Buruli Ulcer
Feedback based on 6 comments received

2030 target

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of cases reporting with disability upon diagnosis</td>
<td>TBC</td>
<td>&lt;20%</td>
<td>&lt;15%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>Proportion of cases in Category III</td>
<td>TBC</td>
<td>&lt;14%</td>
<td>&lt;8%</td>
<td>&lt;5%</td>
</tr>
</tbody>
</table>

Feedback on targets / milestones

| Ambition level | Not ambitious enough | Right level of ambition | Too ambitious |

Suggested refinements

- Additions to target
  - Indicators common to other (co-endemic) skin NTDs.

- Adjustments for clarity
  - Clear explanation for the lay public what Category 3 means
  - Being more ambitious and going for zero disability, this could become an indicator for equitable UHC.

- Adjustments for measurability
  - No comments thus far

Feedback on disease priorities

<table>
<thead>
<tr>
<th>Additional requirements to achieve target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scientific understanding</td>
</tr>
<tr>
<td>Diagnostics</td>
</tr>
<tr>
<td>Effective intervention</td>
</tr>
</tbody>
</table>

- Technical progress

- Operational and normative guidance
- Planning, governance and capacity
- M&E
- Supply and logistics
- Healthcare infrastructure & workforce

- Strategy and service delivery

- Enablers

- Advocacy and funding
- Collaboration & innovation
- Capacity building

- Scientific understanding
  - Better understanding of the epidemiology - modes of transmission and its drivers are still unknown.

- Diagnostics
  - Diagnostic tests that can be used at the public health centre and community level are needed
  - Tools to enable early diagnosis are needed to reduce morbidity as well as to confirm cases

- Effective intervention
  - No comments thus far

- Operational and normative guidance
  - No comments thus far

- Planning, governance and capacity
  - No comments thus far

- M&E
  - No comments thus far

- Supply and logistics
  - No comments thus far

- Healthcare infrastructure & workforce
  - No comments thus far

- Advocacy and funding
  - No comments thus far

- Collaboration & innovation
  - All NTDs that require skin/wound/limb care to include "integrated and inclusive approaches"

- Capacity building
  - No comments thus far

Key potential risks

- No comments thus far
# Chagas Disease

Feedback based on 10 comments received

## 2030 target

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td># countries achieving interruption of transmission, and 75% coverage in the antiparasitic treatment of the target population</td>
<td>TBC</td>
<td>-</td>
<td>-</td>
<td>20 (~50%)</td>
</tr>
<tr>
<td># countries achieving interruption of domiciliary vectorial transmission</td>
<td>TBC</td>
<td>-</td>
<td>-</td>
<td>15 (~70%)</td>
</tr>
<tr>
<td>% countries achieving interruption of the blood/blood products transfusional transmission</td>
<td>TBC</td>
<td>-</td>
<td>-</td>
<td>Zero (100%)</td>
</tr>
<tr>
<td>% countries achieving interruption of organ/tissue transplantation transmission</td>
<td>TBC</td>
<td>-</td>
<td>-</td>
<td>Zero (100%)</td>
</tr>
<tr>
<td># countries achieving interruption of congenital transmission</td>
<td>TBC</td>
<td>-</td>
<td>-</td>
<td>TBC</td>
</tr>
</tbody>
</table>

## Feedback on targets / milestones

<table>
<thead>
<tr>
<th>Ambition level</th>
<th>Not ambitious enough</th>
<th>Right level of ambition</th>
<th>Too ambitious</th>
</tr>
</thead>
</table>

| Suggested refinements | Targets should be re-set for vectorial transmission | 100% of children and their mothers identified as infected are diagnosed and receive treatment. | 100% of adults with confirmed diagnosis of Chagas receive timely treatment |

| Adjustments for clarity | No comments thus far |

| Adjustments for measurability | No comments thus far |

## Feedback on disease priorities

### Additional requirements to achieve target

- Develop deeper understanding of ecological epidemiology
- Understand cardiac factors through pooling of long-term cohorts
- Increase diagnostics capacity in Europe and other non-endemic areas where migrant populations from endemic areas live
- Introduce food control for foods susceptible to triatomine bug to prevent oral transmission
- Establish compulsory reporting of chronic cases
- Simplify diagnostic algorithms using rapid diagnostic tests
- Scale up access to treatment for chronic and indeterminate Chagas
- Improve vector control to target the transition from sylvatic to peridomestic transmission
- Continue development of diagnostics and biomarkers for cure measurement
- Include diagnosis of Chagas in the primary health care system
- No comments thus far
- No comments thus far
- No comments thus far
- No comments thus far
- No comments thus far
- No comments thus far
- No comments thus far

## Key potential risks

- No comments thus far

Source of feedback
- Web consultation
- Modelling Consortium
Dengue and Chikungunya
Feedback based on 13 comments received

2030 target

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case fatality rate due to dengue</td>
<td>TBC</td>
<td>0.5%</td>
<td>0.5%</td>
<td>0%</td>
</tr>
<tr>
<td># countries no longer at risk of dengue epidemics</td>
<td>TBC</td>
<td>26</td>
<td>64</td>
<td>128</td>
</tr>
<tr>
<td>% dengue outbreaks prevented</td>
<td>TBC</td>
<td>26</td>
<td>64</td>
<td>100%</td>
</tr>
</tbody>
</table>

Feedback on targets / milestones

- Ambition level
  - Not ambitious enough
  - Right level of ambition
  - Too ambitious
  - Each represents one point of input

Feedback on disease priorities

- Additional requirements to achieve target
  - No comments

Technical progress

- Scientific understanding
  - No comments

- Diagnostics
  - No comments thus far

- Effective intervention
  - New tools need to be implemented beyond vector control
  - Community based container management
  - Insect growth regulator (diflubenzuron tablet) in non drinking water containers
  - IGR and pyrethrum fogging
  - Control of larvae and removal of breeding sites
  - Blockage of households with infected individuals through the use of insecticides, avoiding the indiscriminate use of insecticides.

Strategy and service delivery

- Operational and normative guidance
  - Defining of private health care provider as per protocol

- Planning, governance and capacity
  - Concrete vector management and vector control programmes/strategies to identify indicators related to disease incidence in addition to indicators on impact on vector populations.

