



**Neglected
Tropical Diseases
Annual Report
2022**

Neglected tropical diseases (NTDs): a diverse group of communicable diseases that prevail in tropical and subtropical conditions in 149 countries – affecting more than one billion people and costing developing economies billions of dollars every year (WHO).

Abbreviations

APOC: African Programme for Onchocerciasis Control

CAR: Central African Republic

CDD: Community Drug Distributor

DRC: Democratic Republic of Congo

ESPEN: The Expanded Special Project for Elimination of Neglected Tropical Diseases

FCDO: Foreign and Commonwealth Development Office

FHF: Fred Hollows Foundation

GTM: Garbet Tehadiso Mahber

HANDS: Health And Development Support

LF: Lymphatic Filariasis

LGA: Local Government Area (Nigeria)

MDA: Mass Drug Administration

MDP: Mectizan Donation Program

NNN: NTD NGO Network

ORDA: Organisation for Rehabilitation and Development of Amhara

PTEP: Pakistan Trachoma Elimination Project

SAFE: Surgery, Antibiotics, Facial Cleanliness and Environmental Improvements

SIOVS: Sindh Institute of Ophthalmology and Visual Sciences

SNNP: Southern Nations, Nationalities, and Peoples' (Region)

TT: Trachomatous Trichiasis

WASH: Water, Sanitation and Hygiene

WHO: World Health Organisation

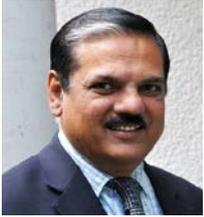
First names rather than full names have been used in many instances in this report to protect the identities of the people involved.

CBM gratefully acknowledges financial support from the following organisations



Cover photograph: 8-year-old Gacyubwenge being examined for trachoma at Kizoganya Hill, Muyinga Province, Burundi, as part of a surveillance survey to confirm elimination of the disease. © CBM

Foreword



This past year has been one of progress and innovation in which the Inclusive Eye Health and Neglected Tropic Diseases Initiative has been working in some of the most challenging regions of the world.

We have recently been gathering some statistics: Between 2017 and 2021 we have supported the administration of 269,434,477 drug treatments, which is a huge number, and one of which we are very proud, particularly given the challenges of the last couple of years.

There are many other statistics I could provide, but of particular satisfaction are the 8 million community members who have had health promotion education and the 176,000 health workers who have been trained or retrained in NTD activities in 2021. A smaller figure, but no less significant, are the 10,392 environmental improvements we have enabled in Ethiopia over the past year, by supporting the provision of latrines and fresh water. Of course, numbers, however large or small, do not tell the whole story and do not reveal outcomes and our aim is to ensure that our interventions are sustainable and country-owned.

Dr. Babar Qureshi

Director,
Inclusive Eye Health Initiative, CBM

We have also been consolidating our work in countries where situations of conflict and instability are creating communities in great need, such as in some regions of South Sudan and Yemen. Our approach is always to ensure that no one is left behind, and we are focusing on ways of ensuring that our drug campaigns reach even the most marginalised and remote communities.

We have been playing our part in the acceleration of NTD elimination by moving from a regional approach to a national one. An example of this is our work in Nigeria where we have made a commitment to support four states to accelerate onchocerciasis and lymphatic filariasis prevention and treatment. We are also on the cusp of being able to say that Burundi is trachoma free thanks to our collaboration with the Health Authority and partners in the country.

Our Head of NTDs, Girija Sankar's position as Vice-Chair of the Steering Committee of the NNN is helping to lead a global advocacy effort towards NTD elimination. Going forward, we have plans to forge more partnerships with other NGOs, donors, and governments so that we combine our strengths and influence to ensure that the last mile does not remain a flag in the distance, but a finishing line we can cross together.

I would like to take this opportunity to thank all our supporters and collaborators, who are very much part of this journey.

CBM NTD Programmes 2021



Abuja – Federal Capital Territory

Nigeria

DISEASES COVERED:

Onchocerciasis
Lymphatic Filariasis
Schistosomiasis
Soil Transmitted Helminth infections
Trachoma

Integrated MDA: 3 states

TT surgery: 2 states

Partner: HANDS, Federal & State Ministries of Health

Funding: Accelerate (Sightsavers), The END Fund, CBM



CAR

DISEASES COVERED:

Onchocerciasis
Lymphatic Filariasis
Schistosomiasis
Soil Transmitted Helminth infections

