in the world per year) these diseases and conditions are associated with serious complications resulting from morbidity including blindness, disfigurement, social stigmatization, chronic pain, cognitive impairment, disabilities and other long-term irreversible damage causing impediments to education, employment, economic growth and overall development.
- d. In spite of the wide spread epidemiology of these diseases and conditions, most African countries do not have fully functional integrated NTDs control programs.
- e. The lack of ownership, strong leadership and domestic financing for NTDs programs has led to donor dependence and the control of these disease is left in the hands of the NGOs and other implementing partners.
- f. Donor dependency and lack of national budgets for NTDS programs will lead to a reverse of the progress attained thus far should external financing be reduced resulting in the cessation of the activities and interventions.

- g. Poor integration of various programs within the NTDs arena as different organizations support different diseases, in different locations within one country. The lack of harmonization and coordination creates a siloed approach which hinders efforts towards elimination.
- h. Interventions for the control of NTDs fall under a number of sectors or ministries including local government, veterinary, animal husbandry, environment, education, water and sanitation and finance thus poor collaboration between the relevant ministries hinder efforts towards elimination. Additionally, collaboration at community level among various health cadres such as community health workers, traditional healers may not be adequate.
- i. Inadequate harness of resources through an integrated approach among the sector ministries to avoid duplicated efforts caused by the lack of harmonization of donor support leading to different ministries housing their own programs with different donors.

3. ALSO CONCERNED that elimination may not be attained if focus is on standalone intervention and not integrated initiatives as demonstrated by the following considerations:

- a. That emphasis is on standalone interventions such as testing and treatment, instead of an integrated multi-sectoral approach which include prevention, health education and promotion and vector control.
- b. Although mass medicines administration and the management of identified cases is one of the modes of control for NTDs, utilisation of this initiative alone worsened by population age based selective medicines accessibility for diseases such as schistosomiasis and soil transmitted helminths retard elimination efforts as treated individuals still reside in communities where transmission is on-going leading to re-infections.
- c. Prevention although the most cost effective mode of control is not highly advocated for, funded or implemented in the fight against NTDs.
- d. Initiatives such as health education although key in promoting elimination of NTDs and stimulating changes in behaviour, perceptions and attitudes towards hygiene practises are not sufficiently funded and adequately implemented in endemic communities.
- e. Vector control and veterinary public health though critical for the elimination of NTDs do not receive sufficient attention and financing from the national programs and the donors.
- f. Most international donors focus solely on mass medicines administration and global advocacy with very little attention given to other control initiatives interventions.
- g. Unsatisfactory reinforcement of community participation and ownership of NTDs programs as is the case for other diseases such as malaria which makes use of community cadres to promote ownership and leadership.
- h. Absence of routine surveillance of NTDs and integrated reporting in national health information systems which limits early warning and rapid response to outbreaks from NTDs.
- i. Weak implementation of routine efficacy studies along with mass drug administration as the wide spread of medicines is likely to introduce drug resistance.
- j. Scarce media participation in educating the communities on NTDs. This has led to the community misunderstanding the status quo or interpreting the diseases based on one's understanding. This contributes to preventable morbidity and mortality as the community seeks alternative remedies.

- k. Despite the community participation in the fight against NTDs, there is little ownership of programs.
- l. The lack of commitment by national Governments in the control and elimination of NTDs through integration with other existing programs within the same communities and the utilization of available resources including human and finances.
- m. Visible inadequacies in the surveillance and monitoring systems, and the implementation of operational research.

3. WELCOME that Africa has played its part in shaping the health agenda on the continent:

- a. Africa has lead the development of various health instruments such as the Africa Health Strategy, the Catalytic framework to end AIDS, TB and Malaria that have shaped the response towards reducing the disease burden.
- b. The development of WHO Global roadmap on NTDs (2021-2030) which will Provide overall direction towards the control, elimination and eradication of these diseases and condition by the year 2030.
- c. The recently developed Continental Framework on the elimination of NTDs in Africa (2020-2030) expected to provide the necessary guidance on control, elimination and eradication of these diseases on the Continent.

