

# NTDs in health systems – innovate, integrate, and empower

NNN Conference 2022



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# Welcome from Outgoing Chair, Arielle Dolegui

It was a huge pleasure to welcome everyone to the 13th Annual NNN Conference. How refreshing it was to reconnect in-person again after two years of virtual conferences. I want to thank all those who joined us in Nepal and of course our friends and colleagues from across the globe who participated online.

An exciting and interactive conference agenda was curated, honing in on our competences for shared learning and knowledge exchange, tactical evidence-based programming, cross-cutting innovations, and multisectoral partnerships anchored by our core values of equity, integrity, and inclusivity.



Arielle Dolegui, 2021/2022 Chair

Side meetings were held for our cross-cutting groups and disease-specific groups, and we held 16 workshops and two consecutive rapid-fire sessions. We also hosted the fourth Neglected Tropical Disease (NTD) Innovation Prize and welcomed over 500 delegates.

We were truly honored to have the Right Honorable President, Mrs Bidya Devi Bhandari, inaugurate the conference and were warmly welcomed by the Minister of Health and Population and other high-level officials - a testament to the dedication of the Government of Nepal to the fight against NTDs and a badge of honor and recognition for the impact this community of non-governmental organizations (NGOs) continues to make globally. The high-level panel featured an impressive, interdisciplinary line-up of speakers including representatives of Ministries of Health of Nepal and Nigeria. In addition, Dr Martha Saboya of the World Health Organization (WHO)-Pan American Health Organization (PAHO), told us that integration of NTDs in the health system is possible, however "it is unrealistic to think that the elimination of NTDs can be reached by relying only on the health sector."

Meanwhile, Mr Amar Timalina, from the International Association for Integration, Dignity and Economic Advancement (IDEA International) inspired us with personal tales of his experiences diagnosed with Leprosy at such an early age. He also challenged us to a person-centered approach to NTD response that combats stigmatization and restores dignity of those affected by NTDs.

This year's conference came at the heels of historic events for NTDs. First, we witnessed the devastating impact of the Covid-19 pandemic, the disruption of NTD program delivery, the significant declines in funding streams, and the restricted access to essential NTD treatments.



But we also witnessed, unlike any other time before, our community of NGOs rallying together, rising to the challenge presented by the pandemic's interruption and the resilience of endemic countries responding with flexible and creative solutions committed to working together to achieve NTD elimination goals.

Secondly, as we slowly emerge from the pandemic, world leaders have renewed their commitments to beat NTDs, to achieve the Sustainable Development Goal 3 target on NTDs, and to deliver the targets of the 2030 road map through the Kigali Declaration on NTDs.

Collectively, our NGO and civil society body has committed to:

- Coordinating our contributions as implementing partners with endemic countries setting the priorities for programming interventions
- Enhancing a community-based, people-centered approach to programming at all levels of NTD program design, implementation, policy, research, monitoring and evaluation
- Safeguarding communities affected by NTDs through a 'do no harm' approach while building local networks of NTD champions for ownership of NTD interventions
- Establishing evidence-informed practices – based on robust data for the delivery of sustainable interventions that support resilient health systems and integrated programming for impact
- Adopting an inclusive approach to research and program delivery, targeting specific needs of different sections of the affected population

These commitments aligned with this year's theme, NTDs in health systems – innovate, integrate, and empower; setting the tone for our engagement in the fight against NTDs. I am galvanized, I am hopeful, because as a network of partners and practitioners, we have understood that there is a pressing need for our efforts to focus on innovative approaches for sustainability driven by country ownership, strong local leadership, and integrated health systems. And while these efforts take bold ambition and concerted effort, I very much welcome this collective determination from our NGO community.

Thank you.

**Arielle Dolegui, NNN Chair 2021/2022**

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# Workshop Summaries



## 1.1 One Health for NTDs: who, what, where, when, and how

### Session Overview

The NNN and WHO One Health companion document to the NTD road map was published earlier this year and features in the Quadripartite Joint Action Plan. How might we operationalize this approach for NTDs? The workshop helped us build a picture of who, what, where, when and how you might use One Health in our interactive session.

#### Main Learning Point

One Health is more than just veterinary public health collaboration, it is about examining the whole system surrounding NTDs and identifying where there needs to be integration or where working across sectors can help deliver the road map goals more effectively or efficiently.

#### Real World Implication

There are many shared objectives and 'common ground' between NTDs and across human, animal and environmental health sectors - we need to be routinely consulting, communicating, collaborating and coordinating with relevant partners.

#### Next Steps and Implementation

One Health is a holistic, systems-based approach to health that recognizes the interconnected nature of humans and animals in a shared environment. This cross-sector approach in NTDs can help better understand risk factors, identify novel control points or reveal cost-savings and efficiencies. Despite the potential benefits, there are existing barriers to true cross-sector working including governance structures, financing mechanisms and disciplinary siloes. The results of the discussion session will be used to inform WHO and help shape a toolkit to help YOU use One Health for NTDs.



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## 1.2 Country led innovations to control NTDs amongst the hard-to-reach populations

### Session Overview

This session presented numerous examples from NTD programs across several geographies which have made adaptations to get treatment to hard-to-reach population (HTR) groups. HTR populations discussed included mobile and migrant populations, rural and remote areas with poor infrastructure, urban poor areas with low percentages of school age children enrolled in schools as well as insecure areas with ongoing conflict.

Workshop presenters emphasized the need to have a process to identify those implementation units that have faced coverage and/or disease resurgence challenges due to HTR populations. It was noted that programs will need the time and resources to thoroughly understand the underlying and specific challenges in these areas and how they may be ameliorated. Strong monitoring, evaluation, learning, and adapting will be key to making progress towards accessing treatment targets in HTR areas. Moreover, the need to build partnerships with local leaders, as well as leveraging targeted social mobilization activities was emphasized to reach HTR populations. Solutions are likely to be unique to specific HTR contexts and may require cooperation across borders/implementation units in the case of mobile and migrant populations. It might be expected that as areas become closer to elimination and control of NTDs that more and more NTD control activities will be in areas with HTR populations and geographies. Therefore, a clear understanding of how programs can be successfully implemented to reach the last mile will become increasingly important.

### Main Learning Point

Successful implementation of NTD control activities to target HTR populations requires highly contextualized recognition, understanding, solutioning, and adapting programs to overcome barriers to access. We must understand whether our populations are truly hard to reach or if our programs are hard to access.

