



# Neglected Tropical Diseases

Annual Report 2024



**Cover photograph:** Nyalada Galuak Par (11 years; red T-shirt) from South Sudan with her mother, Nyakuei Buom Puoch, after a successful trachomatous trichiasis (TT) surgery. © CBM/Igwala

**Above:** Children in South Sodo Woreda, Ethiopia wash their faces with water, embracing a healthier and more hygienic lifestyle. The shallow well was built by GTM Hospital with support from CBM. © CBM

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CBM acknowledges financial support for our NTD work from the following organisations:



## Abbreviations

<b>AOLFEIN</b>	Accelerating Onchocerciasis & Lymphatic Filariasis Elimination in Nigeria	<b>MDA</b>	Mass Drug Administration
<b>APOC</b>	African Programme for Onchocerciasis Control	<b>MMDP</b>	Morbidity Management and Disability Prevention
<b>CAR</b>	Central African Republic	<b>NOEEC</b>	National Onchocerciasis Elimination Experts Committee
<b>CLTSH</b>	Community-Led Total Sanitation and Hygiene	<b>NNN</b>	NTD NGO Network
<b>CHW</b>	Community Health Workers	<b>NTDs</b>	Neglected Tropical Diseases
<b>DRC</b>	Democratic Republic of the Congo	<b>ONCHO</b>	Onchocerciasis
<b>FTE</b>	Full Time Equivalent	<b>ODF</b>	Open Defecation Free
<b>HANDS</b>	Health and Development Support	<b>REMO</b>	Rapid Epidemiological Mapping
<b>HSS</b>	Health Systems Strengthening	<b>SCH</b>	Schistosomiasis
<b>IDP</b>	Internally Displaced Persons	<b>STH</b>	Soil-Transmitted Helminth
<b>LF</b>	Lymphatic Filariasis	<b>TRA</b>	Trachoma
<b>LGA</b>	Local Government Area	<b>WASH</b>	Water, Sanitation and Hygiene
		<b>WHO</b>	World Health Organization



Look out for this icon throughout the report to learn more about how we applied innovative approaches to our collaborative work.

**Top:** 70-year-old Mairige lost her sight due to Onchocerciasis in a rural area in Nigeria. © CBM/Tobias Pflanz

**Left:** World NTD Day 2024 celebrations in Nigeria.



# Foreword



As we reflect on the past year, I am delighted to present the 2024 Annual Report of CBM's Neglected Tropical

Diseases (NTD) Programmes. The year has been one of remarkable progress and significant milestones in our ongoing battle against NTDs, which continue to affect the most vulnerable communities.

Our efforts spanned seven countries: Burundi, the Central African Republic (CAR), the Democratic Republic of the Congo (DRC), Ethiopia, Nigeria, Pakistan, and South Sudan.

In 2023, CBM made a remarkable impact, reaching an unprecedented number of people by delivering life-changing services focused on trachoma, onchocerciasis, lymphatic filariasis, soil-transmitted worm infections and schistosomiasis. We successfully reached 54.1 million community members, providing them with much-needed care and support. Our commitment to preventive measures was demonstrated through the administration of 88.7 million doses of preventive chemotherapy, significantly reducing the burden of NTDs in high-risk communities.

Our surgical interventions have also been a cornerstone of our efforts. We supported 10,800 trachomatous trichiasis surgeries, restoring sight and dignity to those affected by this painful condition. Additionally, we continued to invest in sustainable solutions by supporting the training of 80,400 people, equipping them with the skills and knowledge needed to support their communities in the fight against NTDs.

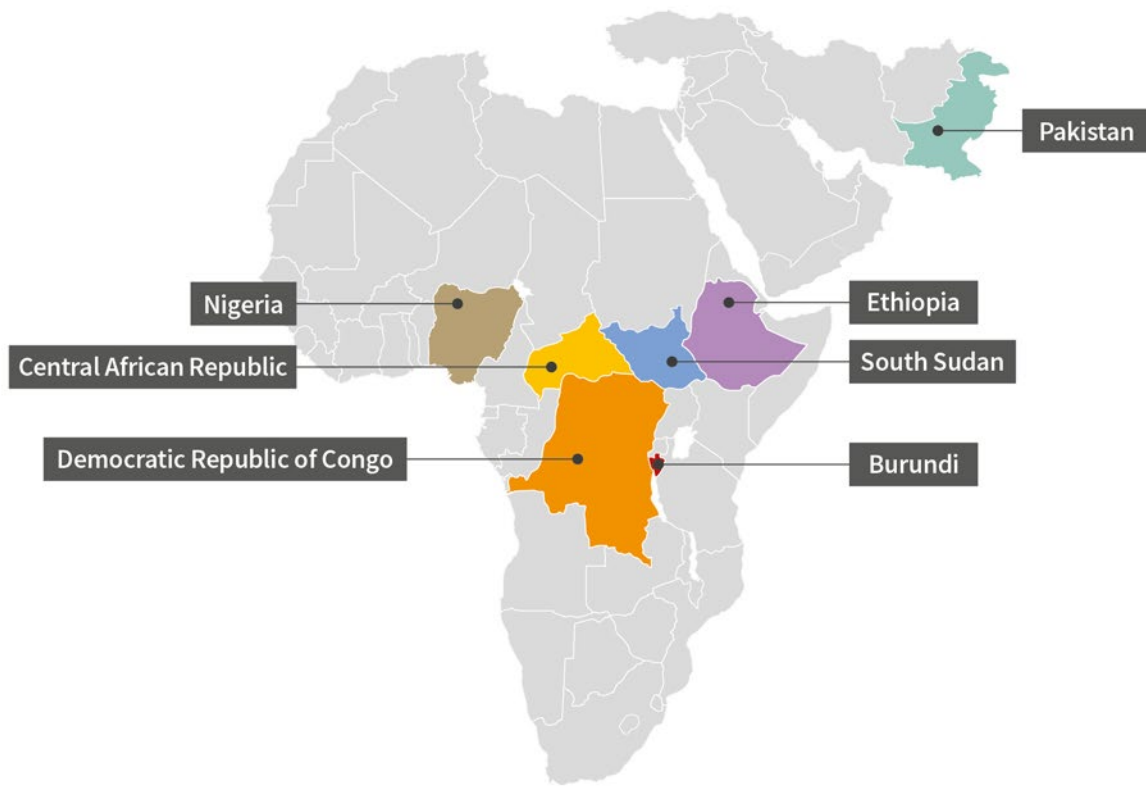
Water, sanitation and hygiene (WASH) remains a critical component of disease prevention. In 2023, we helped build 18,000 latrines, providing safe and hygienic facilities that will have a lasting impact on public health. We are also delighted to support Pakistan and Burundi in the development of their dossiers for the elimination of trachoma, a crucial step towards successful elimination.

These achievements are a testament to the dedication and hard work of our partners, staff, and donors who have tirelessly worked to bring us closer to a world free from the burden of NTDs. I take this opportunity to thank all our donors and partners who continue to support us and work with us in eliminating NTDs. As we move forward, we remain committed to expanding our reach, deepening our impact, and continuing the fight against NTDs while ensuring that no one is left behind.