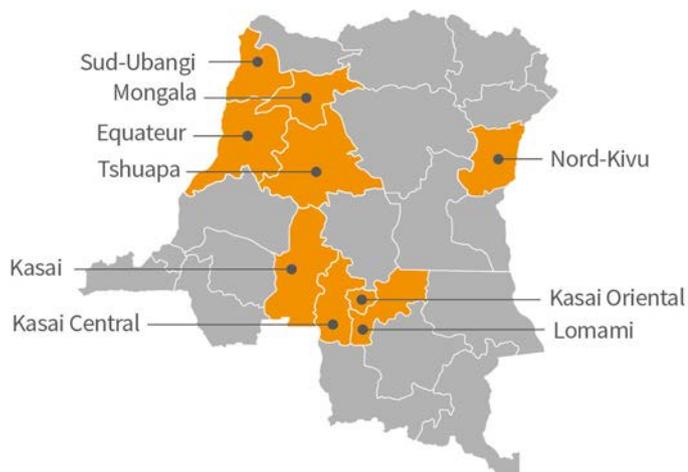
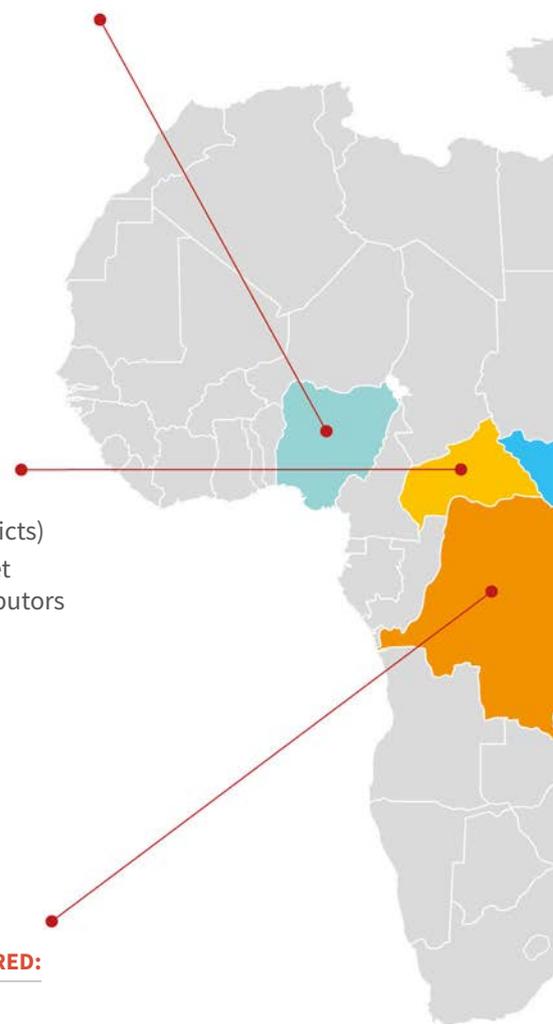
Integrated MDA:

4 health regions (23 health districts)

Training: 4 health regions, target groups: Community Drug Distributors and health staff

Partner: Ministry of Health & Population, CAR

Funding: The END Fund, CBM



DRC

DISEASES COVERED:

Onchocerciasis
Lymphatic Filariasis
Schistosomiasis
Soil Transmitted Helminth infections
Trachoma

Integrated MDA: 9 provinces (120 health zones)

TT surgery: 1 province (2 health zones)

Training: 9 provinces, target groups: Community Drug Distributors, health staff, surgeons

Partner: Ministry of Health, DRC

Funding: The END Fund, CBM

South Sudan

DISEASES COVERED:

Onchocerciasis
Lymphatic Filariasis
Trachoma

Integrated MDA: 9 states (51 counties)

TT surgery: 1 state (2 counties)

Hydrocele surgery: 1 state (1 county)

Training: 9 states, target groups: Community Drug Distributors, health staff, surgeons

Partner: Ministry of Health, Republic of South Sudan

Funding: The END Fund, FCDO, Mectizan Donation Program (MDP), The Carter Center, Waldesian Church, CBM



Pakistan

DISEASES COVERED:

Trachoma

TT surgery: 1 Province (1 district – Shahdadkot)

Training: 1 district, target groups: School health clubs, Medical Officers, and Optometrists

Partner: Sindh Institute of Ophthalmology & Visual Sciences (SIOVS), Fred Hollows Foundation (FHF)

Funding: CBM, FHF



Ethiopia

DISEASES COVERED:

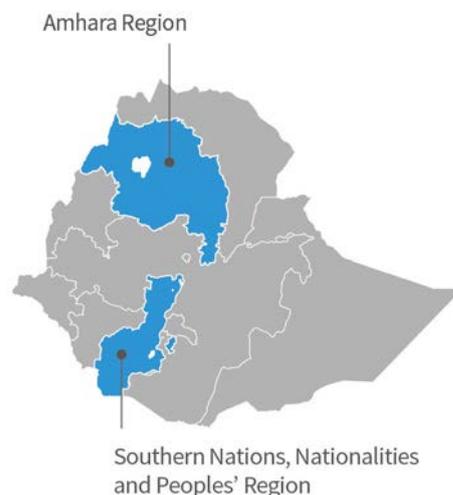
Trachoma

TT surgery: 2 regions (13 woredas)

Training: 2 regions, target groups: health staff, community members

Partners: ORDA, GTM, Federal Ministry of Health, Regional Health Bureaus

Funding: CBM, CBM Italy



Burundi

DISEASES COVERED:

Onchocerciasis

MDA: 6 provinces (12 health districts)

Training: 6 provinces, target groups: Community Drug Distributors

Partner: Ministry of Public Health, Burundi

Funding: The END Fund, CBM



CBM supports additional surgeries under its Inclusive Eye Health programmes in these and other countries.

The Last Mile



CBM's Head of Neglected Tropical Diseases, Girija Sankar, shares her impressions of a trip to DRC where CBM supports MDA campaigns and TT surgery.

