



# KIKUNDI'S NEGLECTED TROPICAL DISEASE ADVOCACY FRAMEWORK

Strategically aiming to eliminate neglected tropical diseases through a shared goal, fostering the will and providing the tools to help mobilize resources

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## ACRONYMS

<b>IDA21</b>	21st Replenishment of the World Bank International Development Association	<b>NCDs</b>	Non-communicable diseases
<b>COP28</b>	28th Session of the Conference of the Parties	<b>NGOs</b>	Non-governmental organizations
<b>Africa CDC</b>	Africa Centres for Disease Control	<b>PBF</b>	Performance-Based Financing
<b>AMSP</b>	Africa Medical Supplies Platform	<b>PPMs</b>	Pooled Procurement Mechanisms
<b>ALMA</b>	African Leaders Malaria Alliance	<b>PCT</b>	Preventive chemotherapy and transmission control
<b>AU</b>	African Union	<b>RBF</b>	Results-Based Financing
<b>CFA</b>	Central African franc	<b>SADC</b>	Southern African Development Community
<b>CBC</b>	Community-based contribution	<b>SMART</b>	Specific, Measurable, Achievable, Relevant and Time-bound
<b>CSR</b>	Corporate social responsibility	<b>SDGs</b>	Sustainable Development Goals
<b>DALYs</b>	Disability-adjusted life years	<b>TWG</b>	Technical working group
<b>GDP</b>	Gross domestic product	<b>TOR</b>	Terms of reference
<b>IDA</b>	International Development Association	<b>TB</b>	Tuberculosis
<b>LF</b>	Lymphatic filariasis	<b>UHC</b>	Universal Health Coverage
<b>MDA</b>	Mass drug administration	<b>UN</b>	United Nations
<b>MCH</b>	Maternal and child health	<b>UK</b>	United Kingdom
<b>MPs</b>	Members of parliament	<b>USAID</b>	United States Administration of International Development
<b>MOUs</b>	Memorandums of understanding	<b>WASH</b>	Water, sanitation and hygiene
<b>MoH</b>	Ministry of Health	<b>WFP</b>	World Food Programme
<b>MoF</b>	Ministry of Finance	<b>WHO</b>	World Health Organization
<b>NHIL</b>	National Health Insurance Levy		
<b>NTDs</b>	Neglected tropical diseases		



Neglected tropical diseases remain a significant but underrecognized global health challenge. More than 1 billion people worldwide are affected by NTDs, and 1.5 billion require interventions. Beyond causing disability and disfigurement, these diseases can be fatal, trapping survivors in cycles of poverty and inequity. Nowhere is the burden heavier than in Africa, which accounts for 40% of the global total.

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# PART 1 – KIKUNDI'S NEGLECTED TROPICAL DISEASE ADVOCACY FRAMEWORK: THE BASICS

## EXECUTIVE SUMMARY: NTD ADVOCACY STRATEGY FRAMEWORK

Between May and June 2025, Kikundi – the community of practice for Neglected Tropical Diseases (NTD) program managers – conducted a stakeholder consultation with support from Speak Up Africa. This initiative engaged 12 NTD program managers across Africa and four global NTD experts to examine the current landscape of NTD elimination progress and challenges, funding gaps and opportunities, and advocacy needs on the continent. The primary aim was to develop insights for creating an advocacy guide specifically tailored to meet the needs of NTD advocates working in the field.

Consultation findings were triangulated with results from a literature review on NTD elimination progress and challenges, with a focus on resource needs. This comprehensive process informed the toolkit's development, providing many of the examples, narratives, and data featured throughout the document.

### THE CHALLENGE AND OPPORTUNITY

NTDs affect over 1 billion people worldwide, with Africa bearing 40% of the global burden. Beyond causing lifelong disabilities that often begin in childhood, untreated NTDs can lead to death, lost income, reduced school attendance, and weakened health systems. Progress in eliminating these diseases is possible, however, through coordinated planning and political commitment. Fifty-seven countries have successfully eliminated at least one NTD, with Togo achieving the remarkable feat of eliminating four. These victories deserve widespread recognition, particularly given that NTDs remain chronically underfunded and politically overlooked, despite the availability of proven, cost-effective solutions. As well, recent cuts in global financing threaten the progress made in NTD elimination efforts to date.

### INNOVATIVE FINANCING OPPORTUNITIES

Multiple funding mechanisms exist beyond traditional donor support, which should be considered for advocacy goals and objectives related to resource mobilization for NTD efforts. These include dedicated taxes and tariffs on industries or products; multilateral funding through the World Bank, Global Fund, and GAVI; diaspora contributions via remittance-based mechanisms; performance-based financing with results-based payments; private sector engagement through corporate partnerships; and regional pooled procurement for cost savings.

### IMPLEMENTATION CONSIDERATIONS

Critical success factors for NTD advocacy in some African countries so far include political commitment, compelling local evidence, visual documentation that creates urgency that statistics alone cannot achieve, and cross-sector integration that embeds NTDs within broader development programs. However, challenges exist, namely:

- Limited advocacy capacity: NTD program managers lack the necessary advocacy skills or time.
- A competitive funding environment.
- Technical complexity: Over 20 diseases under one umbrella can overwhelm audiences.
- Lack of visibility: NTD successes especially need to reach broader audiences.

This framework addresses these and other challenges by equipping countries with a strategic approach to mobilize resources, build political will, and accelerate elimination efforts.

## SIX-STEP STRATEGIC FRAMEWORK

### STEP 1: DEFINE CLEAR GOALS AND OBJECTIVES

Establish Specific, Measurable, Achievable, Relevant and Time-bound (SMART) objectives focusing on country-specific NTD advocacy priorities. These could include increasing political will, mobilizing domestic resources, strengthening the integration of NTDs into health systems and cross-sector programs, and developing public-private collaborations for NTD elimination goals. Set measurable targets and link objectives to specific outcomes and verification methods.

### STEP 2: MAP STAKEHOLDERS AND INFLUENCE NETWORKS

Identify decision-makers and influencers at different levels: local (e.g., traditional rulers, healthcare workers, local businesses), national (e.g., ministers, parliamentarians, chambers of commerce, celebrities), and regional/global (e.g., regional/global celebrities, African Union, donors, global partners). Create visual maps showing relationships and funding flows, then develop tailored engagement strategies for each prioritized group.

### STEP 3: BUILD TECHNICAL WORKING GROUPS

Establish a multisectoral NTD Technical Working Group with clear terms of reference and regularly scheduled meetings to coordinate programming across ministries, pool resources, develop joint campaigns, and track progress. Include government decision-makers from health and non-health sectors, and consider representatives from UN agencies, NGOs, the private sector, and research institutions.

### STEP 4: DEVELOP TARGETED MESSAGING

Create compelling messages to overcome common barriers: competition with other health priorities, technical complexity, perceived lack of urgency, and limited impact data. Use factual

messages with credible data on the local context, emotional appeals through personal stories, and win-win framing connecting to audience priorities. Develop audience-specific message banks and include clear asks.

### STEP 5: CHOOSE STRATEGIC CHANNELS AND OPPORTUNITIES

Leverage and create opportunities for advocacy, such as national/international awareness days, parliamentary sessions, media engagement, site visits, and business forums. Conduct internal capacity assessments, develop annual advocacy calendars, generate media coverage through press kits and story contests, and create photo/video documentation for visual impact.

### STEP 6: MONITOR AND EVALUATE IMPACT

Track input indicators (resources invested), output indicators (activities delivered), and outcome indicators (changes achieved). Establish baseline data, set realistic targets, use multiple verification methods, and adjust strategies based on monitoring results.

## CONCLUSION

Effective NTD advocacy demands a strategic approach that brings these diseases to the forefront of decision-makers' agendas and mobilizes political will and increased resources. This toolkit provides advocates with a step-by-step process to create and amplify persuasive messages, seize critical opportunities, and drive action that protects vulnerable communities and economies from the devastating impact of NTDs.

# PURPOSE OF THIS KIKUNDI ADVOCACY FOR NEGLECTED TROPICAL DISEASES TOOLKIT

## WHO SHOULD USE THE KIKUNDI ADVOCACY FOR NEGLECTED TROPICAL DISEASES TOOLKIT?

If you have an interest in mobilizing resources and political will for NTD elimination, especially if you are an NTD program manager, a health authority, a country or local-level government official, or an implementing partner/advocate, then this toolkit is designed to support your efforts.

## HOW TO USE THIS KIKUNDI NTD ADVOCACY TOOLKIT

With this collection of guidance and tools, you will strengthen your ability to advocate effectively to different stakeholders with tailored messages and approaches.

This toolkit consists of two parts. Please also see the *Kikundi Advocacy for Private Sector Mobilization to Eliminate Neglected Tropical Diseases Brief* for tailored information on engaging the private sector for resource mobilization.

### Part 1 – NTD Advocacy Framework: The Basics

This provides guidance on achieving each phase of an advocacy cycle. It builds knowledge on the basics of an advocacy framework for NTDs and includes financing options and country-level examples.

### Part 2 – NTD Advocacy Framework: The Tools

These tools allow you to create an NTD advocacy strategy and plan, based on information from Part 1.

### Annex 1: Sample Global and Regional NTD

**Messages.** This section provides sample messages drawn from peer-reviewed journals and credible global health and advocacy organizations.

### Annex 2: Sample Tailored Messaging for NTD

**Advocacy.** This section provides illustrative examples of tailored messaging for different decision-makers using a fictional country. The table is for illustrative purposes only.

**Annex 3: Sample Implementation Plan for NTD Advocacy.** This section provides an illustrative implementation plan for NTD advocacy efforts.

### Annex 4: Resources and Data for NTD Advocacy.

Many NTD resources already exist that can be used for advocacy. This list provides links to relevant case studies, guidance, and information needed to build a case for investment.

## ADVOCACY SUPPORT NEEDS BEYOND THIS TOOLKIT

Effective advocacy requires more than planning – it demands specific skills, tools, and organizational support that many NTD programs currently lack. Based on the Kikundi stakeholder consultations, the list below outlines the capacity building and institutional support needed to translate advocacy strategies into results:

- Advocacy training, peer learning, and mentorship programs
- Strategic planning support linking advocacy to budget cycles and resource mobilization
- Research support for collecting and packaging locally relevant data on the country-specific impacts of NTDs
- Development of visual advocacy tools, including videos, infographics, and case studies

In addition, countries reaching elimination milestones often miss opportunities to translate these successes into compelling narratives that could drive increased investment and political support across the region. National, regional, and global support could help fill this critical gap by promoting NTD elimination progress and successes more widely.



# WHY ADVOCACY FOR NEGLECTED TROPICAL DISEASES?

NTDs remain a significant but underrecognized global health challenge. More than 1 billion people worldwide are affected by NTDs, and 1.5 billion require interventions [1]. Beyond causing disability and disfigurement, these diseases can be fatal, trapping survivors in cycles of poverty and inequity. Nowhere is the burden heavier than in Africa, which accounts for 40% of the global total, with more than 600 million people in need of treatment [2]. At least one NTD is endemic in every African country and 79% of African countries are co-endemic with at least five of these diseases [3]. Children miss school, adults lose livelihoods, and women and girls are especially burdened. Despite this enormous toll, NTDs receive only a fraction of the investment directed to other global health priorities.

**NTD ELIMINATION IS ALSO ONE OF THE MOST COST-EFFECTIVE “BEST BUYS” IN GLOBAL PUBLIC HEALTH. EVERY DOLLAR SPENT UNLOCKS ENORMOUS RETURNS NOT ONLY IN IMPROVED HEALTH, BUT ALSO SCHOOL ATTENDANCE, WORKFORCE PARTICIPATION, AND GENDER EQUITY.**

Sub-Saharan Africa alone accounts for nearly 90% of the world’s schistosomiasis cases: 112 million people are infected, and nearly 800 million are at risk [4]. In 2023, at least 249.5 million people required preventive treatment against onchocerciasis [5]. Over 657 million people in 39 countries worldwide remain threatened by lymphatic filariasis (LF) and require preventive chemotherapy to stop the spread of this parasitic infection [6]. Buruli ulcer, leprosy, trachoma, and human African trypanosomiasis (HAT) also continue to take a high toll. Across the 47 countries of the World Health Organization (WHO) African Region, the prevalence of NTDs is highest among poorer, marginalized communities. These diseases, caused by viruses, bacteria, parasites, and fungi, are considered ‘neglected’ because they have historically received less attention and resources compared with other high-burden global health priorities.

Even within this context, progress and elimination goals have been achieved. Preventive chemotherapy, delivered through schools, community networks, and local health workers, has reached over one billion people each year between 2015 and 2019 [7]. As of July 2025,

57 countries have eliminated at least one NTD [8], including 19 in Africa [9]. In 2022, Togo became the first country in the world to eliminate four diseases – all of them NTDs. Kenya has successfully eliminated Guinea worm disease and interrupted transmission of onchocerciasis and HAT [10], demonstrating what strong government commitment and partnerships can achieve. Globally, 690 million fewer people required NTD interventions in 2023 than in 2010 [11].

## SPOTLIGHT: NTD ELIMINATION SUCCESS IN TOGO

Togo became the world’s first country to eliminate four NTDs, achieving elimination of Guinea worm disease in 2011, LF in 2017, HAT in 2020, and trachoma in 2022 – within just eleven years of intervention despite limited resources [12]. This success was driven by door-to-door provision of medicines, health worker training, sustained funding, and strong government backing [13-15]. Importantly, the country integrated 16 NTDs into its national health program, achieved cross-border collaboration, and between 2005 and 2012, integrated LF into their Global Fund funding package for malaria, allowing the country to secure \$330,000, which significantly contributed to achieving LF elimination in 2017. According to global NTD experts in the Kikundi stakeholder consultation, the NTD community should more actively seek opportunities through funding mechanisms such as the Global Fund and Gavi. They also stressed that greater efforts must be made to promote elimination successes, highlighting the Togo case study as a prime example.

NTD elimination is also one of the most cost-effective “best buys” in global public health, with an estimated net benefit to affected individuals of about US\$25 per US\$1 invested in preventive chemotherapy [16-17]. Every dollar spent unlocks enormous returns not only in improved health, but also school attendance, workforce participation, and gender equity. The 2022 Kigali Declaration underscored the urgency of sustaining this progress, calling for renewed political and financial commitments to achieve the WHO 2030 roadmap targets.

