



**Neglected
Tropical Diseases
Annual Report
2023**



As part of the Inclusive Eye Health Initiative, CBM has implemented neglected tropical disease (NTD) programmes for over 30 years including interventions for five diseases treated with preventative chemotherapy:



Onchocerciasis, commonly known as “river blindness” (RB) is caused by a parasite and is transmitted through repeated exposure to bites of infected black flies. It causes severe itching and can lead to irreversible blindness.



Lymphatic filariasis (LF) infection occurs when parasites are transmitted to humans through mosquitos. It causes enlargement of body parts leading to deformity and disability.



Trachoma is a bacterial eye infection spread by persons and flies that have been in contact with discharge from an infected person. Trachoma is the leading infectious cause of blindness in the world.



Schistosomiasis and soil-transmitted helminths (STH) are both caused by parasitic worms, which most commonly infect school age children through contaminated water and soil. Both diseases can stunt growth and cause pain, anaemia and malnutrition.

While the primary focus of many NTD programmes is preventive chemotherapy using mass drug administration (MDA), CBM also recognises the need for comprehensive care for people already affected to reduce their suffering from the disease and enable full participation in family and community life. CBM and our local partners’ strong experience in eye health, community-based rehabilitation, mental health and self-help groups results in the availability of unique technical expertise in this often-neglected area.

CBM aims to integrate morbidity management and disability prevention (MMDP) for LF including training for LF lymphedema (swollen limbs) self-care and support for hydrocele (swollen scrotum) surgeries. For trachoma, CBM supports a comprehensive SAFE strategy including surgeries to correct trachomatous trichiasis (TT), the advanced stage of the disease that can lead to permanent blindness unless treated.

We aim to achieve sustainable and effective community owned NTD programmes that are comprehensive, integrated, and inclusive.

CBM gratefully acknowledges 2022 financial support from the following organisations



Cover photograph: Abebu and her daughter Zemzem, Amhara, Ethiopia. Abebu had trachomatous trichiasis and Zemzem was affected by trachoma too. Abebu had surgery at Gelametbia Health Centre, a CBM partner, and Zemzem had treatment to prevent the disease worsening.

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Foreword



Against the background of a difficult and fast changing environment, CBM's Inclusive Eye Health Initiative has

made significant progress in its work in neglected tropical diseases.

Over the last year, we have continued to build our presence in countries such as South Sudan, Nigeria and DRC. By equipping local health workers to identify and track diseases and by working closely with ministries of health in endemic countries, we have ensured that our interventions have the best possible chance of being sustainable. The only way to eliminate the diseases that ravage lives so unnecessarily is to strengthen country ownership. Some countries need more support than others, and CBM will continue this support, but all countries will benefit from greater ownership of their own health outcomes.

We have been deliberate about delivering comprehensive programmes that look beyond the presenting disease into eye care services, disease management, rehabilitation, mental health support and education. We want our work

in NTDs to do more than simply provide mass drug administrations, although these are, of course, crucial, but to look, in addition, at the wider picture of peoples' health needs. There is a fair way to go before we achieve this, but we are making progress in the right direction.

We could not do anything without our partners who are in the field every day, implementing the work. We have leveraged existing collaborations and built new partnerships to maximise our efforts. Despite the considerable progress countries and the NTD community have made, the common goal of disease elimination will not be achieved unless we redouble our efforts to forge such relationships.

This annual report provides a snapshot of the last year and focuses on how our programmes align with the main three principles of the NTD Road Map – accelerating elimination, cross-sectoral collaboration and country ownership. You will see that each of the stories in this report have links to these main themes.

As ever, I take this opportunity to thank all our donors and collaborators who continue to support us and work with us to ensure that neglected tropical diseases are consigned to history. With your help this can become a reality.

Dr Babar Qureshi

Director of CBM's Inclusive Eye Health Initiative



CBM NTD Programmes 2022



Nigeria

DISEASES COVERED:

- Onchocerciasis
- Lymphatic Filariasis
- Schistosomiasis
- Soil Transmitted Helminth infections
- Trachoma

MDA: 7 states and 90 Local Government Areas (LGAs)

TT Surgery: 3 states and 39 Local Government Areas (LGAs)

Training: 3 states, target groups: Community Drug Distributors and health staff

Partner: HANDS, Federal & State Ministries of Health

Funding: Sight Savers, The END Fund, CBM



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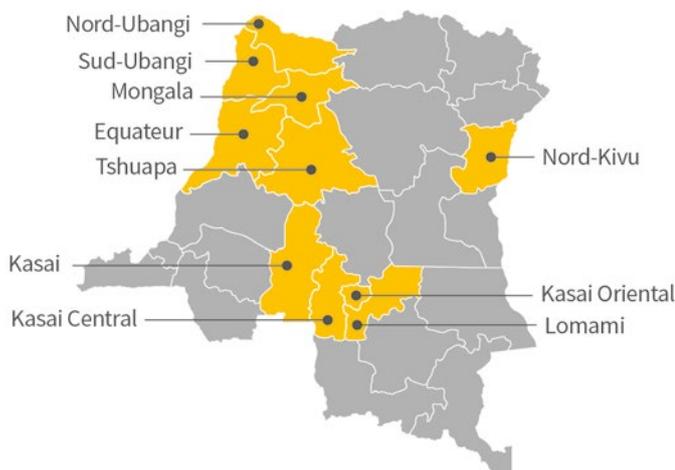
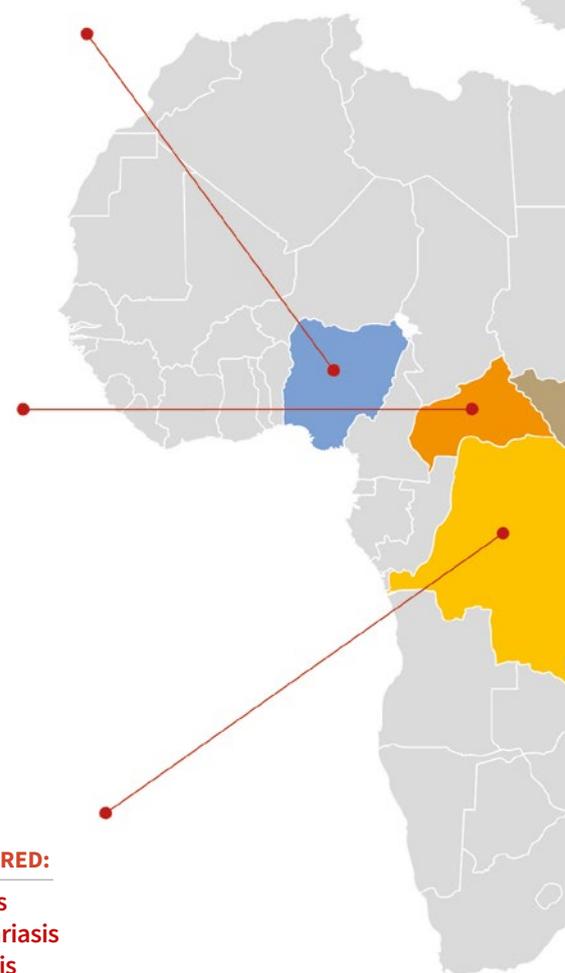
DISEASES COVERED:

- Trachoma

Training: TT action planning workshop support for national coordination

Partner: Ministry of Health

Funding: CBM



DRC

DISEASES COVERED:

- Onchocerciasis
- Lymphatic Filariasis
- Schistosomiasis
- Soil Transmitted Helminth infections
- Trachoma

MDA: 10 provinces and 175 health zones

TT Surgery: 2 provinces, 3 health zones

Training: 10 provinces, target group(s): community drug distributors (CDDs), teachers, health staff, surgeons

Partner: Ministry of Health

Funding: The END Fund, CBM

South Sudan

DISEASES COVERED:

Onchocerciasis
Lymphatic Filariasis
Trachoma

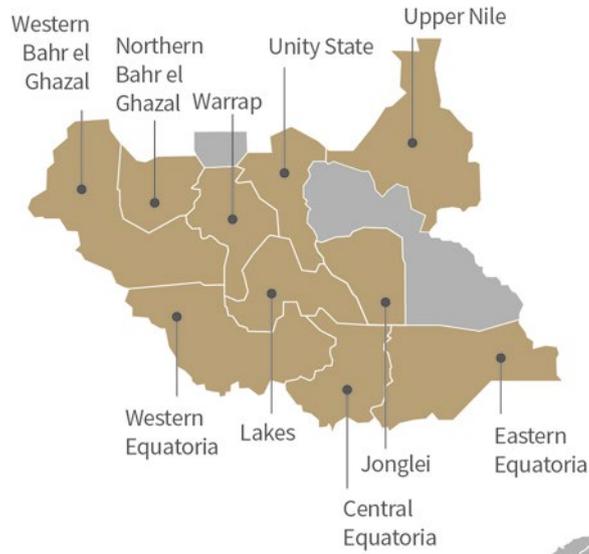
MDA: 10 states, 61 counties

TT Surgery: 1 state, 5 counties

Training: 1 state, target group(s): Community Drug Distributors (CDDs), surgeons (TT surgery)

Partner: Ministry of Health

Funding: The END Fund, ARISE, CBM Italy, CBM Italy individual donor



Pakistan

DISEASES COVERED:

Trachoma

Activity: Construction of WASH facilities

Partner: Sindh Institute of Ophthalmology & Visual Sciences (SIOVS)

Funding: The Fred Hollows Foundation, CBM



Ethiopia

DISEASES COVERED:

Trachoma

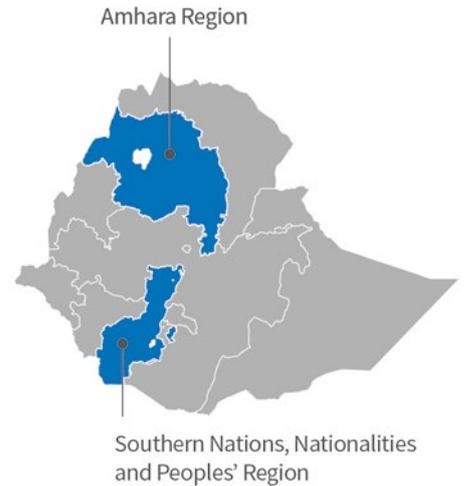
MDA: 1 region and 2 woredas (districts)

TT Surgery: 2 regions, 16 woredas (districts)

Training: 2 regions, target group: Health staff

Partner: ORDA, GTM

Funding: Fondazione FAI, CBM Italy, CBM Italy individual donor, CBM



Burundi

DISEASES COVERED:

Onchocerciasis

MDA: 6 provinces, 12 districts

Training: 6 provinces, target group(s): Community Drug Distributors (CDDs), Health staff

Partner: Ministry of Public Health

Funding: CBM



CBM supports additional surgeries under its Inclusive Eye Health programmes in these and other countries.

CBM in Burundi – the road to elimination



In 2004, CBM and the Government of Burundi took up the fight against onchocerciasis. From 2006 to 2022, CBM supported 25 million treatments against the disease.

CBM also supported the first ever integrated NTD programme for trachoma, STH, schistosomiasis, and lymphatic filariasis with funding from Geneva Global/The END Fund, and disease elimination surveys for trachoma and onchocerciasis in partnership with The END Fund.

NTD treatments supported
by CBM in Burundi in
2022: **1,764,893**



Photo Credit: Girija Sankar for CBM.

Above: Kibuye, Burundi.



Girija Sankar – CBM's Head of Neglected Tropical Diseases shares her impressions of a recent trip to Burundi where a team were testing the local community for river blindness.

“The drive to Kibuye from Bujumbura skirts through the hills of southeastern Burundi, winding through small farms of sorghum, coffee and peas. The CBM team, along with others from the national programme, are eager to observe the ongoing onchocerciasis (or river blindness) assessments in this tiny village. It has not participated in any drug distribution campaigns, but has been identified as a first-line village since it is near a river where black flies were recently found. Their presence could be an indicator of disease transmission as they pass the parasite to humans through bites.