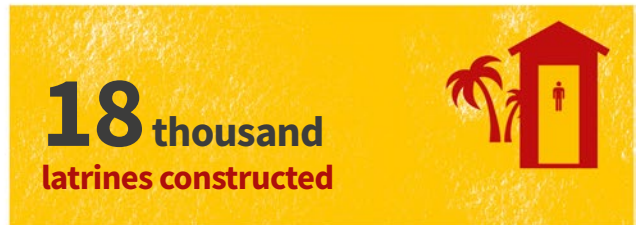
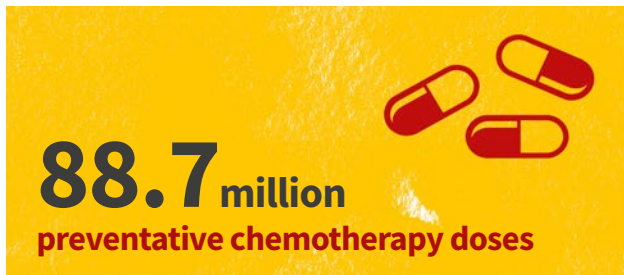
In this report, we give you a snapshot of our 2023 programme activities and provide highlights on the innovative approaches that we used in our journey towards the elimination of NTDs.

**Dr Babar Qureshi**  
Director, Inclusive Health Initiative

# 2023 NTD Programme Footprint



## Our Reach in Numbers



# 2023 Programme Portfolio

Country	Diseases treated	Intervention units (MDA)	People treated	Preventive chemotherapy doses provided	Persons trained	TT surgeries	Hydrocele surgeries
DRC		183	31,672,952	52,075,437	501	41	
Nigeria		96	12,075,437	18,420,923	35,493	2,269	207
South Sudan		41	5,372,864	8,303,758	25,107	4,725	45
CAR		20	2,924,717	7,833,374	14,011		
Burundi		12	1,814,017	1,814,017	2,744		
Ethiopia		17	306,237	306,237	3,137	3,826	
Totals		369	54,166,224	88,753,746	80,993	10,861	252



Lymphatic Filariasis



Onchocerciasis



Schistosomiasis



Soil-Transmitted Helminth Infections



Trachoma

“ In collaboration with the Ministry of Health, The END Fund, and other partners, we reached an outstanding milestone by providing NTD medicines to 31.6m people in the Democratic Republic of Congo. This remarkable achievement represents almost 60% of all the people we reached in 2023.”



**Above:** Mara, an ophthalmic nurse examines the grandson of 60-year-old Bernadette during a TT surgery follow-up visit. © CBM/Tobias Pflanz



Above: Girija Sankar, Head of NTDs, CBM.

# CBM's Role in Global NTDs Advocacy and Leadership

Girija Sankar, CBM's Head of NTD Programmes

## What would you say are the key NTD advocacy priorities for CBM?

CBM's NTD advocacy priorities are aligned with our national programme partner priorities and with global priorities indicated in the WHO NTD Road Map 2030. When I think about our NTD advocacy priorities, several come to mind:

- ✓ **Integration with Health Systems:** It's crucial that NTD services are woven into national health systems to ensure sustainability and accessibility. Making sure that no one gets left behind in preventing and treating NTDs is important to us. This means pushing for NTDs to be included in Universal Health Coverage (UHC) packages, especially in places where resources are limited.
- ✓ **Political Will:** Engaging with governments and policymakers to elevate NTDs as a priority public health concern, ensuring the allocation of necessary resources and the implementation of supportive policies.
- ✓ **Equity and Inclusion:** We are dedicated to making sure NTD interventions reach the most marginalised and vulnerable, including people with disabilities, in line with the principle of Leaving No One Behind.

## What collaborations has CBM formed to enhance its advocacy and leadership in the fight against NTDs?

CBM has formed several collaborations to enhance its advocacy and leadership, including:

- ✓ **Global collaborations:** We take an active role in global networks like the NTD NGO Network (NNN). CBM's leadership in the NNN helps to coordinate global efforts, share best practices, and amplify our advocacy impact.
- ✓ **National collaborations:** Our colleagues in countries like the DRC and Nigeria actively engage

with the NTD national programmes and other implementing partners through platforms such as the Nigerian NTD NGDO Coalition, and the DRC NTD Partners' Forum. These platforms allow us to tackle real issues on the ground and align partner resources and capacities in service of national programme priorities. As a key member of the German Network against NTDs, CBM collaborates with German organisations to influence national policy and funding priorities, aligning our efforts with global NTD goals. Finally, our involvement in the UK Coalition Against NTDs allows us to work closely with UK-based NGOs, sharing strategies to enhance our collective advocacy efforts.

- ✓ **Community collaborations:** In countries like Ethiopia and Nigeria, we have been collaborating with community-based organisations to ensure our programmes are contextually appropriate and reach those who need them most.

## What do you consider the key advocacy milestones at both the country and global level?

There have been several key advocacy milestones.

### At the Global Level:

- The adoption of the WHO's 2021 to 2030 NTD Road Map is a significant step, providing a comprehensive framework for NTD control and elimination.
- We have seen major donors and stakeholders commit to funding NTD initiatives.
- The inclusion of NTDs in the Sustainable Development Goals (SDGs), particularly SDG 3, underscores their importance.

### At the Country Level:

- We have seen various countries successfully integrating NTD programmes into national health policies and plans, which has been a major achievement.



- We have seen significant reductions in the prevalence of specific NTDs in targeted regions, which is a testament to the impact of coordinated efforts.

### How does CBM adapt to the evolving landscape of global health and emerging NTD threats?

**Flexibility:** Adopting flexible and adaptive programme strategies allows us to respond quickly to new challenges and opportunities.

- ✓ **Innovation:** Leveraging innovative approaches and technologies enhances the effectiveness and reach of our programmes.

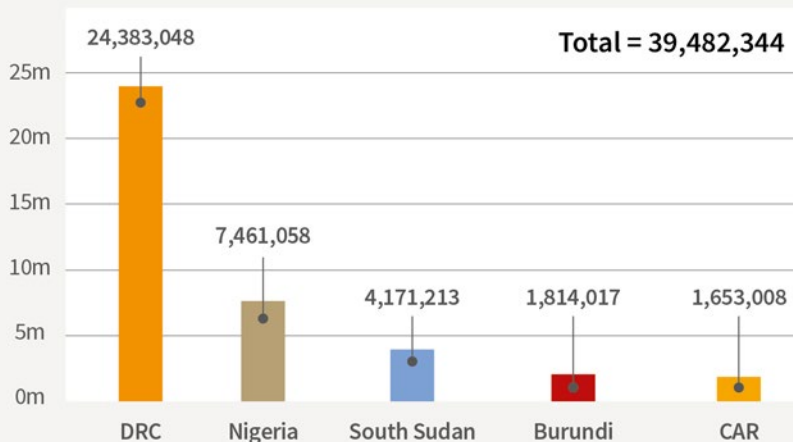
- ✓ **Collaboration:** Strengthening partnerships and collaborations helps us share knowledge, resources, and best practices in the fight against NTDs.

- ✓ **Capacity Building:** We continuously reinforce the capacity of our staff and partners to respond to new challenges and integrate new methodologies into our work.

“ We have seen significant reductions in the prevalence of specific NTDs in targeted regions, which is a testament to the impact of coordinated efforts.”

## CBM Leading the Path Towards Onchocerciasis Elimination

Number of persons treated for Onchocerciasis



Over **39m** community members were treated and protected against Onchocerciasis and its debilitating effects in 2023 with support from CBM

### CBM’s Onchocerciasis Elimination Approach

In the global fight against oncho, the World Health Organization (WHO) outlines a strategic approach focused on elimination using community-directed intervention. In line with WHO’s strategy, CBM supports endemic countries in Mass Drug Administration (MDA) campaigns with ivermectin, advocates for vector control measures which target blackfly populations, and supports the strengthening of surveillance systems and cross-border collaborations with neighbouring countries.