Severe funding cuts, however, including sharp United States (U.S.) government aid reductions in 2025, jeopardize hard-won progress. Despite steady advances, NTD program managers across Africa warn that persistent resource shortfalls could unravel years of achievement. For instance, in 2025, US\$114.5 million in U.S. support was frozen, followed by the dissolution of the U.S. Agency for International Development (USAID), which put nearly US\$1 billion worth of donated medicines at risk of going unused [18]. Surveillance systems, mass drug administration (MDA), and dossier evaluations for elimination validation became delayed.

NTD programs have always competed for attention and vied for limited domestic resources, overshadowed in resource-constrained countries by development priorities and ongoing health burdens such as HIV, malaria, and TB, and more recently by non-communicable diseases (NCDs). As national budgets tighten, maintaining visibility and needed resources is more challenging. Unlike the “big three” (HIV, malaria and TB), NTDs have no dedicated global financing mechanism to rely on. These gaps are compounded by the enduring impacts from delayed programming caused by the COVID-19 pandemic, and ongoing climate change and humanitarian crises.

**Amid these challenges, advocacy can be a powerful tool for change.** Political will in Togo enabled the elimination of four diseases and the integration of 16 NTDs into the national program. In The Gambia, engagement with parliament unlocked government funds for medicine procurement for the first time in a decade [19]. In Ethiopia, data-driven advocacy elevated underserved communities in a national NTD strategy [20]. NTD program managers and partners consistently stress the need for stronger domestic resource mobilization, innovative financing, and private sector engagement to fill widening gaps.

The path forward is clear: elimination is feasible, preventing NTD-associated morbidity at a population level is achievable and cost-effective, and many programs are already well-established for elimination goals. Without urgent political and financial commitments, progress could be reversed, and NTDs will continue to impose significant health, social, and economic burdens on individuals and nations.





# FINANCING OPTIONS FOR NTDS

Countries can supplement existing domestic resources earmarked for health and NTDS with funds raised through a variety of financing mechanisms. These mechanisms include taxes, tariffs, philanthropic and diaspora contributions, multilateral loans and grants, community-based schemes, and improvements to health services delivery through performance-based financing. They can incentivize investments by the private sector, which is covered in more detail in the *Kikundi Advocacy for Private Sector Mobilization to Eliminate Neglected Tropical Diseases Brief*.

Innovative financing for NTDS remains limited or largely undeveloped in many countries. While some of these approaches support broader health budgets, national health insurance schemes, or priority diseases such as HIV, they are rarely applied specifically to NTD programs. Despite this, these mechanisms hold promise, and there is growing interest by health authorities in Africa in exploring new approaches to expand funding for NTDS.

## TAXES AND TARIFFS

Targeted taxes and tariffs – on products such as sugary drinks, alcohol, tobacco, or certain industry goods – offer promising avenues to increase funding for NTD programs.

In some settings, levying tariffs on industries operating in NTD-endemic areas (e.g., cotton or mining) could generate additional resources, given the geographic overlap between economic activity and disease prevalence.

Taxes and tariffs have been successfully used in multiple countries to support public health initiatives and other development priorities.

## EXAMPLES

For example, the **Zimbabwe AIDS Trust Fund**, established in 2000, raised \$30 million in 2023 with a 3% tax levied on formal sector employers and employees [21].

Tax revenue collected through systems like the National Health Insurance Levy (NHIL) in **Ghana** contributes to the National Health Insurance Scheme. Similarly, in **Chad**, a portion of tax revenues are supporting universal healthcare and substance use prevention, and a percentage of tax levies in **Sierra Leone** are geared to support health budgets generally. The **Rwanda** government uses fuel subsidies and other fees from services such as

vehicle inspections and tourism revenues to fund community-based insurance [22].

## POTENTIAL CHALLENGES

- Potential burden on low-income populations from new taxes or levies.
- Unclear governance and accountability for managing and directing funds to NTD programs.
- Competing priorities, as revenues are often already committed to other health and non-health programs, limiting flexibility for NTD allocations.

## DIASPORA CONTRIBUTIONS

Contributions from the diaspora is a potential source of funding for NTD programs, which can be collected through taxes or fees on remittances or via direct donations, particularly in countries where remittances already play a substantial role in the national economy. Some countries have channelled funds from the diaspora for health and public goods already.

Global experts emphasize the strategic importance of this funding stream, which could help reduce the financial barriers to healthcare.

## EXAMPLES

Remittances as major external financing:

- Africa received over \$90 billion in 2023; likely underestimated due to informal transfers.
- Significant share of gross domestic product (GDP) in fragile contexts: 23.5% in Somalia, supporting households and local health facilities during crises [23].

**Sierra Leone** (2014–2016 Ebola outbreak): The Sierra Leone UK Diaspora Ebola Response Taskforce mobilized financial resources, coordinated technical assistance, and implemented health promotion campaigns when traditional aid mechanisms were still organizing [24].

**Sudan**: The Sudanese American Physicians Association provided sustained financial support to 13 hospitals and healthcare centers, delivering over 57 tons of essential medications and supplies, thereby preventing the collapse of critical health services in multiple states [25].

## POTENTIAL CHALLENGES

Funding potential depends on the level of contributions countries receive.

## MULTILATERAL FUNDING

**Multilateral funding sources present a significant but largely untapped opportunity for addressing NTD financing gaps.**

**While funding sources are varied and can include global and regional banks as well as multilateral donor organizations, this toolkit will focus on these main sources that are relevant for NTDs:**

**World Bank International Development Association (IDA) funding:** The World Bank's IDA program can provide grants to support health, education, infrastructure, agriculture, economic and institutional development for low-income countries. For the World Bank's 21st Replenishment of IDA (IDA21), \$22.4 billion is available starting in September 2025, offering a mix of grants and 10-year, 0% interest rate loans [26].

Development bank financing is granted at the request of Ministers of Finance, so advocates must engage these decision makers and influencers early. It will be important for country stakeholders to understand the socioeconomic impact of NTD elimination to make the case for inclusion in this package.

**Global Fund, GAVI and the Pandemic Fund:** Togo, for instance, famously integrated LF into its Global Fund proposal for malaria between 2005 and 2012. This allowed the country to secure \$330,000 for LF (See *Spotlight on NTD Elimination Success in Togo* in this document). NTD program managers can consider integrating NTDs into existing funding applications for the Global Fund, GAVI, and the World Bank's Pandemic Fund.

### EXAMPLES

A few countries have explored this option. In The Gambia, the MoH is exploring how to include NTDs in the World Bank IDA21 grants. And in Nigeria, briefing notes were developed for the IDA21 replenishment cycle (July 2025 – June 2028) emphasizing disease elimination, including NTDs. The potential for accessing these funds also underscores the need for data on the impacts of NTDs across sections, to illustrate how eliminating these diseases would have a transformative impact on health, equity, poverty reduction, and economic growth.

Countries that have successfully used IDA financing for malaria-specific programs include Nigeria, Zambia and Benin – while others such as Ghana, Sierra Leone, Ethiopia and Mozambique have included malaria into other IDA-financed programs, including nutrition and health systems strengthening. For more information about IDA, go to [www.worldbank.org/ida/](http://www.worldbank.org/ida/).

In 2011, the government of Benin approached the World Bank to request an additional US\$31m IDA loan for malaria-specific funding as there was consensus among decision makers that resources allocated to malaria control would impact GDP positively. To trigger funding, the MoH had to closely liaise with the Ministry of Finance (MoF). Benin's IDA request was approved within 3 months [27].

Challenge grants, bond mechanisms (pay-for-performance) and backstopping guarantees such as the Pledge Guarantee for Health are other innovative financing strategies to be considered.

### POTENTIAL CHALLENGES

According to NTD global experts, despite widespread interest among ministries of health, awareness and understanding of these financing mechanisms and engagement with the ministries of finance about incorporating NTDs remain low.

## PHILANTHROPY

**Global experts and NTD program managers alike see philanthropic foundations as critical options for filling NTD program gaps.**

### EXAMPLES

There are many examples of philanthropies and foundations that have contributed to NTDs, including: Gates Foundation, The END Fund, Helmsley Trust, Alwaleed Philanthropies, Carter Center, Children's Investment Fund Foundation, Sightsavers, and the Mohamed Bin Zayed Foundation for Humanity. On the sidelines of the 28th session of the Conference of the Parties (COP28) in 2023, global partners pledged \$777 million for NTD elimination during the Reaching the Last Mile Forum. Global and national NTD experts noted the philanthropic opportunities that exist through the United Arab Emirates (UAE) and other Middle East partners, as well as through global, regional and national philanthropists (e.g., Aliko Dangote / Dangote Group).

### POTENTIAL CHALLENGES

The health and development budgets of low-resource countries are being stretched worldwide, and philanthropists are being called upon to fill the gaps. It remains to be seen how and to what extent philanthropists can heed this call.

## RESULTS-BASED FINANCING

**Results-based financing (RBF) is a financing approach where funds are released only after agreed results are achieved and verified. It has been used in health systems strengthening to improve the quality and use of maternal and child health services, as well as in other sectors.**

### Key types of RBF

#### Performance-Based Financing (PBF)

Donors such as the World Bank, GAVI, the Global Fund or other philanthropic or corporate funders have offered PBF approaches that release funds after a country demonstrates measurable improvements. PBF approaches have been used across sectors to incentivize better service delivery and accountability.

#### Impact Bonds (a form of outcomes-based financing)

Private investors provide upfront capital to deliver health or social programs to a population in need.

Outcome funders – such as governments, donors, or philanthropic foundations – repay investors if results are achieved.

## EXAMPLES

### Rwanda

World Bank-supported RBF program incentivized providers to meet maternal and child health (MCH) quality targets, which:

- contributed to reduced mortality rates, and
- was scaled to all rural facilities [28-29].

### Burundi

An RBF scheme at primary care facilities offered performance-based incentives to enhance quality and access. Documented improvements included increased vaccination coverage and greater utilization of maternal health services [30].

### Nigeria

PBF was introduced in 2012 with World Bank support (US\$14 per capita) in three pilot states [31]: Adamawa, Nasarawa, Ondo. Key highlights include:

- PBFs were adapted to Nigeria's decentralized federal system and aligned with the "Primary Healthcare Under One Roof" policy.
- State PHC Development Agencies managed purchasing and verification; state ministries of finance acted as fund-holders.

- In conflict-affected areas, PBF funds were used to subcontract outreach clinics for IDPs, helping maintain service delivery.

## POTENTIAL CHALLENGES

Lack of knowledge about RBFs as an innovative funding mechanism. Weak data systems, operational complexity, donor dependence (World Bank, GAVI, Global Fund) and challenges transitioning to domestic budgets with limited fiscal space impede scale-up and integration into broader national health strategies.

## COMMUNITY-BASED COLLECTION MODELS AND USER FEES

**Some programs have experimented with charging user fees to support the delivery of NTD services.**

**Community collection models have also been proposed where traditional or community leaders can collect small contributions in high burden areas to help offset costs of mass treatment campaigns.**

**Additionally, community-based health insurance (CBHI) was noted as a potential solution to support NTD case management and service delivery.**

## EXAMPLES

Out-of-pocket spending is the largest source of private health funding. Highest levels: Nigeria (72%) and Sudan (63%). Lowest levels: Mozambique (7%) and South Africa (8%) [32].

The trachoma control program in Nigeria has moved from community outreach to static service delivery at local health facilities once areas reached elimination thresholds. In regions where user fees are customary, programs have advocated for patients to pay minimal fees for trachomatous trichiasis management, unless coverage is provided through health insurance [33-34].

A study on Mali's NTD program noted that in 2010, the Kayes mayor's office donated 5 million CFA francs to help motivate community drug distributors [35]. It was suggested that small contributions could be collected by the community or traditional leaders to help offset costs of mass treatment campaigns for NTDs.

Ethiopia's community-based health insurance (CBHI) was launched in 2011 and since covers hundreds of woredas. Households pay annual premiums based on size, and marginalized groups receive subsidies or fee waivers. CBHI is said to help improve access to healthcare, particularly for MCH and general curative services. Pooled funding could support NTD case management and service delivery.

### POTENTIAL CHALLENGES

The challenge cited for charging user fees is the inability of some community members to pay, which might deter them from using the services and getting care.

For the community collection models, challenges in maintaining accountability and resource management were recognized.

### LOCAL GOVERNMENT CO-FINANCING SCHEMES

This refers to co-financing schemes for decentralized governance structures where national and local-level entities could share financial responsibility for NTD elimination efforts based on negotiated agreements.

### EXAMPLES

Shared financing – via negotiated agreements between national and local governments – is already occurring in health financing landscapes, but it is unknown whether this has been used for NTDs specifically.

One example given is if US\$50 million is needed for an NTD program, it could be divided proportionally across high burden districts – for example, one-third from each party. They can invest collaboratively, with contributions tied to shared milestones for delivering on NTDs [36].

### POTENTIAL CHALLENGES

Competition with other funding needs is a challenge for local entities with limited resources, requiring advocacy at all levels of government.

### POOLED PROCUREMENT MECHANISMS (PPMS)

This is a formal arrangement where multiple countries' purchasing authorities combine resources to jointly buy health supplies and technologies. The use of PPMs for NTDs in Africa could be explored for greater cost savings across high burden countries.

### EXAMPLES

The WHO Pan-American Health Organization has two mechanisms relevant for NTDs [37]:

- **Strategic Fund:** Since 2000, this fund helps countries in the Americas pool resources to procure essential medicines, diagnostic tests, and other health supplies, including tools for NTDs, while providing technical support; in 2021, it purchased over 110,000 diagnostic tests for diseases like Chagas, leishmaniasis, and leptospirosis.
- **Revolving Fund:** Since 1977, this fund originally focused on vaccines for national immunization programs, but has since procured medicines and diagnostic tests for diseases such as HIV, malaria, and leishmaniasis; in 2024, it procured over \$800 million in vaccines, medicines, and diagnostic tests, including more than 10 million tests.

#### Africa Medical Supplies Platform (AMSP):

Established by the African Union (AU) to procure COVID-19 products, the AMSP is an e-commerce platform that connects suppliers with governments, health systems, non-governmental organizations (NGOs), and donors. Backed politically by the AU and financially by Afreximbank, it pools orders to leverage Africa's bulk purchasing power, ensure quality, stabilize prices, eliminate middlemen, and promote equitable access across countries [38].

### POTENTIAL CHALLENGES

Setting up a PPM requires substantial financial and technical resources to create procedures, build capacity, and establish monitoring systems. Operating it effectively demands political will to coordinate countries, harmonize regulations, and negotiate with manufacturers. Sustainable financing is essential, and poorly designed PPMs can be perceived as a threat to national sovereignty or weaken domestic procurement capacity.



