



Act to End NTDs | West

PROGRAM SNAPSHOT

AUGUST 2020



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Act to End
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LETTER FROM THE PROGRAM DIRECTOR

According to the World Health Organization (WHO), NTDs impact 1.5 billion people—almost 20 percent of the world’s population. Infection with an NTD can cause severe disability, disfigurement, blindness, and malnutrition, and individuals can be affected by multiple NTDs in their lifetimes.

USAID’s Act to End NTDs | West program (Act | West) is taking action to disrupt the damage of these debilitating diseases of poverty. Built on a foundation of broad international cooperation and implemented by a strong consortium of deeply committed partners, led by FHI 360, Act | West works closely with the governments of 11 African countries to eliminate and control five of the world’s most common NTDs over the long term.

As we continue to follow through on our unwavering commitment to helping countries implement proven, cost-effective health interventions, I am confident that the countries we support will be able to achieve their NTD elimination and control goals and mainstream NTD activities into self-sustaining national health programs.

Bolivar Pou

Bolivar Pou
Program Director
Act to End NTDs | West

PROGRAM OVERVIEW

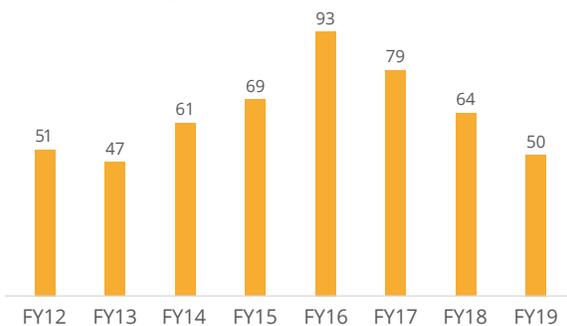
USAID's Act to End NTDs | West program (Act | West) supports the elimination of five neglected tropical diseases (NTD) in Benin, Burkina Faso, Cameroon, Ghana, Guinea, Côte d'Ivoire, Mali, Niger, Senegal, Sierra Leone, and Togo. The program seeks to build upon the achievements of USAID's END in Africa and Envision projects in West Africa, continuing efforts to eliminate lymphatic filariasis, trachoma, and (in selected countries) onchocerciasis as public health problems. It also aims to strengthen national NTD program capacity to sustain treatment for long-term control of schistosomiasis, onchocerciasis, and three types of soil-transmitted helminthiasis (caused by hookworms, roundworms, and whipworms), and to mainstream NTD programs into national health systems.

Act to End NTDs | West Portfolio

Treatments provided with USAID support by year since FY12 (in millions)

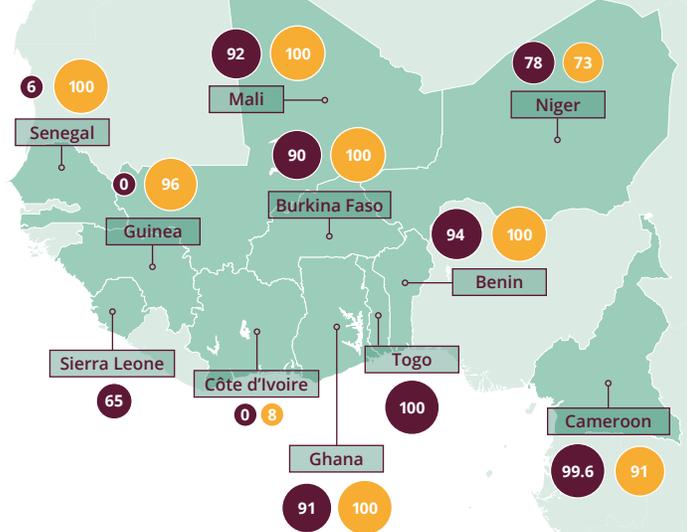


People treated with USAID support by year since FY12 (in millions)



DECLINING DISEASE BURDEN

Percent of population no longer at risk for lymphatic filariasis and trachoma (in areas that reached the threshold to stop mass treatments) as of the end of fiscal year 2019 (FY19)*



- % Persons no longer at risk (living in areas where criteria for stopping MDA achieved) for LF, at the end of FY19
- % Persons no longer at risk (living in areas where criteria for stopping MDA achieved) for Trachoma, at the end of FY19

* Fiscal years begin October 1 and end September 30.
 1. The size of the circle represents percent of persons no longer at risk (i.e., small circles = more people at risk).
 2. Sierra Leone is not considered endemic for trachoma.

