



**Inclusive
Health Initiative
Annual Report
2026**



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Cover photograph: Abebu (40), her husband Ali (48), and daughter (9) pose for a photo after Abebu received a successful TT surgery at Gelametbia health centre, Amhara Region, Ethiopia. © CBM/Abenezer Israel

Above: Children participate in a classroom activity at the School for the Deaf in Hosanna, Ethiopia. © CBM

Foreword



It is my pleasure to present the CBM Inclusive Health Initiative (IHI) Annual Report 2026, reflecting a year of progress, innovation, and partnership in our commitment to ensuring that health systems work for everyone.

Across the countries and communities where we work, one message remains clear. Health is only truly universal when it is inclusive. Millions of people, particularly persons with disabilities and other underserved groups continue to face barriers to essential health services. Addressing these barriers is fundamental to achieving Universal Health Coverage and ensuring that no one is left behind.

In 2025, IHI reached **68.2 million** people across **30** countries, supported over **506,000** surgical procedures, provided more than **313,000** assistive devices, and trained over **306,000** people. Behind these numbers are individuals gaining access to care, health workers strengthening their skills, and communities becoming better equipped to meet their health needs.

This report highlights how we are advancing integrated, person-centred models of care. From Ethiopia's inclusive health model to innovations such as AI supported tele-ophtalmology and simulation based surgical training, we are generating evidence and testing approaches that strengthen health systems and expand access to quality care.

Across our NTD, eye health, ear and hearing care, and rehabilitation programmes, we continue to invest in national capacity, evidence, innovation, and sustainable systems. Our engagement on global platforms also enables us to contribute to policy dialogue and advocate for more disability inclusive and equitable health systems.

None of this progress is possible without strong partnerships. Governments, organisations of persons with disabilities, communities, health professionals, civil society, donors, and global health partners are central to everything we achieve.

As we look ahead, our ambition is to demonstrate inclusive approaches and to support their integration, adoption, and scale within health systems. We will continue to generate evidence, strengthen capacity, harness innovation, and ensure that the voices of those most affected remain at the centre of our work.

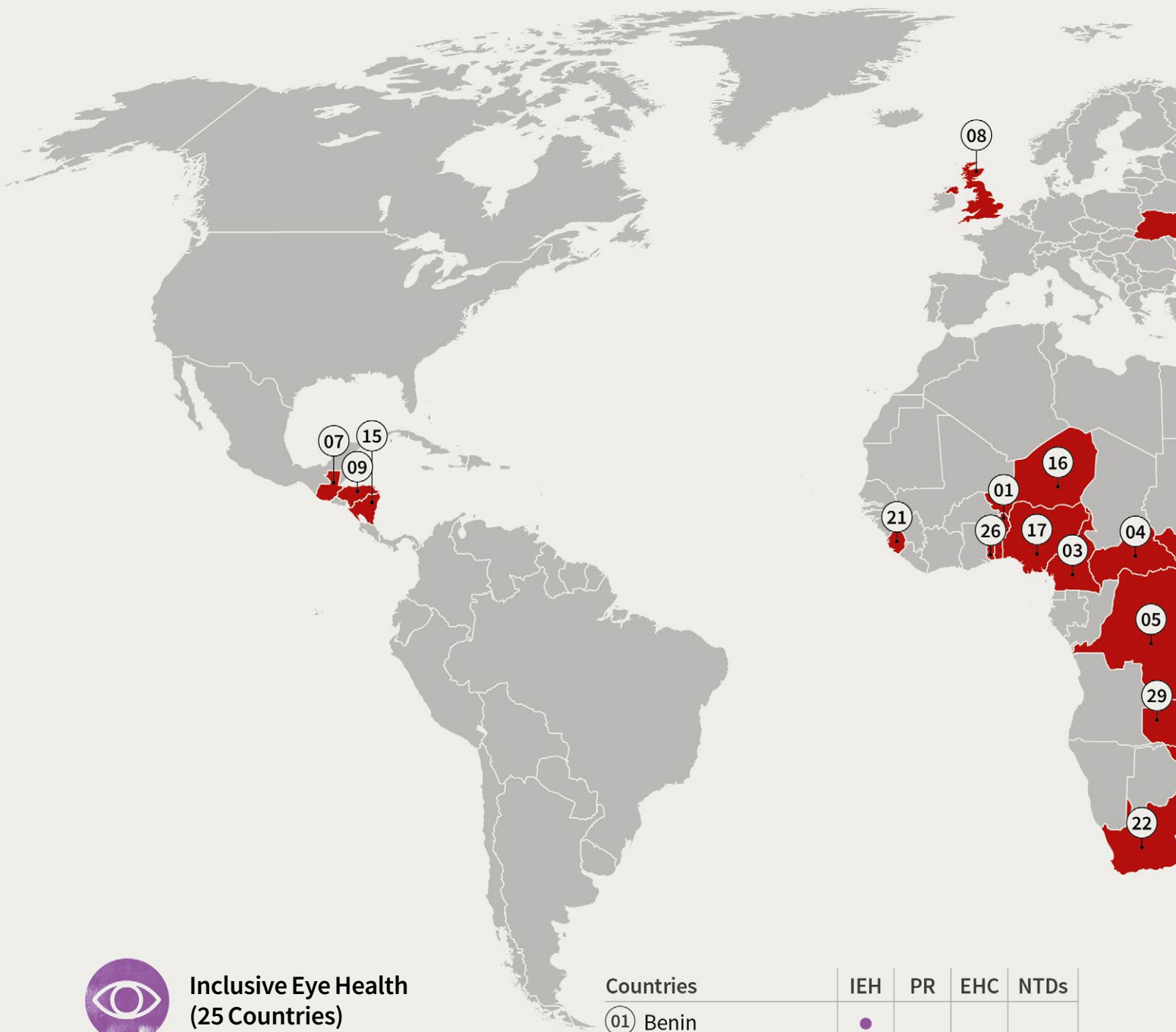
I invite you to explore this report and the stories behind the numbers. Together, they show what is possible when we work with purpose, partnership, and a shared commitment to ensuring that everyone, everywhere, can access the health services they need with dignity.

Dr. Babar Qureshi
Director, Inclusive Health Initiative, CBM

“As we look ahead, our ambition is to demonstrate inclusive approaches and to support their integration, adoption, and scale within health systems.”



Inclusive Health Initiative 2025 Global Footprint



Inclusive Eye Health
(25 Countries)



Physical Rehabilitation
(19 Countries)

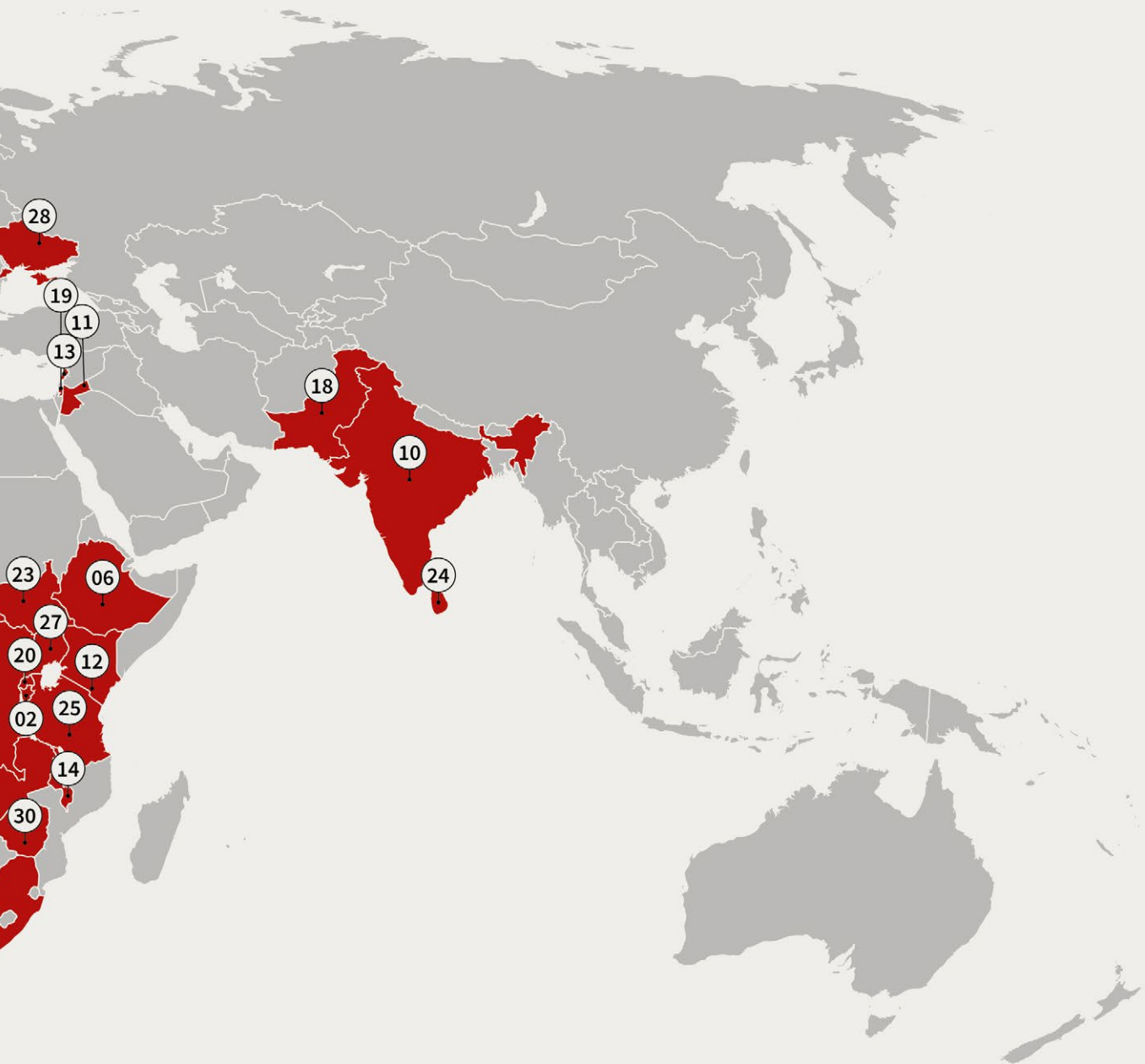


Ear and Hearing Care
(11 Countries)