## PRIVATE SECTOR FUNDING

**Governments can mobilize additional domestic financing for NTDs by engaging private sector partners to contribute resources to NTD elimination efforts. While a range of private sector partners should be engaged, particular attention could be given to those whose industrial practices are directly linked to disease transmission, especially through water contamination.**

For instance:

- Industries like mining, agriculture, and other operations can create environments that can heighten the risk of NTDs. For example, mining operations can contaminate water sources and degrade sanitation, contributing to waterborne and vector-borne NTDs such as schistosomiasis and guinea-worm disease (as well, there are data showing increased vulnerability to malaria, tuberculosis, STIs, and HIV/AIDS, data of which can be used to bolster the case for integrated health programming).
- Agricultural practices such as irrigation and fishing are considered risk factors for the spread of NTDs such as schistosomiasis.

See *Private Sector Funding Brief* for more information.

### EXAMPLES

Aside from large-scale drug donation programs, overall private sector investments in NTDs appear limited, particularly when compared to malaria and HIV/AIDS.

A group of mining companies and foundations rallied together to support the END Fund's Mali Emergency Bridge Funding Initiative, to address a gap in NTD funding caused by frozen donor funding after a military coup occurred in the country [39].

There are many examples of private sector engagement that supported malaria control programming. For instance, BHP Billiton, through its Sustainable Communities foundation, contributed US\$30 million over five years to support malaria prevention, diagnosis, and treatment in Mozambique [40]. Chevron donated US\$5 million to Angola's Ministry of Health via the Global Fund [41], and Esso Angola provided US\$4 million to support malaria projects through grants from the ExxonMobil Foundation [42].

## POTENTIAL CHALLENGES

Private sector support for NTDs is often short-term and fragmented, usually through small corporate social responsibility (CSR) projects rather than coordinated national efforts. Many governments lack mechanisms to engage businesses effectively or policies to incentivize like tax breaks to encourage long-term investment. Companies may focus on higher-profile issues like education or HIV/AIDS, leaving NTDs underfunded.

## CARBON REMITTANCES

**One emerging idea under discussion with the Africa Centres of Disease Control (Africa CDC) is the use of ecological agreements, in which African countries could receive compensation from wealthier nations for maintaining low carbon emissions.**

**Investing in climate resilience can mitigate health risks associated with climate change, such as the spread of vector-borne diseases.**

### EXAMPLES

Several countries have benefited from related climate finance mechanisms and carbon market initiatives that align closely with this concept.

For example, Kenya has actively participated in carbon credit projects, particularly through forest conservation and reforestation efforts like the Kasigau Corridor REDD+ project. These generate revenue by selling carbon offsets to international buyers, with funds supporting community development and conservation.

The country has also received climate finance from international funds such as the Green Climate Fund to support low-emission and climate-resilient development projects [43].

## POTENTIAL CHALLENGES

Establishing transparent and effective systems to monitor emissions reductions and ensure that compensation is appropriately allocated is complex. Achieving consensus among nations on the terms and conditions of ecological agreements requires diplomatic efforts and alignment of interests.

# BUILDING AN ADVOCACY STRATEGY FOR NTDS

Effective NTD advocacy employs strategic communication and targeted interventions to persuade governments, partners, civil society, and the public to accelerate NTD elimination goals. This involves raising awareness of disease burden, shaping beliefs and norms around NTDS, driving policy change, removing implementation barriers, and mobilizing resources.

This framework focuses on four core advocacy priorities from which country-specific goals and objectives can be developed:

## INCREASED VISIBILITY AND POLITICAL WILL

Increase public attention on the burden of NTDS and mobilize political commitment for NTD elimination efforts.

## MOBILIZED DOMESTIC FUNDING

Advocate for increased domestic resources to support investments in NTD elimination. While dedicated NTD budget lines remain an important advocacy goal, mobilizing resources to maintain or scale up elimination efforts within integrated programs is equally essential. Priority areas include MDA, surveillance (including cross-border surveillance), data systems for targeting interventions and tracking progress, diagnostics, and case management.

## EXPANDED LOCAL PRODUCTION AND PARTNERSHIPS

Promote local pharmaceutical production to reduce reliance on external supply chains, while fostering public-private partnerships that scale reach, resources, and impact.

## MORE EFFECTIVE INTEGRATION OF NTDS

Integrate NTDS into health and relevant non-health sectors, universal healthcare agendas, and strengthen frontline worker training and protocols. Key integration opportunities include:

- Multilateral funding proposals such as the Global Fund and World Bank IDA funding linked to health, development, and climate change initiatives

- One Health and pandemic preparedness platforms
- National climate adaptation plans
- WASH programs
- Education sector initiatives
- Complementary health programs, such as malaria, TB, and MCH programs

## STEP 1

### DEFINE NTD ADVOCACY GOAL AND OBJECTIVES

A straightforward approach to developing your advocacy goal and measurable objectives is to answer these three essential questions:

- What do you want your advocacy to do?
- When do you want key decision makers to do it?
- What is the benefit if the key decision makers do what you want them to do?

To establish SMART (Specific, Measurable, Achievable, Relevant and Time-bound) objectives, consider these guidelines:

- Identify results that will have the greatest impact on NTD elimination efforts in your country.
- Use only one action verb in each objective since using several verbs implies that several activities and/or behaviors are being measured.
- Be specific about the target population and the issue being addressed by the objective.

While your advocacy objectives should typically be limited to 2-3, the examples below include a broad range of potential objectives for your consideration. Each example is linked to indicators and means of verification to illustrate how these objectives can be measured. For detailed guidance on developing indicators, see *Step 6: Develop a Monitoring & Evaluation Plan to Measure NTD Advocacy Impact*.

## EXAMPLE GOAL: ENSURE SUSTAINABLE FINANCING FOR NTD ELIMINATION BY 2030

### BEHAVIOR CHANGE OBJECTIVE EXAMPLE

#### SMART objective(s)

By [Month, Year], at least 10 parliamentarians from high-burden regions have issued a public endorsement of NTD elimination.

#### Indicator(s)

Outcome: # of members of parliament (MPs) from high-burden regions that have issued a public endorsement of NTD elimination by [Month, Year].

Output: # of MPs from high-burden regions who received at least two tailored advocacy materials (e.g., pledges, press releases, talking points, social media templates, fact sheets) on NTD elimination by [Month, Year].

#### Means of verification

Recorded endorsements (e.g., in pledges, speeches, media, social media, or parliamentary debates).

Program report; advocacy materials.

### BEHAVIOR CHANGE OBJECTIVE EXAMPLE

#### SMART objective(s)

By [Month, Year], the MoF will know at least three facts about the health, economic and social burden of NTDs.

#### Indicator(s)

Outcome: # of facts about the health, economic and social burden recalled by the MoF by [Month, Year].

Proxy: At least one official document or communication includes a reference to the health, economic, or social burden of NTDs by [Month, Year].

Output: The MoF received an NTD briefing package by [Month, Year].

#### Means of verification

Pre/post survey; documented policy note, or public communication.

Program report; meeting minutes.

### BEHAVIOR CHANGE OBJECTIVE EXAMPLE

#### SMART objective(s)

By [Month, Year], NTDs will be covered in the media at three critical moments throughout the year.

#### Indicator(s)

Outcome: # of media products (newspaper articles, radio spots, etc.)

Output: # of journalists trained in NTDs in the country.

#### Means of verification

Documented media coverage.

Program reports; attendance records.

### POLICY OBJECTIVE EXAMPLE

#### SMART objective(s)

An NTD technical working group is developed by [Month, Year].

#### Indicator(s)

Outcome: A formal NTD TWG is established by [Month, Year].

Output: # of stakeholder meetings conducted to plan the NTD TWG by [Month, Year].

#### Means of verification

Progress report; approved TOR.

Progress report; attendance records.

### POLICY OBJECTIVE EXAMPLE

#### SMART objective(s)

A dedicated NTD budget line is established by [Month, Year].

#### Indicator(s)

Outcome: By [Month, Year], the MoH has an approved budget line item for NTD programming.

Output: # of advocacy events held with NTD stakeholders by [Month, Year].

Output: # of public and private stakeholders that participate in advocacy events (delineated)

Output: # of policy briefs on NTD financing submitted to targeted government stakeholders before the next budget submission deadline.

#### Means of verification

Budget law establishes line item for NTDs.

Program report.

Program report; policy briefs submitted.

### FUNDRAISING OBJECTIVE EXAMPLE

#### SMART objective(s)

By [Month, Year], the MoF will include at least US\$5M for NTDs in the World Bank IDA funding proposal.

#### Indicator(s)

Outcome: The World Bank IDA funding proposal includes NTDs as a priority area.

Outcome: Amount allocated to NTDs in World Bank IDA funding proposal.

Output: By [Month, Year], draft funding language for the IDA proposal is submitted to the MoF.

#### Means of verification

Submitted World Bank IDA funding proposal (or confirmation from the MoF).

Progress report; draft language.

### FUNDRAISING OBJECTIVE EXAMPLE

#### SMART objective(s)

Private sector partners will contribute \$500K/collectively for NTD elimination efforts by [Month, Year].

#### Indicator(s)

Outcome: Amount that private sector partners provide annually for NTD elimination activities by [Month, Year].

Output: # of private sector partners oriented on business impacts of NTDs and actions companies can take.

Output: # of draft MOUs for funding NTD elimination activities submitted to private sector partners by [Month, Year].

Output: # of award ceremonies conducted to highlight private sector contributions to NTDs.

Output: # of public and private stakeholders that participate in advocacy events (delineated).

#### Means of verification

Signed MoUs with banks; records of funds transferred annually.

Progress reports; three MOUs; attendance sheets.

### POLICY OBJECTIVE EXAMPLE

#### SMART objective(s)

A regionally pooled procurement mechanism for NTD diagnostics will be developed with three neighboring countries by [Month, Year].

#### Indicator(s)

Outcome: A regional framework is developed between the three neighboring countries establishing a pooled procurement mechanism for NTD diagnostics by [Month, Year].

Output: # of joint meetings conducted with the AU and representatives from the three neighboring countries to design the PPM by [Month, Year].

#### Means of verification

Regional PPM framework established.

Progress report; meeting minutes.

### FUNDRAISING OBJECTIVE EXAMPLE

#### SMART objective(s)

Diaspora associations and remittance platforms will contribute \$5M to NTD efforts by [Month, Year].

#### Indicator(s)

Outcome: Amount mobilized through contributions from diaspora associations and remittance platforms by [Month, Year].

Output: # of outreach campaigns conducted to diaspora associations and remittance platforms promote contributions to NTD programs by [Month, Year].

#### Means of verification

Financial records.

Progress report; attendance sheets.

### POLICY OBJECTIVE EXAMPLE

#### SMART objective(s)

Co-financing agreements with 10 subnational governments totaling \$1M will be developed by [Month, Year].

#### Indicator(s)

Outcome: # of co-financing agreements signed with subnational governments by [Month, Year].

Outcome: Amount mobilized for NTD elimination through co-financing agreements with subnational governments by [Month, Year].

Output: # of consultation meetings conducted with subnational government officials by [Month, Year].

#### Means of verification

Signed co-financing agreements and budget allocations.

Progress report; attendance sheets.

### FUNDRAISING OBJECTIVE EXAMPLE

#### SMART objective(s)

At least 10 high-burden communities established community-based contribution (CBC) systems that contribute to NTDs by [Month, Year].

#### Indicator(s)

Outcome: # of high-burden communities that established CBC systems that contribute to NTDs by [Month, Year].



Output: # of workshops conducted in year one to design and launch local contribution systems by [Month, Year].

#### Means of verification

Site visits/monitoring checklists confirming established and active CBC systems; financial reports or receipts.

Progress report; attendance sheets.

### FUNDRAISING OBJECTIVE EXAMPLE

#### SMART objective(s)

\$500K in philanthropic funding is secured by [Month, Year].

#### Indicator(s)

Outcome: Amount of funding is secured by philanthropic foundations by [Month, Year].

Output: # of tailored proposals submitted to targeted foundations by [Month, Year].

#### Means of verification

Signed grant agreements or contracts.

Progress report; submitted proposals.

### FUNDRAISING OBJECTIVE EXAMPLE

#### SMART objective(s)

NTDs are integrated into the next Global Fund HIV, TB, or malaria proposal by [Month, Year].

#### Indicator(s)

Outcome: By [Month, Year], the Global Fund proposal for malaria includes NTD-related budget allocations.

Output: # of consultation meetings conducted to provide evidence and draft NTD content by [Month, Year].

#### Means of verification

Global Fund proposal for malaria.

Progress report; meeting minutes.



To get started on your advocacy strategy and define clear objectives, complete *Tool A: NTD Advocacy Landscape Questionnaire for National Stakeholders* and *Tool B: NTD Goal and Objectives*.

## STEP 2

### IDENTIFY STAKEHOLDERS FOR NTD ADVOCACY

Stakeholder mapping enables you to identify both the primary decision-makers for your advocacy objectives and the influential actors who can sway their decisions. The following examples of key decision-makers and influencers emerged from Kikundi's stakeholder consultations with NTD program managers and experts.

#### EXAMPLE STAKEHOLDERS AND INFLUENCERS FOR NTD ELIMINATION ADVOCACY EFFORTS

##### LOCAL LEVEL

- Subnational leaders (e.g., regional, state, district, provincial)
- Social welfare departments and local assemblies
- Traditional rulers
- Religious leaders
- Civil society/ community-based organizations especially those working on human rights
- Faith-based organizations
- Local NTD champions
- Healthcare workers
- Local businesses and corporate representatives (e.g., mining, banking, agriculture, etc.)
- Past patients, people affected by NTDs
- Youth groups
- Community sports champions

#### EXAMPLE

In Ethiopia, the government created an NTD champions program that consists of five NTD community-level champions who are supporting elimination efforts. For example, an academic sector champion serves as a member of parliament who supports engagement with parliament and academic institutions, a journalist focused on health who shares stories on LinkedIn and social media, especially about trachoma, and a resource mobilization champion emphasizes the importance of building relationships with community members and businesses to contribute to NTD programs [44].

## NATIONAL LEVEL

- Ministries of health and its directors
- National public health institutes
- Ministries of finance
- Ministries of social affairs
- Ministries of tourism
- Ministries of education
- Ministries of agriculture
- Heads of State
- First ladies
- NTD technical working group members
- WASH stakeholders
- One Health platforms
- NTD partners (e.g., WHO, World Food Programme [WFP])
- Religious leaders
- Chambers of commerce, big business and institutions (e.g., mobile, petroleum, mining, banking)
- Existing NTD ambassadors
- Permanent secretaries
- Parliamentary health committees and other relevant non-health committees
- Entertainment and sports celebrities
- Social media influencers
- Media

### EXAMPLE

In Malawi, the NTD program reached out to the Ministry of Health planning department during budgeting meetings. They used evidence – such as elimination of LF and trachoma – as their main advocacy message. In Senegal, Guinea Worm was declared a national emergency with strong presidential leadership – including visits to affected areas – which drove rapid progress and stopped transmission by 1995 [45].