“Where is the last mile? Is it where the concrete ends and the dirt road begins? Or where the buses stop and motorcycles take over? I had the opportunity to reflect on this phrase that we bandy about in our work in NTD prevention, as my colleagues and I bounced through miles of rain water inundated mud roads in Northern DRC.

As our visiting team navigated the terrain, young boys from the neighbouring communities volunteered to ‘test’ out the puddles for us and ran ahead of the land cruisers to guide us through. A colleague on a motorcycle had attempted to do the same, but the slush had proved too much for his wheels.

We were on the way to Boto, a district in Sud Ubangi, a northern DRC province. The District Health Administrators had organised a training for TT case finders – men and women, often community drug distributors, who would be equipped with the skills needed to identify community members with suspected trachomatous trichiasis or TT. TT is that stage of the infectious eye disease where the eye lashes can turn inwards due to repeated infections and rub against the eyeball, causing intense pain and irritation and if left untreated, blindness.

The newly minted TT case finders (they were mostly men that we met) worked in pairs and walked up and down the main thoroughfare of their assigned villages, requesting household members to participate in the case finding.



Above: Girija and colleague Jean Denis on the road. © Girija Sankar

We pulled into the Boto district health office, ending a 2-hour journey that had started in a land cruiser, continued by foot over a wooden bridge in mid-repair, and ended on a motorcycle.

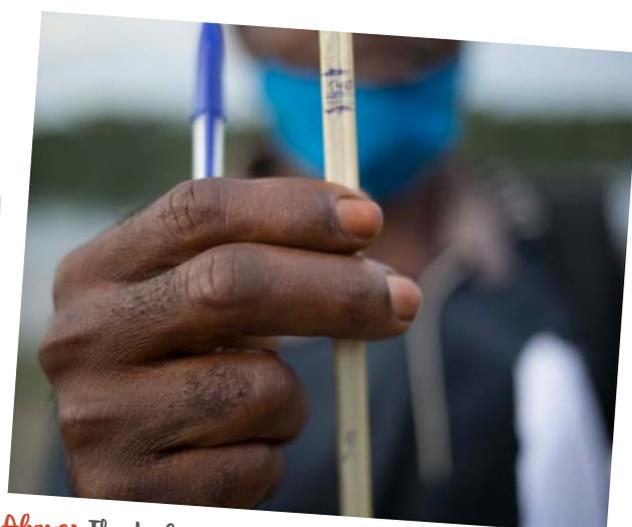
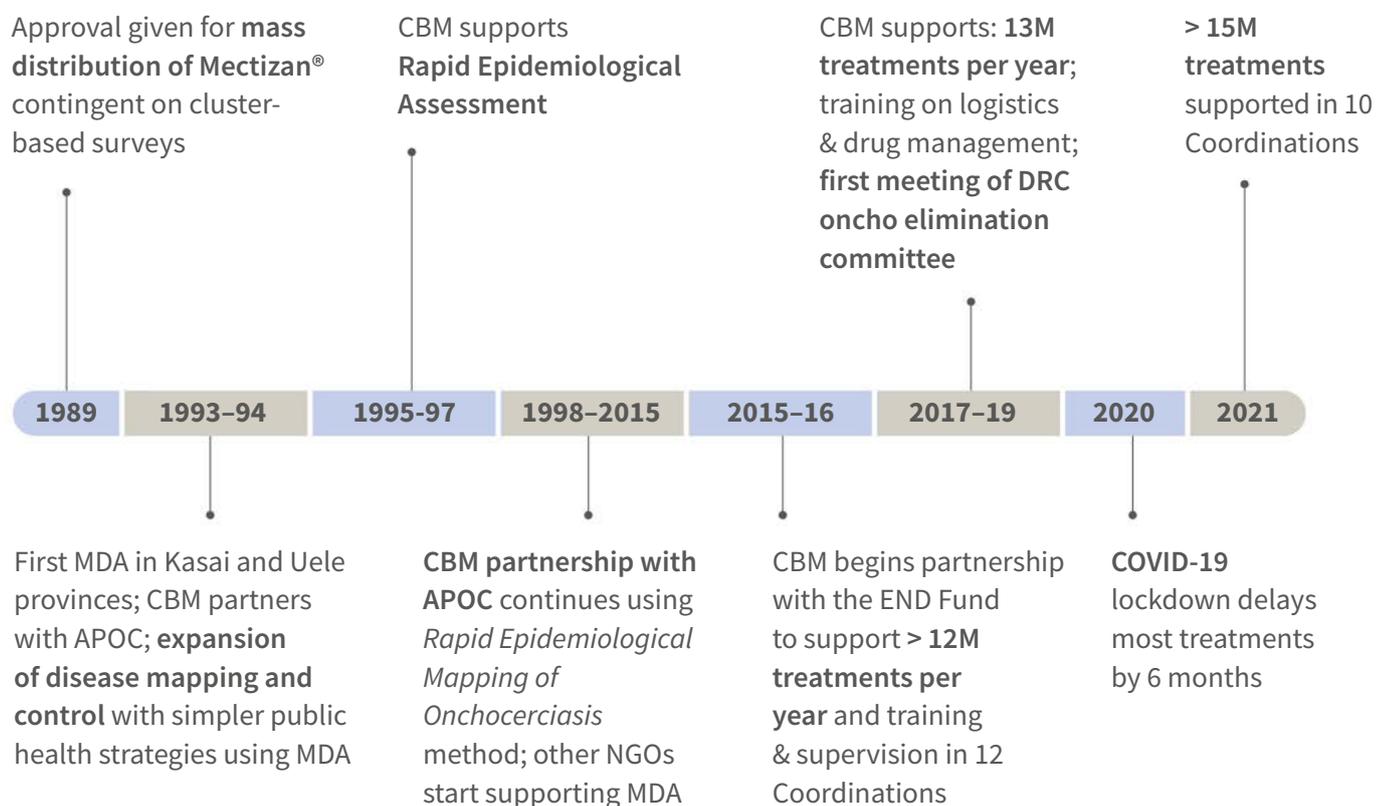
James Bigo, the District Medical Officer greeted us and hosted a lively exchange of feedback with three TSOs or *Techniciens Sante Oculaires*, the supervisors of the case finders in the district. We discussed details such as the number of days of training needed, the number of days of field supervision, and potential surgery sites.

