



Neglected tropical diseases strategy

Toward a world free from NTDs



Sightsavers



Felicia, who runs a cassava farm in Ghana, has had lymphatic filariasis for 25 years. She is able to manage the disease thanks to support from Sightsavers.

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Cover image

Amina, from Sokoto in Nigeria, works as a community volunteer, distributing medication to prevent disease.

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In Kajaido in southern Kenya, community volunteer Sarah measures the height of a student to determine how much medication he should receive to protect him from trachoma.

Acknowledgements

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Our thanks also go to our NTD team at Sightsavers for their early input into this strategy and their unwavering commitment to eliminating neglected tropical diseases.

We are grateful to the Sightsavers external technical advisory group and NTD senior management team for their insights and contributions.

A huge thank you goes to our donors. Without their support, none of this work would be possible.

Finally, our gratitude goes to the governments in the countries where we work – we are honoured to partner alongside them in the fight against NTDs.

Achiwa (right) celebrates with her granddaughter and great-granddaughter after being treated for advanced trachoma. Now that her vision has improved, Achiwa is able to return to work on her farm in central Malawi.



Executive summary

The road towards the elimination of neglected tropical diseases is long and challenging. At Sightsavers, we're proud to continue our journey along this road with our updated NTD strategy for 2026-2030.

This strategy works towards Sightsavers' vision – to create a world where no one is blind from avoidable causes, and where people with disabilities participate equally in society. In NTDs, we will continue to focus our efforts on lymphatic filariasis, onchocerciasis (river blindness), schistosomiasis, soil-transmitted helminths (intestinal worms) and trachoma.

This strategy is aligned with key international documents such as the World Health Organization's NTD Roadmap 2021-2030 and NTD Sustainability Framework, and the United Nations Sustainable Development Goals. It addresses some of the critical challenges we foresee along the road towards elimination, and how we plan to resolve them.



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TT Surgeon, Benjamin Ajena at Nyapea Hospital, Uganda.

Our goals and objectives

Goal 1: Support endemic countries to achieve NTD elimination targets and reduce blindness and disability attributed to NTDs.

- **Objective 1:** Enable equitable access to preventive treatment and patient care.
- **Objective 2:** Contribute to innovations and conduct research that addresses knowledge gaps and challenges to elimination.

Goal 2: Strengthen national health systems, national policies and community-led approaches for sustainable elimination of NTDs.

- **Objective 3:** Advance evidence-based decision-making by supporting the use of quality monitoring and evaluation systems at all levels.
- **Objective 4:** Engage communities and health workforces to achieve and sustain elimination.
- **Objective 5:** Support national programmes to create post-elimination disease management plans, integrating NTD services into broader health systems.

Our operating model

- Local support to government programmes.
- Trusted relationships.
- Disease-specific and subject matter expertise.
- Quality implementation.
- Learning, adaptation and innovation.
- Advocacy.

Our cross-cutting priorities

- Social norms and stigma.
- Disability inclusion.
- Gender.
- Climate action.

Improving the health of the poorest and most disadvantaged people remains at the heart of our work. This strategy captures how we plan to do that.

Note that the content of this document is based on information as of February 2026.

Sightsavers has tracked the spread of onchocerciasis in Liberia's lush landscapes, many of which are home to black flies that spread the disease.



Foreword

As we look ahead to the next phase of our work, it's clear just how much has changed since our last NTD strategy was written in 2021. Now, five years later, we find ourselves in a markedly different landscape. The world has shifted, our operating context has evolved and our programmes have matured. This is why an updated strategy was timely and necessary. What follows is our 2026-2030 strategy – a refreshed, realistic and forward-looking roadmap that is grounded in our experience to date.

One of the energising aspects of drafting this strategy has been reflecting on our progress. Across every area of our work – including mass drug administration, morbidity management, and supporting countries to prepare for elimination and post-elimination surveillance – we have seen major accomplishments. These achievements are not abstract. They have translated directly into millions of people receiving the interventions they need, health systems strengthening their capacity, and countries moving steadily toward their national NTD goals.