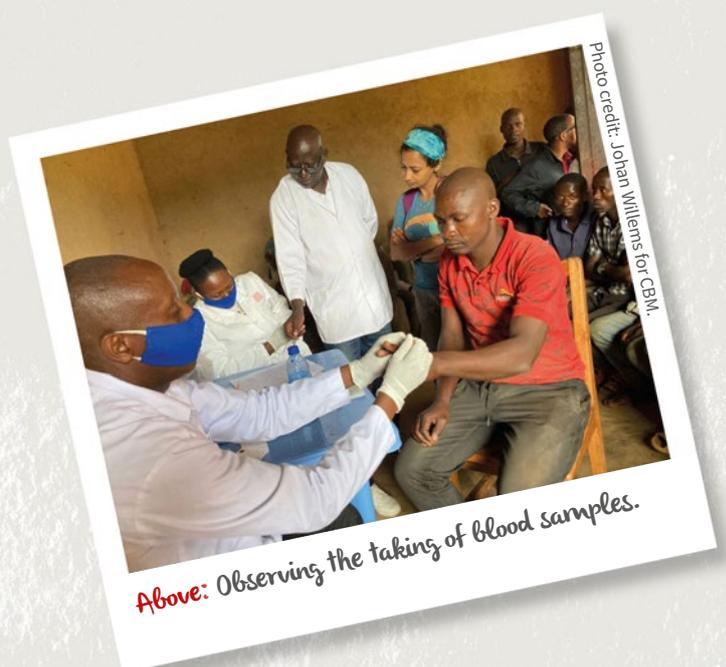
When we arrive, there is a crowd of villagers gathered by a semi-finished, one-room building. We are greeted by Deogratias Nimpa (better known as Deo) – a long time veteran of the NTD department, the Mayor of the village and the lab technicians supporting the specimen collection. Donning a white lab coat, Deo uses our arrival as an opportunity to explain the purpose of the work to the community. He also invites the Mayor to say a few words. The conversations are in Kirundi, which I don't understand, but I can read from the body language, the applause and the attentiveness of the community members that they are eager to participate. Deo explains that 100 community members will have their blood taken by the technicians.

One of the three lab technicians is sitting outside registering community members for the specimen collection. Their names, occupations and demographic information are noted. They are also assigned a number, along with an area code specific to this village and are each given a piece of paper with this information. A lab technician prepares the person for specimen collection and the other notes their code on the filter paper that catches the blood drop. The second technician wipes their finger with an alcohol swab and collects the sample with a

disposable needle. They squeeze the finger to let a drop of blood onto the dried blood spot (DBS) plate. After getting their 100 samples, the lab team will carry on to another village and then another, until they get the total number they need.

A USAID banner drapes the registry and sample collection tables. A former NGO partner's logo is painted on the banner. I marvel at how NTD programmes are supported by both local and global partners, sometimes as donors, sometimes as implementers, and at all times, in service of national programmes. While CBM is the current partner here (with partial financial support from The END Fund), we are but one of many. The race to disease elimination is often a relay. The community of NGOs, donors, and implementers run with the baton when they can, or pass it on when they have to.

I spot a little girl near the specimen collection room. She starts scooping up some earth with a bottle cap and blithely ignores me when I try to greet her. I don't mind a bit. I think she has better things to do than entertain a middle-aged woman. As I thank Deo, the Mayor, the lab technicians and the community members for their efforts, I hope that the little girl will never have to worry about pesky black flies or parasites or getting diseases that will have a negative impact on her life. She deserves better.”



Above: Observing the taking of blood samples.

Photo credit: Johan Willens for CBM.

Beyond treatment for neglected tropical diseases – the TT Plus project in Tshuapa



Tshuapa Province in the DRC lies 500 miles north of the capital Kinshasa and much of it is covered by tropical forest. In remote areas there are often no eye care services available, in fact there were no health staff with specific training in eye care in the province before CBM's support.

In 2019, CBM started a partnership with the Government of the DRC under the plan to eliminate trachoma in the country. Beyond mass drug administration, it was also identified that there was a need for surgery in advanced cases of trachoma. Mapping had indicated a low prevalence of trachoma in Tshuapa province, but it did suggest there were a small number of cases of trachomatous trichiasis (TT) – which needed to be identified and operated to reach the goal of elimination. However, finding a few hundred cases in a large population demanded a new approach.

Due to the lack of eye services, publicising treatment for TT will draw people with a wide range of eye conditions in the hope they might receive care. The vast majority of these people have to be sent away because the resources to support them are not available. Once word spreads that no treatment is available, finding the few TT cases becomes even more difficult.

We decided to try to improve this situation through a project called TT Plus. The approach we have adopted is to provide TT surgery for those that need it, but if people present with other conditions, the

project has resources to treat the priority cases and refer others, with financial support from CBM.

Starting in Boende health zone, case finders were trained and sent into villages to identify and refer likely TT cases. 773 people reported for examination, of whom the large majority presented with other eye problems. Of these, 69 have been successfully treated for minor conditions and 113 operated for cataract. Only three people were identified as having TT and received surgery.

One innovative aspect of the project was to provide 3 months training to two nurses from two health zones in Tshuapa to begin to address the serious eye care skills shortage. Once they returned from Kinshasa, the health service in Tshuapa was able, for the first time, to offer basic eye care and treatment.

The National NTD Programme conducted a trachoma impact survey in Boende this year. The results showed low TT prevalence which confirms the results of the case finding and indicates that CBM and partners have supported the elimination of trachoma in that area. However, the survey in a neighbouring health zone has shown a high prevalence, so we intend to replicate the TT plus campaign there. We will also train more staff in basic eye care, to ensure services can be sustained, even when the project is completed.

**NTD treatments supported
by CBM in DRC in 2022:
54,923,485**



Michel Mandro-Ndahura

**NTD Regional Programme Manager,
Africa West and Central**

“CBM has contributed a lot towards the elimination of trachoma in DRC and we were the first organisation to support TT campaigns in the country. The few doctors and nurses trained in TT surgery in the country were trained by CBM. There are only two of them in Tshuapa. This is just the start.

In the TT Plus project we have created links and collaborations between NTD and Eye Care Programmes and the public sector.

TT campaigns have to be approved by the National NTD programme. Once we have found community members in need of surgery, and provided services, any individuals that come afterwards are the responsibility of the public sector eye care programme.

We don't run vertical programmes. We support training and equipment in local health zones so that local health services can carry on the work themselves. We want to ensure that communities have their own trained personnel to ensure country ownership and sustainability. We must continue working in collaboration with partners, funders and governments.”



Photo credit: Nick Burn for CBM.

Above: CBM organised TT surgery training of local ophthalmologists at Libenge Hospital, Ubangi Sud, DRC.