James invited us to his home for refreshments before we headed back to Bwamanda, a neighbouring district. Looking around at my hard-working colleagues, some a little travel weary, the sense that we were all in this together was suddenly very strong. I cherish those moments when the light at the tunnel grows a little brighter.

So, I ask again, where is the last mile? Is it where people like James do the work that they do to advance public health? Or where people like my CBM colleague, Dr. Safari Mwandulo, trudges through storm waters to ensure that supplies are delivered in time? Or where people like Mbwase Mbamba, a case finder, do the everyday shoe leather epidemiology that advances the health outcomes of his community?

The last mile is of course here. One of many trodden all over the world. Running in parallel with each other, and with the same destination in view.”

Onchocerciasis in DRC: CBM support over the years



Above: The tool used to measure the dosage of drugs to prevent NTDs. © CBM

Onchocerciasis – North Ubangi Study

Gboko Health Area in North Ubangi is one of the most remote parts of the DRC. A CBM team took four days to travel to Gboko from Kinshasa to document the impact of onchocerciasis and found that it is still devastating the communities today.

Dr. Michel Mandro-Ndahura, CBM's NTDs Regional Programme Manager (Africa West & Central), shares his observations from the visit.

Kangawode is 75 years old and has lived in Tagwa village for much of his life. His house stands just 50m from the Ubangi river which marks the border with Central African Republic. Kangawode has been blind due to oncho for many years; sitting in the compound with him are his two eldest sons – 40 and 45 years old – who are also blind due to oncho. While Kangawode's other three sons escaped this particular fate, they suffered the other symptoms of onchocerciasis – severe itching and the characteristic 'lizard' skin.

Despite several years of annual treatment with ivermectin to control the parasites, there is evidence that transmission in Tagwa is ongoing and that additional prevention measures are needed to eliminate the disease. Numerous people were found to have sub-cutaneous nodules that indicate the presence of breeding adult worms which release millions of microfilaria into the blood stream – and serve as a pool of infection in the wider community.

It was equally concerning to find almost 3% of those interviewed in the village suffered from epilepsy – commonly associated with onchocerciasis. Among these are two of Kangawode's grandchildren; a boy of 18 years who has had seizures since he was 10 and has stunted growth and a grand-daughter of 8 years who started having seizures a year ago.

Kangawode and his sons spend most of their days sitting calmly under the shadow of a tree. They have learnt to put up with the persistent bites of the small black flies which carry the infection that causes 'river blindness' and its associated epilepsy. The flies breed near fast flowing rivers and judging by their numbers, the Ubangi and other rivers near Tagwa village provide an ideal breeding site. Despite previous awareness raising efforts, it was clear from interviews, that most people in the village haven't made the link between these biting flies, blindness and epilepsy.

This may be one of the worst affected areas, but it is known that pockets of active infection remain in other parts in DRC despite years of mass treatment with Mectizan®. Michel Mandro-Ndahura who led the team to Gboko commented;

"We shared our findings with the national ministry of health and will redouble our efforts to improve awareness raising and community participation."

CBM has been supporting NTD programmes in the DRC since 1989, first through the African Programme for Onchocerciasis Control, and now, for the last five years, by directly supporting the national NTD programme.

Number of NTD treatments distributed in DRC in 2021 with CBM support:
37,568,547





Above: Kanagawode and his family. © Michel Mandro-Ndahura

CBM scales up support for onchocerciasis and lymphatic filariasis elimination in Nigeria



Nigeria has the highest number of people affected by onchocerciasis in the world, with over 80 million people requiring treatment across 438 local government areas.

While significant progress has been made towards elimination of onchocerciasis in Nigeria with Nasarawa, Plateau, Kaduna and Kebbi States scaling down treatments for onchocerciasis, some states still struggle to reach the elimination targets.

A gap analysis commissioned by CBM in 2019 revealed that Bayelsa, Ogun, Oyo and Rivers States would require additional support to accelerate onchocerciasis elimination in Nigeria. As a result, CBM has made a commitment to provide support in these four states which, together, have a population of over 23 million. The programmes will focus on onchocerciasis elimination.

The key outcomes of CBM's work will be effective geographical and epidemiological MDA coverage for both oncho and LF and the establishment of programmes to address LF morbidity management.