Our central purpose remains unchanged: to help national NTD programmes reach their elimination and control targets. Our ability to deliver relies on the depth of our technical capacity and our strengths in implementation and contract management. These capabilities allow us to deliver high-quality support consistently, efficiently and at scale. They are also why governments trust us as long-term partners – partners who not only understand the science and policy behind NTDs, but also understand the realities of implementation.

We cannot ignore the rapidly changing environment in which we now operate. Few could have predicted the major shifts in global health financing that began in early 2025. These changes have required us to adapt quickly, rethink assumptions and

plan with greater agility. Alongside these shifts, our work supporting governments is also evolving. We are placing greater emphasis on areas like programme integration and coordination, and domestic resource mobilisation – all in an effort to strengthen broader health systems and achieve elimination and control.

As I write this we are approaching an extraordinary milestone: two billion treatments supported. This number represents far more than scale – it represents lives changed, sight preserved, disability prevented and communities reaching health outcomes that once felt out of reach. I could not be more proud of what we have achieved.

This updated strategy builds on everything we have accomplished so far, while preparing us for the realities and opportunities of the next four years. I am confident that with this strategy guiding us, and with the dedication that defines our organisation, we will continue playing our part to reach a world free from neglected tropical diseases.

Simon Bush
Director of neglected tropical diseases
Sightsavers

Roadmap

Vision

A world where no one is blind from avoidable causes, and where people with disabilities participate equally in society.

Mission

We are an international organisation working with partners in low and middle income countries to eliminate avoidable blindness and promote equality for people with disabilities.

Goals

1. Support endemic countries to achieve NTD elimination targets and reduce blindness and disability attributed to NTDs.
2. Strengthen national health systems, national policies and community-led approaches for sustainable elimination of NTDs.

Objectives

1. Enable equitable access to preventive treatment and patient care.
2. Contribute to innovations and conduct research that addresses knowledge gaps and challenges to elimination.
3. Advance evidence-based decision-making by supporting quality monitoring and evaluation system use at all levels.
4. Engage communities and health workforces to achieve and sustain elimination.
5. Support national programmes to create post-elimination disease management plans, integrating NTD services into broader health systems.

Operating model

Local support to government programmes

Trusted relationships

Disease and subject expertise

Quality implementation

Learning, adaptation and innovation

Advocacy

In Guinea-Bissau, 28-year-old Nuemio works as a community volunteer to distribute preventive medication to tackle lymphatic filariasis.



Goals and objectives

Goal 1: Support endemic countries to achieve NTD elimination targets and reduce blindness and disability attributed to NTDs.

To achieve NTD elimination targets and reduce preventable blindness and disability caused by NTDs, we will focus on the following objectives.

Objective 1: Enable equitable access to preventive treatment and patient care

Government-led national programmes cannot eliminate NTDs without ensuring affected communities have access to preventive treatment and patient care. This requires well-planned,

high-quality programmes that identify and address barriers to NTD services.

We will work in the following areas to achieve this objective:

c. Treatment coverage

Current state: Even though mass drug administration remains central to NTD elimination, programmes still struggle to consistently reach the required disease coverage thresholds. Challenges to meeting thresholds are varied and context specific.



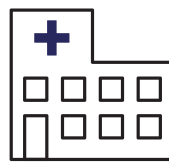
Medication to prevent schistosomiasis and soil-transmitted helminths is often distributed in schools, ensuring children stay healthy and don't miss out on education.

Moving forward: We will work with national programmes to improve the quality of mass drug administration, focusing on treatment protocols, drug supply and accountability, micro-planning, training of community drug distributors, social mobilisation, supervision and reporting. We will promote the use of best practices and practical tools that track key activities during treatment campaigns and help programmes identify and resolve problems.

b. Access to patient care

Current state: Capacity to manage NTD-associated morbidity is variable, with gaps in skills, facilities and services leading to many people not receiving the care, support and rehabilitation they need.

Moving forward: We will work with government staff at all levels to strengthen NTD morbidity management and patient care. This includes training surgeons on hydrocele and trichiasis, and supporting health worker training on morbidity management. It also includes conducting health facility assessments to identify and address gaps, such as local procurement and monitoring of surgical quality and post-operative follow-up. These activities will also ensure that health facilities and communities are prepared to provide ongoing care and support in post-elimination settings.