Neglected Tropical Diseases
(6 Countries)

Countries	IEH	PR	EHC	NTDs
01 Benin	●			
02 Burundi				●
03 Cameroon	●	●	●	
04 CAR				●
05 DRC	●	●	●	●
06 Ethiopia	●	●	●	●
07 Guatemala	●		●	
08 Great Britain	●			
09 Honduras		●	●	
10 India	●	●	●	



Countries	IEH	PR	EHC	NTDs
⑪ Jordan	●	●		
⑫ Kenya	●	●		
⑬ Lebanon		●	●	
⑭ Malawi	●	●		
⑮ Nicaragua	●			
⑯ Niger	●	●		
⑰ Nigeria	●			●
⑱ Pakistan	●	●	●	
⑲ Palestinian Territories	●	●		
⑳ Rwanda	●	●		

Countries	IEH	PR	EHC	NTDs
㉑ Sierra Leone	●			
㉒ South Africa	●			
㉓ South Sudan	●	●		●
㉔ Sri Lanka			●	
㉕ Tanzania	●	●	●	
㉖ Togo	●	●		
㉗ Uganda	●	●		
㉘ Ukraine	●	●		
㉙ Zambia	●	●	●	
㉚ Zimbabwe	●			

Our 2025 Reach in Numbers

68,260,272

People reached with
inclusive health



313,475

Assistive devices
provided



Together with our
partners, we work
to make essential
health services
more accessible
and inclusive.

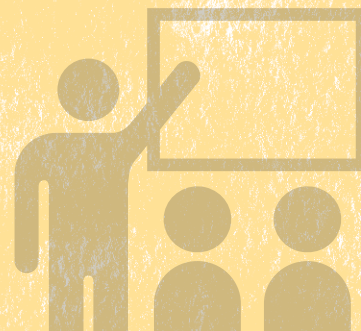
506,183

Surgeries performed



306,882

People trained



30

Countries with
IHI projects



92,270,752

preventive chemotherapy
doses provided.



The Future of Health is Inclusive

At a time when health systems around the world are facing unprecedented pressures from growing inequalities, demographic shifts, climate-related emergencies and emerging health challenges, the need for inclusive, resilient, and people-centred approaches has never been greater.

Millions of people, particularly those with disabilities and other marginalised groups, continue to face barriers to accessing essential health services. Addressing these inequities is fundamental to achieving Universal Health Coverage (UHC) and ensuring that no one is left behind.

For CBM, 'Inclusive Health' is both a strategic vision and a practical method for providing equitable, people-centred healthcare and strengthening health systems. It is vital for achieving UHC. Based on primary health care, it covers the entire care spectrum, from community engagement, prevention, and early detection to treatment, rehabilitation, and referral at all health system levels. It aims to ensure that health services are accessible, affordable, and of high quality for everyone, especially persons with disabilities and other underserved groups, while utilising innovation, technology, and data to enhance the quality, efficiency, and reach of care.

CBM's Approach to Inclusive Health

CBM's Inclusive Health Initiative (IHI) translates this vision into action by bringing together Inclusive Eye Health (IEH), Ear and Hearing Care (EHC), Neglected Tropical Diseases (NTDs), and Physical Rehabilitation (PR) within a disability-inclusive primary healthcare approach. Working alongside governments, communities, partners and other stakeholders, CBM supports countries to strengthen health systems and embed disability inclusion across policies, programmes and services.

Through IHI, CBM is demonstrating that inclusive health is not a separate approach, but an essential pathway to stronger and more equitable health systems. Our work contributes to progress on Sustainable Development Goal (SDG) 3.8 on Universal Health Coverage and advances the broader commitment to leave no one behind.

Working alongside governments, communities, partners and other stakeholders, CBM supports countries to strengthen health systems and embed disability inclusion across policies, programmes and services.



Above: Participants at the stakeholder consultation meeting on Integrated Package for Inclusive Health (IPIH) Flagship project held in August 2026. © CBM.

From Vision to Action: Piloting an Integrated Inclusive Health model in Ethiopia

In 18 districts across Ethiopia, IHI is piloting an integrated package for inclusive health as a one stop care centre model for IEH, NTDs, EHC and PR.

This approach presents a shift from fragmented, vertical interventions towards a person-centred model that responds to the interconnected health needs of individuals and communities while strengthening existing health systems.

The Approach

Working through government health structures, the model connects care from the community to primary healthcare facilities and district-level services.

Health workers are being equipped with integrated tools, protocols and referral systems to identify health needs early, provide basic care and connect people to treatment, rehabilitation and follow-up across the four health care areas. The approach supports the delivery of quality, inclusive services closer to where people live.

A central component of the model is strengthening referral pathways. Through Inclusive Community Support and Care, the model identifies and addresses practical barriers that prevent people from accessing care, including limited information, distance, stigma, and challenges in navigating health services. This will ensure that individuals are supported throughout their care journey; from identification and referral to treatment, rehabilitation, and continued care.

The model recognises that individuals often experience multiple, interconnected health needs. Through this integrated screening, triage, referral, treatment, rehabilitation, and

Below: Map of Ethiopia showing pilot project locations in 2 regions and 18 districts.



The model recognises that individuals often experience multiple, interconnected health needs.

follow-up mechanisms, people can access more comprehensive and responsive services for eye health, hearing care, NTDs, rehabilitation, and assistive technology needs.

Rather than building parallel structures, the model involves working within and strengthening government systems, aligning with Ethiopia's national strategies on primary healthcare, rehabilitation, and assistive technology. Through partnership with government, communities, and global health stakeholders, CBM is generating evidence, learning, and practical approaches to guide future adaptation and scale-up, a demonstration of how inclusive health can be embedded within health systems to advance Universal Health Coverage and the vision of health for all.



Inclusive Health in Action

Strengthening Integrated Inclusive Eye and Ear Health Services in Tanzania

In Tanzania, CBM is partnering with the Ministry of Health and Benjamin Mkapa Hospital to strengthen the delivery of integrated, inclusive eye and ear health services in Dodoma.

We have adopted a health systems strengthening approach by building the capacity of primary, secondary and referral health facilities to deliver high-quality, accessible and disability-inclusive services in the two technical areas. Through targeted training, eye and ear health workers from community-based health facilities, alongside specialists from Benjamin Mkapa Hospital, are strengthening their skills in inclusive eye, ear and hearing care. We are also equipping Benjamin Mkapa Hospital with essential eye and ear health

equipment to enhance the quality and reach of service delivery. By 2027, 5,000 children and 30,000 adults will receive comprehensive eye and ear health services. We will also strengthen disability inclusion by ensuring that persons with disabilities benefit from a range of health and rehabilitation services.

Below: Anderson, 74, a farmer, received bilateral cataract surgery.
© CBM.



Advancing Inclusive Eye Care and Physical Rehabilitation in Uganda

In eastern Uganda, CBM, in partnership with Benedictine Eye Hospital (BEH), implemented an Inclusive Health project that strengthened access to integrated eye care and physical rehabilitation services for underserved communities.

The three-year project, addressed barriers to quality healthcare, including limited access to specialist eye care in rural areas, low awareness of preventable eye conditions, and the need for disability-inclusive services. Through mobile outreach services, strengthened referral pathways, community engagement, and specialist care, the project reached more than 20,000 people in underserved communities across eight districts and generated over 14,000 referrals for further assessment and treatment.

Among persons with visual impairments who received treatment and corrective interventions, 85.6% reported improved vision.

The project demonstrated that eye health services have benefits far beyond improved vision. Among persons with visual impairments who received treatment and corrective interventions, 85.6% reported improved vision, enabling greater independence, mobility, and participation in education, employment, farming, and community life. The experience reinforced the importance of linking eye health, rehabilitation, assistive technology, and community-based support systems to advance inclusive and sustainable healthcare.

Right: Abbo, 6, received eye health and physical rehabilitation services.
© CBM.



Strengthening Integrated Eye Health, Ear and Hearing Care, and Physical Rehabilitation Services in Zambia

In Zambia, CBM is partnering with Kitwe Central Hospital to strengthen integrated, inclusive eye health, ear and hearing care (EHC), and physical rehabilitation services for more than five million people across the Copperbelt, Northern and Muchinga provinces.

Through a health systems strengthening approach, the project is bringing together these three critical service areas within a coordinated continuum of care. While strengthening existing eye care services, we are investing in ear and hearing care

and rehabilitation through staff training, provision of essential equipment and assistive devices and improved rehabilitation infrastructure, enabling the hospital to deliver more accessible and disability-inclusive services. We are also promoting early identification and coordinated management of sensory and physical impairments through integrated clinic services, strengthened referral pathways, multidisciplinary care and outreach activities.