Number of community members who participated in health education sessions about NTDs, supported by CBM in 2021: **8,091,656**

Number of NTD treatments distributed in Nigeria in 2021 with CBM support: **16,267,706**

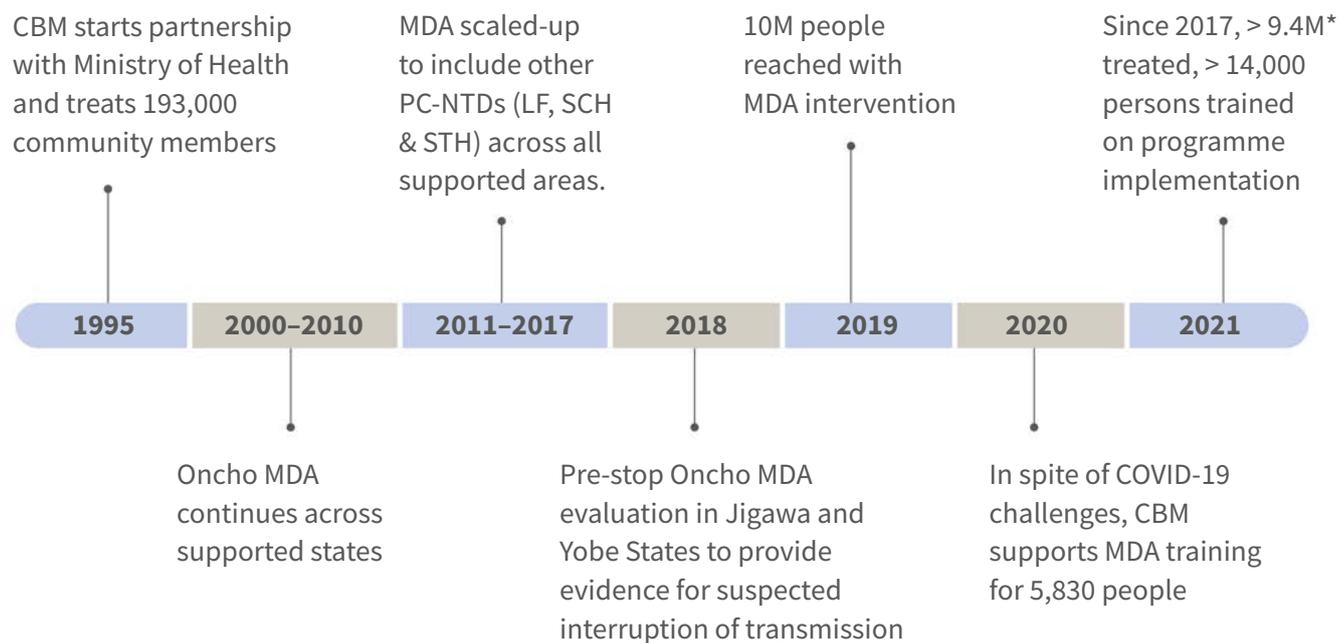
The scope of the work will include providing evidence for endemicity through onchocerciasis elimination mapping, management of LF morbidity (lymphedema and hydrocele) along with basic psychosocial support from front line health staff. In addition it will supply evidence for the interruption of transmission of onchocerciasis and LF in all local government areas that qualify in the four states, as well as in Jigawa and Yobe (which are also supported by CBM).

The aim of CBM's programmatic work is to achieve health system strengthening by building the capacity of existing government interventions. This is achieved by training staff on effective programme implementation, supply chain and data management and monitoring and evaluation.

The programme is being implemented in full collaboration with the NTD units of the Federal and State Ministries of Health, utilising the existing health structure to stimulate ownership and sustainability for the implementation of NTD and other health programmes.

Ultimately, the programme would support the government's efforts towards the elimination of onchocerciasis and LF, contributing to making Nigeria one of the 12 countries targeted for transmission interruption for onchocerciasis and the elimination of at least one NTD by 2030.

Onchocerciasis in Nigeria: CBM support over the years



* This is an estimated figure from the maximum number of people treated in CBM-supported areas in one year between 2017-2021; Data source: ESPEN (WHO).



Above: Mairizes (right), who lives in rural Nigeria, lost her sight due to onchocerciasis and is looked after by her great niece Wajir. © CBM

In 2021 CBM supported **10,392** environmental improvements in Ethiopia, including water facilities and latrines.



Above: Amina, a community member from the SNNP Region, waits for her TT surgery at a hospital run by GTM, CBM's partner. © CBM

Belayneshe



Belayneshe is a 38-year-old mother of four who lives in Sodo District, Ethiopia. She lives in a rural area where farming is the main source of income. She had

been suffering from TT for six years. Life was tough for her as she struggled to look after her children and run the household. She worried that she would go blind and that there would be no one to look after her children.

She explains the difficulties caused by her condition: “I asked my neighbours for help to remove my eyelashes every three days, but when there was no one to help, I would use a mirror to pluck the eyelashes myself. The pain was so unbearable.”

Belayneshe had bilateral surgery which was performed by the GTM TT Project Outreach Team supported by CBM. The outreach team followed up with Belayneshe for post-operative care. She now promotes TT surgery in her kebele and actively participates in peer education.

“I am happy that the pain of TT is over. The surgery was like a second birth for me,” she says.