### Real World Implication

To reach NTD elimination/control goals, some implementation units or subpopulations will require a more intense program effort to identify the elements that make an area or population HTR and to adapt program implementation to make real progress towards treatment targets. Making this effort might include some "out of the box thinking" to understand how programs can reach all populations in implementation areas despite barriers to inclusion and difficult geography. Certainly, political will, conflict mediation, and policy solutions are also important facilitators to making inroads with HTR populations for NTDs.

### Next Steps and Implementation

- The processes identified in the case studies in this workshop can be successfully applied in other programs and countries facing similar challenges.
- Some of these processes are lighter lifts. These include: Understanding what the barriers are in a specific area through detailing localized challenges Adapting existing platforms and implementation processes to be more inclusive and to better inform NTD control activities
- Some of these processes are more difficult and require longer term solutions and the generation of political will. These include Conflict situations Cross-border MDA planning and implementation.
- However, this workshop demonstrates that the difficulties in HTR areas and with HTR populations can be overcome with targeted intervention and investment. +NNN members are also able to continue engaging with the NNN Conflict and Humanitarian Emergencies cross-cutting group to learn more about how NTD programs are accessing HTR populations.



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## 1.3 Sustainable Data Management: Integrating NTD data into national HMIS for increased ownership and data driven decision making

### Session Overview

As many countries advance towards more sustainable NTD programs, there is an increasing need to mainstream NTD data into national health management information systems (HMIS) to increase accountability at the district, regional, and national level and use the NTD data for planning, evaluation, and to prepare elimination dossiers. This workshop looked at the ways in which seven sub-Saharan African countries have approached data integration into DHIS 2 and discuss how the NNN community can better respond to country needs around transitioning to integrated data management systems and using data for decision making.

### Main Learning Point

Indicators should be defined and prioritized based on data the MOH needs for decision making.

### Real World Implication

NTD data integration into national HMIS strengthens the availability and use of NTD data in national health policies, planning, budgeting, and monitoring processes. It improves data quality, utilization, and ensures completeness of data for improved decision making at all levels and country ownership. There are many areas that need to be considered for sustainability, such as financing, capacity building and human resources. The priority is to ensure that sustainability is considered from the beginning of the process.

### Next Steps and Implementation

The session provided real world experiences from Ethiopia, Cote d'Ivoire, Mali, Mozambique, and Ghana. Each presenter provided best practices for integrating NTD data into DHIS2. Some of the key next steps for countries beginning this process is to consider sustainability from the beginning, include a feedback process for MEL frameworks, and contextualizing based on country needs. To improve cost effectiveness, align integration with the agenda for revision of HMIS by the MOH. Interoperability should be considered when determining indicator selection.



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## 1.4 - Innovation in NTD mainstreaming approaches: Leveraging local leadership and decentralized governance for integrated and sustainable NTD programming

### Session Overview

Achieving effective mainstreaming of NTDs requires embedding NTD functions across health programs and NTD-adjacent sectors. With ongoing decentralization processes shifting decision-making responsibilities to local government, innovative models of stakeholder engagement are needed to seize these opportunities and capitalize on advances towards sustainability. In this workshop session, experts from Ghana, Senegal, and Ethiopia discussed cascade approaches to high-level stakeholder engagement from the national to operational level that leveraged decentralized governance structures and local leadership. Panellists from World Vision and NALA Foundation presented on their respective technical approaches and contextualization processes according to country priorities and governance structures four African countries. Representatives of the Ministry of Health from Ghana, Senegal, and Ethiopia presented on the government perspective and country experiences with stakeholder engagement at national, regional, and local levels.

### Main Learning Point

Stakeholder engagement from the national level to the operational level fosters multisectoral commitment to sustainable NTD interventions in alignment with each sector's goals, local and national strategies, and global targets. Within the context of decentralization, there is a need to further leverage local structures and stakeholders to facilitate inclusion of NTD functions and mobilize local resources for strategic planning and implementation.

### Real World Implication

The 2030 NTD Roadmap calls for mainstreaming NTD programming into national health systems, strengthening partnerships, and facilitating greater country ownership to accelerate progress towards the control and elimination of NTDs. Ministries of Health have identified opportunities for National NTD Programs to engage stakeholders across sectors from the national to operational level toward the integration of NTDs into annual strategic plans and programming. NTDPs, in engaging local governance structures, can leverage interlinkages between NTDs and other health programs and sectors to strengthen integration and multisectoral collaboration, maximizing synergies and mutualizing domestic resources for sustainability.

### Next Steps and Implementation

During roundtable discussions, session participants identified the following learnings to apply:

- Include affected persons from policy making to the implementation of programs
- Advocacy should be informed by data, should be continuous, and should be conducted by/to different stakeholders with the same goal
- Expand stakeholders across government, NGOs, civil society, private sector, research, etc. and across all levels - Identify focal persons at every level and structure - Identify champions through local level actors
- Integrate NTD priorities at the operational level
- Develop a mechanism with indicators to monitor commitments towards measurable impact
- Involve the media more

Tools shared or referenced during the session included:

- Example charter of commitment
- District level multisectoral coordination toolkit
- Online WASH-NTD coordination training



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## 2.1 Electronic data capture for mass drug administration in neglected tropical diseases: challenges and scale-up

### Session Overview

This session examined three different types of electronic data capture (EDC) strategies that had been used in neglected tropical disease (NTD) mass drug administration (MDA) in Haiti and Benin (android-based technology) as well as Ghana (tally counter). Lessons learned from this experience were shared by the countries and discussed during the workshop. Breakout sessions took place to discuss the challenges in implementing EDC for MDA as well as the potential scale-up of existing initiatives.

In summary, EDC has not been extensively used for MDA, particularly for NTDs, but is more common in disease surveys such as lymphatic filariasis (LF), preTAS and TAS, trachoma TIS and TSS, and schistosomiasis impact assessments. Since the use of EDC for MDA is in its infancy, it is useful to discuss the feasibility in implementing innovative technology on a large scale as MDA. This includes the large number of devices needed with respect to surveys and the type of implementers used, such as community drug distributors versus trained technicians for surveys, and the challenges both of these present.

### Main Learning Point

EDC was shown to be suitable for a large-scale MDA as it saved time, provided more accurate geo-coordinates (which was helpful for identifying areas where MDA had been conducted or not), and was preferred by NTD programs over standard paper-based questionnaires.



### Real World Implication

EDC results in a quick turnaround for treatment coverage results and also highlights areas when MDA should or should not have been conducted due to geolocation. Using EDC also eliminates potential data entry error that occurs from aggregating data at multiple levels (from village, to sub-district, to district). There remain challenges however in quality control checking EDC in terms of duplication of treatment records as an example. Nevertheless, as EDC for MDA is increasingly rolled out by countries these challenges can be mitigated.

