JANUARY - DECEMBER 2025

Reaching the Last Mile Fund

Reaching the Last Mile Fund:

Progress Toward the Elimination of Onchocerciasis and Lymphatic Filariasis

2025 ANNUAL REPORT

EXECUTIVE SUMMARY

African countries have made remarkable progress in the fight against neglected tropical diseases (NTDs). As of December 2025, 24 countries across the continent had eliminated at least one NTD. In 2025, Niger made history as the first nation in Africa to eliminate onchocerciasis (OV) as a public health problem. Senegal also reached a significant milestone, becoming the first to stop nationwide treatment for both OV and lymphatic filariasis (LF), and is preparing to submit its elimination dossier to the World Health Organization (WHO). These achievements demonstrate what is possible through country leadership, strong partnerships, and collaborative investment.

Pilirani, part of community receiving MDA, Malawi
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The Reaching the Last Mile Fund (RLMF) is a global coalition of countries, donors, and partners working to accelerate the elimination of two neglected tropical diseases (NTDs)—onchocerciasis (OV) and lymphatic filariasis (LF)—from Africa and Yemen. Guided by the expertise and priorities of African governments and partners, RLMF supports tailored, country-led strategies for targeted program delivery.

RLMF's strategy is anchored in four pillars:

Pillar 1 Optimizing program implementation
Pillar 2 Strengthening local health systems
Pillar 3 Introducing NTD innovations
Pillar 4 Forging global partnerships

Pillar 1 remains RLMF's core focus, driving the delivery of interventions that advance progress toward elimination. Pillars 2-4 serve as critical enablers, helping sustain progress by reinforcing national systems' interventions, advancing innovation through novel tools and strategies, and mobilizing global partnerships. Together, these pillars aim to foster progress toward elimination milestones, strengthen advocacy for OV and LF programs, raise the visibility of NTDs, and attract new resources toward these programs.

At the same time, steep cuts to global funding in 2025 put these hard-won gains at risk. Following the withdrawal of support from the United States Agency for International Development (USAID), the Reaching the Last Mile Fund (RLMF) rapidly adjusted its portfolio to protect elimination gains and maintain support for national programs. This included safeguarding the drug donation program by ensuring that drugs received for OV and LF were used efficiently, with limited to no wastage.

To guide resource allocation, RLMF considered countries' proximity to elimination milestones, disease burden, operational complexity, and program performance. **In 2025, RLMF expenditure totaled US$52.4M, including support to 29 countries.**[1] Funding supported a range of activities, including mass drug administration (MDA), impact assessments, and LF morbidity management and disability prevention (MMDP) activities. To maximize the impact of available resources, RLMF also launched a domestic co-financing approach, inviting 21 countries to commit additional domestic resources toward OV and LF programs.

High-level engagement with national leaders and partners was instrumental for advancing RLMF's advocacy in 2025. In November, RLMF donors and partners visited Ethiopia to deepen the partnership with the Ministry of Health (MoH), Ministry of Finance, and Ministry of Water and Energy.

RLMF also participated in high-level advocacy forums to continue to raise the visibility of NTDs throughout the year, including the World Health Assembly in Geneva and the Innovation and Action for Immunization and Child Survival Forum in Mozambique.

RLMF's achievements between January 1 and December 31, 2025, highlight continued progress toward elimination milestones despite significant financial, social, and political challenges.

[1] Two additional countries, Cameroon and Mozambique, received support through the FCDO-funded Eliminating Lymphatic Filariasis in Africa (ELFA) initiative, a dedicated MMDP component of RLMF.