- M&E
  - Monitor the presence and activity of the mosquitoes

- Supply and logistics
  - No comments thus far

- Healthcare infrastructure and workforce
  - No comments thus far

Enablers

- Advocacy and funding
  - No comments thus far

- Collaboration & innovation
  - No comments thus far

- Capacity building
  - No comments thus far

Suggested refinements

- Additions to target
  - Align dengue with chikungunya and zika due to almost identical symptomatology, mixed epidemics and integrated vector control
  - Target must be made conditional to moving forward with the VEM target. That will give a powerful message.
  - Early indicators of mosquito control are needed

- Adjustments for clarity
  - No comments thus far

- Adjustments for measurability
  - No comments thus far

Key potential risks

- Rising resistance to vector control

Source of feedback
- Web consultation
- Modelling Consortium

Target: Elimination of transmission
Dracunculiasis
Feedback based on 13 comments received

**2030 target**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td># member states certified free of transmission</td>
<td>189</td>
<td>TBC</td>
<td>TBC</td>
<td>194 (100%)</td>
</tr>
</tbody>
</table>

**Feedback on targets / milestones**

- **Ambition level**:
  - Not ambitious enough
  - Right level of ambition
  - Too ambitious

  ![Each represents one point of input](image)

- **Suggested refinements**:
  - Consider lesser goal - achieving zero cases in humans – in line with evidence and may appeal to donors
  - Present separate indicators for humans and animals

- **Additions to target**:
  - No comments thus far

- **Adjustments for clarity**:
  - No comments thus far

- **Adjustments for measurability**:
  - Criteria for verification of elimination of transmission in animals is missing

**Feedback on disease priorities**

- **Additional requirements to achieve target**:
  - Better understanding of the epidemiology - animal reservoir and alternative transmission cycles
  - Heightened surveillance to achieve rapid response to an outbreak
  - Access to safe water - treated and filtered water
  - WASH services available in healthcare facilities are important
  - Wider use of temephos or research on alternative products to control copepods is needed
  - Instructions from WHO of what is needed to achieve eradication
  - Strong government commitment from endemic and neighbouring countries
  - Heightened surveillance and rapid response to outbreak in animals is needed
  - Adjust strategy to include protocol for sampling amongst wild animals to prevent amplification of infection to humans
  - Sustaining high levels of funding to achieve eradication goal
  - Aggressive advocacy will be needed
  - Strengthen integrated management of skinNTDs and use common indicators
  - Very high investment needs to be maintained

- **Enablers**:
  - Collaboration & innovation
  - Capacity building

**Key potential risks**

- Increasing number of animal infections
- Very high investment needs to be maintained
Echinococcosis/hydatidosis
Feedback based on 8 comments received

2030 target

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of countries with intensified control in hyperendemic areas</td>
<td>TBC</td>
<td>4</td>
<td>9</td>
<td>17</td>
</tr>
</tbody>
</table>

Feedback on targets / milestones

- Ambition level
  - Not ambitious
  - Right level of ambition
  - Too ambitious

- Suggested refinements
  - Each represents one point of input
  - Quantification of resource needs
  - Clear delineation of short-, mid-, and long-term intervention approaches to assess epidemiological impact and identify resource implications for implementation at such scales
  - Understanding of processes regulating parasite acquisition
  - Health & economic burden (currently likely underestimated)
  - Long-term sustainability of interventions

Additions to target

- two NTDs that can be profiled as champions for the one-health concept - some out-of-the-box thinking to define a one health indicator (like the X53VEM one)?

- stating what proportion of endemic countries the 2030 target is aiming at

- The indicator for these diseases is very broad - they require different actions for control

- No comments thus far

Adjustments for clarity

- No comments thus far

Adjustments for measurability

- No comments thus far

Feedback on disease priorities

- Additional requirements to achieve target
- Scientific understanding
- Technical progress
- Diagnostics
- Effective intervention

- Operational and normative guidance
- Planning, governance and capacity
- M&E
- Supply and logistics
- Healthcare infrastructure and workforce
- Advocacy and funding
- Collaboration & innovation
- Capacity building

- Quantification of resource needs
- Clear delineation of short-, mid-, and long-term intervention approaches to assess epidemiological impact and identify resource implications for implementation at such scales
- True prevalence in sheep
- Understanding of processes regulating parasite acquisition
- Health & economic burden (currently likely underestimated)

- Closing diagnostic gaps (for human and animal)
- Early diagnosis in school-based children using ultrasound

- Support meat processing like meat freezing in endemic communities using alternative energy sources (solar panels)
- Consistent discarding of infected carcasses
- Safe practices in slaughtering
- Periodically deworm dogs with praziquantel

- guidelines for implementation of optimised control programmes

- No comments thus far

- Develop comprehensive screening programmes to fully understand the scope of the challenge
- Develop a high-throughput test for evaluation of control programmes in resource limited settings
- Delineation of endemic areas in endemic countries
- Standardised monitoring to evaluate progress of intervention strategies

- No comments thus far

- No comments thus far

- No comments thus far

- Provide education based on the local values to improve effectiveness (local people, local language/culture, local health)
Foodborne trematodiases
Feedback based on 7 comments received

**2030 target**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td># countries with intensified control in hyperendemic areas</td>
<td>TBC</td>
<td>2</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

**Feedback on disease priorities**

**Technical progress**
- **Scientific understanding**: Eco-epidemiology studies including use new technologies for the field studies (drone mapping, environmental DNA, etc) as tools for providing local information for education based practices. Understanding the mode of transmission and the process/pathway involved in the cause of disease.
- **Diagnostics**: Access to imaging diagnostics, which can be used in resource limited settings. The diagnostic developed in recent years should be evaluated and implemented in endemic regions.
- **Effective intervention**: For fasciola, use triclabendazol for treatment and prevention programs to avoid interaction between cattle and fields used for hydroponic/watercress farming.

**Strategy and service delivery**
- **Operational and normative guidance**: No comments thus far.
- **Planning, governance and capacity**: Ensuring safety of food across all food handling facilities.
- **M&E**: Emphasize the importance of environmental surveillance for the disease. Accurate mapping is urgent - map will be much more informative if there is information on the environmental factors involved in infection. Reporting future reduction in liver cancers associated with control of these diseases.
- **Supply and logistics**: No comments thus far.
- **Healthcare infrastructure and workforce**: No comments thus far.

**Enablers**
- **Advocacy and funding**: No strong advocacy group able to voice a global vision on these diseases.
- **Collaboration & innovation**: Focus on effort to rally action across FBTs. Excellent examples of multi-sectoral control of Opisthorcis in Thailand can be used to prompt other countries to develop their own actions.
- **Capacity building**: No comments thus far.

**Feedback on targets / milestones**

**Ambition level**
- Not ambitious enough
- Right level of ambition
- Too ambitious

**Suggested refinements**
- Early indicators are needed as the diseases are transmitted through snails.
- Specifying what proportion of the number of endemic countries is targeted.

**Additions to target**
- Early indicators are needed as the diseases are transmitted through snails.
- Specifying what proportion of the number of endemic countries is targeted.