### Next Steps and Implementation

This workshop discussed the use of EDC for data collection during MDA of NTDs, the results of which can be fed directly into national health systems (HMIS), which is a critical component of each country's health system. EDC during MDA can be rolled out across several NTDs as well as other diseases to improve efficiency of the reporting and NTD program monitoring process. The sessions and ideas flowing throughout this workshop will feed back to the countries who presented, but also serve as a networking/idea-sharing platform for other countries/programs/implementers who attended who may want to explore or finesse integration into future improvements of their current initiatives.

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## 2.2 Where the real learning happens: strengthening health systems through non-formal methods of capacity building

### Session Overview

We will highlight the importance of the non-formal aspects of capacity building, which are responsible for most learning that we do, and discuss how this can be used to strengthen neglected tropical disease (NTD) health services and other sectors working to eliminate NTDs or manage their consequences. The workshop topic is very important because there is a shortage in knowledge and skills regarding NTDs among health workers worldwide. Capacity building in all aspects of NTD work requires innovation and change because the world is changing fast, and formal learning is primarily based on twentieth-century concepts and theories. Focusing on and learning from each other with regards to the informal learning part of the 10-20-70 model provides an opportunity to support and reinforce both informal and formal learning in health services and NTD organizations. According to the 10-20-70 learning model, 90% of learning occurs in an informal way. However, most NTD capacity building focuses on the 10%, e.g., formal courses. With limited resources available, it is crucial to find innovative solutions that use peers and optimize informal learning across the NTD field. This workshop will contribute to the way NTDs capacity building is carried out and, ultimately, to achieving universal health coverage. The overall aim of the workshop is to discuss what is needed from the NTD community to adapt/increase non-formal learning in order to enhance health system capacity to prevent, diagnose and manage NTDs.

### Main Learning Point

Informal learning (including demonstrations, explanations, supported supervision, feedback cycles, etc.) needs a strategic plan, it usually does not "just happen".



### Real World Implication

Switching to more informal learning implicates ensuring a safe learning environment and convincing trainers that there are more effective training methods which can be used during their NTD work. Informal learning requires investments and strategic commitments but is ought to be more cost effective in the long term; it needs to be included when designing new NTD programmes. In almost every situation, there is an informal learning opportunity: seize it and practice "see one, do one, teach one". A combined and tailor-made approach of formal and informal learning is needed to increase our impact to beat NTDs.

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### Next Steps and Implementation

- Develop an active training plan including desirable outcomes.
- Training of trainers (ToT) for informal learning is advised for mentors and supervisors.
- Create small groups for supported supervisions which foster positive competition.
- Include communities and key-stakeholders: we can learn a lot from them as well during informal learning sessions.
- Social media and online platforms can be effective, but do not "kill" informal learning with technology.
- Include grading / certification systems in informal learning as well as this has a positive motivational effect.
- People have diverse backgrounds, there is no one-size fits all approach to informal learning.
- Appoint a knowledge manager in each organization.



## 2.3 Cross-cutting approaches to mainstreaming neglected tropical diseases: innovations, opportunities and limitations

### Session Overview

'Intensifying cross-cutting approaches' to neglected tropical disease (NTD) control is identified by pillar two of the World Health Organization's (WHO) 2030 Roadmap as a pathway to mainstreaming NTD programming. In response, efforts are being made to integrate, mainstream and coordinate NTD programming. This session presented examples of innovative and cross-cutting approaches to integration of NTD programming from a range of countries and thematics. Breakouts focused on identifying the key facilitators and barriers to achieving sustainable, mainstreamed NTD programmes categorized against the WHO health systems strengthening building blocks. Real world examples of integration, coordination and mainstreaming were presented covering different aspects of NTD programming including integrating NTD screening into mainstreamed healthcare (specifically female genital schistosomiasis into ongoing cervical cancer screening), integrating NTD data management into national health management information systems; and mainstreaming and streamlining NTD supply chain logistics.

### Main Learning Point

A systems-approach to integration can support mainstreaming NTD control into healthcare, and ultimately, achieving sustainable, nationally owned, long-term NTD control and elimination programming. Such an approach requires identification or development of fit-for-purpose tools to support delivery, coordination between and within sectors, and strong support systems, and above all, government buy-in and ownership.

### Real World Implication

Mainstreaming NTDs into health systems requires an end-to-end approach for management of delivery, data, reporting, and monitoring, drug supplies and logistics, availability of resources and tracking of progress. Focusing efforts on identifying areas of overlap between existing services and systems and opportunities for embedding NTD activities and underlying structures into mainstreamed healthcare can support emergence of nationally owned and sustainable NTD control and elimination programmes.

### Next Steps and Implementation

Key facilitators and barriers to mainstreaming NTD programming are both aligned to individual workstreams, as well as cross-cutting. Key themes include development or application of existing standardized tools and metrics, demand creation and advocacy at all levels; sustained capacity building, skills transfer and development of SOPs for standardization and continuity, and improving coordination through establishment of steering committees.

Session feedback and discussions will be assessed, with dissemination and further discussions to be continued and disseminated via the Global Schistosomiasis Alliance (GSA) platform.



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## 2.4 Empowering National Programmes and Last Mile Communities: Gender Equity and Social Inclusion (GESI) Integration Approaches and Tools

### Session Overview

This workshop was a practical, country-led session that allowed participants to learn from experiences and neglected tropical disease (NTD) stakeholder perspectives from Uganda, Ethiopia, Chad, Guinea Bissau, Sierra Leone and more. The country examples introduced the audience to various ways in which several GESI approaches, and tools have been utilized to enable countries to reach the last mile of disease elimination for NTDs and more broadly strengthen health service delivery through more equitable and inclusive practices. By spotlighting a range of approaches and tools, and the gaps, barriers and opportunities encountered throughout implementation and testing, participants learned first-hand how GESI gaps can be identified and addressed in practice, and critically, the role of country governments and local communities in this process. Through breakout groups, participants were able to apply their knowledge and consider the applicability of the tools and methodologies to other country contexts for further expansion and sustainability.

### Main Learning Point

Approaches and tools needed to empower national programs and last mile communities for NTDs eliminations should include mechanisms for understanding context, rely upon data to drive programming, and be tailored to the operating environment, for example by utilizing intercultural dialogues as a way to more effectively reach the last mile.