MORE THAN 123 million persons treated for at least one NTD from FY12–FY19*

*With USAID support under the END in Africa (FY11–FY18) and ENVISION projects (FY11–FY19) and the Act | West program (FY19–FY23)



Nearly **600,000 people** were trained on NTD prevention and treatment and other program activities with USAID funding from FY12–FY19.

TRACHOMA

Trachoma is the leading cause of infectious blindness. Transmitted by eye-seeking flies and rubbing one's eyes with contaminated fingers or objects, repeated trachoma infections cause scarring on the inside of the eyelids. The scarring may cause the eyelids to turn in and the eyelashes to scrape the cornea. Children are more likely to be infected and transmit the disease; however, the blinding form of trachoma occurs much more frequently in adults, particularly women, who are two to three times more likely than men to suffer blindness from trachoma.

Act | West provides financial and technical support to national ministries of health for annual mass treatment with antibiotics, part of the WHO's SAFE (Surgery, Antibiotics, Facial cleanliness, and Environmental improvements) strategy for elimination of trachoma as a public health problem. Act | West also supports baseline trachoma mapping, program monitoring and evaluation, and the development and updating of trachoma action plans and trachoma elimination dossiers in supported countries.

Trachoma is present in 330 districts in the eight countries that receive support from Act | West; and 11 million people are considered at risk for trachoma in these countries. After treatment, trachoma prevalence has been reduced to levels that make the risk of transmission unlikely in 82% of these districts. Although post-treatment surveillance is

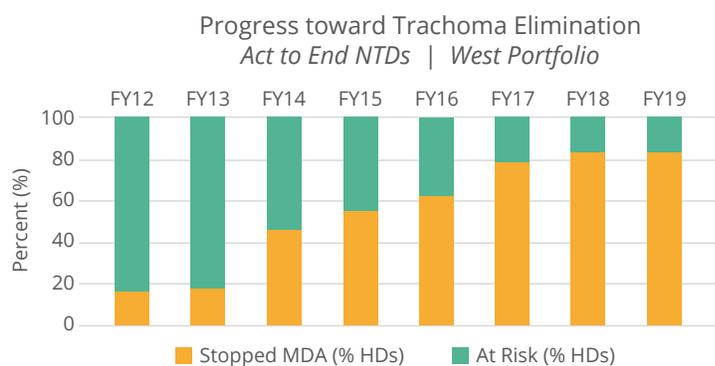
MORE THAN
30 million people have been treated for trachoma with USAID funding since FY12

82% of health districts in 11 Act | West countries have succeeded in stopping annual mass trachoma treatments as of FY 2019

More than 65 million people—85% of those ever at risk—are no longer at risk for trachoma in Act | West-supported countries as of FY19

ongoing, it's reasonable to say that over 65 million people living in these districts are no longer at risk of trachoma infection or trachoma-induced blindness.

As of FY19, four Act | West countries that are considered endemic for trachoma—Benin, Burkina, Senegal, and Mali—have met the criteria to stop mass treatments for trachoma nationwide. Act | West continues to support annual trachoma treatment in four countries—Cameroon, Cote d'Ivoire, Guinea, and Niger. However, all Act | West-supported countries with trachoma have been able to stop mass treatments in at least one district; and all are on track to eliminate trachoma as a public health problem by the year 2030.



In areas where mapping was complete and endemicity known. Data as reported to USAID.