Our efforts to eliminate oncho are guided by a community-directed approach, empowering communities to take charge of their health by selecting their own drug distributors, determining their remuneration, and deciding when and how medicines are distributed.

# Transforming Lives: Reaching Millions in Nigeria

CBM commenced oncho elimination activities in Nigeria in 1995 with MDA using ivermectin. In 2023, our interventions were centred in Bayelsa, Rivers, Ogun, and Oyo States for onchocerciasis and lymphatic filariasis.



**Above:** Mairige (right), who lives in rural Nigeria, lost her sight due to onchocerciasis and is looked after by her great niece Wajir. © CBM

## Making an impact in Nigeria

**1,438**

health workers trained and **19,946** volunteers trained to conduct MDA and provide LF MMDP services



**284**

people provided with LF MMDP services, including **107** hydrocele surgeries and **177** cases of lymphoedema managed



**10.7** million

people reached with onchocerciasis and/or LF services across four states



**Onchocerciasis epidemiological assessments in Rivers and Oyo States conducted**

**Onchocerciasis elimination mapping samples collected and analysed in Ogun State**

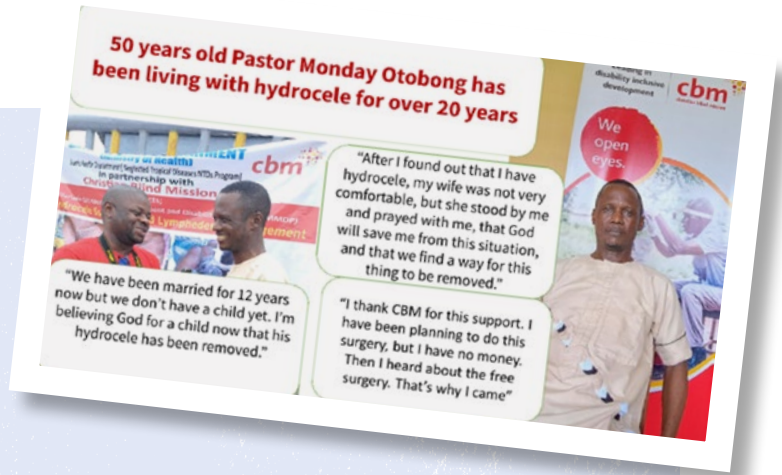


Over **5.9 million** people in 28 LGAs of Oyo State no longer require MDA against oncho.



## 20 Years of Misery Ends

Fifty-year-old Pastor Monday Otobong, who has been living with hydrocele for over 20 years, participated in a hydrocele surgery campaign supported by CBM in 2023. He recalled how uncomfortable his wife felt around him after she discovered he had hydrocele. “She was very uncomfortable, but she stood by me and prayed with me, that God will save me from this situation, and that we find a way for this thing to be removed. And today is that day,” he said, on the day of the surgery. Mr Otobong, who is yet to have a child from his 12 years of marriage, is hopeful that he will be able to have a child now that his hydrocele has been removed.



“ I thank CBM for this support. I had been planning to do this surgery, but I had no money. Then I heard about the free surgery. That's why I came.”

## Smartphone Enabled Data Collection in Nigeria

### The Need

The Nigeria NTD elimination programme had reported disparity between reported and actual drug coverage in several contexts. This resulted in over- or under-utilisation of drugs, drug wastages and delay or premature implementation of disease assessment. To address these concerns, CBM's Accelerating Onchocerciasis & Lymphatic Filariasis Elimination (AOLFEIN) project deployed two monitoring tools – a real-time supportive supervisory checklist and a digitised MDA data form. The goal was to track and validate MDA data at the community level and provide feedback to health workers while the MDA campaign was ongoing.

### The Tools in Action

The checklist and MDA data collection tools were both built on Kobo Toolbox and piloted in Ogun, Oyo and Rivers States. The tools were first utilised in state-level training in Ogun State. The State NTD team and health workers at the community level were trained on the use of the tools through peer-to-peer mentorship and virtual training

The supportive supervisory checklist was administered to strengthen accountability and reporting. It improved the quality of supervision, and the digitised treatment form strengthened data integrity by self-flagging data errors in real time, prior to submission. Health care workers could see the errors and correct accordingly using correction hints generated by the checklist. Additionally, the digitised reporting form for MDA data ensured that data was available for presentation no more than a month after the end of the MDA campaign.

### Lessons Learnt

By using digitised MDA data forms and checklists, front line health workers gained a sense of ownership for the NTD project services delivered in their own communities. Health workers used WhatsApp to communicate with their supervisors on data quality, thereby ensuring better programme outcomes, and reinforcing their commitment to the programme.

# Overcoming Trachoma Amidst Conflict and Climate Challenges



The intertwined challenges of climate change and conflict have had a profound impact on health services in Unity State, South Sudan. When roads are washed away by floods or rendered impassable by conflict, delivering medicines and conducting health education becomes a near-impossible task. Yet, amidst these challenges, CBM supported communities to push back against the tide of disease.

In Unity State, trachoma has long been a major health challenge. This painful eye condition, caused by repeated bacterial infections, may lead to blindness if left untreated. It thrives in areas with poor access to clean water and sanitation, making it particularly prevalent in the hard-to-reach communities of Unity State. The combination of climate change and conflict has only worsened the situation, creating an environment where the disease can easily spread.

The work in Unity State is a powerful example of what can be achieved when communities are empowered to take charge of their health, even in the face of overwhelming challenges. Through the combined efforts of CBM, the Ministry of Health, and the resilient people of Unity State, the fight against trachoma is making real progress, one household at a time.

## What Then Does it Take?

Mobile health teams often travel by foot or by boat when roads are inaccessible to bring essential medicines and health education directly to those in need. These teams administer medicines and educate communities on the importance of facial cleanliness and environmental improvements to prevent the spread of trachoma.



The success of this project hinges on strong collaboration with local health workers and community leaders, who play a crucial role in mobilising and educating their neighbours.

## 2023 in Numbers in Unity State



## A Perspective from the Field: Samuel Lubari – Trachoma Project Officer

Working in Unity State has been a challenging yet rewarding experience. The conditions are tough – flooded roads, unpredictable security situations – but what keeps me going is the resilience of the people here. They don't just wait for help to come; they are active participants in this fight. Our role at CBM is to support them and to provide the resources and training they need to take control of their health. It is not just about distributing medicine; it is about building a sustainable system that can withstand the pressures of

climate change and conflict. Every time we see a community where trachoma is declining, where people are living healthier lives, it reminds us why this work is so important.

**Below:** Nyekerena Kuon (60, woman in blue dress) from Rubkona County, South Sudan is escorted to a TT surgery by CBM's team, Samuel and Johan. © CBM



## On the Ground: A Day in the Life of Michael Kueat, a Community Health Worker in Leer County, Unity State

Every day starts early for me – usually before the sun is up. I begin by preparing my supplies – antibiotics, educational materials, and everything else I'll need for the day – before heading out. My work takes me deep into the community, where I visit households, schools, and clinics. I spend time talking to families about the importance of washing their faces and keeping their surroundings clean, checking for signs of trachoma, and providing medicine where needed. In more advanced cases, I ensure that those affected receive the necessary surgical services. I also visit schools to teach children about hygiene, knowing they'll take these messages home, which helps reinforce the practices within their families.