**Adjustments for clarity**
- No comments.

**Adjustments for measurability**
- No comments.

**Key potential risks**
- No comments thus far.

Source of feedback:
- Web consultation
- Modelling Consortium

Foodborne trematodiases
Target: disease control
Source of feedback
- Web consultation
- Modelling Consortium
Human African trypanosomiasis (Gambiense) (gHAT)

Feedback based on 10 comments received

2030 target

**Number of gHAT cases developed**

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;1000</td>
<td></td>
<td></td>
<td>Zero (100%)</td>
</tr>
</tbody>
</table>

### Feedback on targets / milestones

**Ambition level**

- Not ambitious enough
- Right level of ambition
- Too ambitious

**Suggested refinements**

- Additions to target: No comments thus far
- Adjustments for clarity: No comments thus far
- Adjustments for measurability: No comments thus far

### Feedback on disease priorities

**Additional requirements to achieve target**

- **Technical progress**
  - Scientific understanding: Evaluation of epidemiological importance of latent infections in humans, verification of the role of the skin as a reservoir of infection, understanding the role of animal reservoirs
  - Diagnostics: Development of field-adapted diagnostic/detection tools based on new technological approaches, e.g. a simplified diagnostic that does not require confirmatory testing by microscopy
  - Effective intervention: Validation of acoziborole as efficient single oral dose cure for both stages of the disease to improve compliance and ease of treatment

- **Operational and normative guidance**
  - Adoption of a resolution and guidelines for how target will be achieved
  - Countries need guidance on how to measure whether they have truly eliminated in noting difference between zero cases vs zero transmission.

- **Strategy and service delivery**
  - Operational and governance capacity: Dedicated human resources in countries to ensure monitoring and post-elimination activities diagnostic algorithms with a lower specificity than that of current confirmatory tests could be considered as safer treatments become available
  - M&E: Targeting active screening to include high-risk groups

- **Strategic and service delivery**
  - Supply and logistics: No comments thus far
  - Healthcare infrastructure & workforce: No comments thus far
  - Collaboration & innovation: No comments thus far
  - Advocacy and funding: Strong lobbying to avoid donor fatigue e.g. elimination “success stories”
  - Capacity building: Capacity-building e.g. cascade training/retraining for treatment services

### Key potential risks

- Inability to screen and treat due to conflict and political instability in the most affected country
- Asymptomatic infections and animal reservoirs as elimination is approached - could lead to resurgence
- Reduction in controls once zero cases are reported locally, or early cessation of activities in low prevalence settings
- Lack of participation in surveillance
- Re-invasion from other infected areas
### Human African trypanosomiasis (Rhodesiense)

#### Feedback based on 5 comments received

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Areas with &gt; 1 HAT case per 10 000 people per year (average of 5 years)</td>
<td>10 000 sq km</td>
<td>TBC</td>
<td>TBC</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Feedback on targets / milestones

<table>
<thead>
<tr>
<th>Ambition level</th>
<th>Not ambitious enough</th>
<th>Right level of ambition</th>
<th>Too ambitious</th>
</tr>
</thead>
</table>

**Suggested refinements**

- The target set can lead to countries striving to get below the threshold of >1/10,000 and once that has been achieved the possible next step is to stop active case finding. Perhaps set instead a certain number of countries with zero cases.
- Add goal on invested people accessing health care within the first month of infection.
- The indicator is not helpful to monitor progress year-by-year. Devise a different indicator.

#### Additional requirements to achieve target

- **Scientific understanding**
  - No comments thus far

- **Diagnostics**
  - Develop new diagnostics
  - Simple and rapid test to detect rHAT (e.g. RDT) to use in primary healthcare facilities (either screening or diagnostic)

- **Effective intervention**
  - Develop new treatments
  - Develop a tool to replace melarsoprol
  - Develop strategies to reduce/interrupt transmission from livestock to humans

#### Technical progress

- **Operational and normative guidance**
  - No comments thus far

- **Planning, governance and capacity**
  - Training of health staff

- **M&E**
  - No comments thus far

- **Supply and logistics**
  - No comments thus far

- **Healthcare infrastructure and workforce**
  - No comments thus far

#### Strategy and service delivery

- **Advocacy and funding**
  - No comments thus far

- **Enablers**
  - Increase collaboration with veterinary services
  - Support training of health staff

#### Key potential risks

- No comments thus far
### Leishmaniasis-visceral

Feedback based on 8 comments received

#### 2030 target

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>% reduction in number of deaths due to primary VL</td>
<td>TBC</td>
<td>30%</td>
<td>75%</td>
<td>0 (100%)</td>
</tr>
<tr>
<td># countries validated as having achieved elimination</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
</tr>
</tbody>
</table>

#### Feedback on targets / milestones

**Ambition level**
- Not ambitious enough
- Right level of ambition
- Too ambitious

**Suggested refinements**
- A regional indicator to stimulate action similar to the successful initiative in SE Asia
- A few cases in a small sub-district would exceed threshold. Also, the goal is unattainable in Africa
- There is a perverse incentive for blocking coordinators/not finding and reporting cases
- The targets are defined in terms of numbers of reported diagnoses and thus provide an incomplete picture and pose a perverse incentive for complete reporting
- The current target will fail as village level outbreaks are to be expected even if low endemicity is maintained

**Additional requirements to achieve target**

<table>
<thead>
<tr>
<th>Scientific understanding</th>
<th>Diagnostics</th>
<th>Effective intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better understanding of epidemiology, vector, and potential reservoirs in Eastern Africa</td>
<td>Diagnostic for post-elimination surveillance on Indian continent</td>
<td>Development of (preventive?) vaccine</td>
</tr>
<tr>
<td>Understanding of importance of latent and asymptomatic carriers</td>
<td>Better diagnostic tools for VL and PKDL in the near elimination context</td>
<td>Better drugs for treating VL in East Africa (ideally do not require cold chain)</td>
</tr>
<tr>
<td>Understanding of the role of animals in transmission</td>
<td>Better diagnostics for VL in East Africa</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A specific diagnostic which could detect preclinical cases is needed</td>
<td></td>
</tr>
</tbody>
</table>

#### Feedback on disease priorities

**Technical progress**
- No comments

**Strategy and service delivery**
- No comments

**M&E**
- Active follow up with treated cases necessary to address PKDL
- No comments

**Supply and logistics**
- No comments

**Healthcare infrastructure and workforce**
- Health systems and community awareness has to be maintained to ensure detection of cases
- No comments

**Enablers**
- Advocacy and funding
- No comments

- Collaboration & innovation
- No comments

- Capacity building
- No comments

**Key potential risks**
- Continued outbreaks at village level combined with increasing susceptibility leading to widespread and sustained epidemics
- Natural disaster could disrupt case detection
- Failing to diagnose and treat PKDL cases will lead to new outbreaks
- Potential rise of HIV could drive local resurgent epidemics
**Leprosy**