Objective in action: Assessing facility readiness

Sightsavers supports national programmes to implement the digital Hydrocele and Lymphedema Facility Assessment Tools. Delivered via smartphones with online dashboards, these tools evaluate facility readiness across key domains – infrastructure, trained staff, education materials, medications and supplies, laboratory capacity, infection prevention and staff knowledge – to strengthen NTD morbidity management services and identify priority areas for improvement. Countries are also encouraged to use them as the quality assessment component of their lymphatic filariasis elimination dossiers.



Electronic data bar code on students during TAS1 Lymphatic Filariasis survey at Turawa Primary School in Asa Local Government Education Area, Kwara State, Nigeria.

Objective 2: Contribute to innovations and conduct research that addresses knowledge gaps and challenges to elimination

As NTD programmes move towards elimination, innovation and research are essential to address complex biological, operational and social challenges that cannot be solved by existing approaches alone.

We will work in the following areas to achieve this objective:

c. Research to tackle emerging challenges

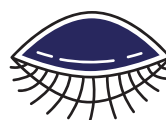
Current state: Barriers and challenges continue to arise as national programmes approach elimination. Many require further investigation to generate the evidence needed to effectively respond.

Moving forward: In partnership with ministries of health and communities, we will leverage programme settings as platforms for operational research to study issues such as insecurity, integration with other health programmes, and reaching underserved populations. We will also pursue research in areas that cut across our work, including disease persistence and recrudescence, vector control, climate change impacts and social determinants. We will adapt programmes as new evidence emerges; when findings are broadly applicable we will advocate for them to be reflected in standards set by the World Health Organization and other expert groups.

d. Programme and technical innovations

Current state: Existing tools and delivery approaches are not always sufficient to address the changing, complex challenges that arise as countries move towards elimination.

Moving forward: We will prioritise programme innovations, such as targeted assessment tools and implementation trackers, that help us strengthen quality and performance. We will also develop and implement technical innovations, including patient-tracking systems, campaign-monitoring platforms and data-visualisation tools. We will leverage emerging trends in artificial intelligence to strengthen our work.



Objective in action: Researching persistence and recrudescence

Sightsavers leads trachoma research that addresses the limitations of relying solely on trachomatous inflammation-follicular prevalence in low-prevalence settings. Residual trachomatous inflammation-follicular often leads to unnecessary mass drug administration and failed surveys, despite minimal or absent infection.

By introducing a 'plus' approach that incorporates infection and serological data, the research we have supported distinguishes true transmission from residual or non-infectious trachomatous inflammation-follicular, enabling evidence-based decisions to stop or continue mass drug administration safely. This approach is improving programme efficiency, reducing costs and informing updated guidance as countries near trachoma elimination.



In Sierra Leone's Bombali district, entomologist Paul Conteh shows how to collect black flies so they can be analysed for signs of disease.



Surgeons at Bolgatanga Hospital in Ghana take part in training to help them treat hydrocele (swelling of the scrotum), which can be caused by lymphatic filariasis.

Goal 2: Strengthen national health systems, national policies and community-led approaches for sustainable elimination of NTDs.

To ensure sustainable elimination of NTDs, we will work to strengthen national health systems and promote community-led approaches through the following objectives.

Objective 3: Advance evidence-based decision-making by supporting quality monitoring and evaluation system use at all levels

NTD stakeholders at all levels require timely, complete and high-quality data – including data from essential diagnostics – to be able to effectively plan and deliver NTD programmes.

We will work in the following areas to achieve this objective:

e. Access to, and use of, quality data

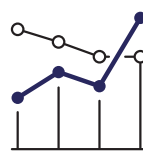
Current state: NTD data is collected at multiple levels, but there are gaps in data quality and standardisation. Data is not always analysed or used consistently to inform programme decisions.