**“ Since the trachoma intervention began, I have seen a real change in my community. People are more aware and more proactive. Children are healthier, and there is a sense of hope that was not there before.”**



**Above:**  
Michael Kueat. © CBM

But the conditions are tough – sometimes the roads are flooded, or the security situation is not favourable which means we must change our plans. But we find ways to make it work. When I see a child's eyes clear up or hear that someone no longer struggles with trachoma, it feels worth it.

My biggest motivation is seeing the real difference our efforts make. Since the trachoma intervention began, I have seen a real change in my community. People are more aware and more proactive. Children are healthier, and there is a sense of hope that was not there before.



# Beyond MDA: A Comprehensive Approach Against NTDs in South Sudan

Lymphatic filariasis (LF) is a parasitic infection that can cause severe swelling, leading to conditions such as hydrocele (swelling of the scrotum) and lymphoedema (elephantiasis). The World Health Organization (WHO) emphasises the need for a comprehensive approach to managing LF, which includes MDA alongside morbidity management and disability prevention (MMDP).



In 2023 CBM reached **27,832,163** community members with LF services across four countries (the DRC, the CAR, Nigeria, and South Sudan).

In South Sudan, the Ministry of Health (MoH), with support from CBM, has taken significant steps to address LF through the LF MMDP project. This initiative was launched in 2021 and piloted in four counties of Western Equatoria State (Ibba, Maridi, Mundri West, and Mundri East) in 2023.

The project integrates LF MMDP services, offering hydrocele surgeries and lymphoedema care, to address both the disease and its disabling consequences. CBM, through the Accelerate Resilient, Innovative, and Sustainable Elimination of NTDs (ARISE) project, is expanding these services to six additional counties. This expansion follows an advocacy meeting where stakeholders, including community members, MoH representatives, and service providers, shared lessons learned from the 2023 pilot and discussed the LF MMDP plan of action. The goal is to foster ownership of the project by all stakeholders and to promote the project as part of a broader community-based inclusive development effort.

## Collaboration and Community Engagement



CBM's approach in South Sudan stands out for its innovative integration of collaboration and community engagement. By involving key partners and stakeholders at every level, and empowering community health workers (CHWs) to reach the most vulnerable communities, CBM ensures that services are not only effective but also sustainable. This forward-thinking strategy aligns with national health priorities while fostering long-term community ownership and resilience.



**Above:** Key stakeholders at the launch of the South Sudan NTD masterplan. © CBM



“ Most people affected by LF are unaware of the disease and how to get services. Through CBM support, communities are informed about the disease, the health risks it causes, and the available care and support. Health workers are trained to identify and mobilise affected community members for services. People identified with hydrocele are taken to the nearest hospital where corrective surgery

is provided. The CHWs ensure that there is proper follow-up after surgery.

People with LF have been stigmatised because of the disabling symptoms and their suffering is both physical and mental. With the commitment from CHWs, the barriers to access to care are overcome and affected people regain their dignity, self-respect and place in the community.”

**Johan Willems, Global NTD Programme Manager**

### The Man Who Found a Solution

“ For more than two years, I suffered from a swollen scrotum, which made it difficult for me to work on my farm. I could barely manage the heavy burden, and it kept me from living my life the way I wanted. I had heard of others with similar problems, but many of us kept quiet out of shame.

One day, a community mobiliser visited my home and told me about the free hydrocele surgery offered through a project. I didn't hesitate – I knew I needed help. After being screened by a health worker, I was referred to Maridi Hospital.

The surgery went well, and after nine days of recovery, I was back home.

The difference was immediate. I no longer carried that heavy weight. I can now farm for hours without getting tired, something I hadn't been able to do in years. I am now known in my village as the man who found a solution. I tell others with similar problems not to hide, but to seek help because I have seen what can happen when you do, and I look forward to a future where others in my village will have the same opportunity to find relief.”

**Andrea**

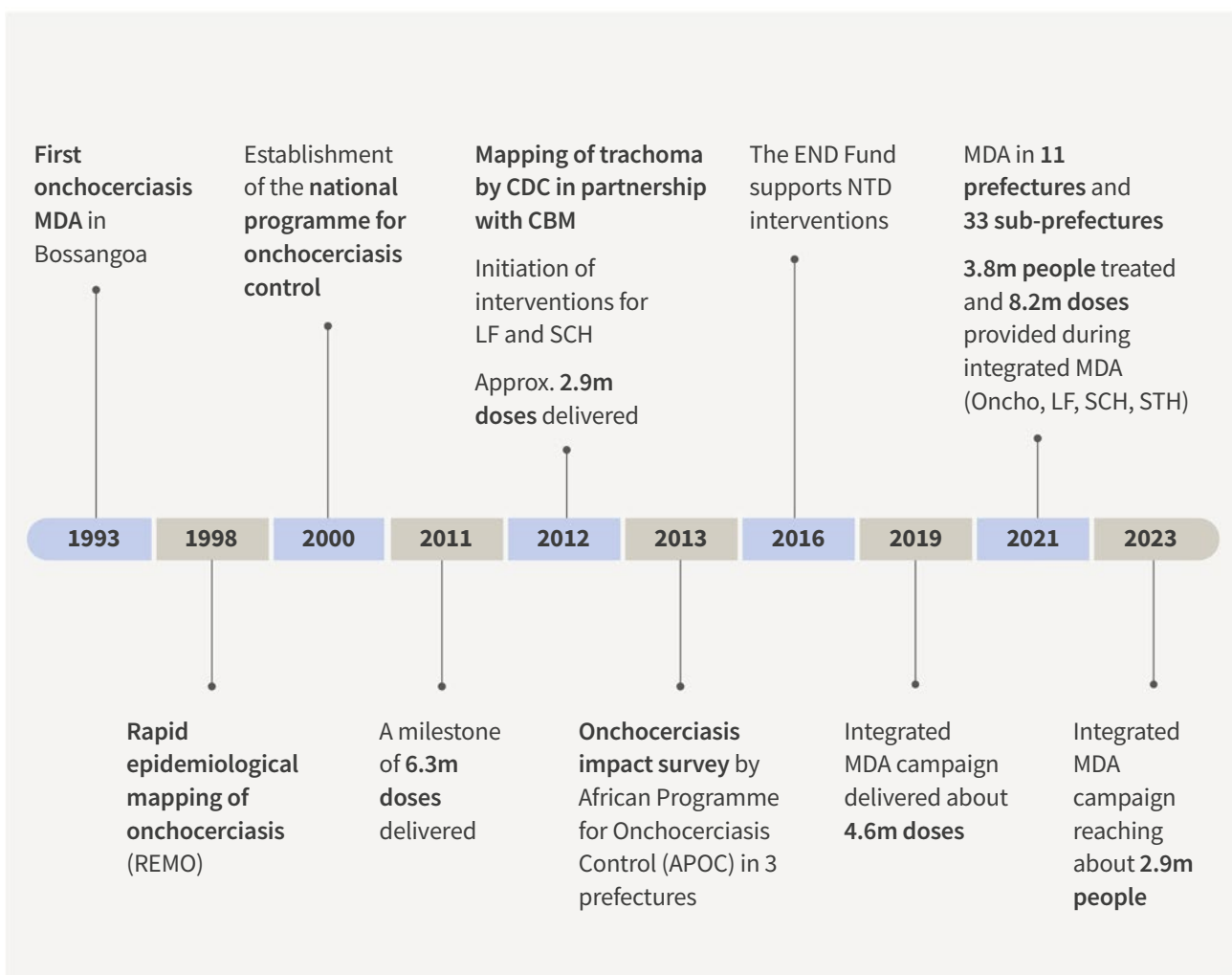


**Above:** Andrea (right), working on his farm with his son after hydrocele surgery, supported by the ARISE project at the Maridi Hospital in Western Equatoria, Maridi. © CBM



# Making Bold Strides in Eliminating NTDs in the Central African Republic

CBM has a longstanding history of working alongside the Ministry of Health and other partners to tackle NTDs in the CAR. Through strategic partnerships, CBM has been a crucial player in driving NTD elimination efforts forward in the CAR.