Through a health systems strengthening approach, the project is bringing together these three critical service areas within a coordinated continuum of care.

Strengthening Eye Health through a Community based inclusive development (CBID) Approach in Nicaragua

From September 2022 to December 2025, CBM, together with its partner ASOPIECAD (Astrid Delleman Association of Comprehensive Community Education Programmes), enhanced access to inclusive eye health services in Nicaragua by combining health system strengthening with community-based support.

Implemented across five departments – Managua, Matagalpa, Chontales, Chinandega and Puerto Cabezas, the programme worked closely with the Ministry of Health, government eye hospitals and community health networks to improve the availability and accessibility of quality eye care. Through investments in equipment, supplies and training, alongside community awareness, eye health screening, referrals and pre- and post-operative support by community promoters, the

initiative ensured that people received timely treatment and continued support throughout their eye care journey. The programme achieved significant results, including 47,621 eye screenings, 17,635 cataract surgeries, 8,855 other eye surgeries, 39,730 first-time visits to eye care services and 16,285 pre- and post-operative home visits. A key lesson from the programme was that sustainable eye health outcomes are strengthened when clinical services are complemented by community-based support.

The CBID approach ensured that people with visual impairments were not only connected to essential eye care services, but also received support before and after treatment. This demonstrated how restoring vision can transform lives enhancing dignity, independence, and inclusion.

Below: Dona, 60, received eye care support and regained independence through the project. © CBM.

The CBID approach ensured that people with visual impairments were not only connected to essential eye care services, but also received support before and after treatment.





Above: Mercy Mulenga, 11, at school in Lusaka, Zambia. Mercy had chronic ear infections (otitis media) and required tympanoplasty surgery to reconstruct her eardrum, which was done at CBM supported Beit CURE Hospital Ear, Nose and Throat (ENT) department when she was 9. © CBM.



INCLUSIVE EYE HEALTH

2025 Inclusive Eye Health Programme Reach

Total Countries 25	Total Projects 182	Total Partners 109	People Reached 8,732,824
Trainings 7,857	Consultations 6,364,098	Glaucoma Procedures 4,028	Cataract Surgery 393,315
Diabetic Retinopathy Related Procedures 3,592	Retinopathy of Prematurity 1,261	Visual Assistive Devices 298,952	Awareness Campaigns 11,144

2025 Inclusive Eye Health Programme Portfolio

Country	Total Projects	Total Partners	People Reached	Awareness Campaigns	Consultations	Visual Assistive Devices	Cataract Surgery	Diabetic Retinopathy Related Procedures	Glaucoma Procedures	Retinopathy of Prematurity Procedures	Trainings
Pakistan	11	9	3,993,268	✓	✓	✓	✓				✓
Kenya	14	11	1,639,250	✓	✓	✓	✓	✓	✓	✓	✓
India	13	12	1,365,018	✓	✓	✓	✓	✓	✓	✓	✓
Ethiopia	24	14	609,186	✓	✓	✓	✓		✓	✓	✓
Nigeria	11	5	197,284	✓	✓	✓	✓		✓		✓
Uganda	14	7	196,789	✓	✓	✓	✓		✓		✓
Cameroon	5	2	104,586	✓	✓	✓	✓		✓		✓
Tanzania	13	10	95,185	✓	✓	✓	✓	✓	✓		✓
Zambia	8	4	80,246	✓	✓	✓	✓	✓			✓
Sierra Leone	3	1	80,168	✓	✓	✓	✓				✓
Togo	8	6	68,107	✓	✓		✓				✓
South Sudan	12	5	62,337	✓	✓	✓	✓				✓
Rwanda	9	3	49,392	✓	✓	✓	✓			✓	✓
Nicaragua	2	1	49,119		✓		✓				
Malawi	7	3	34,935	✓	✓	✓	✓	✓	✓	✓	✓
Zimbabwe	2	1	28,898		✓	✓	✓				
Benin	2	1	25,859	✓	✓		✓				✓
Guatemala	5	2	20,997	✓	✓	✓	✓			✓	✓
Palestinian Territories	1	1	13,436		✓			✓			
Niger	3	3	12,542	✓	✓	✓	✓				
DR of Congo	6	3	6,222	✓	✓		✓				✓
Great Britain	6	2	24								✓
Ukraine	1	1	3								✓
Jordan	1	1									
South Africa	1	1									

Highlights from our Inclusive Eye Health Work

Inclusive Eye Care in Humanitarian Contexts: Responding to the Crisis in Gaza and West Bank

In response to the humanitarian crisis in Gaza and West Bank, CBM partnered with St. John Eye Hospital Group in 2025 to protect vision and ensure continuity of essential eye care services for some of the most vulnerable communities, including children, persons with disabilities and internally displaced persons.

In an environment where access to healthcare was severely disrupted, CBM supported the expansion of St John's emergency and essential eye care services by establishing ophthalmic clinical stations in safe locations in Gaza, strengthening services at the Kufr Aqab Centre in the West Bank, and equipping facilities with critical diagnostic equipment, medicines and supplies.

Through this partnership, CBM helped deliver sight-saving interventions, including Avastin injections and glaucoma management, while

ensuring that people with urgent eye care needs continued to receive timely and quality services. Despite immense operational challenges, the initiative reached more than 13,000 people with comprehensive eye care, surpassing planned targets, and demonstrated the vital role of inclusive eye health services in humanitarian settings.

Below: A child undergoing a vision test conducted by Suhad Abu Diab, an optometrist at St. John Eye Hospital Group, at the Hospital Group Ophthalmology Station at the PRCS building, Deir Al Balah, Gaza. © CBM.



Transforming Eye Health through the SightQuest Programme in Nigeria

The SightQuest Programme in Nigeria is CBM's landmark 10-year initiative (2025–2035) designed to accelerate progress towards eliminating avoidable blindness and visual impairment in Nigeria.

Implemented across 14 states, the project is working to strengthen eye health systems by expanding access to quality cataract surgery and refractive error services, while improving effective Cataract Surgical Coverage (eCSC) and Effective Refractive Error Coverage (eREC). Through a comprehensive approach that combines service delivery, workforce development, community engagement, and health system strengthening, SightQuest addresses critical gaps faced by underserved populations, particularly those affected by cataracts and uncorrected refractive errors. The programme is delivered in

close partnership with government institutions, private not-for-profit organisations, professional bodies, and other eye health stakeholders to build resilience, people-centred, and integrated eye care services that are accessible, equitable, and sustainable.

From left to right: Dr. Rainer Brockhaus, CEO, CBM, Dr. Iziaq Salako, Honourable Minister of State for Health and Social Welfare, Nigeria, Dr. Oteri Okolo, National Eye Health Coordinator and Dr. Babar Qureshi, Director Inclusive Health Initiative, CBM at the SightQuest National Programme Launch in Abuja, Nigeria. © CBM.



Investing in the Future of Eye Surgery Through Innovative Simulation-Based Training in South Africa

In South Africa, CBM with support from the Lavelle Fund for the Blind, is investing in the future of eye care by strengthening the skills and confidence of ophthalmic surgeons through innovative simulation-based training.

In partnership with the University of Cape Town (UCT), CBM is addressing critical gaps in surgical training capacity by introducing high-fidelity simulation technology that enables ophthalmologists to develop advanced surgical skills in a safe, controlled and patient-free environment before performing procedures in clinical settings. Through the establishment of a state-of-the-art digital training centre equipped with an EyeSi surgical simulator and 10 training stations, the initiative has expanded access to advanced training in cataract, glaucoma and vitreoretinal surgery.

To date, 118 ophthalmologists have completed simulation-based training, surpassing the initial target of 90 participants, while 24 surgeons

have qualified as simulation trainers to sustain and expand this model of learning. Through collaboration with ophthalmology training institutions in Kenya, Nigeria, Uganda and Rwanda, CBM is supporting regional knowledge exchange and contributing to the growth of a skilled eye health workforce across sub-Saharan Africa.

Beyond building technical skills, the initiative is contributing to safer surgery and improved patient outcomes. Follow-up assessments have shown increased surgical confidence, reduced complication rates and positive impacts on surgeons' professional development.

“The simulation-based surgical trainings project is an excellent project, and it should be continued to further expand and leverage surgical competence and quality to achieve the best possible outcome for our patients.”

Dr. Babar Qureshi, Director, Inclusive Health Initiative, CBM

Harnessing Artificial Intelligence to Expand Inclusive Eye Care in India

In rural Jharkhand and Bihar, millions of people face barriers to accessing quality eye care due to poverty, distance, and limited availability of specialist services.

To address these challenges, CBM and its partner Nav Bharat Jagriti Kendra (NBJK) are leveraging innovation and community-based approaches to reduce avoidable blindness among underserved populations. A key component of the project is the use of AI-supported tele-ophthalmology to facilitate early detection of eye conditions, including diabetic retinopathy. AI is used to analyse retinal images and identify signs that may indicate diabetic retinopathy, supporting timely referral and further assessment by eye-care professionals. By enabling eye health data and images to be assessed remotely, AI-supported solutions have helped connect rural communities with ophthalmologists, allowing people in remote locations to receive timely

guidance and appropriate care without the need to travel long distances for initial assessment.

The project brings together artificial intelligence, the expertise of trained health workers, outreach services and referral networks to strengthen access to specialist eye care and demonstrate how digital innovation can make services more accessible, timely and inclusive for marginalised communities.

Below: An ongoing tele-ophthalmology consultation. © CBM.