### Real World Implication

As we move towards achieving country elimination goals, it is clear that reaching the last mile is both more important, to prevent recrudescence, and also more difficult. Numbers are dwindling and resources seem to bring less results. Failure to reach the last mile is a loss on all fronts: first, we risk recrudescence and, two, we fail to support some people to realize their right to health, pointing to the importance of equity and inclusion in NTD programs. Systematic identification of gaps and subsequently tailoring interventions is a constant theme running through our workshop session – highlighting the importance of learning and adaptation. There is a need to focus on meaningful involvement of Last Mile Communities in our pursuit of “leaving no one behind”. This is important to get their perspective on the root causes of the gaps we are addressing as well as involving them in devising solutions to achieve their NTD elimination and control goals.

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### Next Steps and Implementation

Participants were able to: 1) Understand how to identify GESI-related inequities and gaps in NTD programmes and MDA campaigns 2) Become familiar with a range of approaches and tools that have been used to integrate GESI considerations and improve outcomes in NTD elimination and control programmes 3) Identify ways that test and prove GESI-sensitive approaches and tools can be adapted to a variety of country and community contexts. It is crucial that we continue to integrate GESI into our approaches and tools to strengthen the NTD response to identify barriers to NTD medication access and acceptance. We urge all actors to continue to bring a GESI-sensitive lens into discussions as they identify challenges and co-design solutions to address barriers and reach the 'last mile' in NTD response.



## 3.1 The challenge of integration and the need for innovation: Novel approaches to prevention and management of neglected tropical diseases in unstable settings

### Session Overview

The workshop addressed the issue of insecurity and its impact on neglected tropical disease (NTD) programs. Together with frontline workers, community experts, and experienced NTD practitioners, we analyzed the challenges of treating NTDs in crisis. Countries, treatment providers, and non-governmental organizations (NGOs) working in instable settings have developed novel strategies to continue implementing prevention and treatment strategies for NTDs. This workshop aimed to share experiences about NTD implementation in insecure areas. The learning objective of this workshop was to understand the challenges of NTD treatment, case management, and advocacy in unstable settings and to exchange lessons learned and best practices. A panel of country program managers and INGO representatives presented on progress, initiatives, and strategies used in unstable and insecure areas to roll out NTD activities.

### Main Learning Point

Control and treatment of NTDs are particularly challenging during conflicts. During the workshop we discussed four different case studies on visceral leishmaniasis and snakebite in South Sudan; lymphatic filariasis in Mali and Burkina Faso.



### Real World Implication

NTD programs impacted by insecurity are pressured to innovate and adapt continuously to the security constraints, requiring the whole health system to be resilient and reach all the people in need. Intensified collaboration with local communities is essential to maintain access to mass drug administration (MDA) treatment when public health services are disrupted by conflict. In addition, simplified tools to diagnose and treat visceral leishmaniasis are urgently needed to overcome the burden and understand the case dynamic better in conflict settings. Strategies to address snakebite outbreaks among displaced populations require agility and buy-in from a diverse range of stakeholders.

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### Next Steps and Implementation

Difficult access to populations in need during conflict is a major challenge to achieve NTD targets. While each NTD requires its own specific solution during conflicts, it is essential to document and share experiences in control of NTDs in unstable settings and to enhance preparedness. In addition, building on successful strategies to work with affected communities should be shared among implementing actors to achieve better outcomes.





## 3.2 Integrating footcare for leprosy, lymphatic filariasis (LF), podoconiosis, and diabetes into the health systems: existing tools, practices, gaps, and opportunities

### Session Overview

Footcare is relevant to disability prevention to a number of NTDs and to diabetes with opportunities to optimise resources, enhance the capacity at primary and secondary health care levels, and ultimately on improving health and psychosocial outcomes for patients while reducing health care costs related to complications. The workshop will provide the opportunity for participants to learn from different models and approaches to integration of footcare into NTD programmes, to explore gaps and suggest innovative models of integration, including strengthening government ownership. The report will contribute to relevant NTDs Essential Care Packages and to operationalisation of WHO's integrated skin-NTDs framework.

#### Main Learning Point

- Integration of footcare services for NTDs and NCDs is very important.
- Country ownership is an integral part of their integration.

#### Real World Implication

Footwear is a part of treatment and not a luxury. Integrated leprosy wound care and footcare within lymphatic filariasis and other NTDs is very important. Country level coordination and planning is required. All this work must involve administrator should be involved in this process.

#### Next Steps and Implementation

- Integration of wound care and footcare between NTDs and NCDs.
- Retention of expertise in the field.
- Country ownership must be a focus of programs at large.



#### Contact

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Dr. Asrat Mengiste, CDT-Africa

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Mr. Sathish Paul, Schieffelin Institute of Health Research & Leprosy Center

Dr. Aparna Srikantam, LERPA Society

## 3.3 Tools and innovative approaches to improve neglected tropical disease mass drug administration coverage

### Session Overview

This session addressed the important need to use innovative approaches and effective monitoring and evaluation tools to adapt existing tools to improve upon routine data collection to improve coverage. Focused on examples in various contexts, it encouraged a learning exchange on tools and approaches that organizations are using to explore coverage prior to, during, and following neglected tropical disease (NTD) interventions. By spotlighting a range of approaches and tools, as well as challenges, gaps, barriers, and opportunities in piloting and testing these, it is hoped that various lessons were learnt for the participants. Representatives from various endemic countries across multiple NTDs and organizations showcased examples of tools and approaches to explore coverage data more closely and shared lessons learned. Through breakout groups, participants were able to apply their own knowledge and experiences to consider coverage challenges, data issues, and possible approaches and tools to share with their peers.

#### Main Learning Point

Organizations are being innovative in refining their approach and responding to mass drug administration (MDA) coverage issues. There is a large opportunity for organizations to learn from each other and try new ideas.

#### Real World Implication

Optimizing and learning from coverage of treatments is vital as we move closer towards the elimination agenda. A common issue across organizations is poor coverage data and a lack of understanding as to why. Sharing tools, approaches, lessons learned, and experiences that various organizations are using is a positive step towards addressing these challenges collectively. The showcasing of using DHIS2 in real time reporting, of using the supervisor's coverage tool, developing a coverage 'watch list', and adapting coverage evaluation surveys will hopefully inspire other organizations to respond to their coverage challenges.

#### Next Steps and Implementation

Participants were able to: 1) Understand what tools and approaches are being used to improve NTD MDA coverage 2) Become familiar with a range of approaches and tools that have been used in different contexts and to think how applicable and adaptable these might be in various programmes 3) Share their own experiences and wisdom with their peers as a learning exchange on tools and approaches that are being adopted.