Moving forward: We will support national and subnational government staff to strengthen the collection, analysis and use of data for more effective programme management. This will include using data in regular review meetings, micro-planning, community self-monitoring, and identifying and addressing underperforming areas. We will encourage and support the use of standard systems and processes to monitor and evaluate progress along the NTD elimination pathway, with an emphasis on disease-specific assessments.

f. Field-based and lab-based diagnostics

Current state: Access to and capacity to use essential diagnostics for programme monitoring, NTD elimination verification and post-elimination surveillance is limited. This constrains national programmes' ability to demonstrate and then sustain achievement of NTD elimination targets.

Moving forward: We will strengthen diagnostic and surveillance systems by promoting standardised protocols, appropriate diagnostic methods and consistent reporting. We will support national programmes with diagnostic planning and procurement to ensure availability of tests, and work with partners to build laboratory capacity and networks at national and regional levels.



Objective in action: Making data available with the Country Health Information Platform (CHIP)

Sightsavers supports national NTD programmes to improve access to their own data through the Country Health Information Platform. Built using Microsoft Power BI, the platform transforms annual programme data submitted by national NTD programmes into interactive maps, tables and charts. It enables ministries of health across the 44 African countries endemic for preventive chemotherapy NTDs to analyse trends and make evidence-based decisions for control and elimination strategies.

Objective 4: Engage communities and health workforces to achieve and sustain elimination

Sustainable NTD elimination relies on strong community ownership, meaningful participation and an engaged health workforce.

We will work in the following areas to achieve this objective:

g. Social and behaviour change and community mobilisation

Current state: Access to and uptake of NTD services remain challenging in many settings. Programmes do not always address the social, behavioural and structural barriers that communities face.

Moving forward: We will work with national, regional and community stakeholders (including organisations of people with disabilities) to embed effective, inclusive social behaviour change activities within NTD programmes. This will include training and community mobilisation to reduce stigma associated with the chronic manifestations of NTD infections, such as lymphedema, and address rumours and misconceptions around NTDs. We will also recognise and motivate community health workers, including volunteer community drug distributors, to strengthen the delivery of mass drug administration and disease prevention activities.



Community volunteers from Carenque in western Guinea-Bissau attend a training course where they learn to distribute medication to tackle lymphatic filariasis.

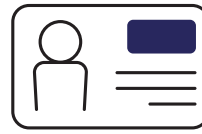


Trachoma surgeon Restman talks to children in Kashesha village in Zambia, explaining how the disease is spread and how to avoid it.

b. Health workforce capacity

Current state: Knowledgeable and confident health workers are critical for NTD prevention, case detection and long-term care. NTD-endemic areas often face capacity gaps and limited opportunities for ongoing training.

Moving forward: We will support training for volunteers, teachers and other primary-level health workers to recognise NTD-related morbidities and promote use of services. We will improve how training is delivered by emphasising interpersonal communication skills, using practical methods such as roleplay, and by adapting cascaded trainings to the needs at each level. Where possible, we will coordinate with other public health programmes to reduce inefficiencies and optimise the use of available resources and workforces.



Objective in action: Increasing motivation with the community drug distributor passport

Lack of recognition, limited understanding of responsibilities, and declining motivation among community drug distributors all undermine the effectiveness of mass drug administration. To address these challenges, Sightsavers co-creates community drug distributor passports with national programmes and communities.

This practical job aid provides clear and simple information on disease-specific details, correct drug administration processes, reporting of serious adverse events, and emergency contacts. It also includes an official record of the community drug distributor's past training, helping them feel recognised for their important work.

Objective 5: Support national programmes to create post-elimination disease management plans, integrating NTD services into broader health systems

As countries progress towards NTD elimination, national programmes need to prepare for validation or verification, post-elimination surveillance, and long-term disease management of patients.

We will work in the following areas to achieve this objective:

c. Elimination dossiers and surveillance plans

Current state: Validating elimination as a public health problem or verifying elimination [interruption] of transmission requires detailed, disease-specific dossiers with robust data and narrative evidence. Many national NTD programmes need support to manage this process effectively.