## 2.9m

In 2023 Integrated MDA campaign reached about 2.9m people



## Celebrating the World NTD Day for the First Time in the CAR

On January 30th 2024, the CAR marked a significant milestone by celebrating World NTD Day for the first time with the support of CBM and other partners. The commemoration was a symbol of renewed commitment to eliminating diseases that have long burdened the country.



“ This day provided a vital opportunity to mobilise affected communities where the Minister of Health and partners highlighted the complications associated with these diseases, including the cases of morbidities, and the critical importance of drug intake to achieve elimination. I firmly believe that this success marks the beginning of a new era, where the commitment of our health authorities will continue to grow, making this celebration a regular feature of our national health agenda.”

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**Dr Benoit Kemata, NTD Programme Coordinator & Country Representative, CAR**

“ NTDs continue to disproportionately affect our most vulnerable populations, with more than 3.3 million of our citizens at risk. The theme of this year’s celebration, ‘Unite, Act, and Eliminate’, was a call to all of us – communities, civil society, and decision-makers – to come together and take decisive action. We are grateful for the steadfast support of our partners, like CBM, whose contributions have been instrumental in strengthening our efforts against these diseases. Let us unite our voices and our actions to change lives, as NTDs can be prevented, treated, and ultimately eliminated.”

**Dr Pierre Somsé, Minister of Public Health and Population**



**Above:** Community health workers perform a health education skit during the celebration. © CBM

## Inaugurating the National Onchocerciasis Elimination Committee In the CAR

A key outcome of the celebration was the inauguration of the National Onchocerciasis Elimination Experts Committee (NOEEC) to spearhead the elimination efforts in the CAR.



“ It was so encouraging to celebrate the international NTD day in the Central African Republic at the end of January. After many years of instability and its impact on the programme, which I was privileged to set up with the Ministry over 30 years ago, it is great to see activities scaling up once again and the enthusiasm for setting up an onchocerciasis elimination committee.”

**Dr Adrian Hopkins, Former Director of the Mectizan Donation Programme**



**Above:** Dr Pierre Somsé addressing journalists during the World NTD Day Celebrations. © CBM



## Inclusive LF Services in an Internally Displaced Persons Camp in the DRC

In the DRC, people, and in particular, women with Lymphatic Filariasis (LF) are seen as having been struck by evil spells and are subject to mockery and discrimination. The local term for the disease, ‘Bitimbu’, has become synonymous with anyone who has lymphedema.

“ Experience shows that simple hygiene measures, such as washing and drying the affected limbs twice a day, elevating the affected limbs at night, exercising the limbs and maintaining clean nails and toes can lead to good results.”

Since 2015, CBM has supported LF MDA in 97 health zones where nearly 15 million doses of medicine have been provided for LF prevention and treatment. Surveys confirm that MDA has led to a significant reduction in disease prevalence. To date, 23 health zones supported by CBM have stopped MDA for nearly six million people who are no longer at risk of LF.

Despite progress in stopping the spread of LF, those already afflicted with the disease still need comprehensive care and support through education on limb care and hygiene to prevent the progress of the disease and acute attacks of limb swelling and fever. Experience shows that simple hygiene measures, such as washing and drying the affected limbs twice a day, elevating the affected limbs at night, exercising the limbs and maintaining clean nails and toes can lead to good results.

### CBM Offers LF Services in Goma



Due to the conflict caused by clashes between the M23 rebel group and the Armed Forces of the DRC that started in December 2022, approximately 500,000 people are internally displaced, settling in Goma town under extremely vulnerable conditions.

In 2023, CBM, together with local partners – including the Ministry of Health (MoH), Non-Governmental Organisations (NGOs), and the IDP camp’s coordination team – supported MDAs for LF in one of the IDP camps called Kanyaruchinya and provided health care services to people with disabilities within the camp. Close to 2000 people living with various disabilities in the IDP camps received services;

60 people with severe cases of lymphedema were trained on self-care and over 800 people with eye health concerns were examined and treated by ‘Aide-Vision’, a local eye care partner.

Through this effort, CBM demonstrated an inclusive, integrated and synchronised health service intervention in a crisis context. In addition, this effort provided an opportunity for advocacy on the need to strengthen the voice and autonomy of people living with disabilities in challenging contexts.

“ Over 800 people with eye health concerns were examined and treated by ‘Aide-Vision’, a local eye care partner.”

## CBM Changed My Life: Alice Bategejo's Story

"I was born in Jomba, but I currently live in the displaced persons' camp. Before CBM arrived, my life was disastrous. No one wanted to sit next to me or even eat the food that I prepared at home because of the bad smell coming from my feet. I used to braid people's hair, prepare and sell doughnuts and small fish to earn a living but the awful smell would not allow me to do so anymore.

When CBM arrived at the camp, I heard that they were registering people with 'Bitumbu' elephantiasis, and I was so hopeful that I would get a second chance at life. I received medicine and was taught how to clean my feet regularly. I put medicine in water and wash my feet three times a day – morning, noon and evening.

I now feel light, and I am now able to walk longer distances that I could not do before since I felt so heavy. I feel better and I am back to braiding people's hair and fetching as well as selling vegetables to earn a living. I feel human again and people no longer avoid sitting next to me."



**Above:** Alice cleaning her feet to maintain hygiene. © CBM  
**Top:** Alice before treatment. © CBM

“ I am committed to supporting and helping others affected by elephantiasis within the community. Thank you CBM for giving me a second chance.”



**Above:** Alice plaiting a neighbour's hair. © CBM

# Bridging Borders: Uganda and the DRC United Against NTDs

In the border communities of Uganda and the DRC, the fight against onchocerciasis – a disease caused by the bite of infected black flies – has always been a shared struggle. Families living along the Lhubiriha River have felt the impact of this disease for generations.

Despite Uganda's significant progress in controlling onchocerciasis through MDA and vector control, the risk of reinfection from across the border in the neighbouring Mutwanga Health Zone in the DRC remained a persistent concern. The interconnectedness of these communities meant that a coordinated, cross-border effort was essential to achieving sustainable impact.



## A Joint Effort for a Common Cause

Recognising the need for a unified approach, two implementing partners – CBM in the DRC and the Carter Center in Uganda – supported a cross-border initiative between the two countries. This initiative brought together health workers, community leaders, security personnel, and government representatives to address the onchocerciasis situation in Mutwanga. Through sharing of technical expertise, training, and coordinated field visits, the collaboration aimed to protect the gains made in Uganda and extend these benefits to the DRC, ensuring comprehensive regional control of the disease.

Following the training, joint teams from both countries embarked on extensive fieldwork, visiting 19 villages along the border. They collected 1,905 blood samples from children – a critical step in assessing whether the disease was still present in the region. Early observations suggested that recent environmental changes, such as mudslides, might have disrupted the breeding grounds of the black flies responsible for spreading the disease.

With CBM support, health workers from Uganda trained health workers in the DRC. Ugandan experts shared their technical knowledge in detecting and monitoring onchocerciasis, equipping the DRC team with the tools needed to conduct effective fieldwork and manage the disease independently in their communities.