It is vital that we continue to share tools and approaches that strengthen MDA coverage prior, during, and after campaigns to move further along the elimination agenda.



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### 3.4. Models of integrated service delivery for neglected tropical diseases into primary health care studies from Senegal and Guinea

#### Session Overview

A key component of achieving sustainable neglected tropical disease (NTD) programs towards universal health coverage is the integration of NTD services into health systems' primary health care structures. To reach the 2030 NTD roadmap targets, which calls for a pivot from vertical programs to a holistic model of integrated service delivery, NTD programs are adopting innovative solutions focusing on interventions centered on the needs of patients and communities. This workshop explored practical examples of contextual approaches from Guinea and Senegal in leveraging national primary health care platforms to include NTD prevention, treatment, and management services as models for integrated service delivery.

To ensure greater ownership of national programs to achieve long-term sustainability, countries are implementing innovative approaches for service delivery to move beyond solely strengthening disease-specific programs to accelerating systemic integration of NTDs into existing service delivery structures. These patient-centered approaches improve access to holistic health services and deliver an integrated service delivery platform which is transversal across all levels of services both at the facility and community-level.

#### Main Learning Point

- Identify key stakeholders and priorities for integration of services into existing platforms
- Political will and enabling environment are critical for success
- Integration into existing platforms enhances country ownership of NTD programs.



#### Real World Implication

Exploring community and facility-level models of integration of person-centered primary healthcare services for sustainable NTD programs by leveraging existing and functional service delivery platforms would benefit long-term NTD sustainability, maximize scarce resources, and galvanize engagement from other health platforms to own the NTD response strategy. Integrating NTD services into health systems primary health care structures optimizes financial and human resources for health. This integration and routinization NTD services will support sustainable NTDs programs.

#### Contact

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#### Next Steps and Implementation

- 1) Integration of NTDs into PHC is contextual to the needs and priorities of countries, therefore it can look different in different contexts
- 2) Develop tools for integration by identifying areas that can be leveraged in and across health sectors
- 3) Both countries are in a pilot phase, the results will be important to understand and make any adjustments before scaling up
- 4) The paradigm shift from campaign-based MDA to an integrated MDA that is delivered as a part of the routine package of services. It intends to optimize mass treatment of all eligible community members and strengthen and formalize the capacities of community health agents to conduct MDA for NTDs.



## 4.1 Putting the NTD road map into action: Exploring lessons learned as NTD programs operationalize evolving strategies and address challenges to achieving final mile goals

### Session Overview

As conversations about final mile challenges have evolved, some PC-NTD control and elimination programs are adopting modified MDA and M&E strategies in areas of persistent and recrudescence infection. This session explored lessons learned from the early phases of implementation and considered what data and resources will be needed to refine strategies, build an evidence base that will inform global guidance and indicators, and enable long term operationalization and scalability.

First, Tanzania's trachoma program shared their insights as they begin implementing biannual and additional annual rounds of MDA as well as modified survey design accounting for mobile populations and including alternative indicators. The program emphasized the role of data, microplanning, and engagement of local leaders in the design and implementation of tailored strategies and the need for globally standardized indicators and guidance to support long term sustainability. Second, we heard experiences from Togo's schistosomiasis program as they implemented sub-district MDAs that included adults in high prevalence areas. The presentation highlighted the role of data to identify hotspots, target treatment, and secure support from donors and drug donation program for the modified strategies. Finally, USAID gave a donor perspective on operationalizing and scaling up modified strategies. The presentation highlighted considerations for where modified strategies are currently being supported and highlighted questions that remain for scale up, including: what data are needed to evaluate efficacy of modified MDA strategies, how should national programs translate alternative indicators into program decisions, what is the timeline from piloting to data review to solidifying guidance, and what is the purpose of expanded treatment and how does it fit in the current M&E framework.

### Main Learning Point

Data and local context are vital to all aspects of operationalizing modified strategies - identifying areas of persistence; analyzing key factors such as program delivery, diagnostic shortfalls, and biological challenges; and developing and evaluating new approaches. Global guidance will be critical to bring modified strategies to scale so it is important that disease programs delineate data needs and standard indicators during these early phases of implementation to inform and support the development of such guidance in the future.

### Real World Implication

As programs strive to achieve their 2030 NTD roadmap goals, addressing areas of persistent and recrudescence disease will play an increasingly important role in reaching elimination targets. These areas may require tailored approaches to address the underlying reasons for on-going transmission, which may present logistical, resource, and community-acceptability challenges. These challenges can be addressed through appropriate guidance and strong data.

### Next Steps and Implementation

Outputs of this session will be shared with disease-specific working groups as a contribution to ongoing discussions about the operationalization and evaluation of new strategies to address persistent disease. As programs implement modified MDA and monitoring strategies, learnings from these early phases will be shared to build on and refine solutions and determine what strategies can be brought to scale.



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## 4.2 Integrating Mental Health and NTDs: Developing Indicators to Track Progress of the Essential Care Package

### Session Overview

The NNN DMDI Mental Wellbeing and Stigma working group have been working with WHO to develop an Essential Care Package (ECP) of mental health services for people affected by NTDs. However, how to monitor and evaluate the implementation of the ECP at scale within national health systems is still relatively under-explored. Such measurement of progress is essential in any process of change. Thus, the aim of this session was to develop a set of indicators to track the implementation and impact of the Essential Care Package of mental health services for people affected by NTDs that are feasible to collate from the perspective of national program managers (NTD and Mental Health) and responsive to the needs and priorities of affected persons. This session brought together national program managers, affected persons and implementing partners to share tacit knowledge around integration of NTDs and mental health.

The session began with a presentation by Dr Jonathan King, Department of NTD Control and Prevention, WHO, providing an overview of what an ECP is and its key purpose; to mainstream NTDs and mental health within the health system under the context of Universal Health Coverage. The ECP has two central tenants: stigma reduction, and support for people with NTDs who are experiencing mental, neurological and substance use disorders or mental distress. The ECP is closely aligned to the NTD roadmap and seeks to support integration across all NTDs whilst supporting health systems to strengthen their capacity to deliver NTD and mental health services in a person-centered way. The ECP is designed to support national health systems to: identify what key services are essential to promote the mental wellbeing of people affected by NTDs; how they should be provided; and what tools are needed to achieve this goal.