Collaboration in Action in South Sudan



CBM's involvement in South Sudan started in 2006, soon after the Comprehensive Peace Agreement with Sudan, when it joined a partnership with the Ministry of Health and the African Programme for Onchocerciasis Control to support treatment.

CBM continued to provide technical and financial support, and with other international partners joining, South Sudan saw its programme evolve from a single disease control programme to an integrated NTD programme. By 2013, however, with unrest and civil war affecting much of the country, many partners including CBM found themselves unable to continue the same level of support.

Following renewed peace efforts in South Sudan, CBM was once again able to restart its support to the NTD programme in 2017. Initially, CBM supported treatments for onchocerciasis to three counties and by the following year, 2018, efforts were increased

to six counties. Also in 2018, CBM supported the establishment of an Onchocerciasis and Lymphatic Filariasis Elimination Committee, a body of experts to advise on the elimination of these two NTDs within South Sudan. In 2019, MDA for onchocerciasis and LF was carried out in 18 counties.

The recent peace agreement and creation of the Unity Government in 2020 has paved the way for access to all onchocerciasis and LF endemic areas. In 2022, CBM supported 5.3M LF treatments, 5.9M onchocerciasis treatments and 687,568 trachoma treatments with 100% geographic coverage. CBM is now focused on eliminating onchocerciasis and LF in 30 co-endemic counties as well as elimination of trachoma in nine counties in Unity State. In recent years, CBM's NTD work in South Sudan has been largely supported by The END Fund.

**NTD treatments supported
by CBM in South Sudan
in 2022: 11,263,670**



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Above: Mary Siyama, a Community Drug Distributor, administering medicines for onchocerciasis and lymphatic filariasis in Yambio Market to a market vendor, South Sudan.

The Carter Center and CBM worked together in South Sudan to get two young children, Robina and Peter, the sight saving surgery they needed. This was an informal collaboration prioritising the needs of the children, rather than centering on individual programme goals. The main protagonists explain how the partnership came about...

Stephen Ohidor

Programme Manager, Trachoma Control Programme, The Carter Center in South Sudan

“We were running a surgery camp in Budi County (Eastern Equatoria State in South Sudan). It was an integrated camp, which means we were doing cataract and Trachomatous Trichiasis (TT) surgery. (TT is a potentially blinding condition when the eyelids turn inwards).

We had identified two children, a boy and a girl of two years old, who had congenital cataracts. These children were from a very remote part of the region. We don't support surgeries in young children at The Carter Center, but when their situation was brought to light, we thought they were so young and had such a long life to live and they really needed assistance.

I have known Lubari Samuel (CBM's Trachoma Project Officer in South Sudan) for a long time and knew that CBM supports cataract surgery for children, and so I contacted him. He asked for the details, and I provided referral forms for the children.

The county health department provided a vehicle and we supplied them with food for the onward journey. The families were then taken to Juba, the capital of South Sudan, and we arranged yellow cards, COVID-19 tests and temporary travel documents. CBM paid for the paperwork, the children's travel to Uganda and for the surgeries at The Mengo Eye Hospital in Kampala.

A week later and with their surgeries done, they came back to Juba and stayed for a week and then, 12 days later, returned for a review at The Mengo Eye Hospital. It was a very successful collaboration.”

Lubari Samuel

CBM's Trachoma Project Officer in South Sudan

“Although our project is a trachoma project, we always work hard and go above and beyond when children are involved and need help. In South Sudan, we can't do congenital cataract surgery and so we refer people who need this treatment to The Mengo Eye Hospital in Uganda with whom we have an arrangement.

The families arrived at Juba over a weekend and they had no relatives in town to take care of them, so The Carter Center arranged somewhere for them to stay. When I first saw them, Peter couldn't walk, but when the children arrived back from Uganda, after the surgery, they were fully mobile.

I keep in touch with the Country Health Department Director who has been following their progress and he says both children are doing well.

I have told Stephen that if there are other cases of cataract, but also TT and retinoblastoma, he

should refer them to us. We have a child coming this week to Juba who has been referred from the Kapoeta Mission Hospital for treatment.

We have seen the impact the collaboration has had on those two children who can now see and walk. When they returned to the village, no one could believe what had happened. It was like a miracle.”



Photo credit: Lubari Samuel for CBM.

Above: Lubari with Peter and Robina after they returned from surgery.

Dr. Angelia Sanders

Associate Director, Trachoma Control Programme, The Carter Center, Atlanta, GA

“Collaborations between organisations are not as common as they should be. The Trachoma Programme is really highlighting the need for partnerships. Within South Sudan we get along so well and we see each other as partners, not competitors. If, for instance, I hear about funding that I think CBM is better suited for, I tell them they should apply.

The Carter Center does not have experience with cataracts and so us partnering with Cure Blindness (CB) and also with CBM who has experience and funding for these kind of surgeries, is actually really helping our Trachoma Programme because it’s allowing us to offer comprehensive eye care when we do outreaches and camps. Collaborating with others enables us to provide the communities we work with, more than we would otherwise be able to.

I think what is interesting is that this is the kind of stuff that ministries always ask for, but unfortunately, organisations don’t often do. I think CBM, The Carter Center and CB are doing the type of coordination that ministries want, and as a result, the communities are benefiting from it.

We have signed an MOU between The Carter Center and CB but it’s an informal arrangement between CBM and The Carter Center. No one is trying to say this is “our” project and we can’t work with other organisations. It’s more a question of knowing that eye care in general needs more resources and finding out how we can make things happen. Sorting out who can pay and who can do the paperwork is just a series of conversations. It is all about working with partners and the South Sudan Ministry of Health, of course, because they provide the surgeons for the camps.

Hardly anyone even knows about this story. Because it is just what happens when people work effectively together, there is a sense that what was achieved here was not important, but it really was. The fact that it was so low key and so informal is a testament to the lack of ego of everyone involved. It was all about putting the community members at the center of the work.

The partnership between The Carter Center and CBM is an example of working across countries, beyond neglected tropical diseases like trachoma, into eye care, and cooperating with each other. It was a small example of the cross sectoral work that we should be doing on a larger scale. If we could replicate it everywhere, all our work would be easier and more effective. Those two children would have been blind for life, and now they are not going to be. This is what really matters.”



Above: Carter Center surgery camp in South Sudan.