Partnering to Strengthen Cataract Surgical Training

A key innovation under the Sight Quest project is the strategic partnership between CBM, HelpMeSee, Eleta Eye Institute, and Al-Basar International Foundation Eye Hospital to strengthen cataract surgical capacity through simulation-based training.

In 2025, the partnership established Nigeria's and West Africa's first HelpMeSee Associate Simulation-Based Training Centre at Eleta Eye Institute in Ibadan, introducing high-fidelity virtual reality simulation technology to support the training of ophthalmologists, residents, and cataract surgeons in Manual Small Incision Cataract Surgery (MSICS).

The initiative provides a safe, patient-free environment where surgeons can develop and refine their skills before performing procedures on patients, improving surgical competence, safety, and outcomes. Building on this foundation, the partnership will expand to northern Nigeria through Al-Basar's Makkah Eye Hospital in Kano and, with BMZ (German Federal Ministry for Economic Cooperation and Development) support from 2026–2029, will scale up simulation-based learning, strengthen local training capacity, and integrate innovative approaches into ophthalmic education pathways. Together, these efforts represent a significant step towards improving the quality of cataract services and ensuring that more people in Nigeria can access safe, effective, and life-changing eye care.

Building Eye Health Workforce to Bring Eye Care Closer to Communities in South Sudan

In a country where access to specialist eye care remains a major challenge, building a skilled local workforce is essential to ensuring that people can receive timely and quality services closer to home.

South Sudan currently has only twelve ophthalmologists with only seven of these serving within its borders. Through its long-standing commitment to strengthening eye health systems in sub-Saharan Africa, CBM has supported the development of local ophthalmic expertise through its postgraduate ophthalmology scholarship programme, helping countries like South Sudan build the human resources needed to address avoidable blindness. Through this programme, CBM has supported the training of three ophthalmologists who are among the seven practising in South Sudan, with six more currently undergoing training.

For South Sudan, these investments represent more than training opportunities, as it provides hope for communities who have historically faced significant barriers to accessing specialist eye care. By supporting the education and professional development of ophthalmologists, CBM is helping

to create a pool of local eye health leaders who understand the needs of their communities and are equipped to provide essential services to those who need them most. This approach reflects CBM's mission of reaching underserved populations with inclusive and sustainable eye care, while strengthening health systems from within.



“CBM's support through the ophthalmology scholarship programme gave me the opportunity

to specialise and return home to serve the people of South Sudan. Today, as a paediatric ophthalmologist, I am able to provide life-changing eye care to children who would otherwise have limited access to specialist services. Through the Children's Unit at Buluk Eye Centre, we are bringing hope and sight-saving care closer to families across the country.”

Dr. Emmanuel Agwella, Paediatric Ophthalmologist, South Sudan

NEGLECTED TROPICAL DISEASES



2025 Programme Portfolio

CBM-Supported Mass Drug Administration (MDA)

Country	Persons Treated	NTDs Treated					Intervention Units (MDA)	Preventive Medicines Provided	Persons Trained
		LF	Oncho	SCH	STH	Trachoma			
Burundi	2,516,323						20	5,083,067	9,156
CAR	4,383,571						35	13,394,976	20,304
DRC	32,140,028						172	48,213,767	182,650
Ethiopia	314,837						9	314,837	1,359
Nigeria	14,242,985						72	15,009,891	17,096
South Sudan	5,792,946						45	10,254,214	66,668
Totals	59,390,690						353	92,270,752	297,233

CBM-Supported Morbidity Management

Country	Trachomatous trichiasis (TT)			Hydrocele Surgeries
	People operated	Surgeries	Surgeons trained	People operated
DRC	317	547	8	225
Ethiopia	2,007	2,177	0	N/A
South Sudan	3,179	4,805	49	190
Totals	5,503	7,529	57	415

Please note that the 2025 programme data are still provisional due to ongoing activities.



LF – Lymphatic Filariasis



Oncho – Onchocerciasis



SCH – Schistosomiasis



STH – Soil-Transmitted Helminth Infections



Trachoma

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





Above: CBM-supported community distributors Martin and Jean deliver Mectizan door-to-door as part of the Mass Drug Administration campaign against onchocerciasis (river blindness) in North Ubangi, Democratic Republic of the Congo. Here, they provide Mectizan to 46-year-old Janvier and his 11-year-old daughter, Waza, at their home in a remote village. Janvier has lived with blindness caused by onchocerciasis for eight years. Through its partnership with the Ministry of Health, CBM supports efforts to prevent onchocerciasis and protect communities at risk. © CBM.

2025 NTD Programme Outreach

Nigeria

DISEASES COVERED:

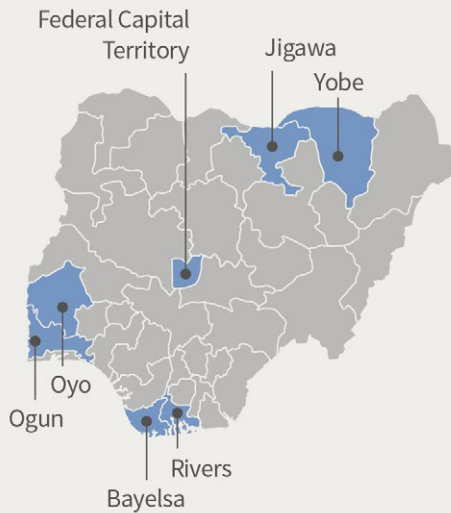
Lymphatic Filariasis
Onchocerciasis
Soil Transmitted Helminth Infections
Schistosomiasis
Trachoma

MDA: 7 states, 72 local government areas (LGAs)

Training: 7 states

Partner: HANDS

Funding: Sightsavers
(Accelerate and Reaching the Last Mile Fund (RLMF)),
The END Fund, CBM



CAR

DISEASES COVERED:

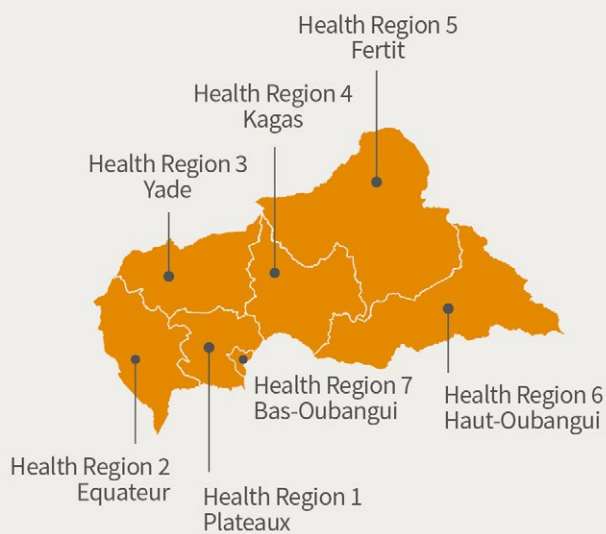
Lymphatic Filariasis
Onchocerciasis
Soil Transmitted Helminth Infections
Schistosomiasis
Trachoma

MDA: 7 health regions and 35 health districts

Training: 7 health regions

Partner: Ministry of Health

Funding: The END Fund
(Reaching the Last Mile Fund (RLMF)), CBM



DRC

DISEASES COVERED:

Lymphatic Filariasis
Onchocerciasis
Soil Transmitted Helminth Infections
Schistosomiasis
Trachoma

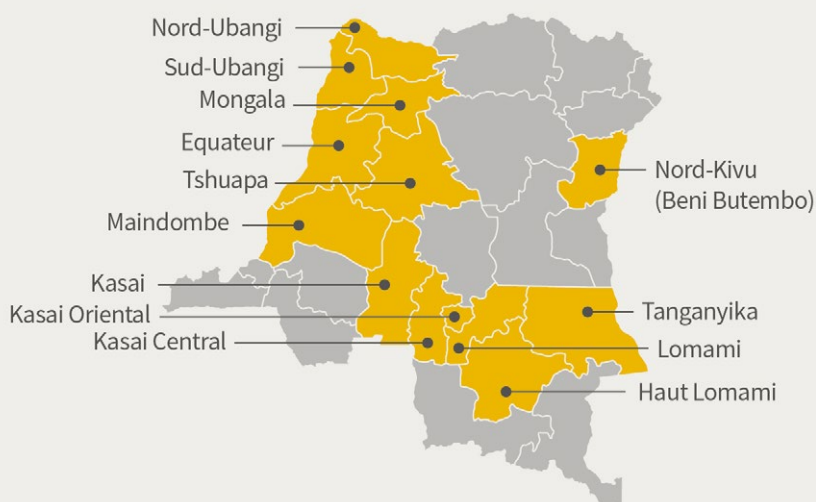
MDA: 13 provinces and 172 health zones

TT Surgery: 1 province and 3 health zones

Training: 13 provinces

Partners: Programme Nationale de Lutte contre les MTN-CTP, Ministry of Health DRC

Funding: Sightsavers (Sight for Africa – Children's Investment Fund Foundation (CIFF), Founders Pledge), The END Fund (Reaching the Last Mile Fund (RLMF)), IZUMI Foundation, CBM



South Sudan

DISEASES COVERED:

Lymphatic Filariasis
Onchocerciasis
Trachoma

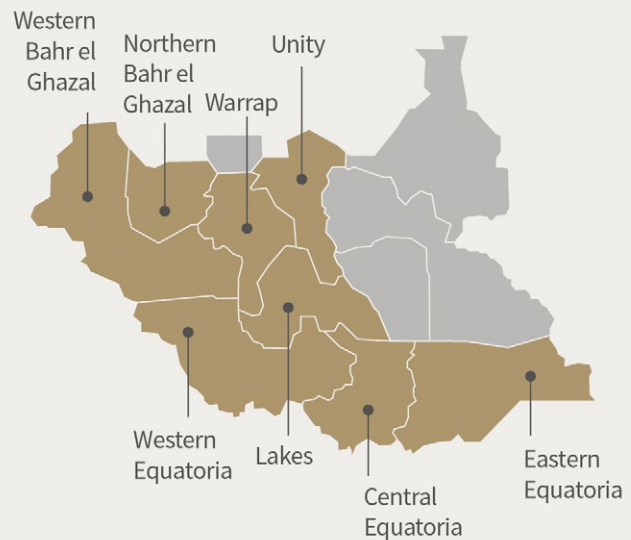
MDA: 6 states, 37 Counties

TT Surgery: 1 state, 9 counties

Training: 8 states

Partner: Ministry of Health

Funding: The Carter Center (Reaching the Last Mile Fund (RLMF)), The END Fund, CBM



Ethiopia

DISEASES COVERED:

Trachoma

MDA: 1 region, 3 districts

TT Surgery: 2 regions, 9 districts

Training: 2 regions

Partners: General Assembly of Garbet Tehadiso Mahber (GTM), ORDA Ethiopia

Funding: Fondation Assistance Internationale (FAI), CBM



Burundi

DISEASES COVERED:

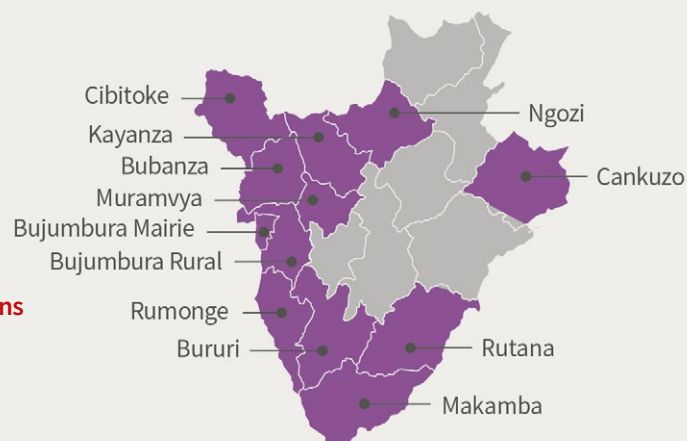
Onchocerciasis
Soil Transmitted Helminth Infections
Schistosomiasis

MDA: 12 provinces, 20 districts

Training: 10 provinces

Partner: Ministry of Public Health

Funding: CBM



Please note that the 2025 programme data are still provisional due to ongoing activities.

Highlights from CBM's NTD Programme

Towards Trachoma Elimination in the DRC

Trachoma is a bacterial eye infection spread through contact and flies.

Sight for Africa: One year of progress towards managing trachomatous trichiasis (TT) in the DRC

- 1 National Trachoma Action Plan 2025–2030**
A comprehensive roadmap endorsed to guide the country towards trachoma elimination by 2030.
- 2 Trachoma Deep Dive in Kiambi Health Zone**
Identified key bottlenecks and generated evidence-based solutions to strengthen the Surgery, Antibiotics, Facial cleanliness and Environmental improvement (SAFE) strategy in a transmission hotspot.
- 3 TT Management Expanded in Tanganyika**
Full geographic coverage of TT services documented in 5 health zones. **281** people with TT received surgical and/or corrective services.
- 4 Inclusive Approaches for Twa Communities**
Tailored, culturally sensitive strategies developed to reach marginalised and hard-to-reach populations, including Indigenous Twa communities.
- 5 TT Surgeon Quality Assurance Framework**
Standardised audit tool established and surgical quality confirmed excellent, strengthening patient safety and outcomes.
- 6 National TT Transition Plan**
Roadmap developed to integrate TT services into the routine health system, including District Health Information System 2 (DHIS2) integration and post-elimination surveillance.
- 7 National Trachoma Elimination Dossier Launched**
Official process launched with government, WHO and partners to prepare the WHO validation dossier by 2029.

COLLECTIVE IMPACT



Stronger policies and planning



More people, including the most marginalised, reached



Higher quality and safer TT surgical services



Sustainable integration into health systems



Clearer pathway to WHO validation and elimination

OUR VISION



A Democratic Republic of the Congo free from trachoma as a public health problem by 2030.

“CBM has been a strategic and trusted partner in the DRC's journey towards eliminating trachoma as a public health problem. CBM's support has gone beyond financing individual interventions – it has helped strengthen national capacity to plan, deliver and sustain trachoma services.

Dr. Jean Paul Tambwe Mangala, National NTD Programme Coordinator, DRC



Mrs. Umba Georgette

Mrs. Umba Georgette, a 46-year-old woman from Luba Health Area in Manono Health Zone, lived with significant pain and discomfort from trachomatous trichiasis (TT), which affected her daily activities, confidence and social participation.

Following TT surgery, she was relieved of the persistent pain and became more actively engaged in her family and community. Her recovery also helped her rebuild her social and family life – she has also since remarried.



Mapping Onchocerciasis in Burundi: What the Data Reveals

For communities living near rivers and streams in Burundi, onchocerciasis remains a risk that is not always easy to see. When it is unclear where the disease is still spreading, it becomes difficult to determine where preventive treatment is needed.

In 2025, Burundi's Ministry of Health, with support from CBM, partnered with Crosscut, a technology partner, to apply geospatial modelling – a method that combines disease data with information about the environment and location – to build a more detailed picture of where river blindness may still be present.

The analysis brought together survey data from 2018 and 2023 with factors that can influence where blackflies live and breed, including rainfall, elevation and proximity to rivers. Instead of looking only at larger health districts, the analysis estimated the risk across more than 2,500 villages.

What did the analysis reveal?

- River blindness may be more widespread than previous maps indicated.
- Areas treated for many years showed lower predicted infection levels.
- Previously unmapped areas can now be more clearly identified for treatment or further investigation.

The next phase will focus on assessing whether transmission continues in communities that received treatment and investigating transmission in areas yet to receive treatment.

Left: Butoyi Espérance takes preventive medication for onchocerciasis during awareness-raising and medicine distribution activities at Ninga School and in the surrounding community. © CBM.



Over 20 years of partnership

CBM's collaboration with the Government of Burundi on onchocerciasis dates back to 2004. Between 2006 and 2025, CBM supported **30.7 million treatments**.

Generating Evidence to End Onchocerciasis in the CAR

Onchocerciasis, or river blindness, is spread by blackflies that breed in fast-flowing rivers and transmit the parasite through repeated bites. Knowing exactly where these flies are breeding – and whether they carry the parasite – is essential to confirming where transmission risk remains and where it is safe to scale back treatment.

CBM, in partnership with the END Fund and the Ministry of Health and Population (MoHP), supported the Central African Republic (the CAR) to renew the evidence base for onchocerciasis elimination. The country's last national rapid epidemiological mapping had been conducted between 1993 and 1999 – more than two decades earlier. The assessment revisited five districts in Region 1 and areas around Bangui in Region 7 to identify blackfly breeding sites and clarify where transmission risk remains. Of 68 sites mapped, 6 were positive for blackfly larvae – 4 in Region 1 and



Above: Members of the prospecting team assess a river site for blackfly breeding in the CAR. © CBM.

2 along the Oubangui River near Bangui – providing the CAR the data it needs to guide further surveillance and investigations.

The initiative also built lasting national capacity. Local multidisciplinary teams received hands-on training in river prospecting, equipping them to identify and map breeding sites independently in future assessments. The data now feeds into a national onchocerciasis database, strengthening the CAR's ability to monitor transmission, target services and demonstrate progress towards elimination – while reducing reliance on external technical assistance.

South Sudan: Communities Move Closer to Ending Suffering from Lymphatic Filariasis

Lymphatic filariasis, or LF, is spread by mosquito bites and can cause severe swelling and disability if left untreated. For many years, more than 8 million people in South Sudan have lived in areas at risk – but new evidence shows that some parts of the country are moving closer to stopping the spread of the disease.

In March and April 2026, South Sudan's Ministry of Health, with support from CBM, surveyed across 11 counties in 3 Evaluation Units to determine whether LF infection has fallen to sufficiently low levels. No positive cases were found among the adults tested.

A major step towards stopping treatment

The next assessment, a Transmission Assessment Survey (TAS), tested young children for signs of LF infection in Evaluation Units 1 and 3. Of 3,303 children aged 6–7 years tested, only one tested positive – just 0.03%, well below the WHO

threshold for stopping preventive treatment. Both areas met WHO's criteria for the next phase of the programme.

For families in these areas, this means years of community-wide preventive treatment have brought infection down to very low levels. Regular MDA can now stop, and health teams will now work to ensure that the disease does not start spreading again.

Below: Children aged 6–7 years queue for the survey at Mideh Primary School, Western Equatoria State, South Sudan. © CBM/Nyara James



Disability-inclusive Planning and Implementation of Trachoma Programmes in Ethiopia

As part of trachoma elimination efforts in Amhara and Central Ethiopia, CBM worked with local Organisations of Persons with Disabilities (OPDs) to identify and address barriers to accessing trachoma services.