### Main Learning Point

There are global gaps in concrete tools to support country programming for mental health and NTDs. The Essential Care Package (ECP) of mental health services for people affected by NTDs is a key tool for national programs that are looking to integrate NTD and mental health services. Development of a set of indicators to monitor and track the delivery of the ECP is essential to aid programs managers in intervention and to ensure continued prioritization and improvement of services.

### Real World Implication

Implementation of the Essential Care Package (ECP) of mental health services for people affected by NTDs and integration of mental health and NTD services requires: - establishment of mental health and NTD working groups that are inclusive of all stakeholders (including affected persons) to drive the process forward; - a mapping of existing NTD and mental health service infrastructure to identify key points of integration and service implementation; - indicators to monitor and track the implementation of key activities; monitoring indicators should be developed in collaboration with national health systems and collated through routine health information systems; The importance of social support and stigma reduction activities should be central within all implementation efforts, particularly at point of diagnosis and treatment.

### Next Steps and Implementation

A follow-on session will be facilitated by the DMDI working group on Mental Wellbeing and Stigma to take forward the group work component of this session and complete a table of example indicators that national programs could use to track the implementation of the ECP. As an outcome of this session, we will be able to add an addendum of example indicators to the ECP and write this process up for publication.



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## 4.3 Going far, going together: Examining WASH & health collaborations as a model for achieving the WHO 2030 NTD roadmap

### Session Overview

The 2021-2030 roadmap articulates three pillars: 1) accelerate programmatic action; 2) intensify cross-cutting approaches; and 3) change operating models and culture to facilitate country ownership. The roadmap calls upon NTD stakeholders to work in partnership to strengthen local health systems to deliver sustainable and efficient treatment and support, and invest in efforts to coordinate action within and beyond the health sector. This push for improved integration and mainstreaming of approaches is not new, but examples of best practice are not commonly analysed and shared. Demonstrating how WASH collaboration delivers on this priority will help drive further action.

Effectively coordinated multisector action will be required to realize the ambitions of the roadmap. In this session we will showcase examples of WASH. And health collaborations strengthening health systems and improving the lives of those with (or at the risk of) NTDs. The session also provides opportunities for participants to identify concrete actions they can take to establish new multisector partnership in pursuit of roadmap targets.

#### Main Learning Point

- Effectively coordinated multi-sector action will be required to realize the ambitions of the 2021-2030 roadmap.
- Examples of best practice must be analysed and shared

#### Real World Implication

- Demonstrating how WASH collaboration delivers on integration of NTDs into health systems will help drive further action.
- Effectively coordinated multisector action is required to realize the ambitions of the WHO NTD road map.

#### Next Steps and Implementation

- Next steps for NNN members: collaborate, integrate, and coordinate.
- Join the NNN WASH working group to participate in further discussions



#### Contact

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## 4.4 Sustainability in Action- Promoting country ownership and mainstreaming of NTD programs: Government, Donors, and Implementing Partners' perspectives

### Session Overview

The WHO 2030 NTD Roadmap calls for a pivot in the provision of technical assistance to models anchored in country ownership and government-led efforts to mainstream NTDs into national systems. As countries assume greater responsibility for NTD intervention planning and activity implementation, challenges and gaps remain among countries in how to move beyond developing sustainability plans to effectively implement priorities, monitor and evaluate sustainability progress. This session explored these challenges and gaps through donor, implementing partner, and country perspectives. Following introductory remarks from donor and implementing partners on the progress made, challenges, and lessons learned in sustainability efforts, the session saw presentations from three countries who discussed their approach and lessons learned in specific sustainability areas. The session summarized key themes and potential next steps countries can consider as they proceed in implementing their respective sustainability priorities.

### Main Learning Point

The aim of the workshop is to share donor, implementing partner and country perspectives on the trajectory of sustainability, understand the barriers in operationalizing sustainability while mapping out ways national and regional solutions for sustainability can be more local and dynamic. This will be done by presenting a global overview on donors' shift in perspective for technical assistance and partnerships as it relates to the WHO roadmap and the essential components for success NGOs should consider for facilitating greater country ownership, multisectoral action, and innovative technical assistance models that promote the integration of NTDs services within the national health systems.



### Real World Implication

We have moved from asking the question 'what is sustainability is' to actually implementation and making sustainability plans- that is a great achievement in less than five years. Governments have really become interested and engaged in the topic of sustainability and are working through their plans, which are long-term, laying the foundation for government commitment and resource mobilization. The developed of sustainability plans are showing trends- complex issues with simple solutions, developing strategy through district level plans, cross cutting issues at national level, and how to NTDs fit within different structures.

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### Next Steps and Implementation

- The seed on sustainability was planted in 2019 NNN in Liverpool and in 2022, we see a catalytic change in how programs, donors, and NGOs are thinking about and talking about sustainability.
- It is important that we give the government and stakeholders time to critically think through workplans and complex issues so we can come to understandings and solutions that are local-- we need to give ourselves flexibility and time to think through challenges and solutions in the last mile.



# Rapid Fire Sessions





### **RF1 | A Case Study on the Collaborative Campaign Planning of Vitamin A Supplementation and Elimination of Lymphatic Filariasis in Nepal – A Country Representative Study**

**Presenter(s): Ramesh Prasad Adhikary and Bikalpa Upadhyay**

Female community health volunteers supported the partial integration of the campaign and identified people who missed MDA in the preceding LF campaign.

### **RF2 | Innovation Prize Update: Smart and Affordable Digital Diagnostic for Schistosomiasis**

**Presenter(s): Dr. Temitope Agbana**

The recipient of the NTD Innovation Award 2021 presented an overview of their work in selected schools located in One Area Council in Abuja, Nigeria.

### **RF3 | Integration of LF MMDP training materials into nursing curriculum in Ghana**

**Presenter(s): Srilekha Penna**

Participatory storytelling videos encourage the understanding and inclusion of persons affected by NTDs in society.

### **RF4 | Strengthening health systems to integrate NTDs with maternal and neonatal health programs – experience, opportunities, and challenges**

**Presenter(s): Bhuwan Baral**

A program model on strengthening health systems through integrated NTD and maternal and neonatal health interventions aims to better diagnose, treat, and manage NTDs.

### **RF5 | Integrating Two Neglected Tropical Diseases mass drug administration and three educational campaigns in Ethiopia –Implementation challenges, facilitators and opportunities**

**Presenter(s): Sudhakar Moranker**

MDA campaigns for Onchocerciasis and Soil-transmitted helminths were integrated in Ethiopia. The coverage that was achieved exceeded the national targets set for 2025.