12,244 TT surgeries were supported by CBM in 2022

Inclusion in practice



CBM has long-standing partnerships with the Organisation for Rehabilitation and Development in Amhara (ORDA) and Garabet Tahadiso Mahber (GTM) in Central Ethiopia.

ORDA is an Ethiopian NGO that focuses on water development projects as a key strategy to end chronic poverty and food shortages in the Amhara Region. GTM is an NGO dedicated to improving the lives of people living in rural communities in Central Ethiopia.

Currently, CBM is working on two trachoma projects with GTM and four with ORDA. ORDA's four projects are focusing on surgery, facial cleanliness, and environmental improvements, such as water scheme construction, to combat trachoma transmission and contribute to the elimination of the disease. GTM's projects are implementing the WHO-endorsed comprehensive SAFE strategy

(surgery, antibiotics, facial cleanliness and environmental improvements) in 11 districts.

The vast majority of people in Ethiopia live in rural areas where access to basic infrastructure and social services are scarce. Several NTDs affect its populations, including trachoma (potentially blinding infectious disease). Ethiopia is affected by one of the highest rates of active trachoma in the world. WHO statistics show that 80% of all diseases in developing countries are related to inadequate water supplies and sanitation.

CBM's driving force is to improve the quality of life for those with disabilities. Our efforts towards the elimination of neglected tropical diseases in Ethiopia centres on the control of trachoma in a way that considers how people with disabilities can be included in planning and can benefit from the services on offer. And, our collaboration with local organisations like ORDA and GTM go a long way in strengthening local ownership of NTD programmes.

What we achieved in 2022 in Ethiopia

Trachoma screening

12,456

TT surgeries

5,740

Mass Drug Administration (MDA)

235,725

Inclusive water scheme constructions

75

Inclusive ventilated improved pit latrines (IVIPLs)

8

Case finder training

471

Community-led Total Sanitation and Hygiene (CLTSH)

45 areas

Training on NTD/ Trachoma related WASH

4,201

Construction/repair of individual latrines as a result of awareness campaigns

24,427

Education for the community and school children on hygiene, sanitation, trachoma prevention and treatment

488,000

Wubante Yalew

CBM Trachoma Programme Coordinator, Ethiopia

“The sum of the whole is bigger than the sum of its parts. Working together collaboratively can result in greater achievements than if each organisation works separately. Partnership and collaboration can alleviate operational or even programmatic expenses because it balances out the costs between organisations. This might include training, shared workspace, workshops, transportation, or anything else related to the mission.

Our projects will be sustainable since we started working with all stakeholders from the very beginning, from planning to project cycle management. One of the main activities of our trachoma projects is collaborating with organisations of persons with disabilities (OPDs) to participate in planning, monitoring evaluation and advocacy.

In collaboration with OPDs, persons with disabilities were identified in our target districts and those that needed them, were provided with assistive devices. In addition, the projects are linked to the rehabilitation centre so that persons with disabilities who need medical and surgical intervention, are able to access this support.

Women actively participated in all project activities and form part of committees, like the water sanitation and hygiene committees (WASHCOs), and village hygiene educators (VHEs). Disability and gender disaggregated data has also been collected and reported.”



NTD treatments supported
by CBM in Ethiopia in
2022: **235,725**

“We drank whatever was available to us – rivers, streams, rain and floods – anything that was accessible and came in the form of water. It made us sick though.”

Zemenaye lives in East Belesa, in the Amhara region of Ethiopia. The local community is rural, and farming is the main source of income. During the dry season, regular water sources dry up, and the women and girls from Zemenaye’s village had to walk for two hours over dangerous terrain to fetch water. Before the water scheme development, life was tough for Zemenaye who looks after two grandchildren and the home. Drinking unsafe water was a normal part of life.

“We didn’t get to pick and choose what water we drank,” she explains. “People got sick all the time.”

The CBM supported Trachoma project, in partnership with ORDA, helped bring clean water to Hamusit village, where Zemenaye lives, using solar pump technology to repair the existing borehole and pipeline. Because of the new water scheme, 2000 households (10,000 people) now have access to clean water.

Zemenaye says:

“I am no longer worried about contracting diseases such as trachoma because we now have clean water and know how to protect ourselves. Because of the new water system, I now have enough time to farm and care for my grandchildren. I will always pray for those who generously gave money for its construction.”

“Because of the new water system, I now have enough time to farm and care for my grandchildren. I will always pray for those who generously gave money for its construction.”

Zemenaye



Above: Zemenaye at the water point in her village.

Strengthening Health Systems



A report on progress with the Accelerating Onchocerciasis and Lymphatic Filariasis Elimination Project (AOLFEiN).

AOLFEiN was launched following a 2019 analysis commissioned by CBM which concluded that Bayelsa, Ogun, Oyo and Rivers States required additional support to accelerate onchocerciasis and lymphatic filariasis elimination.

With financial support from CBM, over the last year, the programme has a variety of aims – to distribute preventative medicines to all eligible populations, to provide data on endemicity through onchocerciasis elimination mapping and evidence of interruption of transmission, the management of LF morbidity (lymphedema and hydrocele) and to offer psychosocial support for those affected with the disease. The programme is being implemented in collaboration with the NTD units of the Federal and State Ministries of Health which means that it is contributing to building capacity, system strengthening and country ownership.

Over the last year, 9,104,476 people have been treated with preventative chemotherapy, which corresponds to an average of 65% coverage in most of the target areas. 1,067 health workers and 23,920 community drugs distributors (CDDs) have been trained to implement LF and onchocerciasis drug administration in the four states. To date, onchocerciasis elimination mapping has been conducted in two health zones in Ogun State and 532 people were identified as needing treatment for LF morbidity.

NTD treatments supported
by CBM in Nigeria in 2022:
26,168,195

In the next year, more than 11 million people will be treated and approximately 1,000 Health Workers and 24,000 Community Drug Distributors will be trained. Morbidity management services will be provided for 400 more people. Onchocerciasis epidemiological assessments in Bayelsa, Oyo and Rivers State, and onchocerciasis elimination mapping in Oyo State are due to get underway.

The AOLFEiN Project continues to make a real and lasting contribution to the elimination of LF and onchocerciasis in Nigeria.



Photo credit: Jerry Asti for CBM.

Above: A celebration event to mark the 600 millionth dose administered by CBM against NTDs took place in Jigawa State, Nigeria. CBM's Babar Qureshi administered the historic dose to community member Suraiya.