MDA treatments supported by CBM in Burundi, CAR, DRC & South Sudan in 2021:
78,721,217

Wubante Yalew – NTD Programme Coordinator, CBM Ethiopia talks about his work



“My role is to support the CBM Country Office in providing technical expertise in the design, implementation, monitoring, evaluation,

reporting, accountability, learning, and resource mobilisation of all the NTD projects in Ethiopia. I am also tasked with assessing project proposals for quality and consistency, identifying project delivery issues and ensuring effective coordination of project resources. I work closely with national counterparts to build cooperative relationships and to establish the organisation as an effective partner.

The trachoma projects in the Amhara region were suspended for several months in 2021 due to internal conflict. However, since the beginning of January 2022, the projects have resumed. There are multiple activities underway to support the construction of water points and pit latrines, community sensitisation, the establishment of school anti-trachoma clubs and the screening and referral of community members for TT surgery.

The water supply schemes play a great role in the reduction of trachoma prevalence and improve all aspects of social life. I have noticed that as soon as a water scheme is available in a village, girls start to go to school like their male counterparts. This is because fetching water from long distances is a role traditionally assigned to girls and women in such places. Because of the new water schemes, girls in the project districts now have the time to attend school and are protected from the sexual violence that they are sometimes vulnerable to while walking long distances. This kind of life-changing story makes me happy.

I have a passion for public health. I would like to see an Ethiopia free of preventable blindness, where getting blind from trachoma is something that used to happen in the past.”

A Day in the Life of Lubari Samuel – Trachoma Programme Officer in South Sudan

“My role is to provide leadership, in coordination with the Unity State Ministry of Health and County Health Authorities, on the implementation of the SAFE strategy.

The SAFE strategy is a way to eliminate trachoma – the world’s leading infectious cause of blindness. It includes surgery for advanced disease, antibiotics to clear infection, delivered to communities via mass drug administration (MDA) campaigns, and facial cleanliness and environmental improvements.

My main tasks are to set up links between CBM and our partners to ensure that the strategy is being implemented. I provide direction and support – monitoring the progress of the project so that it stays on track, checking that proper documentation is in place, organising training events for drug distributors and TT case finders. I ensure that the volunteers execute their duties in the community by finding people with the condition and referring them to TT surgery camps. I also ensure that we follow WHO guidelines.

The challenges of my role include lack of reliable population data, insecurity, displacement of populations due to flooding, and the scarce availability of water and washing facilities. Changing peoples’ perceptions and habits is also difficult sometimes.



Above: Lubari in Mayom County trying to reach a community often cut off by floods. © CBM

The need is great. There is a significant backlog of people who need surgery. If people with TT don’t receive treatment in a timely fashion, most of them will become blind.

The best thing about my job is being able to have a lasting positive impact on people. I love being a part of something that makes a difference. Seeing young people with the blinding stage of trachoma is so painful when nothing is being done to treat them. It is terrible to see children as young as three years of age with TT. I hope the programme continues and that by working together we can eliminate trachoma as a public health problem in the community.”

Total number of
people treated for NTDs
in 2021 in South Sudan
with CBM support:
13,308,376



Opeoluwa Oguntoye and Yodit Adhanom, Working Students, talk about their experiences of working for the NTDs team

Opeoluwa Oguntoye



“Heart beating, pulse racing, I was getting ready to meet my colleagues on the first day in my new role as a working student communications officer for the NTDs team at CBM. Not knowing

what to expect, I entered the room to be greeted by smiling faces and welcoming gestures. Right there and then, I knew I was in the right place.

I had always wanted to work in an organisation where I could make positive changes to people across the globe. I knew CBM would be the perfect platform that would not only help me gather first-hand experience about disability inclusive development, but also provide the rare privilege of having the support to develop skills that cannot always be acquired in the classroom. However, I knew it was not going to be an easy journey. I would have to learn how to balance the demanding workload of school and work.

It has been seven months now since I joined the team, and my time with CBM has been a huge learning curve for me. I have had guidance and mentorship from some of the very best colleagues in the global health sector to work on my own projects and contribute creatively to the team. I have experienced more than I could ever have hoped for.

The opportunity to work on and witness several life-changing projects designed to foster sustainable positive changes, disability inclusive development, and cross-sectoral collaboration has been a rare privilege, and one that I will cherish forever.”

Yodit Adhanom



“I first came across the work of CBM in March 2019. Back then I had just been displaced to Ethiopia due to the unsettling political situation in my country. I was living in a camp

for several months until I was able to travel and pursue my masters in Germany. I witnessed the difficult conditions a lot of disabled and vulnerable people faced in the camp, and I volunteered in WASH and health promotion activities. From that moment onwards I made a vow to myself to pursue my career in humanitarian aid, for I needed help and so do my fellow human beings.

During that time, I became aware of the dedicated work of CBM in the Amhara region, as I was living close to the border, and it was clear how many lives were changed because of the work.

Fast forward to February 2021, I finally found the opportunity to work for CBM’s NTD team as a student assistant in research and project management. During my time here I have been so welcomed and supported by an amazing team. The spirit of dedication and professionalism is very much what the team is about. The variety of tasks I have been given have helped me to improve my skills in a lot of areas. Fighting NTDs has now become a personal crusade and is hopefully leading to a promising future career.”