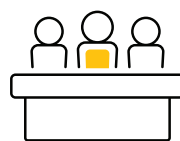
Moving forward: We will work with countries to ensure that transition planning and dossier requirements are routinely reviewed, emphasising early planning, clear understanding of requirements and systematic documentation. We will support national programmes to prepare elimination dossiers, engage national disease elimination committees, facilitate cross-border collaboration, and develop practical post-elimination surveillance plans.

d. NTDs integrated into routine services

Current state: Transitioning NTD services and surveillance into the broader health system is essential

post-elimination, but is complex and involves multiple actors, platforms and levels of care.

Moving forward: We will support national programmes to strengthen referral pathways within primary care so that routine cases of hydrocele, trichiasis and lymphedema can be identified and managed. We will promote the inclusion of core NTD morbidity indicators in national health information systems and work towards embedding NTD content within training curricula to sustain quality patient care. We will promote integrated treatment models where longer-term treatment strategies are required to achieve and sustain elimination.



Objective in action: Supporting national onchocerciasis elimination committees

National onchocerciasis elimination committees provide expert guidance to national NTD programmes throughout the elimination process. They advise on required assessments, national strategies, transmission interruption decisions and World Health Organization verification preparation. Sightsavers supports multiple national onchocerciasis elimination committees through membership and technical assistance on data review and dossier preparation, cross-border coordination and strategic decisions.

Nar, a grandmother from Touba in western Senegal, celebrates with her grandchildren after an operation to treat advanced trachoma.





Portrait of Olusegun Omotosho, medical laboratory scientist and Nwodo Chioma, card reader, during TAS1 Lymphatic Filariasis survey in Asa Local government educational area, Kwara, Nigeria.

Operating model

Local support to government programmes

Sightsavers responds to the specific needs and requests of governments. Our country-based staff and in-country partners have deep knowledge of the local context, culture and health system. Programmes are locally tailored, with support given at community, district, regional and national levels. This presence allows us to respond quickly to challenges and provide support when and where needed.

Trusted relationships

Sightsavers works in partnership with governments, communities, public and private organisations (including organisations of people with disabilities), the World Health Organization, the Expanded Special Project for Elimination of NTDs, global networks and donors. These partnerships are grounded in open dialogue, transparency, mutual respect and a commitment to shared goals. The credibility, reliability and trust built through these relationships are central to the support we offer.

Disease-specific and subject matter expertise

Sightsavers' team of national and global experts provides technical assistance and training (remote and in-person) to governments and their partners. This expertise covers a wide range of areas, including epidemiology, disability inclusion, programme management, and data analysis and use. Our teams contribute to the development of national and global guidelines and best practices.

Quality implementation

Sightsavers supports the delivery of quality interventions and ensures that time, effort and resources are used effectively. We work with governments to deliver evidence-based and equitable strategies, implement monitoring and evaluation systems, and continuously improve programme performance and results based on data and feedback. We encourage ownership and use of tailored tools and approaches, along with World Health Organization guidance.

Learning, adaptation and innovation

Sightsavers' approach to learning and adaptation draws on internal insights, experiences of governments and partners, and from the evolving contexts in which we work. With governments, we test new approaches, leverage new technologies, and conduct social and epidemiological research. We work across sectors, share strategies and best practices, and support capacity development within national programmes. Sightsavers is built to adapt to changing circumstances, both globally and at the country level.

Advocacy

Sightsavers advocates for increased investment and sustained political commitment to accelerate the elimination and control of NTDs. We work to elevate the profile of NTDs within global and national health policies while advocating for equitable, disability-inclusive programming. We also seek opportunities to integrate NTD interventions within national health systems and across related sectors where it strengthens elimination efforts. Sightsavers encourages greater domestic resource mobilisation to foster country ownership and guarantee programme sustainability beyond our direct support.



Leadership in NTD elimination

Through its operating model, Sightsavers plays a pivotal role as a convener and anchor in global efforts to control and eliminate NTDs. We bring together governments, donors and technical partners to align priorities, coordinate action across countries, and support delivery at scale. This leadership role is central to translating ambition into measurable progress towards elimination.