## REGIONAL/GLOBAL LEVEL

- Global/regional entertainment and sports celebrities; social influencers
- African Leaders Malaria Alliance (ALMA)
- NTD partners: For example, WHO, UNICEF, Kikundi, Speak up Africa, Uniting to Combat NTDs, Sightsavers, etc.

- African Union and member Heads of State
- Africa Centres for Disease Control
- Regional economic communities (e.g., Economic Community of West African States, Southern African Development Community, East African Community, Common Market for Eastern and Southern Africa)
- Politicians and ministry officials (e.g., Rwanda President Paul Kagame, Officials from Togo to share success story)
- Global/regional NTD ambassadors
- Religious leaders

### EXAMPLE

In The Gambia, a meeting in November 2024 with parliamentarians supported by ALMA led to allocation of domestic funds for NTD medicine procurement in 2025 – the first government funding in nearly a decade. Success factors included the use of ALMA scorecard data to highlight high-burden districts, compelling visuals of local examples of NTD symptoms, and evidence linking disease burden to district-level budget responsibility. Engagement at the highest levels of government is ongoing to increase policymakers' understanding of NTDs and their impacts [46].

## HOW-TO GUIDE FOR CREATING A STAKEHOLDER AND INFLUENCE MAP

Stakeholder mapping exercises help you gain a better understanding of the nuances within the structures and systems in your country that need to be considered when planning your NTD advocacy. This information will help determine who the primary decision-makers and influencers are as well as how they are linked.

### DIRECTIONS

- Complete this exercise with stakeholders who understand the national political and financial systems governing NTD policy change and resource allocation. If such expertise is not readily available, conduct interviews with knowledgeable stakeholders to fill these gaps.
- It is best to draw the stakeholder mapping to visually capture chains of command, funding flows, and key influential relationships. The NetMapping approach, which informed this exercise, offers an effective framework for creating these visual representations. [14]

- While creating your stakeholder maps, discuss the implications for your advocacy approach. Ensure that someone documents the discussion and outcomes through detailed notes, as these critical insights will inform your advocacy plan development.

## GOAL

To understand the network of relationships – both formal and informal – that shape policy decisions and resource allocation for NTDs, so you can engage the right messengers through the most influential connections.

## WHEN TO USE IT

- You need to understand who has the greatest influence (formally and informally) on funding and/or policy decisions.
- You want to find who has trusted access to your target decision-makers.
- You're building an advocacy coalition or campaign and need to identify key partners.
- You need to uncover potential allies or opposition that may not be immediately obvious.

## DEFINE YOUR CORE QUESTION OR TARGET

Focus your mapping exercise on a **specific advocacy objective** and a person or institution of interest.

Example: Who influences the Minister of Finance's position on budgeting for health and NTDs?

## IDENTIFY KNOWN ACTORS

For your core question, consider that the decision-maker may be an individual (e.g., the Minister of Finance, Minister of Health, or a district health commissioner) or a clearly defined group (e.g., the mining industry).

### Brainstorm

- People or institutions directly connected to your target decision-maker (e.g., government ministries, parliamentary committees, advisors).
- Groups they have worked with (e.g., ministry officials, parliamentary committees, donors, multilateral banks and international

organizations, private sector actors, and advisory groups to implement fiscal policy and manage public resources).

- Communities or demographics they represent (e.g., Households and vulnerable populations impacted by taxes and social services, businesses, subnational governments).

Write actor names on colored sticky notes, assigning different colors to distinct groups (for example, government = yellow, donors = blue, private sector = green, civil society = purple, affected populations = orange, and other decision-makers or influencers using additional colors as needed).



You are building an initial “node” list: individuals or groups connected to your key decision-maker.

## VISUALIZE THE NETWORK

To create your map, use sticky notes and flip chart paper or digital tools such as Kumu (interactive maps), Miro or Mural (collaborative whiteboards), or Canva or PowerPoint (simple diagramming).

- Using your colored stakeholder groups (nodes), start to define relationships using different colored lines (thicker lines = stronger ties).

- Use visual cues: for example, nodes can be represented by circles, squares, or towers. Size them according to influence or visibility (for example, the larger the node, the greater the influence).

Map the following types of relationships between stakeholders. Use different colored lines to distinguish each type of connection or “flow.” For example:

- **Funding flow:** Using a colored marker, draw lines to show how funding moves from one entity (e.g., Minister of Finance) to another, such as the Ministry of Health and down to local clinics.
- **Reporting structure:** Using a different colored marker, draw lines to show the formal reporting relationships and hierarchical connections between key decision-makers.
- **Influence:** Using another colored marker, show who influences whom, both formally and informally. Who else is involved (donors, multilateral banks, parliamentarians, etc.)?
- **Communication:** Using a different colored marker, show who talks to whom regularly. (For example, a business or religious leader who casually speaks with a policymaker every week may have more sway than a national advocate and that should be illustrated on your map).

Then, reflect on and discuss with the other stakeholders in the room:

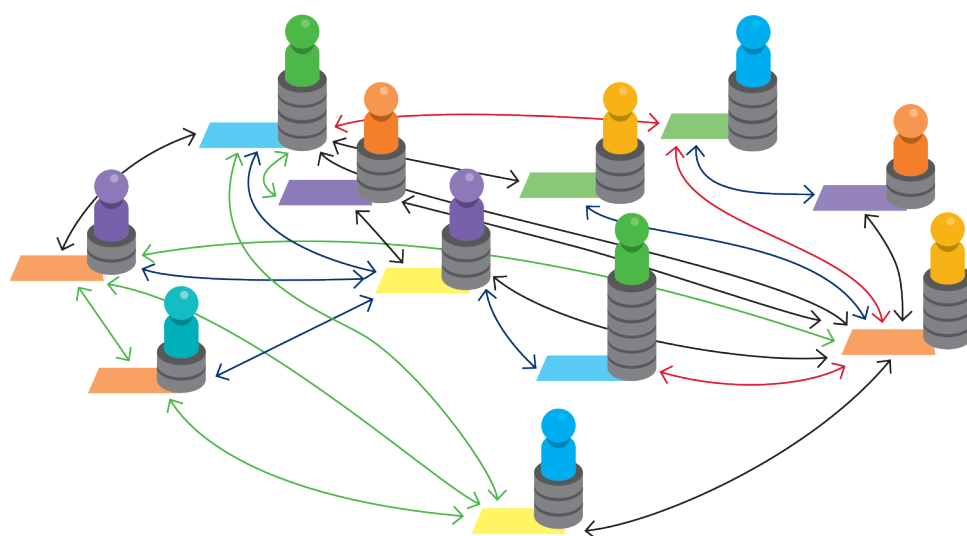
- **Organizational affiliations:** Who shares memberships or institutional ties?
- **Trust:** Who listens to or respects whom?
- **Social capital:** Who has credibility or influence across overlapping networks?

While reflecting on these areas during the analysis of your map, consider who plays the following roles:

Role	What to look for
<b>Bridges</b>	People who link disconnected groups
<b>Hubs</b>	Well-connected individuals or institutions
<b>Bottlenecks</b>	Those whose absence would break communication
<b>Hidden influencers</b>	Quiet but trusted individuals in key positions

If the stakeholders in your meeting lack complete knowledge for this mapping exercise, fill information gaps through targeted interviews and research. This can include media scans, website reviews, and online biographies of key players.

Ensure that there is a notetaker who is taking note of these conversations, since the outcome of the dialogue is often key to understanding these relationships and building a successful engagement strategy.





## DEVELOP ENGAGEMENT STRATEGIES

Once your stakeholders and influencers have been identified, you can start to brainstorm on your engagement and influence activities. See *Advocacy Approaches and Channels* in this guide for more information on developing a calendar of events linked to this activity. See below for examples of an engagement strategy.

### FIRST LADY

Strategy: Invite to become an NTD champion (e.g., to provide remarks at events and national and international celebration days).

Messenger: Minister of Health

### MINING COMPANY CEOs

Strategy: Build relationship through strategic meetings.

Messenger: Chamber of Commerce Lead

### PERMANENT SECRETARY

Strategy: Ask to brief members of parliament.

Messenger: Technical experts, peers

### MINISTRY OF FINANCE (MOF)

Strategy: Develop economic impact one-pager and schedule meeting series.

Messenger: Minister of Health, NTD Program Manager

### MEMBERS OF PARLIAMENT (MPS)

Strategy: Organize site visits.

Messenger: NTD Program Manager, civil society, former patients and constituents



To develop your own stakeholder map, follow the directions above and complete *Tool C: NTD Stakeholder Mapping*.

## STEP 3

### IDENTIFY AND BUILD AN NTD TECHNICAL WORKING GROUP

The Kigali Declaration on Neglected Tropical Diseases, the WHO 2021–2030 NTD Roadmap, and the African Union’s Continental Framework and Common African Position on Neglected Tropical Diseases emphasize the importance of collaboration between NTD programs across sectors, integrating NTD interventions into national health systems, coordinating with related programs (e.g. vector control and pandemic preparedness), and collaborating across sectors such as WASH, environment, and education.

One effective approach is to develop an NTD technical working group (TWG) that brings new perspectives, skills, and resources to the table for NTD elimination and can create stronger platforms for advocacy.

#### Benefits of an NTD TWG

- **Improve coordination:** Facilitate information sharing and collaborative efforts
- **Amplify impact:** Achieve more collectively than individual organizations can accomplish alone
- **Pool resources:** Combine financial resources and expertise from multiple organizations
- **Strengthen credibility:** Enhance legitimacy through a unified, multi-organizational voice
- **Build capacity:** Develop leadership and technical skills among member organizations
- **Expand networks:** Create relationships with new partners and key stakeholders
- **Sustain momentum:** Provide ongoing support, encouragement, and motivation for members

#### WHO SHOULD BE INVOLVED?

While each country determines TWG membership based on national priorities and context, ensure that there is government representation across relevant health and non-health sectors for coordinated national action. Consider including UN agencies, NGOs, private sector partners, research institutions, and organizations with service delivery expertise.

## OPERATIONAL CONSIDERATIONS

Effective working groups meet regularly (quarterly is recommended) and report to a designated management or executive team. The structure should balance meaningful progress with manageable time commitments to ensure sustained participation, clear accountability, effective coordination, and strong communication between partners and leadership.

The TWG should establish a unifying goal with objectives focused on scaling up NTD interventions. This might include harmonizing policies and guidelines, sharing resources for commodities and training, and securing funding for scale-up activities.

Consider the following objectives that NTD TWGs can prioritize:

### NTD Scorecard Tracking and Gap Analysis

- Track national NTD scorecard data and identify gaps in policies, guidance, and resources (human, financial, and capacity-building). Available through the Africa Malaria Leaders Alliance (ALMA), national NTD scorecards are country-owned tools which use existing data to track the performance of priority indicators, selected based on country NTD strategic plans, disease burden, and availability of reliable data sources providing updated data.

### Strategic Integration

- Convene cross-sector integration planning sessions to identify challenges and opportunities and define trackable actions.
- Coordinate strategic planning across health and non-health sectors.

### Resource Sharing and Capacity Building

- Share resources to scale up NTD interventions and strengthen health systems.
- Coordinate service delivery training for NTD detection and treatment.
- Address policy and supply chain gaps collaboratively.

### Awareness Raising

- Develop targeted campaigns highlighting both NTD successes and remaining challenges.
- Recruit champions for advocacy activities.

### Monitoring and Evaluation

- Strengthen data collection frameworks and monitoring systems for NTDs.
- Establish accountability mechanisms for tracking collective progress.

### Partnership Development

- Identify corporate engagement opportunities and develop partnership proposals.
- Define clear pathways for private sector contributions to NTD programming.

## TERMS OF REFERENCE (TOR)

The TWG will require a well-crafted TOR to establish the formal governance framework and serve as the foundational document guiding all group activities. Essential components include:

- Vision, goals, and objectives of the TWG.
- Description of work to be done jointly and individually.
- Roles and responsibilities of each partner, including accountability mechanisms.
- Legal considerations.
- Clear methods for resolving disputes.

## SPOTLIGHT: RWANDA'S NTD TECHNICAL WORKING GROUP FOR STRENGTHENED INTEGRATION

According to the Kikundi stakeholder consultation that informed this toolkit, Rwanda has developed a robust multisectoral approach to NTD elimination through strong government leadership and strategic integration. While current funding constraints are impacting progress, the integrated system they established remains a valuable model. The country's National NTD Technical Working Group (TWG), co-chaired by the Rwanda Biomedical Center and WHO Rwanda, coordinates efforts across multiple ministries, including health, agriculture, education, and local government.

Rwanda integrates its NTD program within the broader health system, maximizing efficiency through shared functions and resources while enabling individuals to receive treatment for multiple conditions in a single location. NTD integration extends to financing, with NTDs incorporated into both the national health insurance scheme and community-based health insurance system.

This comprehensive approach manifests in multiple ways across the health system. NTD interventions are integrated with malaria and other parasitic disease programs, while MDA is led by the MCH division and delivered through national campaigns like MCH Weeks and routine services. The system leverages existing expertise strategically: malaria entomologists support diagnostics for diseases such as schistosomiasis, while pooled funding allows malaria budgets to cover NTD community mobilization. National laboratory technicians receive cross-training, eliminating the need for NTD-specific laboratory staff. Beyond these services, rabies prevention integrates into Rwanda's One Health platform through collaboration with the Ministry of Agriculture.

Rwanda's integration successes stem from:

- High-level political endorsement of integration frameworks by senior leadership
- Government-driven priorities rather than donor-imposed agendas
- Technical coordination among specialized teams supported by executive-level cross-sector alignment
- Strategic resource sharing that maximizes impact despite funding limitations

## STEP 4

### DEVELOP ADVOCACY MESSAGING AND POSITIONING FOR NTDS

NTD programs tend to face significant barriers that must be considered in their approach to messaging. These include:

- **Competition of NTDs with other health priorities:** NTDs are often overshadowed by higher-profile diseases like HIV, TB, or malaria.
- **NTD technical framing:** Grouping more than 20 diseases with complex medical terms under one umbrella can alienate some audiences, especially non-health audiences.
- **Perceived lack of urgency:** NTDs are often chronic, not immediately life-threatening, and concentrated among marginalized populations. The relative success of NTD programs has also fueled complacency and the misperception that funding is no longer needed.
- **Limited impact data for NTDs:** Gaps in up-to-date evidence make it harder to show the true burden on health and economies, and the cost of inaction.