### **RF6 | Barriers and facilitators to implementation and sustainability of self-help groups once funding has ceased**

**Presenter(s): Sopna Choudhury**

Leprosy self-help groups (SHGs) broaden to include other conditions and marginalized communities. A scoping review on SHG sustainability included sites in India, Nepal, and Nigeria.

## **RF7 | Challenging stigma and promoting social inclusion through engaging people affected by NTDs in innovative methods of storytelling**

**Presenter(s):** Srilekha Penna

Participatory storytelling videos encourage the understanding and inclusion of persons affected by NTDs in society.

## **RF8 | Leave No One Behind (LNOB) in integrated Mass Drug Administrations (MDA) - Reflections and next steps from uptake of NTD services among hard to reach community groups**

**Presenter(s):** Geoffrey Muchiri

This cross-sectional study identified challenges to achieving consistent and sustainable treatment coverages among pastoralist groups.

## **RF9 | A digital health tool for the syndromic management and surveillance of NTDs in routine healthcare systems**

**Presenter(s):** Nora Monnier

A clinical decision support tool provides guidance in the diagnosis and management of common health issues and facilitates disease surveillance. Early integration of NTDs in routine systems is critical for mainstreaming NTD diagnosis and care.

## **RF10 | Digital care for people suffering from leprosy complications: Learnings from an intervention during COVID-19 can be scaled-up for other NTDs**

**Presenter(s):** Jiptha Boiragee

Virtual communication helps address the emergency needs of people suffering from leprosy complications.

## **RF11 | Mainstreaming in-country NTD Supply Chain**

**Presenter(s):** Kisito Ogoossan, Craig Usswald, and Hawa Adula

As countries progress towards sustainable NTD programming, integrating with national systems will strengthen health services integration, improve forecasting, timely delivery, and reverse logistics of NTD drugs, and, importantly, enhance access to NTD services.

## **RF12 | Onchocerciasis-Associated Epilepsy: a public health concern to be fully acknowledged and addressed by DMDI interventions**

**Presenter(s):** Stephen Jada

South Sudan's prevalence of both onchocerciasis and epilepsy in the areas affected by nodding syndrome is high. This session looks at the burden of onchocerciasis-associated epilepsy in onchocerciasis-endemic villages in South Sudan.

**To access the full presentation slide compendium for all of the 2022 Rapid Fire session, please follow the link here:**

**[2022 Rapid Fire Compendium](#)**



# Conference Highlights



# Message from Incoming Chair, Girija Sankar

Greetings everyone! As the incoming chair and your colleague on the steering committee of the NNN, I promise to create a safe and welcoming space for us to work together to end suffering from NTDs. At the close of our annual meeting the incoming chair would typically announce the winner of the NNN vice chair election. However, we don't have such an announcement at this time.

Nevertheless, this may be a good thing! Maybe those of you who are considering the vice chair role have had the opportunity to witness and participate in this three-day celebration of the work we've completed together to beat NTDs.



Girija Sankar, 2022/2023 Chair

Maybe you've made new friends, strengthened old friendships, or even found your new mentor or mentee. That is the magic of the NNN! Being the vice chair of this network is an excellent opportunity to learn, problem solve, and bring the community closer together. Thus I will again extend an invitation to consider submitting your candidacy, or perhaps nominate someone you think would be the next generation of NNN leadership.

The phenomenal success of our 2022 Kathmandu NNN Conference demonstrates the dedication, passion, and can-do attitude of the NTD NGO community. We are stronger together, and together, we can do more - to support countries in mobilizing resources, to advocate for increased attention to NTDs from donors, and to amplify the voices of people and communities living with NTDs.

Thank you

**Girijia Sankar, NNN Chair 2022/2023**

Head of NTDs, Inclusive Eye Health Initiative

CBM Christoffel-Blindenmission Christian Blind Mission



## Conference in numbers

This year's conference was a hybrid format, the first of its kind for the NNN. Albeit an ambitious event to pull-off successfully, the hybrid format allowed for wide participation and geographical reach, which has always been a part of our mission. Furthermore, this model proved beneficial for delegates who could not make it to Kathmandu for various reasons, and the numbers prove it.

In total, 507 delegates from over 170 organizations and 52 countries attended the conference of which 296 made it to the Yak and Yeti hotel in Kathmandu and 211 delegates attended virtually. We were pleased to see that delegates from low- and middle-income countries, as well as NTD-endemic countries participated in near-equal numbers to those attending from high-income or non NTD-endemic regions.

Delighted to welcome a large number of attendees from Central and East-Asia, the home-ground advantage was clearly felt as we welcomed 89 Nepalese delegates at the conference. This was the largest representation of any nation and a five-fold increase from the 2021 conference (17 delegates in 2021). Delegates from the United States of America (78) and the United Kingdom (72) attended in encouraging numbers. Aside from the host country, India, Nigeria, and Kenya had the largest representation from NTD-endemic countries with 44, 28, and 20 delegates respectively.

For the first time, this year's NNN Conference was able to attract significant attention from media outlets. This was mostly thanks to a high-panel representation in the Inauguration Ceremony that included the Right Honorable President of Nepal, Ms. Bidhya Devi Bhandari, and the Honorable Health Minister of Nepal, Mr. Bhawani Prasad Khapung. The Right Honorable President's call to [continue the fight against NTDs](#) and the conference itself was covered by [13 news outlets](#).

"I would like to thank the organizers for selecting Nepal as the host nation for such an important international conference. I believe that this conference will not only celebrate our past victories against NTDs but will also develop and exchange new strategies to continue our fight against the NTDs."

**Right Honorable President of Nepal, Ms. Bidhya Devi Bhandari**

The opening session of the conference boasted the highest attendance with a total of 300 delegates attending the opening ceremony in-person and 98 delegates online. While the numbers varied during the three days, we were encouraged by the presence of over 200 delegates, both virtual and online, during the closing plenary.

As we look to the future, we will keep these metrics at the front of mind, ensuring we take an approach that not only encourages and allows for equitable participation and representation, but reflects who we are as the NNN - a unified NGO voice, here to enhance our community of practice towards the control and elimination of NTDs.

# Who is who in the NNN in 2022 / 2023

## 2022/2023 Steering Committee

The Steering Committee is the NNN's leadership team

Chair: Girija Sankar (Christian Blind Mission)

Vice Chair: TBC

Immediate Past Chair: Arielle Dolegui (World Vision))

NNN administrative support: Opeoluwa J Oguntoye (Christian Blind Mission) & Ismat Zehra Juma (Christian Blind Mission)

## Executive Committee (ExCo)

NNN is governed by the ExCo, composed of the Steering Committee, and representatives from disease-specific groups and cross-cutting groups.. The ExCo oversees the management of the network and ensures it is meeting its objectives in line with its terms of reference.