Photo credit: Julia Amanyi-Eneguela for CBM.

Above: A community member being treated for lymphatic filariasis morbidity.

Saidat, Ogun State, Nigeria

Saidat, a food seller from Abeokuta in Ogun State, and her five children suffered itching and abnormal skin rashes for months, which worsened after bathing and caused multiple sores on their skin.

“Due to lack of funds we did not seek medical attention. A member of the team at Igosun Health Center told me about the deworming medicines that were being distributed in our community. She mentioned that the medicines were designed to not only deworm, but also stop itching caused by parasitic infections. Community Drug Distributors came to our house and gave us Ivermectin and Albendazole.”



Mr. Ojo, the Local Government Area NTD Coordinator in Ogun State talks about the project:

“The use of a supervisory checklist which includes

the identification and registration of those with disabilities, the provision of durable dose poles, the online reporting and the allocation of more Community Drug Distributors made the implementation very successful in 2022”.

Mr. Ojo said these innovations had made a real difference – therapeutic coverage has risen from 53% to 70.01% in 2022. He also supported the project’s intention to conduct free surgeries for hydrocele and lymphedema cases in the state, noting that many people who previously attributed these conditions to spiritual causes were now beginning to seek conventional treatment.

“Hard to reach areas are now being reached, and very poor people are now being treated.”

After the medication, the whole family experienced less itching, more uninterrupted sleep and improvements in their vision. Saidat volunteered as a town announcer and mobiliser to get more people aware of diseases and their treatments.

“Thank you CBM and the Ogun State Ministry of Health for making sure these medicines get to our community. Many people in the community have seen the positive impact and are requesting medication too. Many women are happy and this shows on their faces.”



Above: Saidat.

Mr. Anokwuru Sunny Nyebuchi – The Assistant Disease Surveillance and Notification Officer and NTD Coordinator in Rivers State shares his views on CBM’s contribution.

“Before CBM’s intervention in my LGA (health zone), we prayed and hoped for a breakthrough because we had a lot of lymphatic filariasis and soil transmitted disease with no proper drug administrations or support from donors. Many cases of LF such as elephantiasis and hydrocele were left untreated. I was troubled because being responsible for my LGA, there was little or no help I could offer, due to unavailability of drugs and other services.

CBM came through and supported the LGA, reaching out to the community by running awareness campaigns. Because of CBM’s support, people in my LGA are now aware of the microfilaria worms responsible for itching and other illnesses related to infestation of filariasis, as well as prevention and treatment. I am grateful to CBM because the project has really helped me become more effective in my work and has reduced the burden on me and my community. The less privileged and people in high risk, hard to reach areas, have been effectively treated.”

Adding Value – Impressions of CBM as a partner



The NGO Health and Development Support (HANDS) has been working with CBM in Nigeria, particularly in the northern part of the country on NTD elimination and blindness prevention. **Chris Ogoshi** the Programme Director at HANDS talks about the long-standing relationship with CBM

What year did HANDS first start working with CBM?

We started working with CBM in 1995. The government of Nigeria asked CBM to support the

control and elimination of onchocerciasis. We were assigned the Federal Capital Territory (FCT) and Kano, Jigawa and Yobe States.

At the time, the project was run in its entirety by CBM. It was called the CBM Onchocerciasis Control Programme. In 2008, CBM changed its policy and decided that they did not want to ‘own’ projects in countries, but rather work in partnership with local NGOs. So, in 2008 we registered as a local NGO called the CBM Vision 2020 Support Programme. In 2014, we changed the name to HANDS, which is a local NGO that is registered with the Corporate Affairs Commission of Nigeria. It has a governing board and trustees that guide the activities. CBM supports HANDS to implement activities and provides monitoring to ensure that the work we are doing meets quality standards and follows the agreed regulations.



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Above: CBM Nigeria’s Country Director Bright Ekwerenmadu and the Executive Governor of Jigawa State Mallam Umarus Namadi at the launch of the Comprehensive Eye Care Project, which is implemented by HANDS.

What projects are you currently working on in collaboration with CBM?

The on-going projects are the control of NTDs in FCT, Jigawa and Yobe States. We are also running a comprehensive eye health programme in Jigawa that is being supported by BMZ. The END Fund are also supporting a project through CBM in FCT.

What value does an organisation like CBM give?

CBM has given great value to our collaboration. They have been able to work effectively with partners – with us at HANDS, the State Government, the governments of FCT, Jigawa, Yobe and Kano. These governments are grateful to CBM for system strengthening, for giving us the necessary support and technical guidance to be able to do those things that are nearly impossible because there is a lack of funding.

How do you see the prospects of country ownership in the longer term?

CBM has built the capacity of governments to be able to implement activities on its own. For example, if you now go to a state that is highly populated, you find that there are trained health workers at the state level, at the local government level and at the

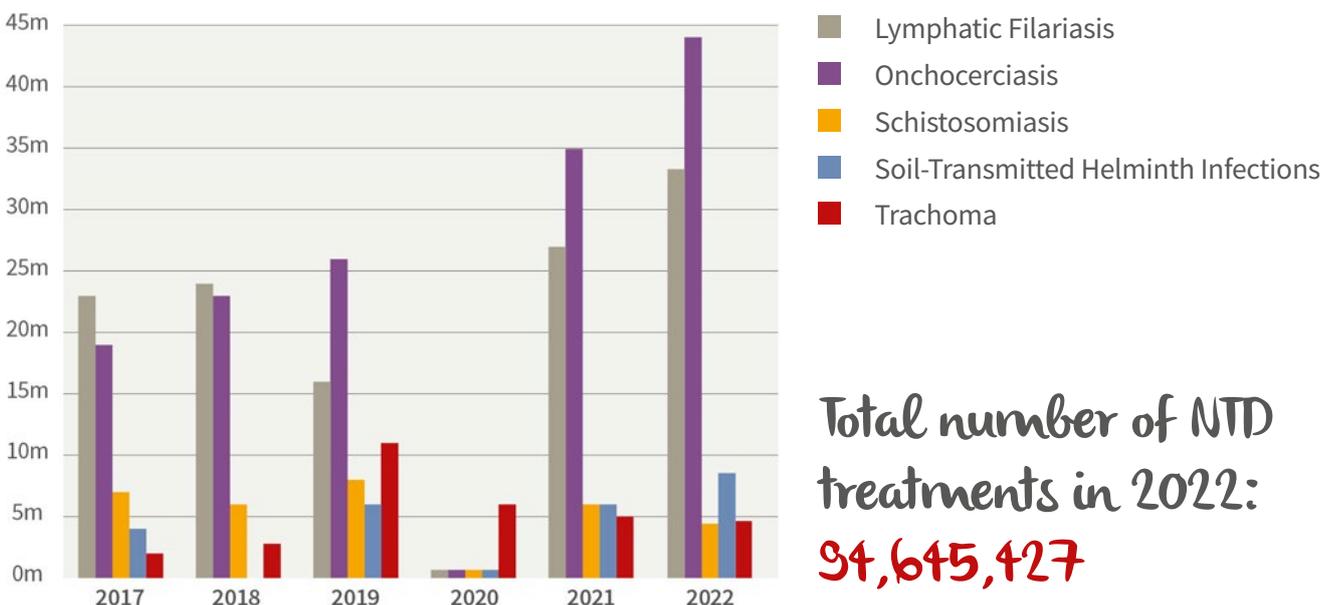
primary health care level. We have also trained a large number of community volunteers who treat a massive number of people. CBM has enabled local partners to be able to carry on and the funds that come from CBM have been able to sustain the programme.