To break through these barriers, advocacy messages use data and emotional appeals to illustrate the problem, the solutions, the asks, and the consequences of inaction, tailored to different decision-makers. Advocacy messages consistently:

- Show **why the problem matters**.
- Present a **realistic solution**.
- Emphasize the **benefits of solving it**.
- Include one specific action – the '**ask**' – that decision-makers are being urged to take.
- Illustrate the consequences of inaction.

Advocates need to deliver their case with confidence, supported by **clear talking points**. Together, these form the advocacy "pitch."

The examples below describe the different categories of messaging to consider for these advocacy pitches.

## FACTUAL MESSAGES

Using data from credible sources such as ministries of health, WHO, UNICEF, or development partners lends authority and attracts positive attention.

To maximize effectiveness:

- Use numbers wisely – choose credible and current evidence.
- Show not just the size of the problem, but also the cost of ignoring it.
- Pair numbers with stories to create a “picture in people’s heads.”
- Present data visually (graphs, charts, infographics) to increase impact.
- Keep numbers simple and easy to remember.

### EXAMPLE

A factual message might state: *“One out of every five people worldwide requires annual treatment to prevent neglected tropical diseases.”* More impactful examples use country-level data, such as number of people affected by disabilities caused by NTDs, or maternal and newborn outcomes. For instance: *“Each year, 2,000 more people will suffer long-term disabilities from NTDs in the country, even though effective tools exist for prevention and treatment.”*

## EMOTIONAL MESSAGES

An emotional message might tell the story of someone affected by an NTD. These stories should always be true, credible, and respectful. Visuals can reinforce emotional impact:

- Pictures and short videos should avoid offense while conveying reality.
- Positive images of what change can achieve are often more powerful than distressing ones, though a balance of both can work well.
- Documentaries and short case studies can combine personal voices with broader community impact.

### EXAMPLE

A good example can be found on the Sightsavers website [47]: *Mohamed lives in Tanzania and had trachoma at just two years old. The condition eventually progressed to advanced trachoma, also known as trichiasis. For seven years of his life, Mohamed lived in agony. “I can’t see properly, so*

*now I’m not going to school. I would really love to study when I get better. I like going to school, where I can meet my friends and play with them. But when it’s sunny, the pain is so bad in my eyes that I can’t play football.”*

## WIN-WIN FRAMING

Messages become more persuasive when they connect to the immediate priorities of the audience.

By reflecting common concerns, advocacy messages demonstrate not only the public health benefits but also the broader social and economic gains of scaling up NTD interventions.

### EXAMPLE

For example, if talking to a Minister of Health, messaging might address this win-win framing: *“Increasing resources for NTD prevention and treatment saves lives, reduces pressure on health systems, and strengthens both household and national economies.”*

## TIPS FOR CREATING PERSUASIVE MESSAGES

- **Develop audience-specific message banks** tailored to different stakeholders (Ministry of Health, Ministry of Finance, local health authorities, private sector, etc.). Create categorized messages covering relevant frames such as investment cases, emotional appeals, multisectoral benefits, and gender impacts. See *Annex 1: Sample Global and Regional NTD Messages* and *Annex 2: Sample Tailored Messaging for NTD Advocacy* for examples.
- **Present evidence-based arguments** with clear, specific requests and realistic expected outcomes that stakeholders can easily understand and act upon.
- **Maintain professional credibility** by avoiding rhetorical or overly opinionated language. Stay factual, reasoned, and solution-oriented in your approach.
- **Verify AI-generated content carefully** when using tools like ChatGPT, Copilot, or Claude to gather research or craft messages. These tools can generate inaccurate information or embellish facts, so always validate content if using.



- **Combine rational and emotional appeals** by balancing compelling facts with personal stories that illustrate the human impact of NTDs.
- **Keep messages concise and focused** since people typically retain no more than seven key points at once. Prioritize your most important arguments.
- **It is essential to give audiences a clear idea** of what is being asked of them. This 'ask' might change as a relationship develops but providing a clear 'ask' from the beginning can inspire confidence and make it easier to move forward.

## TESTING MESSAGES BEFORE USING THEM

Key messages should be informally tested with colleagues and with friends or partners who work in the same sector as the decision makers. This will give some indication of how well they resonate and what adjustments should be made.



To develop your tailored advocacy messages, follow the directions above and complete *Tool D: NTD Tailored Messaging*.

## STEP 5

## IDENTIFY ADVOCACY APPROACHES AND CHANNELS

The stakeholder mapping and message development from *Step 2* and *Step 4* identified your key audiences and the most influential pathways and advocacy messages to reach them effectively. This step will help you identify the optimal timing and channels to deliver these messages to key decision-makers.

Remember that successful NTD advocacy requires a multi-faceted approach. You'll need to engage stakeholders through various interventions to increase visibility, build political will, and create sustained support for elimination efforts.

## CONDUCT AN INTERNAL SCAN

Before planning your advocacy efforts, conduct an honest assessment of your available resources and capabilities, as these will shape your advocacy approach and determine which activities are feasible.

**Assess Your Foundation:** Start by evaluating your core assets and limitations:

- Human resources: What staffing, skills, and expertise do you have available?
- Financial capacity: Is funding sufficient to support your planned advocacy objectives, or will resource mobilization be necessary?
- Organizational strengths: What existing capabilities can you leverage for advocacy success?
- Partnership potential: What partnerships exist or are needed to help fill gaps?

**Inventory Your Advocacy Assets:** Consider the tools and resources that can strengthen your advocacy:

- Research and evidence: Do you have access to compelling data and studies to support your arguments? If not, can you engage partners to support?
- Personal stories: Do you have access to powerful narratives about people affected by NTDs?
- Strategic assets: What events, platforms, skills, partners, or institutional influence can you leverage for your advocacy planning?
- Digital reach: Do you have staff, interns, or partner organizations with strong social media presence and engaged followers to amplify NTD visibility?

Build an advocacy approach that leverages your strengths and minimizes weaknesses. These internal considerations will also determine your potential reach, scale, and feasible tactics.

## FIND THE RIGHT OPPORTUNITIES

Effective NTD advocacy isn't just about having the right message: it's about delivering it at the right time and in the right place. Your success depends on identifying moments when decision-makers are most receptive to your cause and creating new opportunities when none exist.

Start by scanning your environment for existing events and platforms you can leverage. Consider that many non-health events can become powerful advocacy opportunities when viewed through an NTD lens. For example, an annual agricultural fair in your region could be an ideal venue to discuss soil-transmitted helminths and their impact on farming communities. International Women's Day provides a natural opening to highlight how NTDs disproportionately affect women and girls, while World Water Day connects directly to water-related diseases like schistosomiasis.

When you identify these opportunities, think beyond simply attending. You can amplify your impact by organizing side events that bring together influential speakers, distributing compelling advocacy materials, and creating visual displays that capture attention. These moments become invaluable networking spaces where partners can connect, relationships can deepen, and coalitions can strengthen.

Sometimes the perfect opportunity doesn't exist, and that's when you need to create it yourself. The most successful NTD advocates master both approaches: seizing existing opportunities while proactively generating new ones.

Below are examples of opportunities that demonstrate both approaches in action:

- **National or international awareness days** (e.g., World NTD Day, Women's Day)
- **Parliamentary forums** that include an evaluation of the NTD burden and gaps (e.g., using the NTD scorecard).
- **Site visits to communities** with a high burden of NTDs – effective for elected officials to see first-hand how NTDs affect communities.
- **Award ceremonies** recognizing leaders for efforts to prevent NTDs.
- **Business symposiums** highlighting the economics of NTDs, which can provide networking opportunities for public and private leaders.
- **Photo exhibits** during public events (or parliamentary forums) to encourage discussions about the toll of NTDs, with champions giving public remarks.
- **Letter campaigns** from national leaders (e.g., head of state or first lady) to district or private-sector leaders urging support for NTD intervention scale-up.

- **Community festivals or fairs** where stakeholders gather to showcase the NTD burden on communities, or alternatively successes in NTD control and elimination.
- **Scheduled government meetings** to discuss the burden and gaps in resources.
- **Media coverage of related topics** (e.g., disease outbreaks, health reports) that you can leverage to create newsworthy stories about NTDs.

## EXAMPLES

- In **Kenya**, the World NTD Cup used football to promote health education and community awareness, drawing support from the Cabinet Secretary for Health.
- In **Senegal**, a partnership with the Basketball Africa League launched the Young NTD Champions Club, equipping young athletes to assume leadership roles in advocacy.
- **PCI India** used social media campaigns to promote MDA and encourage public participation, effectively engaging young audiences and mobilizing collective action.

Take stock of what's happening externally that will affect your advocacy activities. Consider the following:

- Is your issue attracting public attention right now?
- What is the level of news coverage, social media activity, and public discussion about NTDs, or is it absent?
- Are there timing considerations or key events that must factor into your strategy?
- Are other organizations aligned but competing for attention and resources?
- Is the problem well-known and understood, or are there misconceptions, misinformation, or conflicting narratives that may hinder your efforts?
- Are there historical or systemic factors that may help or hurt your proposed solution?

## PLANNING YOUR ADVOCACY CALENDAR



To develop a calendar of advocacy opportunities, use *Tool E: NTD Advocacy Opportunities and Channels*.

See below for an illustrative example of an advocacy calendar of events.

## RAISE AWARENESS ABOUT THE GENDER IMPACTS OF NTDs

08

MAR

### International Women's Day: National Forum with First Lady

Location: National

Target audience: Government decision-makers from health and related sectors such as agriculture; agricultural cooperatives, civil society; private sector

Champions: First lady, Women affected by NTD in the country

#### Key messages

- The burden of certain NTDs falls disproportionately on women and girls.

#### Asks

- Increase funding for NTD elimination
- Integrate NTD elimination efforts into practices that disproportionately impact women and girls
- Scale-up WASH interventions in high-burden NTD areas

## ADDRESS NTD INTEGRATION GAPS

10

APR

### NTD TWG meeting

Location: Capital City

Target audience: Multisector ministry officials and partner representatives

Champions: Minister of Health

#### Key messages

- Strengthening NTD integration creates a ripple effect in society. It leads to better education, health, and employment outcomes, and transforms lives and communities. It also helps to reduce gender inequity, stigma, and preventable mortality and morbidity.

## INCREASE PRIVATE SECTOR CONTRIBUTIONS TO NTDs

10

JUN

### NTD business leaders forum

Location: Capital City

Target audience: First lady, private sector, high-level, government officials

Champions: Chamber of commerce leader

#### Key messages

- Companies that invest in the scale-up of NTD interventions receive returns on investment in terms of improved company image, reduced worker absenteeism, and increased productivity.

## MEDIA COVERAGE TO PUT PRESSURE ON DECISION MAKERS TO INVEST IN NTDs

18

JUL

### Media field visit to affected community (e.g., consider location where a company targeted for investment may be located)

Location: Western Region with high concentration of mining companies

Target audience: Members of parliament, ministry officials, health workers

Champions: Health workers, affected populations, civil society

#### Key messages

- NTDs exert an unacceptable burden on the world's most vulnerable populations. NTDs cause significant suffering, severe pain and disability. They result in physical and cognitive disabilities, social stigma, and economic loss.

## INCREASE DOMESTIC RESOURCES FOR NTDs

21

NOV

### Parliamentary meeting with ALMA and government stakeholders

Location: National

Target audience: Members of parliament, ministry officials

Champions: ALMA

#### Key messages

- NTDs exert an unacceptable burden on the world's most vulnerable populations and the country has gaps in coverage. NTDs cause significant suffering, severe pain and disability. Interventions to prevent and control NTDs are one of the "best buys" in global public health, yielding an estimated net benefit to affected individuals of about US\$25 per US\$1 invested in preventive chemotherapy.

## SPOTLIGHT: SUCCESSFUL NTD ADVOCACY EVENTS

Advocacy efforts focused on NTD elimination and targeting senior government officials – including ministers, permanent secretaries, and parliamentarians – have generated measurable success across multiple countries, resulting in increased visibility, additional funding, and program enhancements.

The **Gambia** exemplifies this strategic approach. In November 2024, a parliamentary meeting supported by ALMA secured domestic funding for NTD medicine procurement in 2025, the first such allocation in nearly a decade. The success stemmed from three key elements: ALMA scorecard data that highlighted high-burden districts, compelling visuals showing local NTD symptoms, and evidence linking disease burden to district-level budget responsibilities. This engagement continues at the highest government levels, with ongoing efforts to deepen policymakers' understanding of NTDs and their broader impacts.

### The Power of Visual Storytelling

NTD program managers consistently identified visual materials as their most effective advocacy tools. Photo documentaries featuring local examples of NTD symptoms create immediate urgency and relevance that statistics alone cannot achieve. Participants emphasized how images, personal stories, and local case studies make NTDs visible and compelling to decision-makers who might otherwise view them as abstract health issues.

**Ghana's** NTD program demonstrates this approach by using videos and photos of people affected by conditions like LF and leishmaniasis in review meetings and partner discussions. The visuals used in **The Gambia's** parliamentary meeting were reportedly effective because policymakers could relate to the conditions shown, recognizing similar health challenges within their own constituencies. Similarly, **Ethiopia** produced a documentary showcasing NTDs' human impact, which raised awareness and contributed to influencing political will.

Keep in mind that stakeholder consultations revealed how advocacy efforts remain concentrated within the health sectors. Consider expanding your advocacy strategy to include multisectoral actors who can amplify your impact.

## GENERATE MEDIA

Media outreach is typically a tactic or advocacy activity used to increase awareness and visibility for NTDs, and to create a sense of urgency for change. It is important to include media outreach activities in your advocacy calendar of events above.

*A Journalist's Guide for Reporting on NTDs* is available online in the NTD Toolbox, which was originally funded by USAID [<https://www.ntdtoolbox.org/toolbox-search/journalists-guide-reporting-neglected-tropical-diseases>]. This tool is designed to empower advocates and journalists to produce informed and impactful coverage and to promote factual reporting and elevate the visibility of NTDs nationally and on the global stage.

## DEVELOPING OP-ED PIECES AND HUMAN INTEREST STORIES

Advocates can also create op-eds to grab the attention of elected officials, business and community leaders, and the public. Editors generally look for pieces that are:

- Of interest to the public
- Original and timely
- Strongly argued and supported by expertise

Tips for writing a strong op-ed:

- The topic should be timely and newsworthy.
- The author should have expertise and credibility on the issue.
- The piece should express a single, clear point of view, supported by data.
- Writing should appeal to a general audience and leave a lasting impression.
- Include a clear call to action.
- Keep it concise – 700 to 1,000 words maximum.

