

SCORECARD

What is the scorecard and how does it work?

The scorecard is a collection of indicators and milestones compiled from the NTD specific community and WHO. Coverage milestones are based on the WHO Roadmap and subsequent guidelines and recommendations for lead focal persons. Additional program support milestones were set by the implementing partners to follow progress towards the WHO Roadmap targets. Indicators and milestones vary across diseases; some are strong and others are less robust, but across all diseases these indicators are improving through important discussions generated by the production and publication of the scorecard. Indicators are strongest where there is an organized community of partners supporting a disease area, like trachoma or LF. The development of indicators and milestones in support of WHO and endemic countries are weakest

in disease areas without an organized community of partners. Progress towards achieving the goals is followed by relying on WHO data where possible and with additional input from partners as needed. Disease specific communities e.g. International Coalition for Trachoma Control (ICTC) and the Global Alliance to Eliminate Lymphatic Filariasis (GAELF) first review progress and assess if they believe they are on target using the most current data available. The Stakeholders Working Group, comprised of representatives from all stakeholder groups, then review the progress and make a determination of a final scoring (red, yellow, or green) for each disease according to set criteria and note why the decision was made. Yellow and red indications are not a judgment of the program itself but rather a call to action that additional course correction and resources may be required to achieve program goals.

RESULTS

In the past year the collective NTD community has continued to make significant progress towards the WHO Roadmap targets. The most significant progress was made in human African trypanosomiasis where cases hit a 75 year low with 3,796 cases found after similar numbers of people were screened. This combined with two new tools (one vector control and one point-of-care diagnostic) make continued progress likely towards the 2020 goal. However, as we approach the middle of 2015 it is already clear that many of this year's critical milestones will not be met. We will not achieve full scale up of the delivery of PCT for LF in all endemic countries, nor is it likely that transmission of GWD will be broken/interrupted by the end of 2015. The scorecard is an attempt to follow this progress across diseases included in the London Declaration so that partners can react and appropriately adjust support to ensure the achievement of the goals.



ANNUAL SCORECARD

	London Declaration NTDs	Coverage and Impact Milestones	Program Support Milestones	Drug Requests Filled	Research	1st Progress Report	2nd Progress Report	Current Progress
PREVENTIVE CHEMOTHERAPY	Lymphatic Filariasis	2	1	1	1	2	2	2
	Onchocerciasis	1	2	1	2	1	2	2
	Schistosomiasis	3	2	1	2	2	3	3
	Soil-Transmitted Helminths	1	1	1	3	2	2	1
	Trachoma	2	1	2	1	2	1	1
INTENSIFIED DISEASE MANAGEMENT	Chagas Disease	1	2	1	4	1	1	2
	Guinea Worm Disease	2	2	5	1	2	2	2
	Human African Trypanosomiasis (HAT)	1	4	1	1	1	1	1
	Leprosy	2	2	1	2	2	1	2
	Visceral Leishmaniasis	1	4	2	2	1	1	2

Key

1	Achieved or minor delay; or 90–100 percent of requested treatments shipped	2	Delayed but achievement anticipated; or 80–89 percent of requested treatments shipped	3	Delayed, additional action required; or 0–79 percent of requested treatments shipped	4	Global milestones in development	5	Not applicable
----------	--	----------	---	----------	--	----------	----------------------------------	----------	----------------

Summaries of the scores and rationale are as follows:

Lymphatic Filariasis



LF remains yellow. Despite significant progress, the rate of scale up remains below the target. Mapping of prevalence continues. The target of full geographic scale up in all endemic countries is unlikely to be achieved in time to allow 5 years of treatment prior to 2020. If mapping reveals a lower population in need of treatment, and if resources (financial and human) are available, significant progress could be made in the next year to fill the gap.

Onchocerciasis



Oncho remains yellow, as the program is now targeting elimination not just control, which means more people need to be reached as hypo-endemic areas are included. The number of people reached with MDA increased in 2013, although overall coverage decreased, as the inclusion of hypo-endemic areas increased the number needing treatment. The closure of the African Program for Onchocerciasis Control (APOC) in December 2015 leaves support for the program uncertain, though efforts are underway to put in place a regional entity to support country programmes.