Number of health workers who have been trained or retrained in NTD activities in 2021 with CBM support: **176,103**

Collaborative Action in Burundi

CBM's partnership with the Ministry of Health in Burundi dates back fifteen years. The collaboration has now led to a cessation of MDA treatments and the preparation of the documents necessary to submit to the WHO for validation.

Total number of people treated for NTDs in 2021 in Burundi with CBM support: **3,278,634**



Above: The Bucumi family were among the last people screened for trachoma by CBM and partners at their home in Kiremba Hill, Muyinga Province. © CBM

Preventing trachoma in Sindh, Pakistan

CBM started collaborating with The Sindh Institute of Ophthalmology and Visual Sciences (SIOVS) on community eye care a decade ago.

The Pakistan Trachoma Elimination Project (PTEP) is a partnership-led initiative to eliminate trachoma as a public health problem in Pakistan. With support from FHF, CBM and other partners, PTEP has made significant investments in WASH. For example, PTEP has been working in 400 primary schools to raise awareness on trachoma prevention & treatment.

WASH clubs have been established in every school, and close to 4000 WASH club members have been trained to date. In addition, several hundred primary school teachers have also been trained in

best practices in health and hygiene. Pamphlets have been distributed to students to bring home to their families so that the health messages can be disseminated widely. Thanks to PTEP, WASH club members have taken on the role of cleanliness champions in their communities.

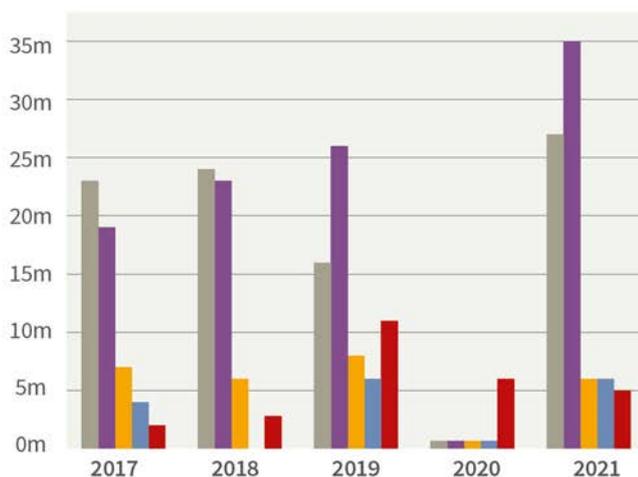
PTEP has also installed 40 hand pumps at schools. Teachers have noticed improvements in memory and attention and less illness amongst their pupils as a result of this intervention.



Above: Hand-washing facilities at a government primary school in Shahpur, Pakistan. © CBM

TT surgeries conducted in 2021 in DRC, Ethiopia, Nigeria, Pakistan & South Sudan with CBM support: **6,623**

NTD treatments supported by CBM: 2017-2021



- Lymphatic Filariasis
- Onchocerciasis
- Schistosomiasis
- Soil-Transmitted Helminth Infections
- Trachoma

CBM support in Ethiopia, 2017-2019: community mobilisation, sensitisation and transportation of Zithromax® in the Amhara Region; distribution of 1.6 million treatments against trachoma in SNNP Region.

Peer-reviewed articles

Lessons from the field: delivering trachoma mass drug administration safely in a COVID-19 context.

Juliana Amanyi-Enegela, Nicholas Burn, Osasuyi Dirisu, Bassey Ebenso, Girija Sankar, Rinpan Ishaya, Christopher Ogoshi, Joseph Kumbur, Bright Ekweremadu, Babar M Qureshi
Transactions of the Royal Society of Tropical Medicine and Hygiene vol. 115,10 (2021): 1102-1105. doi:10.1093/trstmh/trab102

Complex emergencies and the control and elimination of neglected tropical diseases in Africa: developing a practical approach for implementing safe and effective mapping and intervention strategies.

Louise A. Kelly-Hope, Angelia M. Sanders, Emma Harding-Esch, **Johan Willems**, Fatima Ahmed, Fiona Vincer & Rebecca Hill.

Conflict and Health 15, 18 (2021).
<https://doi.org/10.1186/s13031-021-00356-7>

Towards a shared understanding of sustainability for neglected tropical disease programs

Jeffrey Glenn, Aparna Barua Adams, **Girija Sankar**, Carolyn Henry, Karen Palacio, Wangeci Thuo, Katherine Williams.

PLOS Neglected Tropical Diseases 15(8) (2021): e0009595. <https://doi.org/10.1371/journal.pntd.0009595>

My experience in global health

Girija Sankar

The Lancet. Global health vol. 9,8 (2021): e1058.
doi:10.1016/S2214-109X(21)00226-6

Increasing efficiencies from integrating control and elimination programmes for soil-transmitted helminths and schistosomiasis

David Rollinson, **Girija Sankar**, Mariana Stephens, Anouk Gouvras, Johannes Waltz, Louis Albert Tchuem Tchuente, Rubina Imtiaz

International Health, Volume 14, Issue 1, January 2022, Pages 111–112. Published 04 June 2021.

Conferences

Walking the talk on country ownership – towards a paradigm shift in global health operations, moderated by **Girija Sankar**, special session at the NNN 12th Annual Conference, September 2021.