To this end, WE RECOMMEND that Africa has played its part in shaping the health agenda on the continent:

I. To African Union Member States for the following:

- a. To assume full responsibility, ownership and leadership in reducing the control elimination & eradication for NTDs through implementation of the Continental Framework for NTDs (2020-2030).
- b. To reinforce policies that govern health promotion and education to advance effort towards prevention of transmission of NTDs.
- c. Set up integrated NTDs elimination programs with emphasis on beneficial collaboration with other existing programs within ministries of health.
- d. Countries should align national NTDs action plan to the continental framework and endeavour to implement the strategic approaches through adopting and Incorporating them into national health and multi-sectoral policy instruments. Possibly both government and private media should allocate space and airtime (10%) focused on NTDs.
- e. Member States should create an enabling environment for coordination and harmonisation for implementation of the framework.
- f. Collaboration of relevant ministries such as health, education, water and sanitation sector, communication, local government etc., and between various stakeholders should be reinforced.
- g. Member States should strengthen inter-states partnership especially cross-border collaboration in the control and elimination of NTDs.
- h. Member states should invest in research and development in order to advance local applicable diagnostic tools to inform new intervention strategies.
- i. Member States should allocate adequate domestic resources for the operations of the NTDs programs and implementation of the framework.

- j. Member States should support efforts towards strong advocacy and good governance that demonstrate ownership of the Continental framework.
- k. Member States should ensure the full engagement of all stakeholders including communities, media, Civil Society Organisations and the private sector from the inception to implementation of NTDs interventions.
- l. Member states should ensure cross border collaboration among countries and within regions due to movements of people across borders as a cultural practise in some countries.
- m. Member States invest in advocacy campaigns such as “No to NTDs” which consolidate the efforts of national programs, the private sector and civil society organisations and fosters the creation of inclusive accountability systems.
- n. Member States should include interventions to combat NTDs in the minimum package of requirements to achieve Universal Health Coverage (UHC) package.
- o. Member States should strengthen health information systems and promote operational research on NTDs.

II. AU Commission, Regional Economic Communities and Regional Health Organisations:

- a. Proactively provide technical to Member States in the control, elimination and eradication of NTDs.
- b. Ensure that Member States have a coherent and coordinated approach to the implementation of the Continental framework within the regions.
- c. Promote cross border collaboration so that no one is left behind.
- d. Ensure that the framework is domesticated into the national policies and programmes.
- e. Carry out a periodic follow-up and review of the framework, ensuring coherence at the national, regional, and continental levels, in order to track progress, assess impact, and ensure its effective and timely implementation, accountability to citizens, and transparency, in an inclusive manner.
- f. Report on the progress of the implementation of the framework every two years through the Specialised Technical Committee on Health, Population and Drug Control (STC).
- g. Support advocacy for increased resources towards NTD programs.
- h. Promote the development and management of cross-border and cross-country initiatives and projects.

III. World Health Organization (and other UN Agencies):

- a. To support the development and updating of evidence-based norms, standards, policies, guidelines and strategies and research for prevention, control and elimination of NTDs.
- b. To monitor progress in achieving the targets set in the NTD roadmap 2030, and to provide support to Member States in their efforts to collect, and analyse data from national surveillance systems.
- c. To provide support to Member States to strengthen human resource capacity for prevention, diagnosis and control of neglected tropical diseases, scaling up of interventions including vector control and veterinary public health.
- d. To encourage and support initiatives to discover and obtain new diagnostic tools, medicines and vector control measures, and One health approaches.
- e. To define research priorities and support operational research and implementation research capacity and to increase the efficacy and cost-effectiveness of interventions.

IV. Development Partners, NGOs and CSOs:

- a. Support Member States in strengthening of information systems and data collection and ensure that Monitoring & Evaluation systems are integrated and embedded in the health systems.
- b. Support Member states in mobilisation of finances for the implementation of comprehensive programs for control of NTDs by amending the focus from one or two standalone initiatives to all the recommended interventions.
- c. Coordinate support for interventions by aligning as closely as possible to priorities defined by Member States
- d. Advocate for the mobilization of funding for research for NTDs.



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