1. Hu, Victor H et al. "Epidemiology and control of trachoma: systematic review." *Tropical medicine & international health : TM & IH* vol. 15,6 (2010): 673-91. doi:10.1111/j.1365-3156.2010.02521.x
2. Cromwell, EA., Courtright, P., King, JD., Rotondo, L., Ngondi, J., & Emerson, PM. (2009). The excess burden of trachomatous trichiasis in women: A systematic review and meta-analysis. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 103(10), 985-992. <https://doi.org/10.1016/j.trstmh.2009.03.012>
3. Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Guinea, Niger, Senegal and Togo. The World Health Organization validated elimination of trachoma as public health problem in Ghana in 2018.

LYMPHATIC FILARIASIS

Lymphatic filariasis (LF) is a debilitating disease caused by parasitic worms that affect the human lymphatic system and can lead to severe swelling of the lower limbs (elephantiasis) and scrotum (hydrocele). Transmitted by mosquitoes that transfer the worm parasites from person

MORE THAN 50,000,000

people are at risk for LF in Act | West-supported countries as of FY19

to person through their bites, LF is a leading cause of disability globally.¹ Act | West supports elimination of LF by providing funding and technical support to national ministries of health to implement interventions recommended by the WHO, including annual mass treatment with medicines that treat the disease and stop transmission of the parasite, and surveys to assess treatment impact. Act | West also supports countries to document success through the WHO dossier process for validation of elimination of LF as a public health problem.

LF is considered a public health problem in 698 districts in 10 countries that receive support from Act | West.² After mass treatment, LF prevalence has been reduced to levels that make the risk of transmission unlikely in 67% of these

MORE THAN 90 million

have been treated for lymphatic filariasis with USAID funding since FY12



1. Weekly Epidemiological Record No 41, 2019, 94, 457-472. 11 October 2019, World Health Organization

2. LF is present in Benin, Burkina Faso, Cameroon, Côte D'Ivoire, Ghana, Guinea, Mali, Niger, Senegal and Sierra Leone. The World Health Organization validated elimination of LF as public health problem in Togo in 2017.

3. The number of districts that receive Act | West support varies from year to year.

MORE THAN 93 million

people—65% of those ever at risk—are no longer at risk for lymphatic filariasis in Act | West-supported countries as of FY19

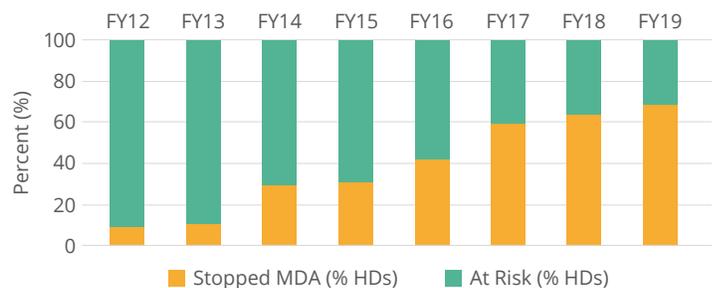
67%

of health districts in Act | West 11 countries have succeeded in stopping annual mass lymphatic filariasis treatments as of FY19

districts (468). Although post-treatment surveillance is ongoing, it's reasonable to say that over 93.4 million people living in these districts are no longer at risk of LF infection, elephantiasis and hydrocele.

Act | West continues to support annual treatment in approximately 150 districts across 10 countries.³ Over 75% of the affected districts are in post-treatment surveillance in Benin, Burkina Faso, Cameroon, Ghana, Mali, and Niger; and over 90% are in post-treatment surveillance in Cameroon (99%) and Benin (91%). In addition, Côte d'Ivoire and Guinea will conduct their first impact assessments in 2020 and 2021, respectively.

Progress toward LF Elimination
Act to End NTDs | West Portfolio



In areas where mapping was complete and endemicity known. Data as reported to USAID or through the WHO PCT databank.