Schistosomiasis



Schistosomiasis remains red as it has the lowest coverage of all PCT diseases at 14.4% in 2012 and 15.6% in 2013. In addition, new mapping of schisto in AFRO countries is increasing the number of identified endemic districts. Twenty-six countries (50%) of 52 endemic countries reported MDA in 2013. Significant improvements could be made in the next cycle as drug supply is expected to increase and the launching of the new Global Schistosomiasis Alliance will increase collaboration within this disease community to help countries scale up.

Soil-Transmitted Helminths (STH)



STH moved from yellow to green. Improved coordination between UNICEF and WHO has led to an improvement in reporting of coverage for pre-school children which now exceeds 50%. Coverage in school-age children is

39%, which is on track for a 75% target in 2020. Coordination of partners as a result of the STH Coalition and the improvement in resources and coverage, are the main drivers for moving to green. However, increases in coverage of pre-school-aged children were primarily due to improved reporting and STH is highly dependent on LF coverage. STH-specific implementation efforts need to increase to maintain a green status.

Trachoma



Trachoma remains green due to its strong partnerships, available resources, and momentum. Trachoma has made tremendous strides in the ambitious mapping efforts. In order for progress to be maintained, drug supply issues, coverage of the F and E components of the SAFE strategy, as well as implementation in the growing number of new districts being identified through the mapping exercise, will need to be addressed.

Chagas



Chagas changed from green to yellow as only 14% of endemic Latin American countries have verified interruption of intra-domiciliary vectoral transmission compared to a target of 30%. Progress measurement has been hampered by a lack of availability of data and lack of partner coordination. However, a newly forming coalition is expected to help, by improving indicators for the partners' contributions, which may encourage increased investments in Chagas. This and better access to annual treatment data may move this back to green in the next cycle.

Guinea Worm Disease (GWD)



GWD remains yellow due to the fact that the 2015 target to end transmission will not be reached. There are also concerns over filling the new funding gap up to the new target of 2020. There has nonetheless been good progress such as Ghana being certified GWD-free in January 2015 and a 48% decrease in the number of villages reporting cases between 2013 and 2014. Four countries are awaiting certification as GWD-free (DRC, Angola, Kenya, and Sudan). If cases are found in any pre-certification country, if cases do not significantly decrease, and if the funding gap is not

resolved this would likely be red in the following cycle. Initial data for 2015 shows a decrease in cases and some funding is coming in so we remain cautiously optimistic.

Human African Trypanosomiasis (HAT)



HAT stays green with cases at a 75 year low with 3,796 cases in 2014. The marked success of the control strategies applied, along with the introduction of a new rapid diagnostic test and new vector control tools such as the "tiny targets", gives hope for steady progress in the following cycle. The HAT community needs to ensure that program support is maintained at a high level, because reaching the milestone of lowest disease incidence will require reinforced surveillance in near-elimination foci.

Leprosy



Leprosy moved from green to yellow, partly due to greater rigor of indicators. Additionally, there was poor reporting of data from endemic countries, with only 7 of 25 endemic countries reporting national data, making progress assessment difficult. We remain optimistic that the strong leprosy community and leadership may return leprosy to green in the next cycle.

Visceral Leishmaniasis (VL)



VL moved from green to yellow due to temporary drug delay and poorly defined indicators. Approximately 915 treatments of AmBisome® due in 2014 were not distributed until March 2015, though this delay did not impact programming needs. Currently, 9 of 11 VL endemic countries in the Americas have provided updated epidemiological data. South-East Asia is reporting a reduction in incidence and case fatality rates as well as progress towards elimination, with a reduction in reported VL incidence and case fatality rate by 60% and 81% respectively in 2014. 80% of health facilities in East Africa have diagnostic and treatment capacity compared to less than 60% in 2010. With improved milestones and a refined research strategy plan, progress would be easier to measure and likely move towards green in the next cycle.