A multipronged approach improved physical accessibility, inclusive service delivery, and community attitudes – including ramps at water points and toilets, wider doorways, and smoother pathways to support people using wheelchairs and mobility devices. During mass drug administration, patient navigators, shaded waiting areas, and priority service flows made services more accessible and welcoming. CBM also trained community health extension workers to identify accessibility barriers and advocate

for improvements, while sensitising healthcare providers on inclusive practices and the needs of patients with disabilities. Community awareness activities helped reduce stigma, encouraging people with disabilities to seek trachoma services without fear of discrimination.

Below: An accessible borehole with ramps for wheelchair and mobility device users, in Woreilu district, South Wollo zone, Amhara Region. © CBM.



6.1 Million People No Longer Need Treatment for River Blindness in Nigeria

Onchocerciasis, or river blindness, is prevented through mass drug administration (MDA) – repeated, community-wide rounds of preventive medicine that suppress the parasite until transmission stops. Annual treatment for river blindness continued across Jigawa and Yobe States for nearly three decades, with coverage consistently reaching at least 80% over 20 to 24 rounds.

Years of surveys had shown infection falling to very low levels and later assessments found no positive samples among people tested. Twelve months of blackfly monitoring across both states reinforced this, finding no evidence of the parasite in the flies tested. In December 2025, Nigeria's National Onchocerciasis Elimination Committee recommended that Jigawa and Yobe stop routine MDA and move to post-treatment monitoring, to confirm the disease does not return.

Right: In 2022, in Jigawa State, Nigeria, Dr Babar Qureshi, Director of Inclusive Health Initiative, CBM, administered a historic 600 millionth dose to local community member, Suraiya. © CBM.

The decision means approximately 3.8 million people in Jigawa and 2.3 million in Yobe now live in areas where routine preventive treatment for onchocerciasis is no longer needed.

This achievement reflects years of government leadership and community participation. The Federal and State Ministries of Health led the programme, with community drug distributors playing a vital role – in registering households, delivering medicines and encouraging people to participate year after year. CBM, HANDS, and other partners provided financial, technical, and operational support to these government-led efforts.



Egypt's Journey to Trachoma Elimination

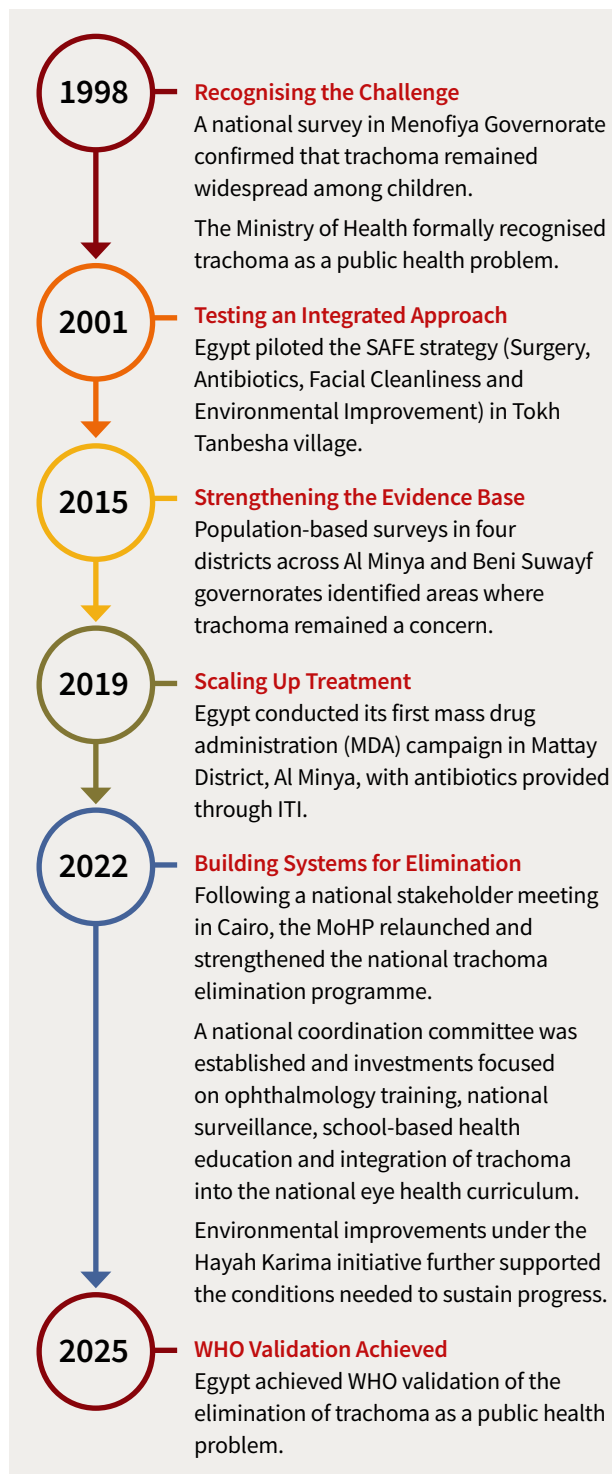
Trachoma is a bacterial eye infection spread through contact and flies. Repeated infection over years may lead to irreversible blindness, making sustained action essential to eliminating it as a public health problem.

In 2025, Egypt achieved the WHO validation of trachoma elimination, a milestone built on more than two decades of national leadership, sustained surveillance and coordinated action. Under the leadership of the Ministry of Health and Population (MoHP), Egypt progressively strengthened its approach, supported by a consortium of partners including CBM, Sightsavers, WHO, the Magrabi and Nourseen Foundations, Tropical Data, and the International Trachoma Initiative (ITI).



Above: A Ministry of Health and Population eye health worker examines a child for signs of trachoma during a community screening in Egypt. © Ministry of Health and Population, Egypt.

Over two decades, Egypt's commitment, partnerships and investment in integrated strategies have transformed a public health challenge into a historic achievement – ensuring a healthier future for children and communities.



EAR AND HEARING CARE



2025 Ear and Hearing Care Programme Reach

Total Countries 11	Total Projects 28	Total Partners 19	People Reached 93,602
Number of People Screened 54,253	Medical Treatment of Otitis Media 26,194	Number of Hearing Tests Performed 27,252	Number of all Surgeries Conducted 10,173
Number of Hearing Aids/ Devices Dispensed 2,074	Trainings 944		

2025 Ear and Hearing Care Programme Portfolio

Country	Total Projects	Total Partners	People Reached	Screenings	Medical treatment of Otitis media	Treatments	Surgeries	Assistive Devices	Trainings
Cameroon	1	1	17,527		✓				✓
DRC	2	2	524		✓			✓	✓
Ethiopia	8	5	14,150	✓	✓	✓	✓	✓	
Guatemala	4	3	21,239	✓		✓		✓	✓
Honduras	1	1							
India	1	1	453	✓				✓	
Lebanon	1	1	34					✓	
Pakistan	1	1		✓					
Sri Lanka	1	1							
Tanzania	2	2	2,561		✓	✓	✓	✓	✓
Zambia	6	1	37,114	✓	✓	✓	✓	✓	✓

Highlights from our Ear and Hearing Care Work

A Strategic Opportunity for CBM to Lead the Scale-Up of Childhood Ear and Hearing Care Across Africa

Across Africa, millions of children with hearing and vision challenges face barriers to early identification, support and access to assistive technologies. To address these gaps, the African Union (AU), together with UNICEF and partners including CBM and SightSavers, is advancing a Continental Initiative on Inclusive Vision and Hearing Care to strengthen services for children with disabilities.

Aligned with commitments on disability inclusion, including the African Disability Protocol, African Children's Charter, Agenda 2063 and disability frameworks, the initiative will strengthen screening, referral pathways, workforce capacity and access to assistive devices. Beginning with vision and hearing care; two areas critical to children's learning,

communication and participation, the initiative will demonstrate scalable approaches in 8 to 10 African countries between 2026 and 2029, potentially reaching millions of children.

Through a 'Screen-Refer-Support and Equip-Sustain' approach, the programme will connect schools, health facilities and communities to identify children early, link them to services, expand access to glasses, hearing aids and rehabilitation, and strengthen workforce capacity.

For CBM, this initiative offers an opportunity to leverage experience in inclusive eye health, ear and hearing care, assistive technology and health systems strengthening in a continent-wide effort. CBM will lead the ear and hearing care component, working with governments, UNICEF, SightSavers, WHO, Organisations of Persons with Disabilities and other partners to build systems ensuring children with hearing loss are identified early and receive support to learn, participate and thrive.

Guatemala: Partnering with the Office of the First Lady to Give Every Child the Chance to Hear

In Guatemala, since 2023, CBM has partnered with the Secretariat of Social Works of the President's Wife (SOSEP), the Secretariat of Social Welfare (SBS) and its long-standing partner Fundación Sonrisas que Escuchan to integrate ear and hearing screening into government-run early childhood development centres, ensuring that children from low-income families are identified and supported early.

By embedding hearing services within existing social protection systems, the initiative is strengthening government capacity to deliver inclusive child health services while reducing barriers to diagnosis and intervention.

So far, close to 4,000 children aged 0–7 years across eight departments have received hearing screening through 181 outreach campaigns, with almost 99% receiving an immediate diagnosis. We have also provided 418 clinical ear procedures, referred children requiring specialist assessment

through the public health system, and fitted nine young children with hearing devices, including high-technology hearing aids and an Adhear bone conduction system. Building on this partnership with the Office of the First Lady, the project has been extended through 2027 to expand hearing screening to 5,800 children, strengthening Guatemala's commitment to early identification, disability inclusion and every child's right to reach their full potential.