ONCHOCERCIASIS

Human Onchocerciasis (OV) is a parasitic disease that can cause severe itching, disfiguring skin diseases, vision impairment and ultimately blindness. Transmitted to humans by biting black flies that breed in fast flowing rivers, OV, also known as “river blindness,” affects an estimated 20.9 million people worldwide (99% of

whom live in Africa), according to the WHO.¹



MORE THAN

73,000,000

people are at risk for OV in Act | West-supported countries as of FY19

An estimated 73 million people are at risk for OV across the 11 countries supported by Act | West. Act | West is working to reduce

this number by supporting national ministries of health (MOH) to provide medicines that prevent and treat OV via mass drug administration (MDA), and surveys to assess treatment impact.² In FY12–FY19, over 230 million OV treatments were provided to over 50 million people (typically on an annual basis over multiple years) across the Act | West portfolio of countries with USAID support.³

MORE THAN
50 million 
people have been treated for OV with USAID funding since FY12

Act | West also provides technical assistance to national MOH on WHO OV guidelines, capacity building in OV data analysis and interpretation, national laboratory capacity strengthening, and strategic planning and protocol review meetings to guide MOH on decisions relating to OV elimination.

Across the Act | West portfolio, the program encourages cross-border collaboration activities that are expected to facilitate elimination of disease transmission across national borders. For example, the program created cross-border maps for LF and OV for all the Act | West countries to facilitate cross-border collaboration and coordination on MDA, and it will also support countries with meetings and the implementation of cross-border collaboration activities. Of the 11 Act | West countries, seven may be able to stop the national spread of OV by 2025.

FOUR

Act | West-supported countries may be able to complete OV stop-MDA surveys on a national level by FY23

1. <https://www.who.int/en/news-room/fact-sheets/detail/onchocerciasis> consulted on 3/26/2020.

2. Currently, Act | West supports OV MDA in nine countries. OV MDA in Mali will be supported by other donors and no OV MDA is required in Niger.

3. Through USAID's Act | West program (FY18–19), ENVISION project (FY11–FY19), and END in Africa project (FY11–FY18).



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SOIL-TRANSMITTED HELMINTHIASIS AND SCHISTOSOMIASIS

Schistosomiasis (SCH) is a parasitic disease caused by flatworms and transmitted by infected freshwater snails. People can become infected with SCH by bathing, working, washing, fishing, swimming, playing or walking in contaminated bodies of water. SCH is present in every country in the Act | West portfolio, and over 41 million school-age children (SAC) are at risk for SCH across the 11 countries.

SCH can affect the urinary tract or the intestines, causing pain, diarrhea, and bloody stools or urine, and in children, poor growth and learning problems. Left untreated, it can lead to spleen or liver enlargement, liver damage, kidney failure, infertility, bladder cancer.

Soil-transmitted helminthiasis (STH) is among the most common infection globally, primarily affecting the world's poorest and most deprived communities. Over 24 million SAC are at-risk for STH in the 11 countries in Act | West's portfolio.

Caused by three categories of parasitic worms—hookworms, whipworms and roundworms—STH spreads when people inadvertently ingest contaminated food or water or walk barefoot on contaminated soil. Contamination occurs when worm eggs are passed into the soil or water via the feces of an infected person. STH can cause pain and diarrhea, fatigue, weakness malnutrition, impaired growth and development in children, and even intestinal obstruction and death.

More than **41 million**  school-age children are at risk for SCH in Act | West-supported countries as of FY19

AND MORE THAN 34 million school-age children have been treated for SCH with USAID funding since FY12

Act | West Support

Act | West provides financial and technical support to national MOH to treat SAC and certain at-risk adults periodically with medicines that treat SCH and STH and control their spread. In FY12–FY19, over 100 million and 183 million SCH and STH treatments, respectively, were delivered to over 34 million and over 46 million SAC in Act | West countries with USAID support.

Act | West also supports technical data reviews and in Mali and Burkina Faso, multi-sectoral national technical committees. In addition, Act | West supports national efforts to develop partnerships for NTD sustainability as well as for programmatic co-implementation with other health programs.

 **MORE THAN 24,000,000** school-age children are at risk for STH in Act | West-supported countries as of FY19

MORE THAN 46 MILLION  school-age children have been treated for STH with USAID support since FY12

1. Through USAID's Act | West program (FY18–19), ENVISION project (FY11–FY19), and END in Africa project (FY11–FY18).
2. Participating sectors typically include health, water, sanitation, education, and agriculture.
3. Partnerships may be sought with malaria, nutrition, immunization, and maternal and child health

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