Feedback based on 16 comments received

### 2030 target

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td># countries with zero new indigenous leprosy cases</td>
<td>50</td>
<td>75</td>
<td>95</td>
<td>120</td>
</tr>
<tr>
<td>% children diagnosed with leprosy</td>
<td>8%</td>
<td>&lt;5%</td>
<td>&lt;3%</td>
<td>0</td>
</tr>
</tbody>
</table>

### Feedback on targets / milestones

**Ambition level**

- Not ambitious enough
- Right level of ambition
- Too ambitious

**Suggested refinements**

- Include Grade 1 indicators
- Consider criteria such as 'zero grade 2 disability cases identified'
- Include Grade 3 indicator for disabilities and limitation of movement
- Target leprosy for "real" elimination with 90% reduction target in 2030

**Adjustments for clarity**

- To achieve the 2030 goal you would have to have zero new leprosy cases in 2020 and sustained surveillance (criteria to measure achievement)
- Clarify why the indicator for no new cases in children has 5-years-no-cases when the target is 10-years-no-cases
- Specify what proportion of total endemic countries the 120 are

**Adjustments for measurability**

- The child case target should be expressed as an age-specific rate rather than as a proportion of all new cases to avoid fluctuations

### Feedback on disease priorities

**Additional requirements to achieve target**

- **Technical progress**
  - Scientific understanding: Deeper understanding of potential transmission from armadillos to humans
  - Better understanding of transmission of M. leprae

- **Diagnostics**
  - Field-friendly diagnostic test for subclinical cases

- **Effective intervention**
  - Swift adoption of new post-exposure chemo-prophylaxis (rifampicin)

- **Operational and normative guidance**
  - Validation/verification guidelines are required

- **Planning, governance and capacity**
  - Reduction of stigma necessary to encourage new cases to reveal themselves

- **M&E**
  - Strong surveillance system is essential
  - Integrate with PHC services and other Skin-NTDs for case search activities and surveillance
  - Screening of migrating populations from high-risk to low-risk areas
  - Tools to identify contacts for a better implementation of post-exposure prophylaxis strategies

- **Supply and logistics**
  - No comments thus far

- **Healthcare infrastructure and workforce**
  - No comments thus far

- **Advocacy and funding**
  - Increased awareness – e.g. on early symptoms, to eliminate social stigma
  - Strong country commitment

- **Collaboration & innovation**
  - Close coordination with the UHC/PHC efforts
  - Strengthen coordination with other skin diseases and use common indicators

- **Capacity building**
  - No comments thus far

### Key potential risks

- Countries do not perceive urgency to act against leprosy
- The undetected cases may result in missing the targets

**Source of feedback**
- Web consultation
- Modelling Consortium
Lymphatic filariasis
Feedback based on 25 comments received

2030 target

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td># countries implementing post-MDA or post-validation surveillance</td>
<td>23</td>
<td>34</td>
<td>72 (100%)</td>
<td></td>
</tr>
<tr>
<td># countries passed T453 nationally (all 115)</td>
<td>23</td>
<td>34</td>
<td>58 (82%)</td>
<td></td>
</tr>
<tr>
<td># countries with 100% geographical coverage with minimum package of care for LF morbidity</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td>Population requiring MDA</td>
<td>330mn</td>
<td>180mn</td>
<td>0 (100%)</td>
<td></td>
</tr>
</tbody>
</table>

Feedback on targets / milestones

- Feedback on ambition level:
  - Not ambitious enough
  - Right level of ambition
  - Too ambitious
- Additional requirements to achieve target:
  - Elimination by 2030 in all the 72 endemic countries may not be possible since the duration of MDA is 5 years unless it is reduced where Ivermectin is used.
  - Instead of the main indicator of 80% validated as something like '100% of endemic geographies have stopped treatment and 5 years surveillance' because with the new DOLF research and with IDA, a very rapid improvement in treatment outcomes may take place.
  - This goal will be hard to sell given it was 2020 goal. LF was considering moving the goal to elimination of transmission. 2030 should allow significant progress to build on the current inertia especially with the new IDA treatment.
  - Recognise podoconiosis beyond the LF programme to allow countries not affected by LF to access support for morbidity management.
  - Hydrocele (HC) surgery targets / tracking HC surgery backlog.
  - This goal will be hard to sell (given it was 2020 goal). LF was considering moving the goal to elimination of transmission. 2030 should allow significant progress to build on the current inertia especially with the new IDA treatment.
  - Can we leave a door open for verification of interruption of transmission?
  - Podoconiosis should be included in the indicator: Number of countries with 100% geographic coverage with minimum package of care for LF morbidity.
  - For morbidity: use indicators common to other (co-endemic) skin NTDs.
  - Consider sub-national goals, to align with oncho.

- Adjustments for clarity:
  - Clearly stating what proportion of the 2020 baseline was ever endemic countries.

- Adjustments for measurability:
  - No comments thus far.

Feedback on disease priorities

- Additional requirements to achieve target:
  - More holistic NTD programming and better health outcomes.
  - Including accessible and inclusive care as part of the package (setting a target for effective "affected people" platform / ID and stigma/mental wellbeing) to ensure more holistic NTD programming and better health outcomes.
  - For morbidity: use indicators common to other (co-endemic) skin NTDs.
  - Fresh revised strategies to be adapted in a comprehensive ways to address other VBDs.
  - Robust post-validation activities to avoid risk of countries closing programmes after validation by WHO.
  - Further in-depth M&E necessary.
  - Development of mosquito sampling strategies / approach for the ascertainment of LF transmission in urban area.
  - Clearer guidance needs to be provided to the standard of surveillance and interventions that need to be sustained during the post-MDA.
  - T453 is not always sufficient for assessing transmission cessation.
  - Health workers and/or programme managers at different levels may be incentivized to report inflated coverage figures.