Below: An ongoing ear and hearing screening by the project.
© CBM.





Above: Tobile, 6, received an adjustment to her hearing aid at the ENT Department of Beit CURE Hospital. Tobile has hearing loss in her left ear and hearing impairment in her right ear. The hearing aid is helping her access sound and participate more fully in everyday life. © CBM/Hayduk.



Expanding Access to Inclusive Ear and Hearing Care in Meru County, Kenya

Aligned with Kenya's National Strategic Plan for Ear and Hearing Care (2023–2028), CBM, in partnership with AIC Health Ministries and the Meru County Government, is strengthening access to comprehensive ear and hearing care through an integrated health systems approach.

The initiative brings services closer to communities through school and community-based screening, treatment of common ear conditions, provision of hearing aids, strengthened referral pathways and improved access to specialist services. To date, more than 1,400 people have been screened, with 260 individuals identified for hearing aid support.

Beyond service delivery, the initiative is building sustainable county capacity by equipping health facilities with essential audiology equipment, has so far integrated ear and hearing screening into 10 primary health facilities and 15 schools, and trained 25 frontline health workers (nurses and clinicians), 30 teachers and 30 community health promoters to identify and refer people with hearing loss; as well as 2 qualified local audiologists trained in advanced hands-on newborn and paediatric audiology and hearing aids fitting and maintenance. In partnership with organisations of persons with disabilities, the project is also promoting economic empowerment through Savings and Internal Lending Communities (SILC), helping ensure that people with hearing loss not only access care but also participate more fully in education, livelihoods and community life.

Above: Dr. Diego Santana, CBM's Senior Global Ear and Hearing Care Advisor, conducts an ear and hearing care screening during a monitoring visit to the project. © CBM.

Inclusive from the Start: Ensuring Early Access to Hearing Care for Newborns in Zambia

In partnership with Beit Cure Hospital, CBM is working with the Ministry of Health in Zambia to establish a sustainable newborn hearing screening programme that enables early detection and management of hearing loss during the critical first months of life.

By introducing routine screening across seven health facilities in Lusaka, the initiative is addressing a major gap in early identification and ensuring that children with hearing loss are diagnosed and connected to appropriate care before delays in speech, language and cognitive development occur. The programme follows the WHO-recommended 1-3-6 approach, with screening by one month, diagnosis by three months, and early intervention by six months of age.

To support long-term integration and national scale-up, CBM is equipping health facilities with essential screening technology, strengthening the skills of 28 midwives and 100 community health workers, and raising awareness among families and communities about the importance of early hearing detection. The initiative is expected to screen close to 6000 newborns and generate evidence to guide the integration of newborn hearing screening into Zambia's health system, helping to build a more inclusive approach to child health and development.

Below: Dr. Linda Kasonka, Country Director, CBM Zambia, gives remarks during the launch. © CBM.



Building Local Expertise for Inclusive Ear and Hearing Care in Ethiopia

In Ethiopia, access to quality ear and hearing care depends not only on expanding community-level services but also on increasing the availability of specialised expertise to manage complex ear conditions. To support this need, CBM, through its partner Garabet Tehadso Mahber (GTM), provided technical support to enhance specialist capacity in ear care and microsurgery.

From 30 July to 8 August 2025, CBM consultant Dr Uta Fröschl delivered hands-on middle-ear microsurgery training for ENT doctors and residents in Butajira, Ethiopia. The training combined practical surgical skills development with mentorship, while also supporting the monitoring of ear and hearing screening activities and the provision of outpatient ear care services. Strengthened specialist expertise will contribute to earlier diagnosis, improved management of ear conditions, and increased access to appropriate care for people with hearing-related needs.

At just two years old, Grace endured four months of pain and difficulty in eating after accidentally swallowing a coin that went undetected despite several hospital visits. Her mother, Monde, finally found hope when a CBM supported Ear Nose and Throat (ENT) surgical outreach camp came to her community. The medical team successfully removed the coin, giving Grace the chance to heal and return to the happy, playful child she was before. Grace's story shows the difference that bringing specialist surgical care closer to communities can make in a child's life.

Below: Grace with her mother after a successful surgery.
© CBM.



Building a Skilled Workforce to Expand Access to Ear and Hearing Care in Cameroon

In Cameroon, limited access to ear and hearing care (EHC) services has been linked to a shortage of trained health professionals, particularly at primary care level. To address this gap, CBM, in partnership with the Cameroon Baptist Convention Health Services (CBCHS), supported the expansion of a skilled EHC workforce equipped to deliver essential services closer to communities.

Co-facilitated by two audiologists from Worldwide Hearing (WWH) Foundation International, alongside CBM technical support, the training strengthened the capacity of frontline health workers to identify, manage and refer people with hearing-related conditions.

In August 2025, through an intensive hands-on workshop, 13 nurses trained as Audiology Technicians following their selection among the 22 participants of the Primary Ear and Hearing Care (PEHC) Training of Trainers programme conducted in March 2025. Co-facilitated by two audiologists from Worldwide Hearing (WWH) Foundation International, alongside CBM technical support, the training strengthened the capacity of frontline health workers to identify, manage and refer people with hearing-related conditions.

This investment in workforce development contributed to a significant expansion of Cameroon's EHC capacity across the North-West, Central and Littoral regions. By the end of 2025, the number of trained PEHC nurses had increased from 3 to 112, while the number of audiology technicians grew from 3 to 16.

PHYSICAL REHABILITATION



2025 Physical Rehabilitation Programme Reach

Total Countries 19	Total Projects 57	Total Partners 42	People Reached 43,156
Treatment Sessions 81,029	Assistive Devices 12,503	Clubfoot Surgeries 323	Cleft Lip/Palate Surgeries 10
VVF/OF Surgeries 0	Plastic/Reconstructive Surgeries 829	Other Surgeries 1,810	Trainings 848

2025 Physical Rehabilitation Programme Portfolio

Country	Total Projects	Total Partners	People Reached	Treatments	Assistive Devices	Clubfoot Surgeries	Cleft lip/Palate Surgeries	Vesicovaginal fistula/Obstetric fistula (FVVF/OF) Surgeries	Plastic/Reconstructive Surgeries	Other Surgeries	Trainings
Kenya	8	5	7,426	✓	✓	✓	✓		✓	✓	✓
Ethiopia	8	5	6,790	✓	✓					✓	✓
Zambia	4	3	14,045	✓	✓	✓			✓	✓	
Uganda	8	5	8,091	✓	✓				✓	✓	✓
Tanzania	2	1	640		✓						
South Sudan	1	1		✓							
Rwanda	1	1	1,167	✓	✓						✓
Malawi	3	3	668		✓						
DR of Congo	5	4	2,636	✓	✓						✓
Cameroon	1	1	160	✓	✓	✓					✓
Niger	3	3	483	✓	✓						✓
Togo	3	2			✓						
India	2	2	600	✓	✓						
Pakistan	1	1			✓						
Honduras	1	1		✓							
Jordan	1	1									
Lebanon	3	2	179	✓	✓						
Ukraine	2	1			✓						✓
Palestinian Territories	3	3	271		✓						

Highlights from our Physical Rehabilitation Work

New Research and Training Centre Strengthens Specialist Care in Malawi

On 9 June 2026, Malawi launched the Lilongwe Institute of Orthopaedics and Neurosurgery (LION) Research and Training Centre, a major milestone in strengthening specialist healthcare.

CBM worked closely with the Ministry of Health throughout the project, providing technical guidance and supporting its completion, alongside partners who contributed to furnishing and equipping the centre.

The facility will serve as a national and regional hub for orthopaedic and neurosurgical training, research and skills development, addressing a critical shortage of specialist capacity in Malawi and reducing reliance on overseas training opportunities. Its facilities include skills laboratories, research space, a specialist library and conference facilities, forming part of the wider

LION development, which includes 180 inpatient beds, five operating theatres, an emergency department, rehabilitation, radiology, laboratory and outpatient services.

Training is already underway, with orthopaedic surgeons from Malawi and Mozambique completing short courses at the facility, demonstrating LION's growing role in building specialist capacity and improving access to quality care in Malawi and the region.

The facility will serve as a national and regional hub for orthopaedic and neurosurgical training, research and skills development, addressing a critical shortage of specialist capacity in Malawi and reducing reliance on overseas training opportunities.



Above: The newly launched Lilongwe Institute of Orthopaedics and Neurosurgery. © CBM.

Keeping Rehabilitation Within Reach in Conflict-Affected Ukraine

For people living with disabilities in conflict-affected areas of Ukraine, accessing rehabilitation can become even more difficult when health services are disrupted, facilities are damaged and travel becomes unsafe.

Through its partnership with Medical World Health and the National Assembly of People with Disabilities of Ukraine, CBM is working to keep inclusive rehabilitation, health and protection services within reach of communities in Sumy, Chernihiv, Kharkiv and Poltava. We are establishing and equipping rehabilitation departments in eight health facilities, improving accessibility and strengthening referral pathways, while providing rehabilitation equipment and assistive products for people who need them.

Beyond strengthening facilities, CBM is supporting approaches that bring rehabilitation closer to people's homes and communities. Family and Community-Based Rehabilitation approaches, training for rehabilitation and health professionals, caregivers and social workers, remote technical support, and community information campaigns are helping to maintain continuity of care in a changing and challenging environment. CBM is helping persons with disabilities, caregivers and war veterans access rehabilitation and other essential services, even amid conflict.