**Top:** The Lhubiriha river. © CBM

**Left:** Stakeholders from the DRC and Uganda at the Mutwanga health zone. © CBM

## A Breakthrough in the Fight Against Onchocerciasis

The results from the 1,823 blood samples collected in the Lhubiriha focus area have brought great news: all samples tested negative for the presence of the disease. This significant finding has led onchocerciasis experts to recommend reclassifying the status of the Lhubiriha in Uganda from ‘transmission interruption suspected’ to ‘transmission interrupted’. This means that MDA in the area can now be halted.

However, the work does not stop here. The focus will now shift to conducting enhanced entomological surveillance in Lhubiriha to ensure that black flies do not return and to monitor the infection status in any flies that are caught. Additionally, collaboration

with colleagues in the DRC will continue, with efforts to enhance entomological and epidemiological surveillance to mitigate the risk of reintroduction of the disease to Lhubiriha.

## Pioneering Cross-Border Collaboration



This cross-border collaboration has not only delivered immediate successes but has also introduced an innovative model for sustainable health outcomes in the region. By building local capacity in the DRC and strengthening cross-border ties, this initiative has laid the groundwork for potentially declaring the Lhubiriha area in Uganda free from oncho – a milestone that underscores the power of joint action.

“ This partnership has shown us that when we work together, we can achieve outcomes that once seemed impossible. The success in Lhubiriha is a testament to the effectiveness of regional collaboration in combating NTDs. It also highlights the importance of continuous vigilance, even after we reach significant milestones, to ensure that our communities remain free from diseases.”

**Dr Naomi Awacha, National Coordinator for NTDs, Ministry of Health, the DRC**

“ We made good progress in Uganda, but we knew that our efforts would be incomplete if the disease persisted just across the river. This collaboration was not just about the technical aspects of disease control. It was about building connections – between health workers, governments, and, most importantly, between the communities on either side of the river. We have always known that disease doesn’t respect borders, but this project has shown us that health doesn’t have to either.”

**Dr David W. Oguttu, NTD Control Programme, Ministry of Health, Uganda**



**Above:** Health workers from Uganda and the DRC collecting blood samples. © CBM

# From Awareness to Action: How Ethiopia is Strengthening Health Systems Through Community Ownership

In the context of NTD elimination, country ownership refers to the process by which national governments take the lead in planning, implementing, and sustaining NTD programmes.

It emphasises local leadership, integration into national health systems, and the empowerment of communities to drive health interventions. True ownership is achieved when these efforts are maintained and scaled up with minimal external support, ensuring lasting impact and resilience against NTDs.

In Ethiopia, country ownership for CBM means working closely with the Ministry of Health and other local partners to strengthen the systems and structures that will continue to operate effectively

long after external support has scaled down. It is about creating a health system that is resilient, responsive, and, most importantly, owned by the people it serves.

Since 2014, CBM has partnered with Ethiopian organisations like Organization for Rehabilitation and Development in Amhara (ORDA Ethiopia) and Garbet Tehadiso Mahber (GTM) to implement the SAFE strategy (Surgery, Antibiotics, Facial cleanliness, and Environmental improvement) against trachoma.



## Key Achievements in Community-led Sanitation and Hygiene

### Behavioural Change and Education:

Since 2022 through Community Led Total Sanitation and Hygiene (CLTSH) programmes, 105 kebeles (communities) have been declared Open Defecation Free (ODF), with the construction of 47,520 latrines driven by community awareness and sensitisation efforts.

### Empowerment and Participation:

Local communities have taken ownership of their health by actively participating in the construction of sanitation facilities, directly contributing to the reduction of trachoma transmission.

### Sustainable Infrastructure:

The establishment of water supply schemes and sanitation facilities has not only improved living conditions but also ensured that these resources are maintained by the communities themselves.



A major aspect of CBM's strategy in Ethiopia is the promotion of community-led initiatives, particularly in sanitation and hygiene. These initiatives are crucial not only for the immediate goal of trachoma elimination but also for fostering long-term sustainability through local ownership.



**Above:** Community members in Worellu District in Ethiopia, full of hope after an awareness campaign on sanitation and hygiene. © CBM

# Collaborative Impact: Insights from The END Fund about CBM as a Strategic Partner



Dr Kimberly Kamara, Associate Vice-President, Programs, PhD, MPH at The END Fund talks about the long-standing partnership with CBM.

From 2017 to 2023, The END Fund contributed 50% of CBM's NTD funding, making it our largest donor and a critical partner in our NTD elimination efforts. Currently, CBM manages funding from The END Fund in Burundi, the CAR, the DRC, Nigeria, and South Sudan and is among a handful of organisations committed to supporting national NTD elimination programmes in countries affected by conflict and humanitarian crises.

## How would you describe the working relationship between CBM and The END Fund?

It has been an incredibly positive relationship and more of a collaboration and partnership. We work closely together, and when there are challenges, we resolve them together. CBM works in some of the most difficult contexts within The END Fund's portfolio including our work in the DRC, the CAR and South Sudan and we have been able to see great successes. One of the things that I appreciate the most about CBM is the wealth of knowledge in geopolitical contexts such as in the CAR and the transparency and openness with which things are discussed. We discuss challenges and make headway in difficult and challenging contexts.

## What value does CBM bring to the partnership? What would you consider the main successes and strengths of this partnership?

CBM brings technical expertise to ensure that activities are implemented within the guidelines for the control and elimination of NTDs. It is a huge success to be able to support a country and its programme to eliminate NTDs and demonstrate the progress made. The fact that we can evaluate our work and look for ways to improve it is commendable. In the CAR, for example, we have been through so many challenges in how we implement, and this has provided us with an opportunity to have discussions on whether our work should be integrated within the health system or if it should be a parallel programme. These discussions are a great strength of the programme.

Another important strength that CBM brings on board is the strong relationship with the Ministries of Health (MoH) which allows the Ministries to lead their programmes rather than Non-Governmental Organisations leading them. This ensures the sustainability of the programmes beyond funding by The END Fund.



**CBM appreciates the transparency from The END Fund. Ours is a very fluid collaboration. The END Fund**

**has a great understanding of the context, and this enables CBM to continuously improve our approach and working in those hard contexts as they give us an additional push.**



## What are the achievements or milestones reached through the partnership with CBM that you are most proud of?

One thing I am grateful for is the leveraged funding from CBM to finance the programmes. This is a critical component of the partnership and demonstrates that CBM gives the same importance to the work we do and equally prioritises the selected countries. A great example of the coordinated efforts between our organisations is in the DRC. The END Fund has never supported trachomatous trichiasis (TT) surgeries but through the support of CBM, a TT surgery component has been incorporated into the trachoma elimination programme. This complementarity is something for which I am grateful.

## How do you see partnerships between donors, NGOs, and national NTD programmes evolving as we adapt to the changing NTD landscape?

There is a continuum of progress... some NTD country programmes are already sustainable, and others are on the trajectory. Donors and implementing partners need to support countries to integrate the NTD programme activities into the routine services of the MoH. The focus of our approach should be on supporting countries to lead and integrate the NTD activities so that even if the funding ceases, the work can continue. We need to ensure that the work that has gone on for so many years continues; for example, integrating distribution within health weeks, with polio distribution or having services within the health facilities.

There is also a need to continue the digitalisation of workflows and processes so that they become more sustainable and cost-efficient; the cost of MDA registers is exorbitant, and this can be avoided through digitalisation.