Key potential risks

- No comments thus far.
  - Systematic non-adherence could impact effective coverage and MDA programme success post-validation activities in place.
# Mycetoma, chromoblastomycosis and other deep mycoses

Feedback based on 5 comments received

## 2030 target

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
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<tr>
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<td>TBC</td>
<td>TBC</td>
</tr>
</tbody>
</table>

## Feedback on targets / milestones

<table>
<thead>
<tr>
<th>Ambition level</th>
<th>Not ambitious enough</th>
<th>Right level of ambition</th>
<th>Too ambitious</th>
</tr>
</thead>
</table>

## Feedback on disease priorities

### Additional requirements to achieve target

#### Technical progress

- **Scientific understanding**: Strengthening knowledge on transmission diagnosis and treatment
- **Diagnostics**: tools for early detection
- **POC diagnostics for these infections**: support R&D for the development of a treatment for both eumycetoma and actinomycetoma
- **Mycetoma drug currently in clinical trial Phase 2b looking to create a novel solution based on azole-based compound**: No comments thus far

#### Strategy and service delivery

- **Operational and normative guidance**: No comments thus far
- **Planning, governance and capacity**: No comments thus far
- **M&E**: mapping of the disease
- **Supply and logistics**: assessment of generic manufacturers of itraconazole for immediate access
- **Healthcare infrastructure and workforce**: No comments thus far

#### Enablers

- **Advocacy and funding**: No comments thus far
- **Collaboration & innovation**: Strengthen integration of management of skin NTDs
- **Capacity building**: No comments thus far

## Key potential risks

- No comments thus far

---

*Source of feedback: Web consultation, Modelling Consortium*
**Onchocerciasis**

Feedback based on 15 comments received

### 2030 target

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td># countries verified for achieving elimination of transmission</td>
<td>TBC</td>
<td>4</td>
<td>6</td>
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</table>

**Ambition level**

- Not ambitious enough
- Right level of ambition
- Too ambitious

**Feedback on targets / milestones**

<table>
<thead>
<tr>
<th>Suggested refinements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add an indicator which would recognize large work done every year - e.g. proportion of endemic communities where treatment has been stopped</td>
</tr>
<tr>
<td>Have target based on percentage of population no longer needing MDA (PTS has been completed)</td>
</tr>
</tbody>
</table>

**Feedback on disease priorities**

**Technical progress**

<table>
<thead>
<tr>
<th>Technical progress</th>
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</thead>
<tbody>
<tr>
<td>Scientific understanding</td>
</tr>
<tr>
<td>Diagnostics</td>
</tr>
<tr>
<td>Effective intervention</td>
</tr>
</tbody>
</table>

**Diagnostics**

- Evaluate sensitivity and specificity of IgG4 antibody tests to OV16 antigen for assessing elimination of transmission

**Effective intervention**

- Determine through modelling if hypoendemic oncho treated for 5 years with LF MDA is sufficient to interrupt oncho transmission
- Evaluate whether parasite acquisition becomes more efficient with declining transmission intensity

**Strategic and service delivery**

<table>
<thead>
<tr>
<th>Strategic and service delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational and normative guidance</td>
</tr>
<tr>
<td>Planning, governance and capacity</td>
</tr>
<tr>
<td>M&amp;E</td>
</tr>
<tr>
<td>Supply and logistics</td>
</tr>
<tr>
<td>Healthcare infrastructure and workforce</td>
</tr>
</tbody>
</table>

**Operational and normative guidance**

- Provide clear guidance on use of products (e.g. albendazole) in regions of coinfection with Loa-loa
- Include process with clear milestones: elimination mapping completed, expert committee, established, 100% geographic coverage, effective coverage of 65% reached (further detail in comments)
- Create elimination manuals for programme managers

**Planning, governance and capacity**

- Include Onchocerciasis in country UHC packages
- In areas where LF treatment will be stopped, determine if the area isn’t co-endemic for onchocercosis. If it is, continue the treatment

**M&E**

- Operationally feasible mapping has to be implemented (current design is not feasible)

**Supply and logistics**

- No comments thus far

**Healthcare infrastructure and workforce**

- No comments thus far

**Enablers**

<table>
<thead>
<tr>
<th>Enablers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy and funding</td>
</tr>
<tr>
<td>Collaboration &amp; innovation</td>
</tr>
<tr>
<td>Capacity building</td>
</tr>
</tbody>
</table>

**Additional requirements to achieve target**

- No comments thus far

**Key potential risks**

- Goal may not be feasible with current tools in hyper- and holoendemic areas
- Resurgence if MDA is stopped prematurely
# Rabies

## Feedback based on 9 comments received

### 2030 target

<table>
<thead>
<tr>
<th>Indicator</th>
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<th>2025</th>
<th>2030</th>
</tr>
</thead>
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<tr>
<td># countries having reached 70% vaccination coverage of dogs</td>
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<td>TBC</td>
<td>TBC</td>
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<tr>
<td>Reduction in mortality due to dog transmitted rabies by 50%</td>
<td>TBC</td>
<td>13</td>
<td>47</td>
<td>TBC</td>
</tr>
<tr>
<td># countries having achieved zero deaths</td>
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<td>30%</td>
<td>70%</td>
<td>TBC</td>
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### Feedback on targets / milestones

<table>
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<tr>
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<th>Not ambitious enough</th>
<th>Right level of ambition</th>
<th>Too ambitious</th>
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</thead>
<tbody>
<tr>
<td>Suggested refinements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additions to target</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider process indicators and milestones for effective &quot;one-health&quot; approaches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjustments for clarity</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Clarify zero deaths indicator - estimated or reported</td>
<td></td>
<td></td>
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<tr>
<td>More work should be done to align the % reduction in mortality with vaccination coverage (0 deaths vs 70%)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Adjustments for measurability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Express third objective in real numbers</td>
<td></td>
<td></td>
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</table>

### Feedback on disease priorities

<table>
<thead>
<tr>
<th>Additional requirements to achieve target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modeling with a ratio of the number of persons bitten/number of doses of vaccine administered and calculation of loss between first and last dose</td>
</tr>
<tr>
<td>Modeling on whether combining rabies interventions with other diseases (e.g. leishmaniasis, echinococcosis) would be cost-effective</td>
</tr>
<tr>
<td>Simplify postmortem diagnosis of rabies in animals (e.g. non-invasive sample collection combined with RDT) to improve post-bite treatment</td>
</tr>
<tr>
<td>Field deployable ante-mortem diagnostic test for use in primary healthcare facilities</td>
</tr>
<tr>
<td>Extensive IEC among non health organization will be very important. [??]</td>
</tr>
<tr>
<td>Ensure availability of quality assured vaccinations</td>
</tr>
<tr>
<td>Inclusion in country lists of priority diseases of public health importance (e.g. the Gambia)</td>
</tr>
<tr>
<td>Strengthen rabies control framework by a resolution taking into account One Health approach</td>
</tr>
<tr>
<td>Introduce surveillance indicator of suspicious death after bit - would be investigated in the same mode as the PFA</td>
</tr>
<tr>
<td>Strengthening the development of anti-rabies services with the EPI vaccines (same cold chain, stock management)</td>
</tr>
<tr>
<td>No comments thus far</td>
</tr>
<tr>
<td>No comments thus far</td>
</tr>
<tr>
<td>Collaboration between FAO and WHO to develop multi-sectorial plan for rabies</td>
</tr>
<tr>
<td>Development of anti-rabies services with properly trained staff to the new ID administration route</td>
</tr>
</tbody>
</table>

### Key potential risks

- No comments thus far

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Target: Elimination of transmission

