

From Crisis to Opportunity – Shaping a Sustainable Future for NTD Elimination

Sultani Matendechero¹, Simon Bland², Awa Dieye Dieng³, Marcos A Espinal⁴, Allison Goldberg⁵, Julie Jensen⁶, Roch Christian Johnson⁷, Priya Kanayson², Carol Karutu⁸, Patrick J. Lammie^{9*}, Ethel Maciel¹⁰, Godwin Ntadom¹¹, Patrick O'Carroll⁹, Maria Rebollo¹², Martha Idalí Saboyá-Díaz¹³, Anderson E. Stanciole², Maria Endang Sumiwi¹⁴, Irene Wangeci Thuo¹⁵, Justin Tine¹⁶, Fatoumata Traoré Touré¹⁷, Andie Tucker⁹, Emily Wainwright¹⁸, and Aya Yajima¹⁹

¹Ministry of Health, Kenya, ²Global Institute for Disease Elimination (**GLIDE**), Abu Dhabi, United Arab Emirates, ³Amref Health Africa, Afrique de l'Ouest, ⁴Centro Nacional de Investigaciones en Salud Materno Infantil, Santo Domingo Dominican Republic, ⁵Merck Foundation, New York, NY, ⁶Pfizer, Inc., New York, New York, USA, ⁷CIFRED, Université d'Abomey-Calavi Bénin, ⁸The END Fund, Nairobi, Kenya, ⁹Task Force for Global Health, Decatur, GA, ¹⁰ Universidade Federal do Espírito Santo. Brazil, ¹¹Nigeria Federal Ministry of Health, Abuja, Nigeria, ¹²World Health Organization, Geneva, Switzerland, ¹³Pan American Health Organization, Washington, D.C., ¹⁴Ministry of Health. Republic Indonesia, ¹⁵Formerly RTI, International. Abuja, Nigeria, ¹⁶Formerly FHI360. Dakar, Senegal, ¹⁷REACH Network, CVD-Mali, ¹⁸Formerly U.S. Agency for International Development. Washington, D.C., ¹⁹World Health Organization South-East Asia, New Delhi, India.

*Corresponding author

Neglected tropical diseases (NTDs) are a group of preventable and treatable diseases that threaten more than one billion people globally. NTDs disproportionately affect the poorest of the poor, negatively impact quality of life, and place a heavy burden on health care systems, particularly in low- and middle-income countries, where they account for an estimated 19 million disability-adjusted life years (DALYs) and billions of dollars lost each year (1). The London Declaration in 2012 marked a significant turning point for NTD programmes (2). Ongoing and expanded commitments from pharmaceutical manufacturers, combined with the leadership of endemic countries and the support of donors, enabled one of the most ambitious mass treatment campaigns in global health, and with it, large-scale elimination of NTDs (3). Since then, more than 1 billion people have been reached annually through preventive chemotherapy, leading to a 32% decline in the number of people who require treatment for NTDs, and enabling 57 countries to eliminate at least one NTD each (1).

However, the foundations of this success have proven fragile. In many endemic countries, NTD programmes were designed to rapidly reduce disease burden, as a key strategy toward elimination goals, through external funding and campaign-based delivery mechanisms, operating parallel to routine health services, rather than through fully institutionalised national systems. Programmes' verticality has kept them siloed, making them vulnerable amid declining external donor support and shifting global priorities. NTDs receive less than 1% of global health funding, despite accounting for over 10% of the global disease burden in terms of DALYs, mortality, and morbidity (4, 5). The dramatic shifts in the global health funding landscape in 2025 have halved international funding for NTD programmes. Countries now face an acute risk of missing their NTD elimination goals and seeing morbidity and disease burden increase, and are being asked to take on greater responsibility, even as NTDs remain insufficiently integrated within health systems. Although these vulnerabilities have long been recognised (6), the community has made limited progress in addressing them.

The Global Health community must not abandon the work of the last 15 years, nor allow these diseases to recrudescence and again cause preventable suffering. Discussions this week at the World Health Assembly have echoed the messages that emerged in a meeting last year at the Rockefeller Foundation's Bellagio Center, *"From Crisis to Opportunity: Shaping a Sustainable Future for NTD Elimination."* In both settings, common themes emerged, which should set a new standard for engagement in the NTD community, responsive to the changed donor landscape, global priorities, and the goal of long-term sustainability.

First, **countries lead**. Countries set priorities, define the sequence and integration pathways, and partners should align to those choices. Decision-making power must sit with country leadership.

Countries must lead in financing, as well as decision-making. They are not passive recipients of programmes, but must be recognised as the drivers and funders of NTD programmes. Domestic investment in NTDs through workforce, infrastructure, and supply chains already dwarfs external funding in many countries, but additional domestic resources will be essential to sustain programmes as external support declines. When countries mobilise their own resources for NTDs, they can optimise national systems for cost savings, leverage local innovation, maximise the return on investment, and strengthen accountability in how programmes are designed and implemented.