In some countries, the engagement of community health workers is already integrated as part of the health system – this is an approach The END Fund is further supporting.

“It has been an incredibly positive relationship and more of a collaboration and partnership. We work closely together, and when there are challenges, we resolve them together.”

Dr Kimberly Kamara, Associate Vice-President, Programs, PhD, MPH at The END Fund



## What are your hopes for our partnership's future and are there any recommendations for improving it?

One of the things that Dr Babar (Qureshi) brings is aspiration and thinking big, being positive and not giving up. He pushes all of us to be positive and not give up and we always try to have this attitude at The END Fund. I would like CBM to continue coming up with big ideas and aspirations towards elimination of NTDs.

**Below:** 11 year old Wanza receiving Mectizan from CBM supported community distributors during a door-to-door MDA campaign in North Ubangi, DRC. © CBM



# A Health Systems Strengthening Approach to NTDs

Health Systems Strengthening (HSS) is all about making healthcare systems work better for everyone.

It means improving the way health services are delivered, improving the quality of services, ensuring there are enough well-trained and motivated health workers, using data smartly, making sure essential medicines and technologies are available, securing proper funding, and having strong leadership and policies. HSS aims to build an efficient, effective, and resilient healthcare system, enabled to meet the health needs of all people, especially those affected by diseases like NTDs.

At CBM, we recognise that tackling NTDs requires a strong and resilient health system. However, we often work in contexts where the health systems can be weak, meaning that national NTD programmes may not have adequately trained personnel, may not have robust drug supply chain systems for NTD medicines, and may not have the adequate data tools to manage programme data in a meaningful way. What then does it mean to promote a system strengthening approach in our NTD work in such a context? We spoke to our programme leads about what this looks like in their work:



“ CBM has adopted a HSS approach in the NTD projects, collaborating with national health authorities. Elimination of NTDs requires

a country-wide approach including disease mapping, sustained interventions in endemic areas, and ongoing monitoring until elimination is confirmed. To ensure sustainable NTD elimination, it is essential to address public health system gaps including expertise, capacity building, and financing.”

**Johan Willems Global, NTD Programme Manager**



“ I firmly believe that a HSS approach is key to the sustainable elimination of NTDs. It goes beyond targeted interventions, focusing on

fortifying each building block (governance, information, financing, service delivery, human resources and medicines and technologies), thus reinforcing the entire health infrastructure at all levels.”

**Juliana Amanyi-Enegela, Senior NTD Programme Manager**



“ To effectively combat NTDs, health systems must transition from isolated vertical programmes to decentralised models that empower local

communities. This shift involves enhancing local expertise, ensuring that NTD interventions are managed by those directly involved. Key measures include establishing robust strategies and budgets, particularly in remote areas, fostering an integrated approach by uniting experts from diverse fields.”

**Dr Michel Mandro-Ndahura, NTD Programme Manager, Africa West and Central**



“ Data is a key component of a health systems strengthening approach to NTD programmes. Data provides the foundation for informed

decision-making, resource allocation, and targeted interventions. A data-driven approach ensures that NTD programmes are responsive, sustainable, and impactful, ensuring healthier and more resilient communities.”

**Enan Adamani, NTD Project Director (AOLFEIN)**

# Remembering an NTD Champion

## Mr Christopher Ogoshi



On 19th of September 2023, the NTD community lost Mr Christopher Sunday Ogoshi, a visionary leader, and Programme Director of HANDS Nigeria.

Chris played a pivotal role in advancing NTD elimination across Central and Northern Nigeria, where his tireless efforts forged vital partnerships that brought essential health services to some of the most underserved communities in the region. His leadership extended beyond national borders, as he collaborated closely with CBM and other international partners to push forward the mission of NTD elimination. This global impact was recognised when he received a personal honour from Her Majesty Queen Elizabeth II for his outstanding contributions to trachoma elimination.

Chris was not only a leader but also a mentor and friend to many. His larger-than-life personality, infectious humour, and deep compassion left a lasting impression on everyone who had the privilege of working with him. Within CBM, Chris's commitment to our shared goals was unwavering, and his work with us significantly advanced our

efforts in Nigeria. He was always willing to go the extra mile, ensuring that our projects succeeded and that the communities we serve received the care they needed.

As we remember Chris, we also celebrate his profound impact on the lives of countless individuals and his dedication to the fight against NTDs. His legacy will continue to inspire the NTD community and guide our work as we strive to carry forward the mission he championed with such passion and dedication.

We celebrate and honour Chris for his significant contributions to the NTD community with tributes from colleagues who had the privilege of working closely with him. May his soul continue to rest in peace as his legacy lives on.

“Chris was not only a leader but also a mentor and friend to many. His larger-than-life personality, infectious humour, and deep compassion left a lasting impression on everyone who had the privilege of working with him.”



**Above:** Chris Ogoshi with Her Majesty Queen Elizabeth II.  
**Left:** Chris Ogoshi receiving an award for his outstanding contribution to NTD elimination in Nigeria.

## Reflections from Colleagues

“ Mr Chris Ogoshi was an exceptional leader who genuinely cared about his team, both personally and professionally. He encouraged others to strive for more, offering support and advice to overcome challenges. He was instrumental in building the capacity of staff at HANDS and played a key role in expanding the organisation’s human resources, projects, programmes, and infrastructure.”

**Angela Uyah, Eye Health Coordinator, CBM**

“ Mr Chris was renowned for his kindness and generosity beyond the workplace, always offering a listening ear, advice, and support. His leadership and positive spirit fostered a sense of family among colleagues. He leaves behind a legacy of leadership, compassion, and excellence that will continue to inspire us. His impact and the values he instilled mean that Chris will be deeply missed but never forgotten.”

**Umaru S. Dankaro, M&E Officer, CBM Nigeria**

“ Chris was passionate about the work of CBM in Nigeria and would do anything to ensure that CBM succeeded in its efforts in Nigeria. He was very passionate about the mission of NTDs, always looking at what else we can do to eliminate NTDs. He was genuinely interested in our lives outside of CBM and our ambitions. I will forever miss him. Rest in peace, Chris.”

**Samuel Omoi, Country Director, CBM Nigeria**

“ The late Chris Ogoshi was a good friend, a great leader, who nurtured HANDS to be a competitive local NGO in Nigeria. He played a key role in the significant stride made in the elimination of NTD in Nigeria particularly in the HANDS-supported states. He was generous, compassionate and a genuine lover of people and service to humanity. Rest in peace, Chris.”

**Enan Adamani, AOLFEIN Project Director**

“ I began working with Chris in August 1995 on the Onchocerciasis Control Support Programme, which later became HANDS. He was a man of integrity, kindness, generosity, and commitment, dedicated to excellence in NTD control and eyecare services in Nigeria. As a mentor, he impacted many lives and ensured HANDS gained national and international respect. He took it upon himself to ensure that the name HANDS was written in gold. His legacy of passion and leadership is deeply remembered by all who knew him.”

**Elisha Samuel, Admin and HR Manager, HANDS**

“ Chris was a mentor, a pillar of strength, and a true ‘destiny helper’ to everyone who knew him. He laid a strong foundation for HANDS, driving its growth and positioning it for future success. His passion for eliminating NTDs and preventable blindness was unmatched, with significant progress in Kano, Jigawa, Yobe, and the Federal Capital Territory. Chris inspired us with his resilience, faith, and unwavering commitment. It was a privilege to know him. May his soul rest in perfect peace.”