Henry Paye with his family, part of community receiving MDA, Malawi
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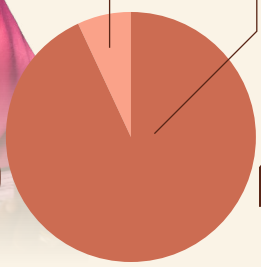
2025 AT A GLANCE

118 million
people received treatment for OV and LF across 25 countries

140 million
treatments for OV and LF were distributed

33.8 million
additional people across seven countries no longer require treatment for LF

5,604
health workers were trained



3,611
hydrocele surgeries were performed

$2.4 million
in total additional domestic financing committed by 19 countries (for 2026 implementation)

Delivering Results

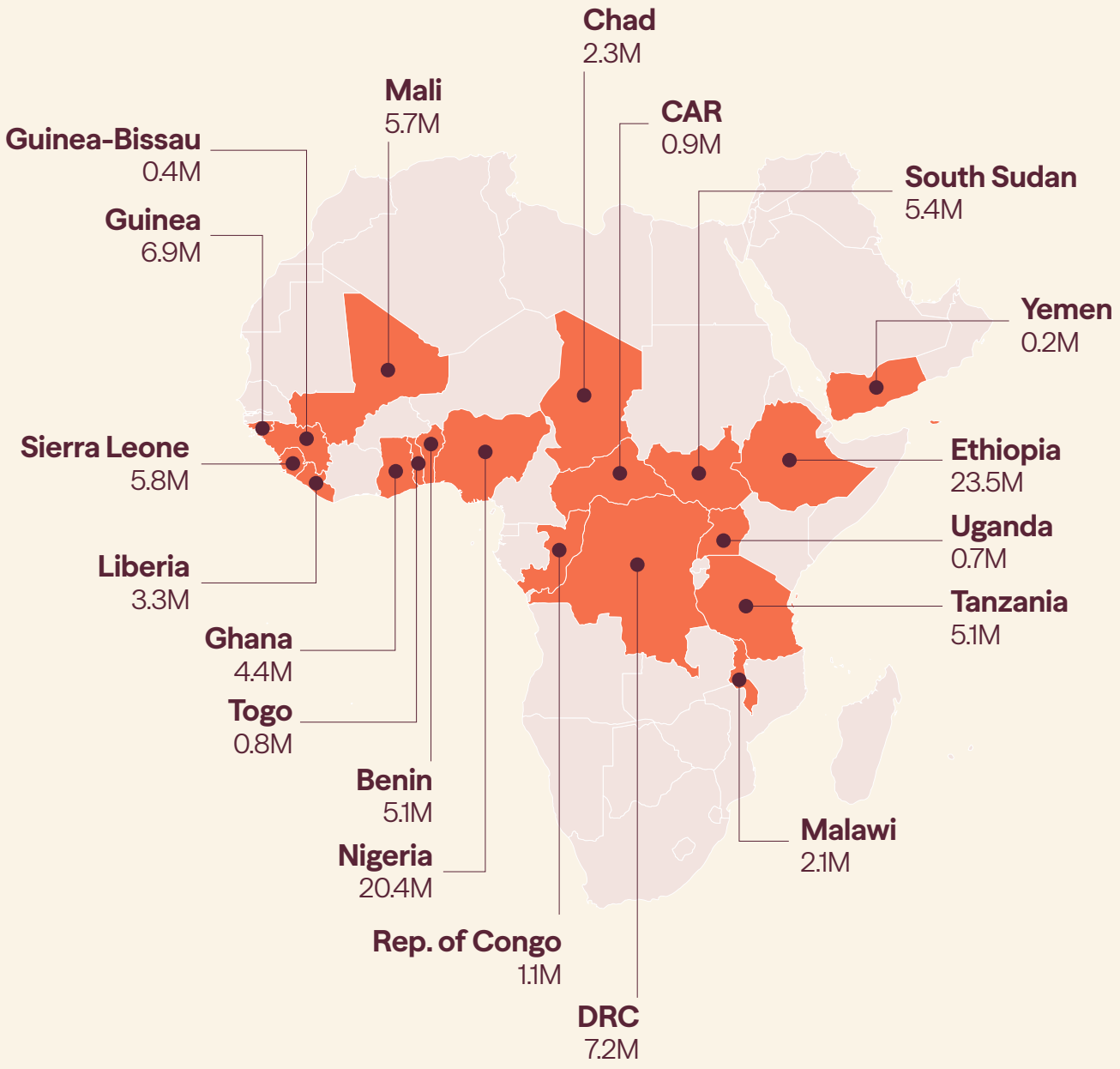
- **118 million people across 25 countries[2] received treatment for OV and LF** (101 million people for OV and 31 million people for LF, with some individuals receiving treatment for both diseases).
- **140 million treatments for OV and LF were distributed** (108 million for OV and 32 million for LF). Over 7 million people received two rounds of MDA for OV where indicated by national onchocerciasis elimination committees (NOEC) as required to achieve elimination.
- **MDA was conducted in 869 of the 1,343 implementation units (IUs)** targeted for treatment, resulting in 65% geographic coverage. **Insecurity, drug delays, and logistical constraints** were the main factors driving gaps in MDA coverage. By May 2026, an additional 374 of the remaining 474 IUs had been treated, resulting in 93% geographic coverage.[3]
- In IUs where MDA was conducted, **90% met or exceeded the WHO's threshold for program coverage**.[4]
- Impact assessments showed that **over 33.8 million additional people across seven countries no longer require treatment for LF**.[5]
- MMDP activities to support individuals living with LF were conducted in **367 IUs across 13 countries[6]**: **5,266 health workers were trained** to provide lymphedema care, **338 health workers were trained** to provide hydrocele care, and **3,611 hydrocele surgeries** were performed.
- **19 of 21 countries confirmed additional domestic funding toward their OV and LF programs, committing a total of $2.4M** for 2026 implementation as co-investment with RLMF funding.

