

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

Over the past twenty years, strong commitments from pharmaceutical manufacturers, other donors and countries have enabled huge successes through their neglected tropical disease (NTD) programmes: by scaling up preventive chemotherapy, by dramatically reducing infection prevalence and by successfully eliminating NTDs. Despite these successes, NTD programmes currently face significant challenges. Rapid and dramatic shifts in the global health funding landscape threaten the delivery of interventions across a broad global health portfolio. NTD programmes are at higher risk of service interruptions than other health programmes in many countries because they have operated on parallel tracks outside the traditional health system. The NTD community has not prioritized the integration of NTDs into national health systems or country ownership, even though these goals were identified as priorities in [WHO's 2020 framework for NTDs](#). This legacy of “vertical programming” has left national programme managers technically strong but often lacking the authority, tools, and political leverage to advocate for their programs with their own governments.

While the current funding crisis poses a threat to NTD programmes, it also presents an unparalleled opportunity to pivot these programmes and shift from siloed approaches toward country ownership and the integration of NTDs into national health systems. At a recent meeting, NTD and public health experts developed a series of recommendations to support this structural transition.

The Four Pillars of Structural Transition

1. Countries Lead: The era of external priority-setting must end.

- **Decision-Making:** Endemic countries must define their own integration pathways and priorities to achieve NTDs elimination.
- **Resource Control:** Leadership means moving beyond compliance with donor reporting requirements to exercising authority over strategy and domestic investment.

2. Partners Pivot: Donors and implementing partners must transition from "drivers" to "catalysts."

- **Alignment:** Partners must align strictly with national goals rather than short-term, visible targets.
- **Accountability:** Establish a new standard of transparency and mutual accountability that respects country sovereignty.

3. Embed Services: NTD programmes can no longer operate in silos.

- **Integration:** Services must be woven into primary healthcare, national policy, and Universal Health Coverage (UHC) platforms.
- **Visibility:** Advocacy is required to elevate NTDs within national health agendas, ensuring they are not sidelined by other health priorities.

4. Finance Smartly: Sustainability requires diversified, secure, and domestic-led financing.

- **Domestic Mobilization:** Shift focus from disease-specific budget lines to embedding NTD services within broader health sector funding requests.

- **Innovative Models:** Leverage blended finance, non-traditional donors, and co-financing to bridge the gap left by declining Official Development Assistance.

The Bottom Line - The window for action is closing. Policymakers are making critical health sector decisions **now**. We must transition to a model where NTD services are nationally led, partners are catalytic, and financing is diversified. **Action is needed now to prevent a reversal of historic gains and to ensure that NTDs are no longer treated as exceptional programs, but as essential services within resilient, country-led health systems.**