CBM has a culture of continuity. They never start anything and abandon it on the way. They have been consistent and deliberate with their support. The strength of CBM that we cherish is that it is able to build a team that in the long run should be able to continue doing those things that are expected of the local partners.

Do you anticipate a time when there may not be a need for CBM and other similar organisations?

Active drug distribution and active assessments are ongoing to determine the interruption of disease. As soon as interruptions are complete, a surveillance team will continue doing what CBM has supported the state to do. We may not see CBM leaving but they may shift their emphasis to other programmes. In the spirit of integration, they could be implementing activities for new projects, while also looking at how older projects are doing. Together we have created a structure that allows new activities to be introduced.

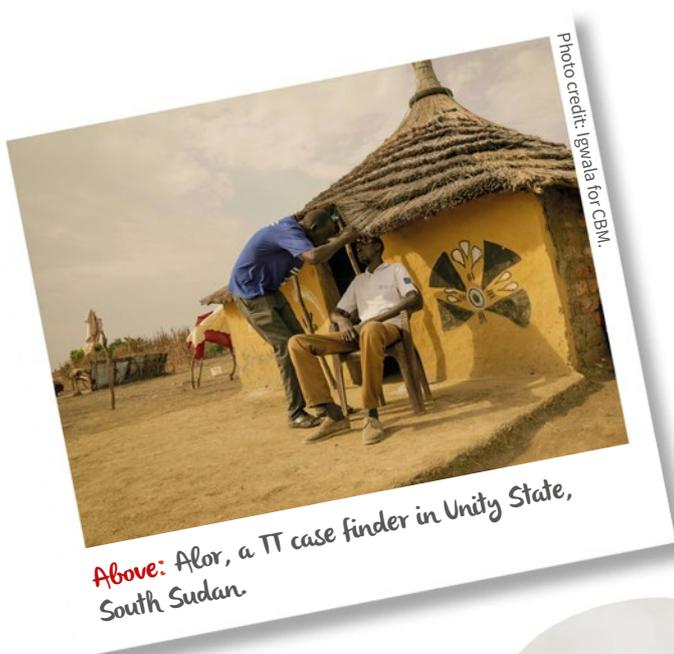
NTD treatments supported by CBM: 2017-2022



What does sustainability look like in CBM's NTD work?

The most straightforward definition of the term “sustainability” in the NTD context, and the one which is set down by the WHO, is the ability of national health systems to maintain and increase effective coverage of interventions against neglected tropical diseases, to achieve the actions, targets and milestones identified in the NTD Road Map.

For some, an interpretation of this is that to achieve sustainability, countries should no longer need external financial and technical support in their work to eliminate NTDs. This position suggests that there may be a point at which NGOs and other stakeholders should be able to withdraw from the countries in which they work.



Above: Alor, a TT case finder in Unity State, South Sudan.

Photo credit: Ignavia for CBM.

CBM's approach

At CBM, our view of sustainability is that it is part of a long-term, intentional, and evolutionary process. We work with ministries of health and within national plans to strengthen capacity and expertise to bring about country ownership. We provide support to embed the work that has been done by ourselves and our partners. We believe in system strengthening starting at the bottom of the pyramid so that communities can take charge of their own health.

In some countries with large and widespread rural populations, or which are continually affected by climate change and conflict, achieving sustainability is more fraught. For these countries, it might be that they would never quite achieve their elimination targets without support. Having to stop and start health interventions because of war and famine does not make for a smooth pathway to sustainability. In Central African Republic, for example, where CBM has helped deliver in excess of 14 million treatments since 2018, the government is not in control of large parts of the country, and we have not yet been able to resume our work.

In all our planning the concept of how sustainable what we are doing is front and central, even if achieving it sometimes seems a little way off. Sustainable for us is creating programmes that add to what is already being done. Programmes which have built into them the idea that if we have to pull support out of a national NTD programme, for whatever reason, we have at least bettered what was there before and left behind some of the tools to fight on in the battle towards elimination.

CBM supported
24,510 environmental
improvements in 2022

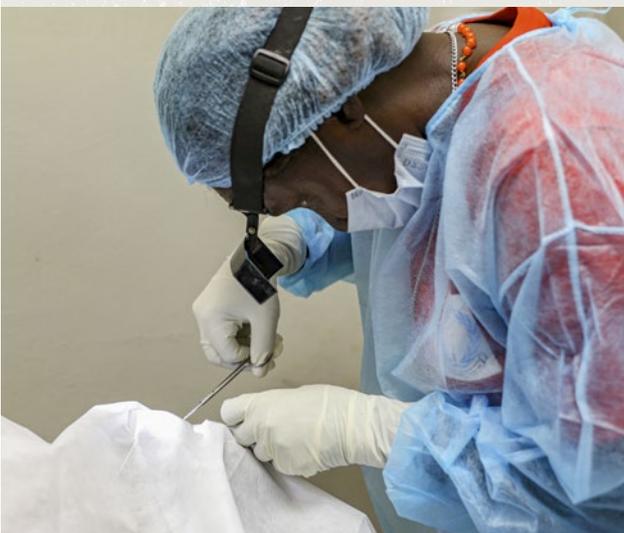
Synergies in South Sudan

In Unity State, South Sudan, CBM's TT programme as part of the SAFE strategy has strengthened our partner Buluk Eye Centre in Juba's capacity as a national reference centre for eye-care. The hospital is training health staff from different counties within Unity State and local staff on the spot during TT surgery campaigns.