Use real-life stories, such as those that highlight community members or school children affected by NTDs. A single compelling story can create more lasting impact than statistics alone. While telling the story, weave in facts and figures about NTDs. Bridge the story with an appeal to scale up NTD interventions and strengthen the NTD elimination efforts with comprehensive services. Include broader development issues and emphasize the government's duty and accountability.

A tragic story alone is not enough. Without addressing accountability, the burden of NTDs may be interpreted as a need for charity or may inadvertently blame the victims (implying that women agricultural workers, for example, should protect themselves more). An effective story connects an isolated case to broader evidence, trends, policy interventions, and resource mobilization. This helps non-expert audiences relate to complex public policy, finance, and public health issues.

See below for examples of actions to engage the media for increased NTD visibility and urgency.

---

### **DEVELOP A MEDIA LIST**

Offer yourself as a contact on health and NTD articles to journalists who write about health issues, and ask if you can send them information.

---

### **CONDUCT PRESS BRIEFINGS**

Hold a press briefing with MCH experts during special malaria and maternal and child health-related events.

---

### **DEVELOP A PRESS KIT**

Include basic information about NTD as well as a list of resources, key messages, identified gaps, etc.

---

### **CONDUCT SITE VISITS**

Take decision makers and the media to program or event sites (e.g., ANC services) and introduce them to experts and beneficiaries.

---

### **LAUNCH A MEDIA CONTEST**

These can amplify NTD awareness and celebrate individuals and communities affected by or working to eliminate neglected tropical disease.

---

### **LOOK FOR PHOTO OPPORTUNITIES**

If you have field trips, send photographs to the media immediately after the trip, including captions describing each photo.

---

### **IDENTIFY HUMAN INTEREST STORIES**

Think of how your initiative impacted ordinary people and tell it from their perspective.

---

### **BE SELECTIVE AND CREATIVE**

Think about unusual ways to tell a story about NTDs.

---

### **TRAIN JOURNALISTS**

Organize workshops or informal meetings with journalists to explain the issues, and hold story contests awarding the best stories about NTD.

---

### **BUILD MEDIA COALITIONS**

Include journalists as part of a network and make sure to support and recognize them.



## STEP 6

### DEVELOP A MONITORING & EVALUATION (M&E) PLAN TO MEASURE NTD ADVOCACY IMPACT

The purpose of your advocacy strategy is to ensure messages reach the right audiences and prompt them to act. If your strategy is not working, you need to know early so you can refine your approach, saving time and resources.

In *Step 1*, you developed advocacy objectives and reviewed links to outcome and output indicators and means of verification. This section will delve a bit more into these indicators. Specifically, indicators contain succinct measures with numerical value so trends can be identified and comparisons can be made. Commonly, indicators are expressed in percentages, rates, or ratios. Generally, they fall into three categories:

- **Input indicators** – resources, contributions, and investments that go into an advocacy process.
- **Output indicators** – activities, services, events, and products that reach key and influencing audiences.
- **Outcome indicators** – changes achieved, particularly in social, financial, or policy areas.

See below for sample indicators organized by category. For a comprehensive list of outcome and output indicators with detailed examples, see the table in *Step 1: Define NTD Advocacy Goal and Objectives*.

#### PROCESS INDICATORS (MONITORING INDICATORS)

Refers to the resources, contributions, and investments that go into an advocacy process.

##### Examples

- NTD Champions
- Funding for NTD advocacy activities
- Equipment

#### OUTPUT INDICATORS

Refers to activities, services, events, and product that reach the key and influencing audiences.

##### Examples

- Number of media outputs about NTD (e.g., newspaper articles, radio coverage)
- Number of NTD champions coached with NTD messages.
- Number of meetings held with ministry officials to form a TWG.
- Number of proposals sent to private sector stakeholders to invest in NTD.

#### OUTCOME INDICATORS

Refers to changes achieved, particularly in the social, financial, or policy areas

##### Examples

- Number of NTD policies and guidelines updated with the integration of NTDs.
- % of service providers trained on diagnosing NTD symptoms based on updated national guidelines.
- % of domestic funding increase to scale up NTD elimination efforts.

#### ESTABLISH A REFERENCE POINT

For indicators to show any change or progress toward the advocacy objectives, a reference point needs to be established. Reference points act as a measure of comparison, a starting point that helps determine the amount of progress being made. The reference point is usually defined before or at the very beginning of an intervention – for example, the percentage of domestic funding currently earmarked for NTD interventions. The table below describes the different stages at which reference points can be determined and highlights specific considerations in emergency settings.

## BEFORE THE ADVOCACY INTERVENTIONS

This is generally referred to as a baseline. In advocacy, baseline data might not already exist, such as the percentage of service providers trained on delivery of NTD interventions, or relevant ministry officials' knowledge on the burden of NTDs to economies. Instead, implementers would need to collect baseline data using surveys or other tools.

## DURING ADVOCACY INTERVENTIONS

At this stage, periodic monitoring reports provide a reference point.

## AFTER ADVOCACY INTERVENTIONS

A reference point can be established by collecting program indicator data through surveys, financial reports, policy documents, agreements, and other documentation.

## SET TARGETS

Based on the reference point and the advocacy objectives, targets can be established to determine whether the advocacy response is progressing as planned. Targets define the amount of change that should be seen in the program indicators to reflect progress toward the advocacy objective and the overall advocacy goal. For example, the percentage increase in domestic funding earmarked for NTD interventions, or the number of private sector companies that invest in NTD interventions.

### ADVOCACY OBJECTIVE

To ensure NTD integration is strengthened across relevant sectors



### INDICATOR

Number of health sector policies and guidelines updated with NTD activities



### REFERENCE POINT

Currently none of the health sector policies and guidelines are updated with NTD elimination activities



### TARGET

Policies and guidelines for malaria, MCH, and WASH programming are updated with the NTD elimination



To start an M&E plan for your NTD advocacy strategy, use *Tool F: NTD Indicators for Measuring and Evaluation*.

## PART 2 – KIKUNDI'S NEGLECTED TROPICAL DISEASE ADVOCACY FRAMEWORK: THE TOOLS

### TOOL A: NTD ADVOCACY LANDSCAPE QUESTIONNAIRE FOR NATIONAL STAKEHOLDERS

Before you begin defining your NTD advocacy strategy, it is important to have a good understanding of the NTD landscape, including the funding landscape. Answer as many of the questions below as you can.

#### KEY NTD LANDSCAPE QUESTIONS

1 How many national NTD cases occur per year (indicate the number per priority NTD)?

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2 How many cases of NTD among high-risk populations (e.g., children, pregnant women) occur per year?

---

3 How many cases of NTD-related morbidity (e.g., disability) occur per year (per priority NTD)?

---

4 By how much has NTD prevalence or incidence decreased (or increased) in the country in the past five years (per priority NTD)?

---

5 What is the burden of NTDs on national health systems?

---

6 How do NTDs affect other sectors (e.g., education, agriculture, productivity) in your country?

---

a What studies on NTD impacts in these areas exist in your country, if any (e.g., Ministry of Health, Ministry of Education, World Bank, local universities, implementing partners, global health organizations)?

---

#### NTD DATA GAPS

1 Is your NTD epidemiology data up-to-date and accurate?

---

a If not, what challenges exist in ensuring data is accurate and current?

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2 If your country's data on the impact of NTDs is non-existent or outdated, what steps are needed to gather this information? How can international organizations, research institutions, and universities support this effort?

---

3 Are health registers up-to-date with WHO-recommended NTD indicators?

---

4 Do district health information systems (DHIS) measure the coverage of NTD interventions and report changes in coverage over time?

---

## NTD COMMODITIES AND FINANCING GAPS

1 What are your current and projected NTD commodity and intervention gaps for the next three years?

---

### Per NTD commodity/intervention

Preventive chemotherapy drugs: \_\_\_\_\_

Intensified disease management: \_\_\_\_\_

Diagnostic tests for NTDs: \_\_\_\_\_

Disease monitoring and surveillance: \_\_\_\_\_

Assessments: \_\_\_\_\_

Vector ecology and management: \_\_\_\_\_

Veterinary public health services: \_\_\_\_\_

Water, sanitation, and hygiene (WASH) interventions: \_\_\_\_\_

Health education and behavior change materials: \_\_\_\_\_

Other NTD-specific interventions: \_\_\_\_\_

2 What is the current coverage of NTD interventions (where less than universal, include current coverage and planned scale-up)?

---

3 How much funding does the government contribute to NTD programs and commodities?

---

## TOOL A: NTD ADVOCACY LANDSCAPE QUESTIONNAIRE FOR NATIONAL STAKEHOLDERS

- 4 Who are the main donors, and how do they fund NTD programs? Has funding increased or decreased in the past five years? Why?

---

- 5 What opportunities exist to increase funding from current donors or add new donors (e.g., advocacy in Global Fund CCMs, multi-sectoral approaches, private sector engagement)?

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- 6 Which national stakeholders can advocate for populations vulnerable to NTDs?

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---

- 7 What opportunities exist to mobilize additional resources from the private sector?

---

- 8 What have been your primary funding challenges for NTD commodities and programs over the past five years?

---

- 9 What other challenges do you face related to stock-outs of NTD commodities or program delivery?

---

- 10 What assets does your country have to strengthen advocacy for NTDs (e.g., active civil society, champions, community networks)?

---



## TOOL B: NTD GOAL AND OBJECTIVES

### PURPOSE

This worksheet will help you identify appropriate objectives for your NTD advocacy.

### DIRECTIONS

Refer to the guidance on developing objectives in *Step 1. Define NTD Advocacy Goal and Objectives* in *Part 1 – Kikundi's Neglected Tropical Disease Advocacy Framework: The Basics*.

This worksheet has two parts. Please complete part 1 (identifying NTD objectives) before moving onto part 2 (checklist for assessing whether your objectives are SMART – Specific, Measurable, Attainable, Relevant, and Time-bound).

While completing the worksheet, ensure that you keep the advocacy goal in mind.

- Use the data from *Tool A: NTD Advocacy Landscape Questionnaire* to help you complete this worksheet
- Consider the information summarized in the table when completing the next steps

### NTD ADVOCACY GOAL

---

### IDENTIFYING NTD OBJECTIVES

Question	Answer	
Who is the intended audience of the advocacy?		
What is the action to be taken by the intended audience?		
How will this action contribute to the advocacy goal?		
In what timeframe will the audience need to take the action?		
What is the expected level of change within the given timeframe (percentage, rate, etc.)?	Current:	Expected:
Based on the information highlighted by this table, formulate the advocacy objective(s) here:		

Once you have developed objectives, you can use the checklist below to assess whether they are SMART and to identify how to improve them.

## SMART OBJECTIVES CHECKLIST

Look at the advocacy objectives defined above and answer the question on the checklist below.

- Is the objective **Specific**? (Is the target population, geographic location and the activity required of them clear?)
- Is the objective **Measurable**? (Is the amount of expected change defined?)
- Is the objective **Attainable**? (Can it be achieved within the timeframe stated and with the resources available?)
- Is the objective **Relevant**? (Does it contribute to the overall program goal?)
- Is the objective **Time-bound**? (Is the timeframe for achieving the objective stated?)

If you have answered 'no' to any of the above questions on the checklist, you should redefine the objective to ensure that it fits all the above criteria.

Improved advocacy objective(s):

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## TOOL C: NTD STAKEHOLDER MAPPING

### PURPOSE

Filling out this worksheet helps you prioritize your advocacy efforts based on the level of influence of your stakeholders.

### DIRECTIONS

Follow the instructions on mapping *Step 2: Identify Stakeholders for NTD Advocacy, How-To Guide for Creating a Stakeholder and Influence Map*, and then identify the stakeholders and level of influence in a table, using the example below.

Once you understand who needs to be involved in NTD advocacy, rate the stakeholders on a scale of 1 to 5, with 5 being the most influential in your advocacy goal for NTDs. Add notes from the exercise on funding flows and chains of command.

Individual stakeholder	Level of influence on your advocacy goal/question	Professional or personal goals, interests
Notes on funding flows and chains of command:		

### Example NTD Stakeholders and their Level of Influence

Individual stakeholder	Level of influence on your advocacy goal/question	Professional or personal goals, interests
Minister of Health	5	Strengthening the health infrastructure, health workforce transformation, non-communicable diseases.
First Lady	4	Food security, vocational training for women, support for female farmers and traders
Minister of Finance	5	Sustainable economic development, inclusive growth, and local production
UNICEF Country Representative	3	MNCH, WASH, education, health systems strengthening
Mining Company Executive	5	Corporate social responsibility: None Business: public image, profits
Religious Leader	3	Faith, serving religious congregants
Notes on funding flows and chains of command:		

Once you have identified your primary decision-makers and influencers, develop an engagement and influence strategy. See the example in *Part 1 – Kikundi’s Neglected Tropical Disease Advocacy Framework: The Basics*.

### ENGAGEMENT AND INFLUENCE STRATEGY

Key audience Who do you want to engage?	Strategy How will you engage them?	Messenger Who will engage them, deliver the messages?

## TOOL D: NTD TAILORED MESSAGING

### PURPOSE

This worksheet is designed for developing tailored message banks for each of the audiences you need to engage and influence for your NTD advocacy goal and objectives.

### DIRECTIONS

Refer to the information and examples included in *Step 4: Develop Advocacy Messaging and Positioning for NTDs* in *Part 1 – Kikundi’s Neglected Tropical Disease Advocacy Framework: The Basics* to fill out these worksheets.

Audience	Example decisions	Example priorities and interests	Ask(s)
Key messages:			

Audience	Example decisions	Example priorities and interests	Ask(s)
Key messages:			

Audience	Example decisions	Example priorities and interests	Ask(s)
Key messages:			



## TOOL E: NTD ADVOCACY OPPORTUNITIES AND CHANNELS

### PURPOSE

Use these worksheets to highlight opportunities for raising awareness of NTD issues in the public sphere through events, activities, and media.

### DIRECTIONS

Refer to *Step 5: Identify Advocacy Approaches and Channels* in *Part 1 – Kikundi’s Neglected Tropical Disease Advocacy Framework: The Basics* and fill out the following tables.