Second, **partners pivot**. The previous model of NTD programming enabled rapid scale-up and remarkable progress toward elimination, but was largely shaped by external priorities, reliant on external expertise, and focused on short-term targets and visible demonstrations of success. These approaches underutilised national capacities, limited integration into national priorities and long-term health strategies.

Partners, including implementing and funding partners, must now align and support country priorities and should provide catalytic and complementary support, recognising countries' sovereignty in decision-making.

Crucially, partners must enhance their understanding of national capacities and target their assistance to strengthen systems, complement government priorities and services, and not substitute for, or undermine them. Mutual accountability should be encouraged through shared metrics and evaluation systems.

Third, **embed services**. NTD programme managers have made strong efforts to accelerate progress across endemic countries; however, in most cases, NTD programmes and service delivery have continued to operate in silos, with limited representation in national planning and financing processes. Competition among multiple health priorities has reinforced this fragmentation, keeping NTD services largely separate from broader health system agendas.

Embedding NTD services within national policy, primary healthcare, and universal health coverage platforms is essential not only to secure domestic financing but also to ensure greater country ownership and sustainable service delivery. Advocacy will be essential to elevate NTDs within national policy agendas and to secure the political commitment needed for long-term integration. NTD services should be understood as a core service of a well-functioning health system, demonstrating responsiveness to the

needs of the poorest and most vulnerable. They must be institutionalized, funded, and led by governments under the umbrella of existing long-term health and development strategies.

Fourth, **finance smartly**. Continuing progress toward elimination requires financially secure national systems that provide prevention, treatment, and care for all relevant NTDs. External donors should provide technical and financial assistance in ways that strengthen national financing systems, reinforcing rather than replacing domestic efforts to fund NTDs. Domestic investments and donated pharmaceuticals already provide a powerful foundation, and external support should take the form of catalytic and integrated co-financing

With official development assistance (ODA) declining across multiple sectors (7), countries are optimising national systems and seeking out alternative financing models to sustain progress. To benefit fully, NTD programmes must be part of these national financing discussions, leveraging country health financing strategies and embedding NTD services within appropriate domestic funding mechanisms. This includes exploring blended finance, engagement with new and non-traditional donors, and better alignment with other health priorities. Philanthropy, while catalytic, cannot replace ODA, underscoring the importance of diversified and sustainable financing.

Most importantly, infusion of domestic resources is what will ultimately shift the power dynamic between partners and enable long-term sustainability. This does not mean disease-specific budget lines, which are politically unattractive amid competing health priorities. Instead, NTD services should be embedded within health sector requests, demonstrating integration, efficiency, and alignment with national strategies and financing priorities. Building capacity for targeted advocacy, coalition building, and creative financing models will be essential to securing durable domestic resources.

In the short term at the country level, advancing the two principles, **Countries Lead** and **Embed Services**, requires that countries take leadership in sustaining NTD service delivery and aligning programmes with national processes. Together with partners, they should strengthen advocacy, promote cross-sector collaboration, and explore the use of digital tools to increase efficiency and coordination. Campaign-based, vertical approaches may continue to have value in certain contexts, but delivery strategies should be determined by what best serves the public health needs and affected communities, as programmes evolve toward greater efficiency and health system integration. In the long term, governments and partners must establish joint accountability mechanisms and build sustainable, technical, and managerial capacity within ministries of health.

In the short term, at the global level, embodying the principles of **Partners Pivot** and **Finance Smartly** will require that partners work with countries to develop investment cases and clear, tailored resource asks that show how combating NTDs strengthens health and social resilience. There should be a focus on expanding alliances, adapting and disseminating monitoring tools, and collaborating more closely with other diseases, as well as climate and pandemic financing streams. In the long term, countries and partners should update elimination guidelines and facilitate a structured dialogue with pharmaceutical partners about the procurement of needed medicines.

Sustaining the gains that have already been made toward NTD elimination and continuing progress in the current environment requires a decisive shift. NTD services must be nationally led, partners should be catalytic, core programme functions must be protected, and financing must be diversified. There is no one-size-fits-all model. Success requires a country-by-country approach that leverages the strength of existing policies and systems.

To make this transition possible, countries will require technical and financial support to continue leveraging the drug donation programmes effectively while strengthening national systems, including capacity for long-term prevention, treatment, and care. Partners must show patience and flexibility as governments assume responsibility for all NTD services. Mutual transparency and accountability will be critical. The urgency of this moment cannot be overstated: policymakers are making critical decisions right now about the future of the health sector, and NTD programmes must be part of these discussions to prevent disruption of progress within reach of elimination.

The NTD community now needs a structural pivot. Therefore, we call on governments, donors, and partners to adopt these principles of engagement, apply them, and commit to working in genuine partnership. By committing to a new path forward, the NTD community can ensure that the remarkable achievements of the past 15 years are sustained for years to come.

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