Above: Despite living with a musculoskeletal condition, Larysa is developing her tailoring skills with support from the project. © CBM/NAPD.

Through its partnership with Medical World Health and the National Assembly of People with Disabilities of Ukraine, CBM is working to keep inclusive rehabilitation, health and protection services within reach of communities in Sumy, Chernihiv, Kharkiv and Poltava.



Above: 15-year-old Yehor (centre) with his mother, Tatyana (right), and a staff member of the 'Family for People with Disabilities' organisation during an educational activity in Kyiv. Yehor and his family have received support from the organisation after being displaced twice by the war. © CBM/EDF/League of the Strong/Family for People with Disabilities/IVASHCHENKO.

The Power of Kassem's Voice

At three years old, Kassem Ghandour from Rmeileh, Lebanon, struggled to express his needs, follow instructions and participate in everyday activities.

An assessment at the Mousawat Rehabilitation Centre identified delays in his communication, cognitive development, fine motor skills, coordination and daily living abilities. Through an individualised rehabilitation plan combining speech and occupational therapy, Kassem received 24 sessions of play-based approaches, while his family was supported to reinforce learning at home. Over the course of the intervention, he progressed from very limited communication to using simple words and phrases to express himself, while his attention, coordination, fine motor skills and independence also improved.

Kassem's story is one example of CBM's work to make rehabilitation services more accessible and inclusive for persons with disabilities in Lebanon.



Above: Kassem during a therapy session. © CBM.

Through its partnership with Mousawat, CBM supports community-based rehabilitation services that bring physiotherapy, occupational therapy, speech therapy and psychosocial support closer to where people live. The approach combines individualised care with family involvement, assistive devices and referrals to other essential services, helping persons with disabilities build functional skills, increase independence and participate more fully in family, school and community life.

Uganda Launches the First National Rehabilitation and Assistive Technology Strategic Plan

“Rehabilitation and assistive technology are not optional, they are essential to building an inclusive, resilient health system in Uganda. This Strategic Plan rightly places them at the centre of Universal Health Coverage, ensuring that persons with disabilities, especially women and girls, can fully access healthcare, education, and opportunities.

But real change will come through implementation and collective action. We must move from charity to rights, from fragmented services to integrated systems, and from token inclusion to meaningful participation, ensuring persons with disabilities are active leaders in this journey. Ultimately, success will be measured by transformed lives: greater dignity, independence, and opportunity for all.

At CBM, we are proud to stand alongside Uganda in advancing this vision.”

Jackie M Kwesiga, CBM Uganda Country Director



Above: Jackie M Kwesiga, CBM Uganda Country Director, during a keynote speech at the launch of the Uganda National Rehabilitation and Assistive Technology Strategic Plan. © CBM.



Above: Mr. Awa Jacques Chirac, Programme Manager at CBCHS, provides support to Martine during the follow-up treatment of her child.
© CBM/CBCHS.

World Clubfoot Day 2026: Expanding Access to Clubfoot Care in Cameroon

This year's World Clubfoot Day celebrated a major milestone in Cameroon, where CBM and its partner, Cameroon Baptist Convention Health Services (CBCHS), have continued to expand access to quality clubfoot care.

Since 2014, the Cameroon Clubfoot Care Programme has grown to reach eight of the country's ten regions, with 40 treatment centres supporting more than 3,000 children. A key achievement has been the adoption of the Ponseti method as the national standard of care, alongside the integration of clubfoot indicators into the national health information system and strengthened training of healthcare professionals.

For World Clubfoot Day 2026, CBM and CBCHS brought families and communities together through awareness campaigns, screening activities and

treatment planning sessions. Family support groups also provided a space for parents and caregivers to share experiences, receive practical guidance and encourage one another to stay on track with treatment and follow-up care. Together, these efforts are helping make timely, quality clubfoot care more accessible to children across Cameroon.

“ Clubfoot is not inevitable. When detected and treated in time, the results are excellent. Our collective responsibility is to ensure that no child is deprived of this opportunity.”

Mr. Awa Jacques Chirac, Programme Manager, CBCHS



Justine

Justine's childhood was marked by hardship. As a baby, she lost both lower legs in an emergency operation after a severe infection. Without prostheses, she spent years crawling on her knees. In 2010, thanks to CoRSU, a CBM partner hospital, she received prosthetic limbs that transformed her mobility and independence.

Today, at 24, Justine proudly runs her own vegetable stall on a busy road near Kampala, offering fresh produce like cabbage, carrots, and green bananas. Her stall is a symbol of dignity, resilience, and the life-changing impact of inclusive healthcare.

Above: Justine during a follow-up visit at CoRSU hospital, Uganda. © CBM.

Policy Advocacy in Inclusive Health



CBM at the World Health Summit

CBM participated in the World Health Summit from 12-14 October 2025, co-hosting a session on disability-inclusive health systems and contributing to global discussions on neglected tropical diseases, highlighting the importance of inclusive health systems and strong partnerships in advancing global health.



CBM at the NTD NGO Network (NNN) Conference 2025

CBM participated in the NNN 2025 Conference from 30 September to 2 October 2025 in Kampala, Uganda, joining delegates from more than 50 countries to advance discussions on the elimination of neglected tropical diseases (NTDs). In partnership with The END Fund, CBM co-facilitated a workshop on sustaining mass drug administration coverage and strengthening surveillance, drawing lessons from onchocerciasis entomological assessments. CBM also launched its Inclusive Health Initiative Annual Report 2025, highlighting its integrated approach to improving access to inclusive health services.



CBM at 2030 Insight Live, Nairobi

As a Global Event Host at 2030 IN SIGHT LIVE Kenya, held in Nairobi from 4–6 June 2026, CBM actively contributed to global discussions on strengthening health systems, innovation, partnerships and universal access to eye care. CBM facilitated and co-hosted three side events, showcasing lessons from the Vision Impact Project, advancing collaboration for eye health across Africa, and highlighting partnership models for scale. Through technical sessions, an exhibition space and engagement with governments, donors and partners, CBM highlighted its work in inclusive eye health and digital innovation while reinforcing the importance of translating collaboration and commitments into action and greater impact.



CBM Joins WHO Disability Health Equity Network

CBM joined the WHO Disability Health Equity Network, strengthening its commitment to advancing health equity for persons with disabilities. The network brings together over 150 members, including Member States and organisations from civil society, academia and international agencies, providing a strong platform for collective action towards more inclusive and equitable health systems.



Burundi Marks a Milestone for Trachoma Elimination

On 30 January 2026, CBM joined the Government of Burundi, WHO and other partners to celebrate the validation of trachoma elimination in Bujumbura. Having supported health programmes in Burundi for over two decades, CBM also joined discussions on sustaining elimination gains and advancing national priorities for eye health and other NTDs.



CBM at WHA 2026: Promoting the Global Eye Health Summit

At the World Health Assembly 2026, CBM co-hosted the official WHO side event 'The Value of Vision: The Roadmap to the Global Summit for Eye Health', under the leadership of the International Agency for the Prevention of Blindness (IAPB) and further members. Her Royal Highness the Duchess of Edinburgh and IAPB's Global Ambassador opened the session with a powerful call for action to address avoidable vision loss and prioritise eye health within global health and development agendas. CBM's Director of Inclusive Health Initiative and IAPB Vice President, Dr Babar Qureshi chaired the discussion for stronger integration of eye health into national health policies and the wider global health agenda, reinforcing the importance of collective action to address avoidable vision loss.

IHI's Peer Reviewed Publications and External Representation

External Representation

- Coalition for Global Hearing Health (CGHH), Member
- DRC NTD Partners Coalition, Chair
- Eastern Mediterranean Alliance for Trachoma Control, Member
- Friends of Vision, Member
- German Network on NTDs, Member
- Global Clubfoot Initiative (GCI), Member
- Global Partnership for Assistive Technology, Implementing Partner and Global Advisor
- Hear The World Foundation (HTWF), Implementing Partner and Global Advisor
- International Agency for the Prevention of Blindness, Member
- International Disability and Development Consortium (IDDC) Health Task Group, Co-Chair
- NTD NGO Network (NNN), Member
- UK Coalition on NTDs, Member
- WHO Ear and Hearing Care Programme, Non-State Actor in Official Relations
- WHO Disability Health Equity Network, Member
- WHO One Health Working Group (Skin NTDs), Core Member
- WHO SPECS 2030, Member
- World Hearing Forum (WHF), Founding Member
- World Rehabilitation Alliance (WRA), Founding and Committee Member
- Worldwide Hearing Foundation International, Cooperation agreement and active MOU

Peer Reviewed Publications

Babar Qureshi, Ismat Zehra Juma, Opeoluwa Oguntoye, Juliana A Amanyi-Enegela et al., Field notes: Children as WASH ambassadors — Insights from Pakistan's trachoma elimination programme 12 December 2025; *PLOS Neglected Tropical Diseases*. 19(12): e0013769.

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CBM Congratulates Burundi on eliminating trachoma as a public health concern.



Above: Dr Rainer Brockhaus, CEO, CBM, hands over a congratulatory plaque to Burundi's Minister of Public Health, Dr Lydwine Baradahana. Looking on is Her Excellency Angeline Ndayishimiye, First Lady of the Republic of Burundi (left) and Dr. Gérard Haziyo, Director, National Programme for the Control of NTDs and Blindness, Burundi.



Above: Emmanuel Cherujot (8), pictured with his grandmother Alice, received bilateral cataract surgery from CBM's partner, Tenwek Mission Hospital in Kenya.
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