Source of feedback

- Web consultation
- Modelling Consortium

Enablers

- Advocacy and funding
- Collaboration & innovation
- Capacity building

Technical progress

- Scientific understanding
- Diagnostics
- Effective intervention

Strategy and service delivery

- Operational and normative guidance
- Planning, governance and capacity
- M&E
- Supply and logistics
- Healthcare infrastructure and workforce

Scientific understanding

- Modeling with a ratio of the number of persons bitten/number of doses of vaccine administered and calculation of loss between first and last dose
- Modeling on whether combining rabies interventions with other diseases (e.g. leishmaniasis, echinococcosis) would be cost-effective

Diagnostics

- Simplify postmortem diagnosis of rabies in animals (e.g. non-invasive sample collection combined with RDT) to improve post-bite treatment
- Field deployable ante-mortem diagnostic test for use in primary healthcare facilities

Effective intervention

- Extensive IEC among non health organization will be very important. [??]
- Ensure availability of quality assured vaccinations

Operational and normative guidance

- Inclusion in country lists of priority diseases of public health importance (e.g. the Gambia)
- Strengthen rabies control framework by a resolution taking into account One Health approach
- Introduce surveillance indicator of suspicious death after bit - would be investigated in the same mode as the PFA
- Strengthening the development of anti-rabies services with the EPI vaccines (same cold chain, stock management)

Planning, governance and capacity

- No comments thus far
- No comments thus far
- Collaboration between FAO and WHO to develop multi-sectorial plan for rabies
- Development of anti-rabies services with properly trained staff to the new ID administration route
## Scabies and other ectoparasites

### Feedback based on 9 comments received

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
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<tbody>
<tr>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
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</table>

### Feedback on targets / milestones

<table>
<thead>
<tr>
<th>Ambition level</th>
<th>Not ambitious enough</th>
<th>Right level of ambition</th>
<th>Too ambitious</th>
</tr>
</thead>
</table>

### Suggested refinements

- An option to measure the achievement control might be "the number of countries implementing integrated actions to reduce the burden of scabies": "Impact indicators: "Clarify what national scale-up to 100% geographical coverage refers to: MDA, interventions or mapping? If it refers to MDA but there is no data on the burden, how could we have a goal for each year?" Number of MDA and SCM piloted: the meaning of SCM needs to be explained to facilitate feedback. This is not an impact indicator."

- The International Alliance for the Control of Scabies has preliminary global program goals for consideration: pilot scabies control programmes in 3-6 countries by 2023 (including ivermectin-based MDA), and full scale programmes in at least 10 countries by 2030.

### Additional requirements to achieve target

#### Technical progress

- **Scientific understanding**: No comments thus far
- **Diagnostics**: No comments thus far
- **Effective intervention**: Developing strategies based on ivermectin-based single-round MDA, particularly targeting very high prevalence settings (>25%). Strong evidence for effectiveness for ivermectin MDA reducing prevalence by 90% in high prevalence settings.

#### Operational and normative guidance

- **Planning, governance and capacity**: No comments thus far
- **M&E**: Measuring number of scabies outbreaks.
- **Supply and logistics**: No comments thus far
- **Healthcare infrastructure and workforce**: No comments thus far

#### Strategy and service delivery

- **M&E**: Measuring number of scabies outbreaks.

#### Enablers

- **Advocacy and funding**: No comments thus far
- **Collaboration & innovation**: Strengthening integrated management skin NTDs. Strengthen integration of management of skin NTDs. Use indicators common to other (co-endemic) skin NTDs.
- **Capacity building**: Ensuring good quality prescribing practices in skin neglected tropical diseases to be supported by WHO

### Key potential risks

- No comments thus far
**Schistosomiasis**

Feedback based on 30 comments received

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**Indicator**

- # countries which have eliminated SCH as a public health problem
- # countries where interruption of transmission has been verified

**Feedback on targets / milestones**

**Ambition level**

- Not ambitious enough
- Right level of ambition
- Too ambitious

**Suggested refinements**

- Indicators of vector control (Snail)
- Add WASH to the scorecard
- 75% school-aged children (SAC) only treatment is sufficient for reaching elimination as a public health problem (EPHP) in low but not in moderate to high prevalence settings. Here, an increase and expansion in treatment coverage to include adults, as well as SAC, is required to reach EPHP
- Consider species specific morbidity targets
- Two different targets must be clearly separated with a targeted number of countries to be verified or validated
- Substantial goals for heavy intensity
- Impact indicator for elimination is not ambitious enough. Should consider 'zero' heavy infections
- Eradicating schistosomiasis seems not feasible. Elimination in some places, but focus should be on morbidity control
- Goal in page 15 is a bit too ambitious. It would require all countries to have eliminated SCH by 2025 to have been 5 years without any infection - this would also mean that the 15/18 countries due in 2025 would have eliminated SCH by 2020
- Goal in page 15 is overly ambitious particularly because of mentioning elimination in animals and snails
- To help review targets consider footnote/appendix for listing of countries
- Mention severe morbidity states of the disease e.g. female genital schistosomiasis
- Goal is wrong: Current definitions of morbidity control and elimination as a public health problem are based on a misinterpretation of 1974 study. Significant schistosomiasis related morbidity exists in low intensity and egg negative individuals
- Advise overlooked patient care concerns in the same way as with LF (onchocerciasis awareness, target related to DLM)
- Focus on overall reduction of prevalence and intensity to 2.5-5% to eventually stop NDA
- Age group for intervention not mentioned - how can countries ascertain availability of MDA for adults when donations only for children?
- Remain targeted for elimination as a public health problem with a requirement for access to WASH per JMP reporting, and 75% MDA coverage of SAC for 5 consecutive years

**Additions to target**

- Indicators of vector control (Snail)
- Add WASH to the scorecard
- 75% school-aged children (SAC) only treatment is sufficient for reaching elimination as a public health problem (EPHP) in low but not in moderate to high prevalence settings. Here, an increase and expansion in treatment coverage to include adults, as well as SAC, is required to reach EPHP
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- Age group for intervention not mentioned - how can countries ascertain availability of MDA for adults when donations only for children?
- Remain targeted for elimination as a public health problem with a requirement for access to WASH per JMP reporting, and 75% MDA coverage of SAC for 5 consecutive years

**Adjustments for clarity**

- Criteria of proportion of heavy intensity <1% requires more evidence to support it
- Goal 3 criteria: There is no published evidence to support the proposed threshold of <1% through systematic review and meta analysis
- Goal 2: The criteria proposed relates to elimination (interruption of transmission) rather than to elimination as a public health problem
- Goal 2: milestone numbers should be specified as cumulative
- Different metric is used to make treatment decision (prevalence of any infection) than heavy intensity which could lead to inaccuracy