The implementation of the TT plan and the capacity building for delivery of the plan has already attracted a donor (Cure Blindness) to enter a partnership with CBM for provision of cataract surgery. The plan is to integrate services for TT and cataract on case identification, mobilisation, surgery and post-surgery follow-up.

Our partnership with Cordaid has also been strengthened. They have made a theatre available for eye surgeries at government run Bentiu hospital where there are also other eye-care services. Our efforts towards sustainability are bolstered through engagement with the National Blindness Prevention programme and the Ophthalmological Association of South Sudan. These partnerships are slowly making the provision of national health services more accessible to more people. CBM's work on sustainability in South Sudan focuses on synergies and collaborations that are making NTD projects stronger, in the context of humanitarian response.

Photo credit: igwala for CBM.



Above: TT surgery in progress, Bentiu State Hospital, South Sudan

Staying within government structures in Nigeria

Our interventions in Nigeria work through and within the government's health structures, so that supply chain management, infrastructure, equipment, and technical trainings are all delivered within existing systems.

As a result of our collaborative engagements, there has been an improvement in financial commitment from the government which has meant that there is now a budget for NTD elimination activities in most states in Nigeria. In addition, NTDs are now a priority area in the national strategic health development plan.

Strengthening local partner capacity through our work with HANDS, ensuring community based annual trainings of health personnel, the continuous raising of awareness of health issues and the involvement of communities, is creating better health outcomes for more people.

“It is the ministries of health who should be making the decisions about what they want to see happen in their countries. As a grant maker, we encourage our partners, but also ourselves to have that kind of a conversation and build that kind of a relationship with the ministries of health.”

Carol Karutu, Vice President of Programmes at The END Fund

The END Fund have supported CBM to implement programmes in the Democratic Republic of Congo, Nigeria, South Sudan, the Central African Republic and Burundi.

Shifa Mwesigye, CBM's Digital Media Coordinator on what motivates her

“What does a world without neglected tropical diseases mean to you?”

To me, it means having the chance to explore a world of possibilities without fear of disease, blindness or physical disability.

I grew up in an area where some NTDs are endemic. We collected water from unsafe water sources that were full of disease-causing organisms – snails, germs and parasites that caused guinea worms. We could literally see some of the creepy crawlies, but we had no choice. It was the nearest water source. We collected the water and sieved it at home with a cloth to prepare it for domestic use.

The clear water was many miles down the hill at an open stream – the safety of which was also not guaranteed. Our environs were also swarming with flies of all kinds – I cannot name them all with certainty, but I remember tsetse flies and houseflies. For us children – and perhaps for many adults in my village – this was normal life. We did not know any differently.

One day, the “government” (as we called all strange people) came to our village to deliver medicines to prevent and treat many diseases, including NTDs. I can still see myself running away to hide from the “doctors” who were distributing these medicines. We hid in the banana plantations where we could hear my grandmother telling them that there were no children at her home. There was a rumour in the village that the medicine caused polio. For me, that was not the only reason. I am also afraid of injections, so I was always the first and the fastest to disappear into a tree.

It took a lot, and by a lot, I mean **a whole lot** of mass sensitisation, village meetings and working with local leaders and teachers at school to change villagers' minds. The village, clan and tribal leaders went door to door to explain to the people that the medicine was not bad and that of course it did not cause polio. The teachers explained to us why the rashes on our legs were not normal and that the medicine deworms, and prevents us from going blind from trachoma.

Then, and only then, did my grandmother allow us take the preventive medicine.

Today, many years later, I work for CBM, an organisation that provides financial and human resources to help eliminate neglected tropical diseases. When I write, edit and publish stories about people who have gone blind from trachoma or river blindness because they were not treated in time, I am reminded that it could have been me. I am happy to play a role in calling for the end of NTDs.”



Above: Shifa and her grandmother.

Photo credit: Shifa Mwesigye for CBM.

Networking and Knowledge Sharing

Peer-reviewed articles

Challenges and strategies for the uptake of mass drug administration among pastoralist communities in South Sudan

Geoffrey Muchiri, Girija Sankar, Johan Willems, Juliana A Amanyi-Enegela

Conflict-climate-displacement: a cross-sectional ecological study determining the burden, risk and need for strategies for neglected tropical disease programmes in Africa

Johan Willems et al

Image-Based Awareness Campaign and Community Mobilisation in the Control of Schistosomiasis

Juliana A Amanyi-Enegela et al

External Representation

Member, UK Coalition on NTDs

Juma Ismat

NNN representative at the ESPEN steering committee

Juliana A Amanyi-Enegela

Member, Eastern Mediterranean Alliance for Trachoma Control

Juliana A Amanyi-Enegela

Chair, 2022-2023, NTD NGO Network (NNN)

Girija Sankar

Board Member, German Network on NTDs

Johan Willems

Conferences

Lessons from piloting a comprehensive NTDs project and the barriers to accessing MMDP services in Jigawa State, Nigeria. Presentation at the first WHO Skin NTDs meeting, March 2023

Juliana A Amanyi-Enegela

CBM's support to South Sudan's onchocerciasis elimination programme. Presentation at a webinar organised by GONE, Global Onchocerciasis Network for Elimination, April 2023

Johan Willems

GET 2020 meeting representation, April 2023

Girija Sankar

Findings from operational research on barriers to accessing MMDP services. Presentation at the spring meeting of the DMDI working group of the NNN.

NTD Team

Mapping the Transmission Dynamics of Schistosomiasis: Insights for Control and Elimination Strategies. Poster presentation at the ASTMH.

Juliana A Amanyi-Enegela

Manuals & Guidelines

CBM contributed to an updated *New Women and Trachoma* Manual

CBM Team

29,354 people were trained in WASH activities in 2022 with CBM's support



Above: Pasi and her children in her village in DRC. She suffered from trachomatous trichiasis for years but now has had TT surgery supported by CBM.



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