Reaching the last mile for trachoma elimination: ensuring equitable access and sustainable impact of interventions, presentation by **Juliana Amanyi Enegela**, NNN 12th Annual Conference, September 2021

Overcoming challenges to monitoring and evaluating COVID-19 mitigation strategies, presentation by **Juliana Amanyi-Enegela**, COR-NTD/NNN research links series, June 2021.

External Representation

Nick Burn, Member, UK Coalition on NTDs

Juliana Amanyi Enegela, NNN representative at the ESPEN steering committee, NNN (2021-2023); Member, Eastern Mediterranean Alliance for Trachoma Control

Geoffrey Muchiri, Observer, WHO Strategic & Technical Advisory Group on Schistosomiasis and STH

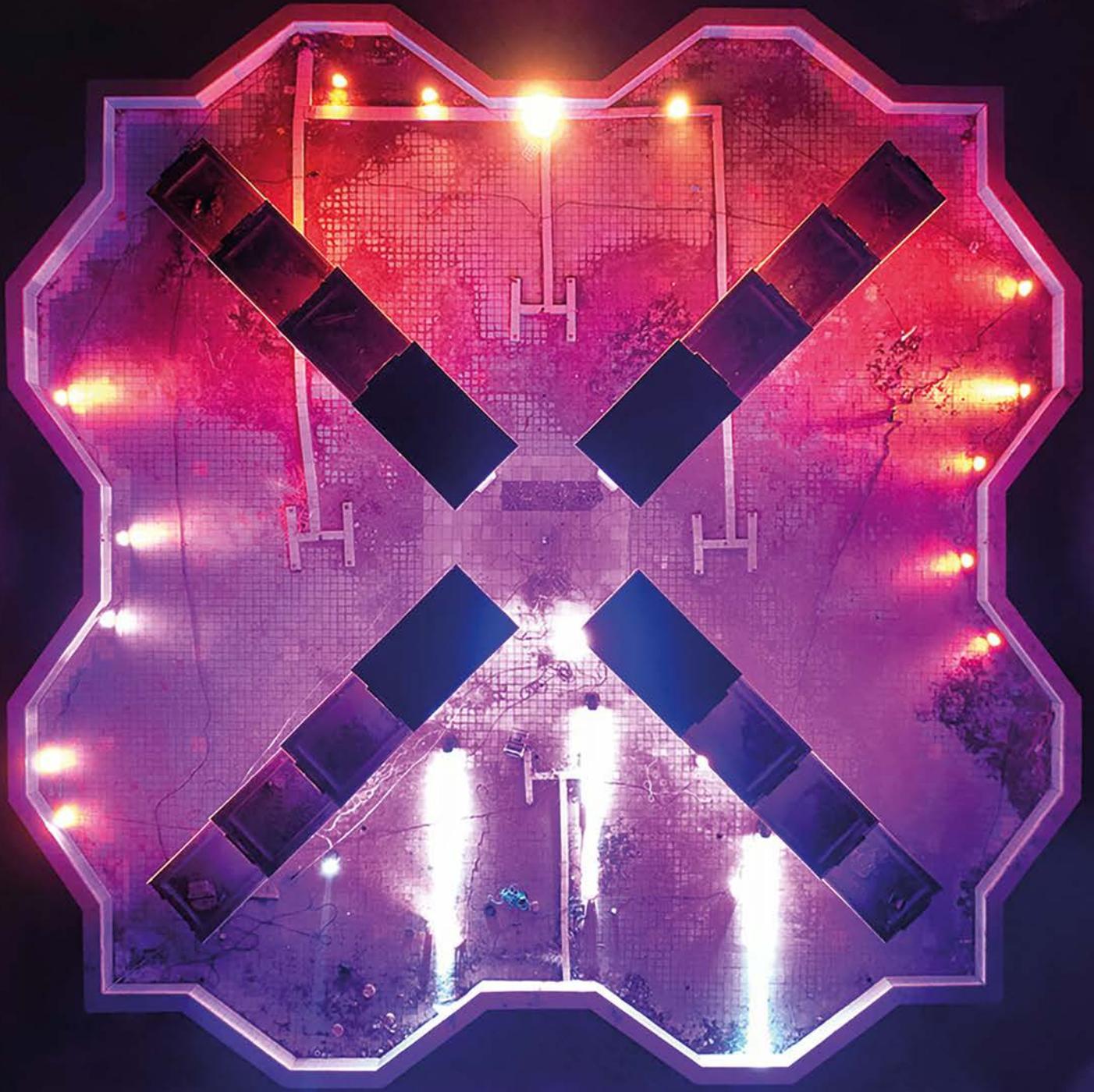
Girija Sankar, Vice Chair, 2021-2022, NTD NGO Network (NNN)

Johan Willems, Board Member, German Network on NTDs (2017-2023)

Programme data included in the report pertain to activities in calendar year 2021; some of the stories included may pertain to activities between annual report publication, i.e, September 2021-August 2022.

Total number of people treated for NTDs in 2021 in the CAR with CBM support: **8,297,954**





Above: CBM and partners marked World NTD Day by lighting up the Unity fountain in Abuja, Nigeria, to raise awareness of the more than a billion people suffering the impact of neglected tropical diseases. © CBM



Above: Community members fetching water from a well constructed by ORDA, a CBM partner, in West Belessa, Ethiopia. © CBM