**Adjustments for measurability**

- Parasitological indicators need bolstering
- Goal is wrong. The strong move towards more sensitive diagnostics that do not measure intensity of infection would make this goal unmeasurable

**Key potential risks**

- Increasing problem of schistosomiasis in sub-saharan/African migrants/refugees in Europe, most of which are never diagnosed or cared for
- Adults may keep transmission ongoing
- Potential decline in the role of big pharma due to clear desire to transition to national financing which may become a threat to MDA if national financing fails
- Zoonotic reservoirs could continue transmission

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**Target: Elimination of transmission**

**Source of feedback**

- Web consultation
- Modelling Consortium

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**Operational and normative guidance**

- Guidance on sustained depression of disease that avoids bounce-back
- Details on target: diagnostic to be used and sampling strategy
- Process for validation/verification/certification of elimination of transmission
- Mentioned guidelines may not be specific enough to enable achievement of the goal
- As the level of infection is heavily reliant on the diagnostic used, allow the criteria for elimination as a public health problem to be updated as increasing evidence becomes available
- Explanation of which diagnostics are countries supposed to use to measure elimination

**Target: Elimination of transmission**

- Accurate environmental mapping through eco-epidemiology studies using new technologies (drone mapping, environmental DNA, etc.)
- Additional evidence for benefits of expanding PZQ admin to entire communities
- Better understanding of the implications of egg-negative but worm positive SCH
- Accurate environmental mapping through eco-epidemiology studies using new technologies (drone mapping, environmental DNA, etc.)
- Additional evidence for benefits of expanding PZQ admin to entire communities
- Better understanding of the implications of egg-negative but worm positive SCH
Snakebite envenoming

Feedback based on 8 comments received

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 countries achieving reduction of mortality and morbidity by 50%</td>
<td>TBC</td>
<td>39</td>
<td>61</td>
<td>132</td>
</tr>
</tbody>
</table>

2030 target

Feedback on disease priorities

- Ambition level
  - Not ambitious enough
  - Right level of ambition
  - Too ambitious

- Suggested refinements
  - Consider the criteria: “antivenin will be accessible within critical treatment time of all people”.
  - Separating morbidity and mortality outcomes in the current milestone/impact indicator.
  - Given the importance of access to antivenoms, an additional outcome measure could include the number of approved new antivenom treatments.

- Adjustments for clarity
  - Specify the proportion of total endemic countries towards the 2030 target.

- Adjustments for measurability
  - Rather than referring generally to morbidity, select one or two specific outcomes, e.g., morbidity measures could focus on such outcomes as renal dysfunction, tissue loss, hospitalization, and/or limb amputation, disability adjusted life years, etc.

Additional requirements to achieve target

- **Scientific understanding**
  - No comments thus far

- **Diagnostics**
  - Rapid point-of-care diagnostic tests (e.g., lateral flow assays) for use in rural healthcare facilities to enable early detection of envenoming and identification of snake species.
  - Improved laboratory methods to identify snake species.

- **Effective intervention**
  - Collateral drug use understanding to minimize deaths (e.g., high dose vitamin C, neostigmine nasal drops for neurotoxins).
  - Investment in the development of novel types of antivenoms can be transformational.

- **Operational and normative guidance**
  - SOPs from WHO level.
  - Text which describes the need for trained healthcare workers to standardize and strengthen capacity for diagnosis.

- **Planning, governance, and capacity**
  - Improving the quality of epidemiological surveillance to enable accurate reporting of the burden and improved health planning.
  - Connectivity solutions to facilitate data collection and reporting.

- **M&E**
  - Improving the quality of epidemiological surveillance to enable accurate reporting of the burden and improved health planning.
  - Connectivity solutions to facilitate data collection and reporting.

- **Supply and logistics**
  - Regional snake venom banks for local antivenom (ASV) production.

- **Healthcare infrastructure and workforce**
  - Establishment of regional snake venom banks for local antivenom (ASV) production.

- **Advocacy and funding**
  - WHO advocacy with firms that can provide technology transfer and produce antivenoms at an acceptable cost.

- **Collaboration & innovation**
  - No comments thus far

- **Capacity building**
  - Improving training of healthcare workers to standardize and strengthen capacity for diagnosis.
Soil-transmitted helminthiases

Feedback based on 27 comments received

2030 target

Indicator

# countries with STH infections of moderate and heavy intensity <1%

<table>
<thead>
<tr>
<th>2030 target</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
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<tbody>
<tr>
<td>TBC</td>
<td>60</td>
<td>70</td>
<td>96</td>
<td></td>
</tr>
</tbody>
</table>

Feedback on targets / milestones

Ambition level

- Not ambitious enough
- Right level of ambition
- Too ambitious

Suggested refinements

- Addition of WASH to scorecard
- Inclusion of an interruption ambition if OFF is successful in Ethiopia and modelling confirms that PSAC, SAC and WRA will interrupt transmission
- Some countries to be targeted to reach an endpoint (such as stopping large-scale treatment for STH)
- Target for MDA for adults
- Focus on eliminating morbidity associated with STH

Additions to target

- The 1% prevalence threshold does not correspond to the 2% threshold agreed in the WHO and STH Advisory Committee consultation in 2018 on the 2030 targets for control programs.
- Evidence for using <1% moderate/heavy infection as an indicator is poor
- Specification of the total number of endemic countries

Adjustments for clarity

- Goal improvement: Reduction to below 1% of other than light infections in children is already the case at national level in most endemic countries, but not at lower sub-national levels.

Adjustments for measurability

- Goal improvement: Reduction to below 1% of other than light infections in children is already the case at national level in most endemic countries, but not at lower sub-national levels.

Key potential risks

- Re-importation of infection between geographical areas
- Reduction of frequency of PC as proposed by WHO without effective WASH and EOT can lead to rapid resurgence
# Taeniasis/cysticercosis

Feedback based on 8 comments received

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of countries with intensified control in hyperendemic areas</td>
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<td>4</td>
<td>9</td>
<td>17</td>
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## 2030 target

### Feedback on targets / milestones

#### Ambition level

<table>
<thead>
<tr>
<th>Not ambitious enough</th>
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<th>Too ambitious</th>
</tr>
</thead>
</table>

#### Suggested refinements

<table>
<thead>
<tr>
<th>Additions to target</th>
<th>Adjustments for clarity</th>
<th>Adjustments for measurability</th>
</tr>
</thead>
<tbody>
<tr>
<td>two NTDs that can be profiled as champions for the one-health concept - some out-of-the-box thinking to define a one health indicator (like the X53VEM one)?</td>
<td>stating what proportion of endemic countries the 2030 target is aiming at</td>
<td>No comments thus far</td>
</tr>
<tr>
<td>The indicator for these diseases is very broad - they require different actions for control</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Feedback on disease priorities