### ADVOCACY OPPORTUNITIES

Date	Advocacy goal	Advocacy event / channel	Location	Target audience	Champions	Key messages

### MEDIA OPPORTUNITIES

Timeframe	Activity	Media outlet, contact information	Story idea	Contact information for sources to interview

## TOOL F: NTD INDICATORS FOR MEASURING AND EVALUATION

### PURPOSE

This worksheet will help you link the communication objectives, reference points, and targets for your advocacy goal.

### DIRECTIONS

Refer to the indicators, reference points and targets sections in *Step 6: Develop an M&E Plan to Measure NTD Advocacy Impact* in *Part 1 – Kikundi’s Neglected Tropical Disease Advocacy Framework: The Basics*.

Refer to the objectives developed in the previous tool in this section, and using the information and sample from *Step 6*, develop reference points and targets for each objective.

### ADVOCACY GOAL

---

### OBJECTIVE 1

---

Type of indicators	Indicators	Means of verification

## OBJECTIVE 2

---

Type of indicators	Indicators	Means of verification

## OBJECTIVE 3

---

Type of indicators	Indicators	Means of verification

# **TOOL G: NTD TAILORED MESSAGING**

## **PURPOSE**

This template will help you develop an implementation plan for your advocacy efforts.

## **DIRECTIONS**

Follow the steps in *Part 1 – Kikundi’s Neglected Tropical Disease Advocacy Framework: The Basics* and refer to *Annex 3: Sample Implementation Plan for NTD Advocacy* for illustrative purposes.

Intended audiences	Intervention detail (detail below the intervention)	Intervention reason (describe why this intervention)	Stakeholders, partners, champions	Estimated costs	Timeline (mark an x for when the activity is starting)									
					M1	M2	M3	M4	M5	M6	M7	M8	M9	M10

Timeline (mark an x for when the activity is starting)	M12							
	M11							
	M10							
	M9							
	M8							
	M7							
	M6							
	M5							
	M4							
	M3							
	M2							
	M1							
Estimated costs								
Stakeholders, partners, champions								
Intervention reason (describe why this intervention)								
Intervention detail (detail below the intervention)								
Intended audiences								



## ANNEX 1: SAMPLE GLOBAL AND REGIONAL NTD MESSAGES

This table presents sample messages drawn from peer-reviewed journals and credible global health and advocacy organizations. The examples, global and regional in scope, illustrate the types of messages and data used for advocacy

messaging. Because figures change over time, it is essential to verify all data with the most up-to-date sources. Importantly, using country-specific information will make advocacy messages more compelling and effective.

Context	Message
<b>Global impact/ burden</b>	One out of every five people on the planet requires annual treatment to prevent neglected tropical diseases. Neglected tropical diseases affect more than 1 billion people worldwide, with 1.5 billion people requiring an NTD intervention [48].
<b>Global impact/ burden by disease</b>	<p>According to The END Fund website (with most stats as of 2021) [49]:</p> <ul style="list-style-type: none"> <li>■ Intestinal Worms: <b>914M</b> children require treatment</li> <li>■ River Blindness: <b>244M</b> people require treatment</li> <li>■ Schistosomiasis: <b>251M</b> people require treatment</li> <li>■ Trachoma: <b>116M</b> people require treatment</li> <li>■ Lymphatic Filariasis: <b>794M</b> people require treatment</li> <li>■ Visceral Leishmaniasis: <b>50,000-90,000</b> annual life-threatening cases</li> </ul>
<b>Global burden</b>	NTDs exert an unacceptable burden on the world's most vulnerable populations. In 2019, NTDs caused an estimated 200,000 deaths and were responsible for 14.5 million disability-adjusted life years (DALYs) (WHO Rationale for Investment in NTDs)[50].
<b>Africa burden of NTDs</b>	Africa carries 40% of the global burden of NTDs, a group of 21 infectious diseases that flourish in areas with poor sanitation, unsafe water, and limited healthcare access [51].
<b>Africa burden of NTDs</b>	The burden of NTDs is felt strongly on the African continent. As of 2022, Nigeria alone accounts for nearly a tenth of the number of people requiring interventions for NTDs globally, that is, nearly 140 million people [52].
<b>Low prioritization</b>	Although NTDs are specifically mentioned in Sustainable Development Goal (SDG) target 3.3, alongside HIV/AIDS, tuberculosis, and malaria, they do not benefit from the same level of prioritization and resourcing [53].
<b>Impacts on household income</b>	The economic cost of NTDs is high for affected households. The household income lost from out-of-pocket health expenditures and the wages lost due to NTDs is estimated to be at least \$33 billion (USD) per year [54].
<b>Impacts on the economy</b>	Overall, the benefit of ending NTDs for affected individuals in terms of averted out-of-pocket health expenditure and lost productivity exceeded US\$ 342 billion during 2015–2030 [55].
<b>Impacts on disabilities</b>	<p>NTDs cause significant suffering, severe pain and disability. They result in physical and cognitive disabilities, social stigma, and economic loss.</p> <ul style="list-style-type: none"> <li>■ River blindness (onchocerciasis) for example, affects 20.9 million people, with more than 99% of infected people in Africa and Yemen. In 2023 at least 249.5 million people required preventive treatment against onchocerciasis. The Global Burden of Disease Study estimated in 2017 that 14.6 million of the infected people already had skin disease and 1.15 million had vision loss [56].</li> <li>■ Lymphatic filariasis disfigures and can cause permanent disability and social stigmatization.</li> <li>■ Leprosy can cause chronic skin infection which could last 20 years or more.</li> <li>■ Trachoma is still the leading infectious cause of blindness worldwide.</li> </ul>

<b>Impacts on the productivity</b>	Some of the most prevalent NTDs, including lymphatic filariasis, river blindness (onchocerciasis), bilharzia and soil-transmitted helminthiases, are responsible for an average annualized loss to productivity of about 29% in people with these diseases compared to uninfected persons [57].
<b>Impacts on gender</b>	Schistosomiasis can cause female genital disease and infertility. These diseases reinforce cycles of poverty, particularly for women and children [58].
<b>Impacts on gender</b>	The burden of certain NTDs falls disproportionately on women and girls. For example, through close contact with children, women are two to four times more likely to develop trachomatous trichiasis and are blinded up to four times as often as men [59].
<b>Impacts on gender</b>	Since women and girls perform two-thirds of water collection globally, they have a higher risk of developing schistosomiasis in endemic areas [60].
<b>Impacts on gender</b>	Approximately 56 million women are estimated to have female genital schistosomiasis, which increases risks of contracting HIV and causes organ damage [61].
<b>Climate change links</b>	Extreme weather events strain fragile health systems. They expand disease vectors into new geographies, strain surveillance systems, and alter where and how often people are exposed to NTDs [62-63].
<b>Climate change links</b>	Building climate-resilient health systems is critical to anticipate shifting NTD and vector-borne disease patterns, safeguard past health gains, and target resources where they are most needed. Immediate action is required to ensure NTDs are fully integrated into climate-health agendas.
<b>Climate change links</b>	Using WHO's approach in the 2030 roadmap, health systems must integrate climate resilience through programmatic actions, cross-cutting approaches, and shifts in operating models.
<b>Climate change links</b>	Integrating climate resilience strategies into health systems is critical and requires investing in health infrastructure and fostering cross-sector collaboration to maximize the co-benefits of climate action, NTD elimination, and universal health coverage (UHC).
<b>Climate change links</b>	If the threat posed by climate change is not addressed, as a global health community we risk undoing the great progress made against NTDs in recent years.
<b>Elimination successes</b>	Investing in NTDs is a global development success story. As of July 2025, 57 countries have eliminated at least one NTD [64]. Eight of these countries were validated in 2022 alone, showing progress is possible [65].
<b>Elimination successes</b>	African sleeping sickness once decimated large populations in Africa, with close to as many as 40,000 cases per year in the late 1990s. Yet today, thanks to powerful partnerships, political will and innovation in diagnostics and treatment, there are fewer than 1,000 cases each year (983 as of 2024) [66].
<b>Elimination successes</b>	There were an estimated 3.5 million cases of Guinea worm disease in the mid-1980s, this number has been reduced to just 15 new cases in 2021 in only four countries [67].
<b>Elimination successes</b>	In 2022, Togo became the first country in the world to eliminate four NTDs. In 2020, 600 million fewer people required interventions against NTDs than in 2010. [68-69].
<b>Why invest: compounding benefits</b>	Investing in NTD programs creates a ripple effect in society. It leads to better education, health, and employment outcomes, and transforms lives and communities. It also helps to reduce gender inequity, stigma, and preventable mortality and morbidity [70].

<b>Why invest: easy wins</b>	When there are so many intractable issues in global health, investments in NTDs can offer wins for donors and for affected communities as many NTDs are preventable and treatable.
<b>Why invest: return on investment</b>	Interventions to prevent and control NTDs are one of the “best buys” in global public health, yielding an estimated net benefit to affected individuals of about US\$25 per US\$1 invested in preventive chemotherapy (WHO road map for NTDs 2021-2030) [71-72].
<b>Why invest: supporting livelihoods</b>	For individuals, investing in NTDs means a life without fear of being disabled or losing a livelihood from preventable disease.
<b>Why invest: it's simple</b>	Many NTD control measures rely on simple interventions that can be carried out by non-specialists, making community-based delivery possible [73].
<b>Why invest: productivity gains</b>	A study commissioned by the END Fund, showed that Nigeria could gain approximately US\$19 billion in increased productivity by meeting its 2030 elimination targets for NTDs [74].
<b>Why invest: earning potential</b>	A published study (2021) has shown that deworming school children can raise future earning potential by up to 20% [75].
<b>Why invest: contributes to sustainable development goals (SDGs)</b>	Reducing the disease burden due to NTDs can also contribute to alleviating poverty (Goal 1) and hunger (Goal 2), healthy lives and well-being for all (Goal 3), promoting quality education (Goal 4), improving gender equity (Goal 5), water and sanitation for all (Goal 6), reducing inequality (Goal 10), sustainable cities and communities, climate action, and life on land (Goals 11, 13, 15). By building human capital, it will ultimately contribute to economic growth (Goal 8). Integrated approaches to NTD prevention and control inherently promote cross-sectoral partnerships (Goal 17).
<b>Why invest: reduces in child mortality</b>	A 2018 placebo-controlled study in which twice yearly doses of azithromycin were administered to one group found that the rate of childhood mortality dropped by a combined 14 percent in the group across the three study countries in Sub-Saharan Africa [76].
<b>Why invest: strengthens education and human capital</b>	A published article showed how deworming benefits school attendance and long-term cognitive function. For example in Kenya, school absenteeism was reduced by as much as 20% and years were added to the duration of a child's education [77].
<b>Why invest: strengthens gender equity</b>	The burden of certain NTDs falls disproportionately on women and girls. For example, approximately 56 million girls and women in Sub-Saharan Africa are affected by female genital schistosomiasis, which increases risks of contracting HIV and HPV and threatens sexual and reproductive health [78].
<b>Why invest: strengthens pandemic preparedness</b>	NTD programs strengthen institutions and catalyse lasting transformations in health systems. Trusted community health workers and platforms developed over the years to track, prevent, diagnose and treat NTDs were essential to help fight COVID-19. NTD programs also train local drug distributors and frontline health workers, bringing healthcare to some of the most remote parts of the world and playing a crucial role during disease outbreaks by virtue of their embeddedness in communities [79].
<b>Why invest: strengthens pandemic preparedness</b>	COVID-19 and, more recently, the Mpox outbreak have also shown the critical importance of investing in strong public health systems that can both respond to endemic diseases like NTDs and make the world more resilient to pandemics.

<b>Why invest: improves in health systems and UHC</b>	When we have stronger health systems, and stronger communities, deadly but curable diseases have less room to thrive. Populations and economies become more resilient, and this yields tangible benefits for people the world over, not only in NTD-endemic countries.
<b>Stalled progress: urgency</b>	For some time, a lack of resources has been a significant barrier to the control, elimination, and eradication of NTDs.
<b>Stalled progress: urgency</b>	We remain well short of SDG 3.3 of a 90% reduction by 2030 in the number of people requiring interventions against NTDs: by 2023, only about 32% of that reduction had been achieved. In concrete terms, the number of people needing treatment or care for NTDs declined from approximately 2.19 billion in 2010 to 1.495 billion in 2023 [80-81].
<b>Stalled progress: urgency</b>	Two diseases were targeted for eradication by 2030 in the 2021-2030 WHO road map for NTDs: yaws and Guinea worm disease. While significant progress has been made on Guinea worm disease, eradication of yaws is worryingly off-track [82].
<b>Stalled progress: urgency</b>	These challenges have been intensified by COVID-19 which has caused severe delays and disruption to NTD programs, as well as a massive repurposing and diversion of resources and supply chain disruptions for NTD medicines and diagnostics. NTD services were the second most disrupted health services during the COVID-19 pandemic.
<b>Stalled progress: urgency</b>	In 2025, the USG cut \$114.5 million that was appropriated for NTD elimination efforts. These cuts had an impact in pausing treatment, which risked perpetuating the problem, prolonging the fight, and adding to the cost of NTD elimination. Missed rounds of MDA could lead NTDs to bounce back, increasing the amount of drugs needed to achieve success [83].
<b>Funding gaps: diagnostics</b>	The development of diagnostics is a priority to ensure the WHO NTD road map targets are achieved. Notable advances have occurred in the development of rapid and multiplex diagnostic tests for certain NTDs but significant gaps remain.
<b>Funding gaps: diagnostics</b>	Effective diagnostics will be of critical importance as the intensity of infection and prevalence of NTDs progressively decrease and there is a risk that current methods of diagnosis may not have the necessary sensitivity or specificity to support programs through to the point of target delivery [84].
<b>Asks for sustainable financing</b>	Sustainable financing is urgently needed to save lives now, get back on track, and ensure that past gains are not lost.
<b>Asks for sustainable financing</b>	Investing in NTDs means investing in: <ul style="list-style-type: none"> <li>■ Preventive chemotherapy and transmission control (PCT)</li> <li>■ Innovative and intensified disease management</li> <li>■ Vector ecology and management</li> <li>■ Safe WASH</li> <li>■ Veterinary public health services</li> <li>■ Disease monitoring and surveillance</li> <li>■ Healthcare infrastructure and workforce</li> <li>■ Research and development</li> <li>■ Innovation</li> <li>■ Diagnostics</li> <li>■ Access and logistics</li> <li>■ Advocacy</li> <li>■ Multisectoral partnerships and action</li> </ul>

## ANNEX 2: SAMPLE GLOBAL AND REGIONAL NTD MESSAGES

The following examples provide illustrations by audience of tailored messaging for different decision-makers using a fictional country of “Newland.” They are supplied for illustrative purposes only.