## Disease-Specific Groups

### Lymphatic Filariasis

Chair: Asrat Mengitse (CDT-Africa at the College of Health Sciences, Addis Ababa University, Ethiopia)

### Leprosy

Chair: Geoff Warne (International Federation of Anti-Leprosy Associations - ILEP)

### Onchocerciasis

Chair: Francesca Olamiju (MITOSATH)

### Schistosomiasis & Soil-transmitted helminths

Chair: Mariana Stephens (Children Without Worms)

### Trachoma

Chair: Angelia Sanders (The Carter Center)

Alternate: Aparna Barua Adams (International Coalition for Trachoma Control)

## Cross-Cutting Groups (CCG)

CCGs focus on issues of common concern to the NTD community at large. They have an action-oriented approach and work together to identify challenges, develop solutions, advocate/socialise them widely.

### Conflict & Humanitarian Emergencies

Chair: Angelia Sanders (The Carter Center)

### Disease Management, Disability & Inclusion (DMDI)

Chair: Aparna Srikantam (Lepra Society India)

### Ensuring Sustainable Systems

Chair: Kate McCracken (Evidence Action)

### One Health

Chair: Igor Pilawski (VSF Germany)

### Skin-related NTDs

Chair: Michelle Murdoch (International Foundation of Dermatology)

### Water, Sanitation and Hygiene

Chair: Sarity Dodson (The Fred Hollows Foundation)

### Communications

Chair: Kat Gulyas (Global Schistosomiasis Alliance)

Vice-Chair: Caroline Cassard (Global Partnership for Zero Leprosy)

## NNN Representation

### Uniting to Combat NTDs Consultative Forum

- Madelle Hatch (The Carter Center)
- Wendy Harrison (SCI Foundation)

### ESPEN Steering Committee

- Juliana Amanyi-Enegela (Christian Blind Mission)
- Lynsey Blair (SCI Foundation)

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# Acknowledgements from Outgoing Chair, Arielle Dolegui

As we begin the transition in the Steering Committee for the year 2022-2023, I would like to extend my appreciation and gratitude to Dr Kisito Ogooussan, as he evolves from his role of Immediate Past Chair to enjoy his NNN retirement.

On that same note, allow me to individually thank the following past chairs who have completed their tenure this year:

- The Oncho Disease Specific Group - Louise Hamill and we welcome Dr Franca Olamiju;
- The International Coalition for Trachoma Control - Angelia Sanders and we welcome PJ Hooper;
- The Sustainability cross-cutting group - Wangeci Thuo;
- Lymphatic Filariasis Disease Group - Ernest Mensah and we welcome Dr Asrat Mengiste and Dr Benoit Dembele;
- NNN Representative to UTC Consultative Forum - Virginia Sarah;
- Covid-19 Task Group - Simon Bush and Angela Weaver.

The NNN thrives on the engagement and leadership of our various disease and cross-cutting groups, and task groups, and we are grateful for your service and the expertise you bring to these groups and to the community overall.

Putting a conference of this calibre together required a concerted team effort; after all, a hybrid conference is essentially two conferences running simultaneously. This truly was a colossal mission and I would like to acknowledge the contributions of those that made it possible.

First and foremost, I would like to express my profound gratitude to Janine Lancaster, Hazel Dupont, Debbie Jackson-Cole, Debbie Bielby and the entire Maximize Your Time team in-person and online for your incredible and unwavering support to have pulled this one-of-a-kind conference together.

To the Vogue Events team, thank you for an extraordinary job supporting the smooth running of the conference behind the scenes.

Allow me to also recognize the NNN Executive committee, who have contributed to the development, shaping and running of this conference.

This year, we had the most diverse Conference Organizing Committee to-date, a massive thank you to all those that volunteered and worked with us over the last eight months.





In particular, I would like to acknowledge the following individuals:

- From the Leprosy Mission Nepal - Dr Jemish Acharya, Subin Adhikari, Aathen Rongong and Yamnath Yogi;
- from the Leprosy Mission India - Nikita Sarah and Shubojit Goswami;
- from the Leprosy Mission International - Clara Volpi;
- from the Carter Center - Kim Jensen;
- and from the Swiss Alliance for NTDs - Sarah Traoré.

A special thank you goes to the Communications Team - Anna Georgeson of SCI Foundation; Kat Gulyas of the Global Schistosomiasis Alliance; Caroline Cassard of the Task Force for Global Health; Laura Cane of RTI; Vanessa Scholtens of the Task Force for Global Health; Mary Nishioka of FHI360; Ope Oguntoye of the Christian Blind Mission and Aparna Adams of the International Coalition for Trachoma Control. They did a terrific job before and during the conference with pulling the conference content together, while ensuring equitable representation of the diversity of topics presented over the three days.

Now, allow me to thank the Most Valuable Player of the organizing committee, Mr Shovakhar Kandel. He has worked so patiently with the NNN for the last three years despite the challenges and the delays imposed by the pandemic. He led the advocacy and representation on the ground, facilitating engagement with key stakeholders. He worked with the Immigration Office to prepare a special visa approval for delegates from Nigeria and Ethiopia. He took emergency calls from me at midnight to resolve urgent issues. When Giriya and I approached Shovakhar and requested his support to bring the President of Nepal to inaugurate the event, what seemed like an impossible task, he said, “let me see what I can do, but it won’t be easy”, and he delivered.

To all our conference sponsors, my immense gratitude for your continued support in making the conference possible but also for your commitment towards a world free of NTDs. I extend my congratulations to this year’s NTD Innovation Prize Winner, and my sincere thanks to the American Leprosy Mission and Novartis teams for partnering with us in supporting digital innovation to advance the fight against NTDs.

And finally, to all of those that attended in-person or online, at odd hours of the day, for those that actively participated and engaged with each other over the course of the conference, thank you. Thank you for your collaborative spirits, your hunger for change, and for your willingness to continue to learn with and from each other.

**Arielle Dolegui, NNN Chair 2021/2022**

Senior Technical Advisor for Health Systems Strengthening and Cross-Sector Coordination, World Vision





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\*The preparation of this report was led by Anna Georgeson, Vanessa Scholtens, Kat Gulyas, Caroline Cassard & Subin Adhikari with support from the NNN Communications Task Team.