Beyond implementation, Sightsavers is mobilising resources and shaping the global NTD investment landscape. Landmark initiatives such as the Queen Elizabeth Diamond Jubilee Trust have helped attract funding from major philanthropic partners, ensuring sustained commitment to eliminating trachoma from the African continent. Through this work we remain committed to supporting partnerships and securing financing that will make trachoma and other NTDs history.

Cross-cutting priorities

The following priorities have been identified as key areas across Sightsavers' entire portfolio. All thematic strategies include how these priorities apply to their work. For NTD programmes they are critical to achieving sustainable elimination and reducing blindness and disability.

Social norms and stigma

Social and gender norms, stigma, negative stereotypes and discrimination create barriers to people using services and participating fully in society. This is especially true for many people with disabilities and those affected by NTDs. Within NTDs, we will:

- Apply Sightsavers' **stigma guidance** to further develop stigma reduction approaches across NTD programmes.
- Continue to capture and disseminate learning and evidence on how to reduce stigma and incorporate mental health components in NTD programmes.
- Analyse how social norms influence prevention behaviours and NTD service uptake, and adapt programme design and implementation in response.

Disability inclusion

People with disabilities experience persistent health inequities, driven by structural barriers, social determinants and limited access to care. People living with NTD-related impairments should be fully included in disability-inclusive development efforts. Within NTDs, we will:

- Promote equitable access to NTD prevention, treatment and care for people with disabilities, and ensure that people living with long-term NTD-related impairments are included in wider disability inclusion initiatives.
- Use an inclusive social and behaviour change approach to design, deliver and monitor behaviour and social change interventions so that programmes are accessible and responsive to a diverse range of needs.
- Follow Sightsavers' principles on how we engage with people with disabilities and ensure their meaningful participation in NTD decision-making.

Gender

Gender inequality remains a pervasive influence in determining opportunities and outcomes. Gender, along with other social determinants of health, shapes peoples' ability to access services. Within NTDs, we will:

- Routinely collect, analyse and use gender-disaggregated data (for example, mass drug administration and trichiasis surgery) to understand and address gender-related gaps in coverage and outcomes.
- Ensure that national NTD plans and processes, down to local service delivery, are systematically reviewed through a gender and equity lens.
- Track progress on embedding gender considerations across programmes and use findings to develop targeted gender training materials.



Cross-cutting work in action: Leaving no one behind

Sightsavers supports national programmes to use our Leave No One Behind Assessment Tool. NTD programme teams, communities and marginalised groups come together to use the tool and identify who is being left behind and why. For example, in some areas migrant men or women from particular religious communities may be systematically missed for treatment or care. The team works to understand the underlying risk factors and develop targeted actions to overcome them. A leave no one behind assessment action plan is then implemented and tracked.

Climate action

Climate change disproportionately affects people already facing poverty, gender inequality and disability-related exclusion. As part of our environmental policy we are committed to reducing our environmental footprint and supporting mitigation, adaptation and climate justice across our work. Within NTDs, we will:

- Advance research on how different climate scenarios may alter the distribution, transmission and seasonality of NTDs, and use the insights to adapt programme design.
- Engage climate action forums at national level in the context of broader health and education planning and investing.
- Apply **Sightsavers' global overarching environmental policy** to NTD programming, including measures to minimise the environmental impact of NTD services.

Measuring our work

Across Sightsavers' programmes we use the Learning, Accountability and Monitoring Progress (LAMP) framework, tracking achievement through a set of cross-country and cross-programme indicators. In addition, routinely collected output data from NTD interventions will be used to assess performance.

Sightsavers' NTD work is organised around the successful delivery of NTD packages – including mass drug administration, morbidity management, surveys and assessments, transition and dossier development, and vector and environmental management – with each