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scientific understanding</td>
<td>Adult tapeworm lifespan</td>
<td>impact of pig to people population ratio on transmission</td>
<td>processes regulating parasite acquisition in humans and pigs</td>
<td>Health &amp; economic burden (currently likely underestimated)</td>
</tr>
<tr>
<td>Diagnostics</td>
<td>Closing diagnostic gaps (for human and animal)</td>
<td>Diagnostic tools for surveillance of taeniasis and asymptomatic neurocysticercosis</td>
<td>Diagnostics for neurocysticercosis in epileptic patients in resource limited settings</td>
<td></td>
</tr>
<tr>
<td>Effective intervention</td>
<td>Support meat processing like meat freezing in endemic communities using alternative energy sources (solar panels)</td>
<td>Consistent discarding of infected carcasses</td>
<td>Safe practices in slaughtering</td>
<td>T. solium cysticercosis desperately needs latrines, reduction of open defecation, and praziquantel community wide</td>
</tr>
<tr>
<td>Operational and normative guidance</td>
<td>Standardised definition of control put forward by WHO/expert group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning, governance and capacity</td>
<td>No comments thus far</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Develop comprehensive screening programmes to fully understand the scope of the challenge</td>
<td>Develop a high-throughput test for evaluation of control programmes in resource limited settings</td>
<td>Standardised monitoring to evaluate progress of intervention strategies</td>
<td></td>
</tr>
<tr>
<td>Supply and logistics</td>
<td>No comments thus far</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare infrastructure and workforce</td>
<td>No comments thus far</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enablers</td>
<td>Advocacy and funding</td>
<td>No comments thus far</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaboration &amp; innovation</td>
<td>No comments thus far</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capacity building</td>
<td>Provide education based on the local values to improve effectiveness (local people, local language/culture, local health)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Key potential risks

- Long-term sustainability of interventions
Trachoma

Feedback based on 19 comments received

2030 target

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population requiring the A, F and E components of the SAFE strategy</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td># countries validated as having achieved elimination</td>
<td>TBC</td>
<td>28</td>
<td>43</td>
<td>63</td>
</tr>
</tbody>
</table>

Feedback on disease priorities

- **Ambition level**
  - Not ambitious enough
  - Right level of ambition
  - Too ambitious

- **Suggested refinements**
  - Consider need for separate TT and TF indicator
  - The first indicator to be revised to provide data on both need and activity - i.e. include coverage.
  - Add surgery goal - UIG has been achieved and all remaining cases have access within xx kilometres to TT surgical intervention
  - Only one impact indicator related to the number of countries validated as having eliminated trachoma as a public health problem
  - Indicator related to population requiring A, F and E is an outcome indicator and should be eliminated
  - Add need of antibiotics goal

- **Additions to target**
  - Ensure clarity that 63 countries targeted are all endemic countries
  - No comments thus far

- **Adjustments for clarity**
  - No comments thus far

- **Adjustments for measurability**
  - No comments thus far

Feedback on disease priorities

- **Technical progress**
  - Scientific understanding
    - Details on the population requiring AFE interventions, and an evidence base for F&E interventions
    - Understanding the importance of coverage to achieving and sustaining elimination will be helpful
    - Understanding of sero-surveillance for quantifying transmission
  - Diagnostics
    - No comments thus far
    - Increased awareness of the co-benefit of WASH and control (including access to WASH in healthcare facilities); access to better water and sanitation services
    - Availability of accessible and inclusive care (e.g. IU and stigma, mental wellbeing)
    - School-based interventions and case-finding within the school community
    - The need for enhanced treatment strategies
    - Employ more intensive targetted antibiotic use in areas with highest transmission
  - Effective intervention
    - No comments thus far
    - Providing stricter guidance on maintaining serologic surveillance of known endemic areas for a 5 year period and improved case base reporting
  - Operational and normative guidance
    - No comments thus far
  - Planning, governance and capacity
    - No comments thus far
  - M&E
    - No comments thus far
  - Supply and logistics
    - Ensure systematic access to MDA
  - Healthcare infrastructure and workforce
    - No comments thus far
  - Strategy and service delivery
    - No comments thus far

- **Enablers**
  - Advocacy and funding
    - Engagement of stakeholders like UNICEF, UN Habitat and partners who care about children, waste disposal and infrastructure investments
  - Collaboration and innovation
    - Coordination of WASH activities with UNICEF, UN Habitat and others who are involved in care for children, waste disposal and infrastructure
    - Utilize serological samples from dried blood spots collected for other programs for post-elimination surveillance
  - Capacity building
    - ...
# Yaws

Feedback based on 10 comments received

## 2030 target

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020</th>
<th>2023</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>% endemic countries achieving zero cases</td>
<td>TBC</td>
<td>50%</td>
<td>70%</td>
<td>100%</td>
</tr>
</tbody>
</table>

## Feedback on targets / milestones

### Ambition level
- Not ambitious enough
- Right level of ambition
- Too ambitious

### Suggested refinements
- Indicators common to other (co-endemic) skin NTDs
- Reword criteria to measure the achievement of the goal: “All endemic countries certified as having interrupted transmission of yaws (absence of new cases of yaws).”
- Reword the milestone: “endemic countries certified for the interruption of transmission of yaws”
- The strategy of Morges does not have sufficient indicators to properly lead this eradication.

## Feedback on disease priorities

### Additional requirements to achieve target

#### Technical progress
- Scientific understanding
  - No comments thus far
- Diagnostics
  - No comments thus far
- Effective intervention
  - No comments thus far

#### Strategy and service delivery
- Operational and normative guidance
  - Technical support from WHO and partners to guide and evaluate progress and impact: specify steps to achieve the target, develop a verification process, develop alternate approaches/tools where needed
- Planning, governance and capacity
  - No comments thus far
- M&E
  - A bacterial disease managed via MDA would need monitoring of drug resistance. This may have an impact in the long term on 2030 targets.
  - Active surveillance may be needed in previously endemic countries
- Supply and logistics
  - 100% coverage of population in endemic locations including isolated pockets (as part of UHC)
- Healthcare infrastructure & workforce
  - No comments thus far

#### Enablers
- Advocacy and funding
  - Sustained political commitment among endemic countries and partners to mobilise funds and manpower
  - Community engagement and mobilization to support programme implementation
- Collaboration & innovation
  - Integrate with other programmes to increase surveillance (immunization, nutrition, MCH, skin NTDs)
  - Strengthening integrated management skinNTDs
- Capacity building
  - No comments thus far

## Key potential risks
- Disasters, wars and migration may hinder expected progress in some countries
- Lack of political commitment and competency, and lack of resources
- Lack of verification process
- Total targeted treatment (TTT) may not be effective as latent and active infections are often in different households
- The eradication goal demands enormous resources which may be difficult to sustain