### MINISTER OF HEALTH

#### DECISIONS

- Makes strategic decisions that affect policies and guidelines.
- Allocates funding from the health budget to fund operations and health programs.
- Oversees all health directorates.

#### PRIORITIES AND INTERESTS

- Health systems strengthening
- Disease elimination, eradication
- Universal health coverage
- Maternal and child health
- Equity and access
- High visibility
- International standing

#### ASKS

- Allocate dedicated budget increases for NTD scale-up and improve integration across health platforms to build on elimination success story.

#### MESSAGES

- **Legacy:** Newland has successfully eliminated guinea worm and trachoma (certified by WHO) and is on a path to eliminate some additional high profile NTDs such as yaws, onchocerciasis, and LF. You’ve positioned Newland as a regional leader, but critical gaps remain.
- **Human story:** In Newland’s rural villages, people like 34-year-old Fatou from the Northern Region live with a silent, debilitating threat. Fatou’s legs have swollen painfully from lymphatic filariasis, a disease spread by mosquitoes, leaving her unable to work in the fields or care for her children as she once did. “I can’t stand for more than a few minutes.” Just this year, more than 12,000 adults in Newland faced the same preventable disability – disabilities that could be stopped with mass drug administration, mosquito control, and community-based care. Without urgent action, families lose livelihoods, communities lose productivity, and avoidable suffering continues to rob people of their dignity and future.

- **Data:** Scaling up integrated NTD interventions across all health directorates will complete your elimination portfolio while strengthening the health systems that serve Newland’s most vulnerable populations. Research shows NTD investments deliver US\$25 in net benefits for every US\$1 spent, making them development “best-buys” that generate exceptional returns on investment and elevate Newland’s visibility for achieving elimination goals.

### MINISTER OF FINANCE

#### DECISIONS

- Develops strategic financial plans.
- Allocates funding to government programs.
- Prioritizes resources across sectors.
- Negotiates bank loans, grants, or debt relief that can free resources for health.
- Decides the mix of domestic resources and donor funding.
- Sets taxation and fiscal policies.

#### PRIORITIES AND INTERESTS

- Advancing economic stability and growth.
- Addressing political priorities: E.g., agricultural development, economic growth, job creation for youth.
- Prioritizing high economic returns, balancing social needs.
- Demonstrating government performance.
- Managing risk.

#### ASKS

- Ensure resources are available to fill gaps and scale up NTD interventions through dedicated budget allocations and, where necessary, targeted tax revenue mechanisms.
- Include comprehensive NTD elimination components in World Bank IDA funding proposals.

#### MESSAGES

- **Economic impacts on households:** Newland’s economy has shown resilience with recent growth, but NTDs trap Newland’s workforce in cycles of poverty and reduced productivity, constraining the economic development you’re working to achieve. In Newland’s rural areas, families spend up to 25% of their income on healthcare costs related to preventable NTDs.

- **The multi-sector economic drain:** NTDs impose devastating costs across Newland's entire economy, far beyond healthcare. In education, chronic infections cause widespread school absenteeism – children with schistosomiasis miss up to 25% of school days, reducing Newland's future human capital. Socially, NTDs create permanent disabilities that require lifelong government support – lymphatic filariasis alone affects over 1.2 million Newlandians, many requiring ongoing disability services. Economically, these diseases trap families in poverty cycles while imposing massive fiscal burdens: disability care costs Newland's government approximately US\$180 per disabled person annually, while lost productivity from NTD-related illness reduces GDP by an estimated 2-3% yearly.
- **The strategic opportunity:** Newland currently benefits from substantial World Bank support, and the institution has previously noted that NTD elimination represents "very good value for money." IDA's focus on basic health services creates opportunities to include comprehensive NTD programs. Including NTDs in IDA proposals demonstrates Newland's commitment to evidence-based investments.
- **The investment opportunity:** NTD investments deliver extraordinary economic returns – preventive chemotherapy generates US\$25 in net benefits for every US\$1 invested, making this one of the highest-return investments available to government. For Newland, this means modest budget allocations could unlock massive productivity gains while reducing long-term healthcare costs that burden the national budget.
- **The fiscal case:** Unlike many health interventions that represent ongoing costs, NTD elimination is a good investment with permanent economic returns, making this a sound fiscal investment that demonstrates government performance while delivering on campaign promises for improved living standards.

## MEMBER OF PARLIAMENT

### DECISIONS

- Allocates funding for the health budget.
- Voting on health-related laws, policies, or regulations that affect NTD programs.
- Holding government ministries accountable for program implementation and resource use.

### PRIORITIES AND INTERESTS

- Addressing constituent priorities and needs: development, health, etc.
- Maintaining political support
- Supporting effective and popular policy wins
- Achieving personal advancement: visibility and influence

### ASKS

- Support comprehensive NTD legislation that integrates disease elimination with broader development goals, ensuring that health investments strengthen education, economic opportunity, and social equity across your district.
- Lead parliamentary efforts to hold ministries accountable for NTD program implementation and champion innovative legislation that ensures sustainable funding for elimination efforts.

### MESSAGES

- **Development:** NTD elimination isn't just health policy, it's comprehensive development policy. When children can attend school because they're not battling chronic infections, you're advancing education. When farmers increase productivity because they're healthy, you're promoting economic development. When families stop spending their savings on preventable medical treatments, you're fighting poverty.
- **Gender equity:** NTDs disproportionately affect women and girls, who often bear the burden of caring for sick family members while facing their own health challenges. Supporting NTD elimination demonstrates your commitment to gender equity and women's empowerment.
- **National profile:** Leading NTD legislation positions you at the forefront of one of Africa's most significant health achievements. Countries that eliminate NTDs gain international recognition, and the parliamentarians who drove those victories become regional health policy leaders with enhanced political standing.



## PRIVATE SECTOR (MINING COMPANY)

### DECISIONS

- Contributes and invests human and financial resources

### PRIORITIES AND INTERESTS

- Profits, growing business
- Influence/networking with other professionals, politicians
- Good will among local leaders and communities
- Good public relations
- Healthy, industrious workers

### ASKS

- Support NTD intervention scale-up (support can be through funding, services or other in-kind contributions)

### MESSAGES

- **Boost productivity:** NTDs (such as schistosomiasis, soil-transmitted helminths, and trachoma) disproportionately affect rural communities surrounding mining areas. These diseases also impact your workforce: infected employees are more likely to miss work, experience fatigue, and have reduced productivity. Evidence from Africa shows that deworming and preventive treatment can increase worker productivity by 5–10%, directly improving operational efficiency and output. Investing in NTD interventions ensures healthier, more reliable employees and reduces absenteeism.

- **Returns on investment:** In one study based in neighboring Nigeria, every dollar invested in NTD elimination generates up to US\$25 in economic returns through improved worker productivity, reduced healthcare costs, and community development. For mining companies, this is a high-return investment that not only supports human capital but also strengthens the social license to operate. Contributions can include funding preventive chemotherapy campaigns, improving water and sanitation, or providing health services in surrounding communities.
- **Mitigate risks:** Mining activities can unintentionally contribute to NTD transmission – for example, through contaminated water sources or disruption of local ecosystems. Supporting NTD programs allows companies to proactively address these impacts, demonstrating corporate responsibility and environmental stewardship.
- **Reputation:** Investing in NTD elimination enhances goodwill with local leaders, communities, and government authorities. Companies that support health programs are viewed as responsible and trustworthy partners, which can improve relationships with regulators and facilitate smoother operations. Additionally, successful NTD interventions provide positive public relations opportunities, highlighting your company's commitment to sustainable development.



## ANNEX 3: SAMPLE IMPLEMENTATION PLAN FOR NTD ADVOCACY

Intended audiences	Intervention detail (detail below the intervention)	Intervention reason (describe why this intervention)	Stakeholders, partners, champions	Estimated costs	Timeline (mark an x for when the activity is starting)											
					M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Media	Conduct media trainings, with press packet on NTDs.	Increase visibility and create urgency	Media partners, affected populations, first lady			X										
Advocacy partners	Conduct stakeholder mapping workshop	Identify stakeholders and funding flows for NTDs	Advocacy partners and government stakeholders		X											
Government decision-makers, private sector	Develop advocacy materials (investment case, policy brief, fact sheet) illustrating the burden across sectors	Illustrate the burden of NTDs and provides clear asks for strengthened integration and investments	Advocacy partners and government stakeholders			X										
Ministry of Health	Meeting to plan NTD TWG	Plan NTD TWG to fill gaps and strengthened integration of NTD programming	Relevant ministry officials (health and non-health), implementing partners				X									
Ministry of Finance	Meeting to include NTDs in funding proposals	Present impacts of NTDs on economies and request inclusion in IDA21 and other funding opportunities.	Ministry of Health				X									
Private sector leaders	Launch business forum for investments in NTDs	Forum to present investment case and asks for investments; networking opportunity	GBC Health, chamber of commerce, NTD champions (e.g., First Lady, celebrities), donors, IPs					X								

Intended audiences	Intervention detail (detail below the intervention)	Intervention reason (describe why this intervention)	Stakeholders, partners, champions	Estimated costs	Timeline (mark an x for when the activity is starting)												
					M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Media	Develop business case for investing in NTD interventions	Show private sector partners that investing in NTDs will benefit them.	Media partners, affected populations, first lady			X											
Private sector leaders	Follow up meetings with two business leaders	Meetings to present investment proposals in NTDs	Business leaders, partner support (e.g., Speak Up Africa)					X									
Members of Parliament	Conduct parliamentary meeting to discuss ALMA NTD scorecard gaps and opportunities	Forum to present NTD impacts, resource gaps, and advocacy asks for increased support	ALMA, MoH, speaker of parliament, members of parliament, implementing partners							X							
Key decision makers, households	Conduct outreach to NTD champions to conduct social media campaigns on NTDs impacts and successes	Increase visibility and create urgency	NTD champions							X				X			X

## ANNEX 4: RESOURCES AND DATA FOR NTD ADVOCACY

Many NTD resources already exist that can be used for advocacy. This list provides links to relevant case studies, guidance, and information needed to build a case for investment.

### UNITING TO COMBAT NEGLECTED TROPICAL DISEASES

#### Why Invest in NTDs? Report

<https://unitingtocombatntds.org>

#### Why Invest in NTDs? Webpage with case studies

<https://unitingtocombatntds.org>

#### Kitgali Declaration Commitment Tracker

<https://unitingtocombatntds.org/en/commitment-tracker/>

#### NTD Disease Directory

<https://unitingtocombatntds.org/en/neglected-tropical-diseases/disease-directory/>

#### Article about Togo elimination success

<https://unitingtocombatntds.org/en/news-and-views/togo-becomes-the-first-country-globally-to-eliminate-four-neglected-tropical-diseases/>

#### NTDs and climate change

<https://unitingtocombatntds.org/en/neglected-tropical-diseases/resources/ntds-and-climate-change/>

### SPEAK UP AFRICA, UNITING TO COMBAT NTDs, ALMA

#### Advancing the Fight Against Neglected Tropical Diseases (NTDs) in Francophone Countries (In French, English, and Portuguese)

<https://unitingtocombatntds.org/en/neglected-tropical-diseases/resources/new-report-highlights-progress-and-challenges-in-fighting-neglected-tropical-diseases-in-francophone-countries/>

#### About No to NTDs campaign

<https://www.speakupafrika.org/program/no-to-neglected-tropical-diseases/>

### WHO

#### WHO Roadmap for NTDs (20221-2023)

<https://www.who.int/publications/i/item/9789240010352>

#### Integrating NTDs into Global Health and Development – Report

<https://iris.who.int/bitstream/handle/10665/255011/9789241565448-eng.pdf?sequence=1>

#### Advocating together for action against NTDs

<https://www.who.int/teams/control-of-neglected-tropical-diseases/advocacy>

#### ESPEN – Expanded Special Projects for Elimination of Neglected Tropical Diseases

<https://espen.afro.who.int/>

### WORLD NTD DAY

#### World NTD Day

<https://worldntdday.org/>

#### Social media toolkit to get involved

<https://worldntdday.org/get-involved/>

#### Partners playbook

<https://drive.google.com/drive/folders/1czg9841ggWfUz2MGUvw8QqvrIvyLWmC>

### THE CARTER CENTER

#### Carter Center and NTDs – includes case studies on guinea worm, river blindness, trachoma, lymphatic filariasis, Schistosomiasis, etc.

<https://www.cartercenter.org/health/carter-center-neglected-tropical-diseases.html>

### NTD ALLIANCE

#### NTD Policy Brief: Staffed, Skilled, Supported and Sustainably Financed – Report

<https://ncdalliance.org/resources/staffed-skilled-supported-and-sustainably-financed>

### AFRICA CDC

#### Africa CDC Unit of Endemic Diseases and Neglected Tropical Diseases

<https://africacdc.org/programme/division-of-disease-control-and-prevention/unit-of-endemic-diseases-and-neglected-tropical-diseases/>

### NEGLECTED TROPICAL DISEASE NGO NETWORK (NNN)

#### Neglected Tropical Disease NGO Network (NNN)

<https://www.ntd-ngonetwork.org/>

#### NNN SBC Guide to NTD

<https://www.ntd-ngonetwork.org/>

### INFONTD

#### Scientific publications, practical resources, online courses and more on NTDs

<https://www.infontd.org/>

### AFRICAN UNION

#### Continental framework on the control and elimination of neglected tropical diseases by 2023

<https://au.int/en/documents/20240704/continental-framework-control-and-elimination-neglected-tropical-diseases-africa>

#### Common African Position on NTDs

[https://au.int/sites/default/files/documents/43917-doc-ENG\\_Common\\_African\\_Position\\_on\\_NTDs.pdf](https://au.int/sites/default/files/documents/43917-doc-ENG_Common_African_Position_on_NTDs.pdf)

## ALMA

### ALMA scorecard on NTDs

<https://alma2030.org/our-work/neglected-tropical-diseases/>

## YOUTH COMBATING NTDs

### Youth Advocacy Toolkit

<https://www.youthcombatingntds.org/ycntds-advocacy-toolkit/>

## THE GLOBAL NETWORK FOR NEGLECTED TROPICAL DISEASES

### Clinical Articles on NTDs

<https://ntd-network.org/>

## NALA FOUNDATION

### NTD tools and toolkits including WASH and training manuals for different audiences, education, research, etc.

<https://nalafoundation.org/our-tools/>

## NTD TOOLBOX

### Journalists Guide to Reporting on NTDs

<https://www.ntdtoolbox.org/>

## THE END FUND

### The END Fund including impact stories

<https://end.org/>

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