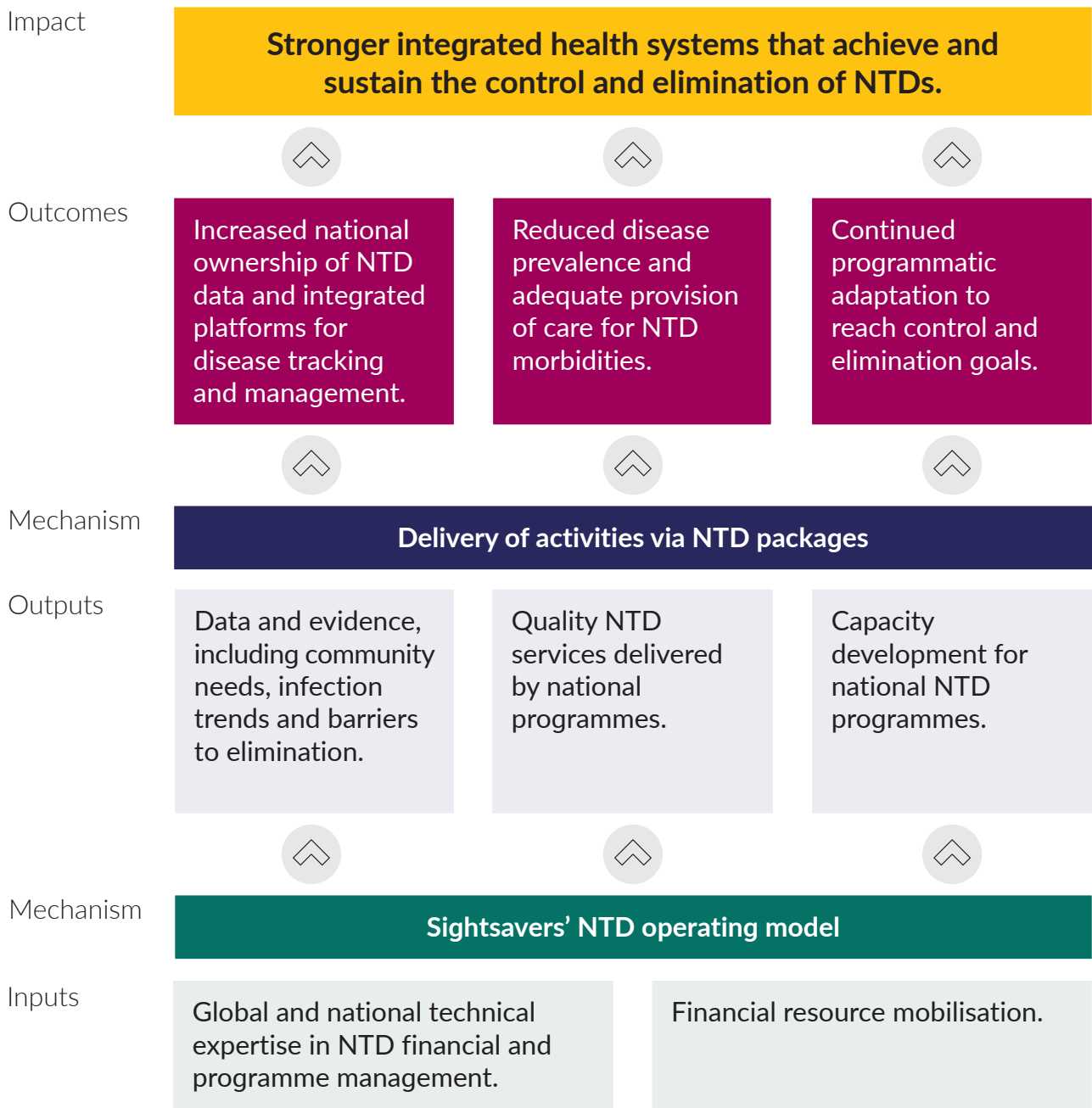
package made up of defined attributes and activities. Our theory of change outlines how, through our operating model and support for the NTD packages, Sightsavers contributes to the sustainable control and elimination of NTDs.



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A Sightsavers vehicle travels through Liberia during an onchocerciasis screening programme.

Theory of change



Assumptions:

- Commitment of national governments and their respective ministries to control and eliminate NTDs.
- Sufficient funding (domestic or external) to support activities.
- Functioning global drug donation programme and supply chain.
- Enabling environment that allows Sightsavers or partners to work in countries.

We work with partners in low and middle income countries to eliminate avoidable blindness and promote equal opportunities for people with disabilities

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