**Dr Innocent Emereuwa, Programme Director, HANDS**

**Below:** Chris Ogoshi with CBM colleagues during a visit to Nigeria.



# Networking and Knowledge Sharing

## Peer Reviewed Articles

Geoffrey Muchiri, Girija Sankar, Johan Willems, Juliana A Amanyi-Enegela et al., *Challenges and strategies for the uptake of mass drug administration among pastoralist communities in South Sudan*, 16th February 2023; Frontiers

Juliana A Amanyi-Enegela et al., *Image-Based Awareness Campaign and Community Mobilization in the Control of Schistosomiasis*, 30th March 2023, (mdpi.com), Multidisciplinary Digital Publishing Institute (MDPI)

Girija Sankar, *Wenn Armut und Klima krank machen (When poverty and climate make you sick)*, April 2023, (susdigital.de) Stiftung & Sponsoring

Nick Burn, Johan Willems et al., *Baseline, Impact and Surveillance Trachoma Prevalence Surveys in Burundi, 2018–2021*, 9th May 2023; Ophthalmic Epidemiology

Johan Willems et al., *Conflict-climate-displacement: a cross-sectional ecological study determining the burden, risk and need for strategies for neglected tropical disease programmes in Africa*, 17th May 2023, (nih.gov), PubMed

Juliana A Amanyi-Enegela, Girija Sankar, Babar Qureshi et al., *Lessons from integrating mental health as part of lymphatic filariasis morbidity management and disability prevention services in Jigawa State, Nigeria*, 28th March 2024, International Health, Oxford Academic (oup.com)

Juliana A Amanyi-Enegela, Babar M Qureshi, Girija Sankar et al., *Community Feedback on Mass Medicines Administration for Neglected Tropical Diseases in Federal Capital Territory, Abuja, Nigeria*, 23rd April 2024; Multidisciplinary Digital Publishing Institute (MDPI)

Enan Adamani et al., *Progress towards the elimination of trachoma in Nigeria*, 31st May 2024, Oxford Academic

## External Representation

Member, UK Coalition on NTDs:

**Ismat Zehra Juma**

NNN representative at the ESPEN steering committee:

**Juliana Amanyi Enegela**

Member, Eastern Mediterranean Alliance for Trachoma Control:

**Juliana Amanyi Enegela**

NTD NGO Network (NNN), Immediate Past Chair, 2023 to 2024:

**Girija Sankar**

Board Member, German Network on NTDs:

**Johan Willems**

Chair, the DRC NTD Partners coalition:

**Michel Mandro-Ndahura,**

Core member, WHO One Health Working Group (Skin NTDs):

**Juliana Amanyi Enegela**

## Conferences & Technical Meetings

70th meeting of the Mectizan Expert Committee/ Albendazole Coordination MEC, October 2023, virtual event, **Girija Sankar**

Annual Regional Meeting of National Neglected Tropical Disease (NTD) Programme Managers in the WHO Africa Region, November 2023, Brazzaville, the Republic of Congo, **Michel Mandro-Ndahura**

CBM facilitated webinar – *The role of local country-led civil society organisations (CSOs) in eliminating neglected tropical diseases (NTDs)*, May 2024, virtual event, **CBM Team**



CBM hosts the 11th Meeting of the EMR Trachoma Elimination Alliance; December 2023, online and in Riyadh, Saudi Arabia, **CBM Team**

CBM's NTD team organised workshop – *Reaching new frontiers by Leaving No One Behind* ensuring equitable NTD services for 'must-reach' communities during the Neglected Tropical Diseases NGO Network NNN 2023 conference, September 2023, Online and in Dar e Salaam, Tanzania, **CBM Team**

CBM participated in a workshop facilitated by the German Alliance for Global Health Research (GLOHRA) presentation on *Generating Knowledge to Support Paradigm Shifts in Systems Thinking* Related to NTDs, 27th June in Berlin, Germany, **Johan Willems**

*Fighting NTDs in Africa – Ensuring Sustainable Progress*, panellist & speaker, German Network against NTDs, BMZ & GIZ Germany, WHA 77th Meeting side event, May 2024, Geneva, Switzerland, **Girija Sankar**

*Mapping the Transmission Dynamics of Schistosomiasis: Insights for Control and Elimination Strategies*. Poster presentation at the ASTMH, October 2023, Online and in Chicago, Illinois USA), Juliana Amanyi-Enegela, Joseph Kumbur, Bright Ekweremadu, **Girija Sankar**

Presentation on investments in NTDs at high-level forum: *Pandemics – No Time for Neglect*; September 2023, Berlin, Germany, **Girija Sankar**

Representation/presentation at the Global WHO Skin NTDs meeting, March 2023, Geneva, Switzerland, **Juliana Amanyi-Enegela**

Participation in the evidence-driven decision making towards NTD control and elimination: the use of data analysis and mathematical modelling workshop; June 2024, Nairobi, Kenya, **David Ojara Benson**

## **Manuals and Guidelines**

Inputs in the essential care package on rehabilitation and wellbeing which is being developed for WHO. Contributions by the **CBM Team**

Piloted ILEP NTD Inclusion Score Card – to move from 'words to action' on making NTD programmes more inclusive completed on 3rd May 2023, the DRC and Nigeria, **CBM team**

CBM NTD Team et al., *Women and Trachoma – Achieving Gender Equity in the Implementation of SAFE* (2023 Edition), 18th April 2023, International Coalition for Trachoma Control (ICTC) manual

# 2023 Highlights in Pictures



**Above:** Girija Sankar, CBM Head of NTD programmes at 24th Meeting of the WHO Alliance for the Global Elimination of Trachoma by 2020 (GET2020) in Turkey.



**Above:** CBM's Julia Amanyi-Enegela with WHO Director-General, Dr Tedros Ghebreyesus during the first ever global WHO Skin NTDs meeting in Geneva. © CBM

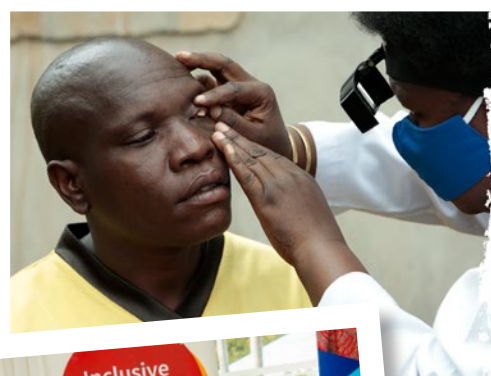


**Above:** CBM NTD colleagues with NNN Executive Committee Members at the NNN conference 2023, Tanzania. © CBM



## Celebrating progress towards achieving the WHO NTD Roadmap

CBM, in collaboration with partners, is proud to support the national government of **Pakistan** in a consultation workshop aimed at developing their trachoma elimination dossier. This final stage of validation brings us one step closer to the WHO NTD Roadmap's goal of 100 countries eliminating at least one NTD by 2030.



## Celebrating progress towards achieving the WHO NTD Roadmap

CBM, in collaboration with partners, is proud to support the national government of **Burundi** in developing their trachoma elimination dossier. This final stage of validation brings us one step closer to the WHO NTD Roadmap's goal of 100 countries eliminating at least one NTD by 2030.



**Left:** CBM colleagues, Opeoluwa Oguntoye and Ismat Zehra Juma at the NNN conference 2023. © CBM



**Above:** Doyu Kebele, a resident of Mushe village in South Sodo Woreda, Ethiopia, washing her hands at a wash station outside a pit latrine. © CBM