Spotlight: Strengthening laboratory capacity across Africa

OV elimination efforts depend on diagnostic laboratories' capability to confirm interruption of transmission. In 2026, RLMF implementers plan to collect over 500,000 OV samples for analysis. However, regional lab capacity will need to be strengthened to process this volume. In August 2025, RLMF convened a consultation in Abuja, Nigeria, bringing together 50 participants from MoH, national laboratories, and RLMF partners to identify challenges and solutions for strengthening lab capacity across Africa to accelerate OV elimination efforts. The meeting informed the development of an investment to establish an African network of standardized and accredited labs to support OV sample processing at scale.

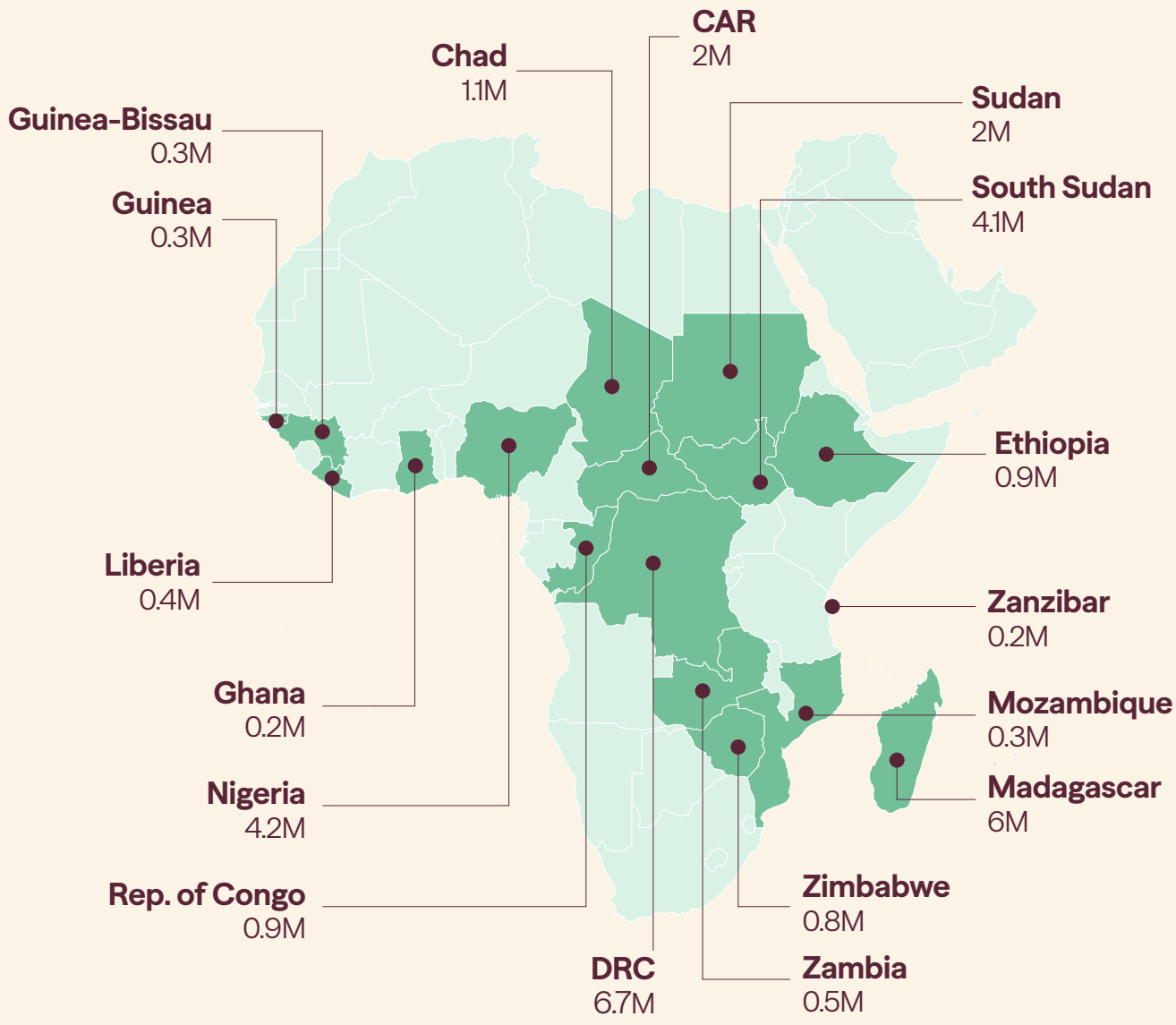
[2] Benin, Central African Republic (CAR), Chad, the Democratic Republic of the Congo (DRC), Ethiopia, Ghana, Guinea, Guinea-Bissau, Liberia, Madagascar, Malawi, Mali, Niger, Nigeria, the Republic of the Congo, Sierra Leone, South Sudan, Sudan, Tanzania, Togo, Uganda, Yemen, Zambia, Zanzibar, and Zimbabwe.
[3] Of these 374 IUs, 20 had already passed stop-treatment assessments and no longer required MDA.
[4] The WHO threshold for program coverage is 80%.
[5] DRC, Ethiopia, Ghana, Madagascar, Nigeria, Senegal, and Zanzibar; results are pending for Zambia.
[6] Benin, Cameroon, Ghana, Guinea-Bissau, Liberia, Mali, Mozambique, Niger, Nigeria, Senegal, Sierra Leone, Uganda and Zambia. Activities conducted in Cameroon and Mozambique are supported through ELFA funding.

Number of people treated for OV in RLMF-supported countries in 2025



M = millions

Number of people treated for LF in RLMF-supported countries in 2025



M = millions

Two lab scientists conducting blood tests for suspected hydrocele, Ghana
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Looking ahead: Challenges and opportunities

These results demonstrate measurable progress toward elimination goals and reflect the strength of partnership between countries, donors, and partners.

Delays in drug delivery, supply chain and logistical constraints, and insecurity disrupted planned activities in some areas, contributing to lower-than-targeted geographic coverage. In addition, delays and failures in OV and LF impact assessments, driven in part by hard-to-reach populations living in areas affected by insecurity and access challenges, slowed progress toward elimination milestones. To address these challenges, RLMF is strengthening coordination with WHO and supply chain stakeholders, enhancing survey planning and technical support, strengthening program delivery in areas with persistent treatment coverage gaps, and readjusting resource allocation and coordination mechanisms. These efforts aim to accelerate progress toward OV and LF elimination and bring the continent closer to a future free of NTDs.

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