ACT TO END NTDS | EAST POLICY BRIEF SERIES

Mobilizing Domestic Resources for Neglected Tropical Diseases:

Lessons from Colombia

Governments face many challenges meeting the health needs of their populations, often managing limited domestic resources to address many competing priorities.

Neglected tropical diseases (NTDs) are a diverse group of 20 disabling and debilitating conditions, mainly of parasitic and bacterial etiology, that affect an estimated 1.7 billion people, primarily in rural and poor urban settings in Africa, Asia, and Latin America. To date, health services for NTDs have been left out of many national and subnational policy, planning, governance, and finance processes. In order to ensure the long-term sustainability of NTD programming, governments must design effective strategies to integrate NTDs into the policy, planning, governance, and financing of priority health services. Additionally, these strategies must be flexible, allowing governments to adapt as programmatic needs shift, ensuring these important health gains are sustained.

This series of Act to End NTDs | East (Act | East) policy briefs examines the key factors that have contributed to enhancing domestic financing for NTDs in Colombia, Guatemala, and the Philippines, three countries that have successfully financed NTD efforts with domestic sources. The briefs demonstrate that **NTD programming can be domestically resourced when appropriately prioritized, through political commitment, effective advocacy, governance and multi-sectoral coordination, and integration within broader health system budgeting and planning processes.**

This brief reviews Colombia's NTD programmatic context, and specifically financing and enabling factors for domestic resource mobilization of four NTDs: Chagas disease, onchocerciasis, trachoma, and soil-transmitted helminthiasis (STH). The lessons learned illustrate when and how the government has increased their domestic financial commitments for NTD programming, as well as identified and executed actions to address financing challenges.

Focus NTDs for this brief:

Chagas Disease

Onchocerciasis

Soil-transmitted Helminth Infections

Trachoma

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KEY MESSAGES

- In Colombia, programmatic NTD goals and targets are reflected in key health strategies and policies at national and subnational levels.
- Colombia has formal, national level structures and fora for effective planning, programmatic implementation, and oversight to achieve national and subnational NTD goals and targets.
- NTD coordination and financing functions have been devolved to subnational governments, with clear funding sources and responsibilities.
- Sustained national level advocacy and technical support to subnational governments have ensured the prioritization of NTDs within territorial health plans and budgets.
- Integration of NTDs within national funding streams for universal health coverage has mobilized additional resources.
- PAHO's leadership in developing and advocating for NTD initiatives in Latin America has played a crucial role for Colombia to prioritize NTDs in its national health policies.

COUNTRY CONTEXT

Over the past two decades, significant economic growth and political stability contributed to advancing Colombia's universal health coverage goals. As of 2020, more than 95% of the population was covered by the General Social Security System in Health (*Sistema General de Seguridad Social en Salud*, SGSSS), and—at 17%—the percentage of health care costs covered by out-of-pocket expenditures was one of the lowest in Latin America (MinSalud, 2020). Life expectancy has increased to 82.7 and 77.4 years for women and men, respectively; infant mortality steadily decreased to 12.7 deaths per 1,000 births for children under five years of age; and the total fertility rate is 2.1 (Institute for Health Metrics and Evaluation, n.d.). Despite progress made, persistent development inequalities between urban and rural areas remain ongoing challenges in meeting national health goals.

METHODS

This case study seeks to understand where NTDs fit within the Colombia health finance landscape and is based on a literature review, key informant interviews, and secondary data analysis. The literature review included published papers, program and policy documents, and country reports to understand the Colombia's NTD and health finance landscape. Primary data collection included 11 semi-structured interviews with key informants, including representatives from the Ministry of Health and Social Protection (*Ministerio de Salud y de la Protección Social*; *MinSalud*), the Colombia National Health Institute (*Instituto Nacional de Salud*; INS), Pan American Health Organization (PAHO), the Onchocerciasis Elimination Program for the Americas (OEPA), and departmental health secretariats. Secondary data collection to assess the status of domestic mobilization and current financing

for NTDs comprised gathering publicly available information from the Information and Consultation on Territorial Resource Distributions System (*Sistema de Información y Consulta de Distribuciones de Recursos Territoriales*; SICODIS) and MinSalud annual financial reports (from 2002 to 2020).

PROGRESS TO CONTROL & ELIMINATE NTDS IN COLOMBIA

Of the 20 NTDs, Colombia is endemic for cysticercosis, STH, trachoma, visceral and cutaneous leishmaniasis, Chagas disease, leprosy, yaws, scabies, and other ectoparasitoses. Most of these diseases are controlled and are limited to geographically defined endemic foci. **In 2013, Colombia became the first country in the world to receive official World Health Organization (WHO) verification of onchocerciasis elimination** after 12 years (from 1996 to 2007) of uninterrupted biannual mass drug administration (MDA) of ivermectin.

When Colombia launched its 10-year National Health Plan 2012–2021,[1] it included goals and targets for NTD control and elimination. In 2013, the MinSalud introduced the first *National Plan for the Prevention, Control, and Elimination of NTDs (2013–2017)*. The main objective of this plan was to increase the visibility of NTDs; make progress toward the goals and targets established in the National Health Plan; and fulfill international commitments that Colombia had endorsed (e.g., the 2009 PAHO resolution CD49. R19, which proposed to control and eliminate NTDs in the region by 2015; the 2013 World Health Assembly resolution 66.12, which urged all member states to expand and implement interventions against NTDs to reach targets established in the WHO Global Plan to Combat NTDs 2008–2015). PAHO also led the creation of several NTD control initiatives to facilitate a regional action framework for control and elimination activities and advocate for countries to prioritize NTDs as part of their national health strategies, including the Regional Action Plan for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016–2022 and the Andean Countries' Initiative to Control Vectoral and Transfusional Transmission of Chagas Disease (Iniciativa de los Países Andinos). Government's signature of these commitments to NTD control and elimination goals has been an important factor in maintaining and increasing political will to achieve regional elimination goals and targets. The 2013–2017 National NTD Plan covers endemic NTDs in Colombia, including two that did not have specific national programs when the plan was launched (trachoma and STH). These two diseases, along with onchocerciasis and Chagas disease, NTDs considered of public health importance, are the primary focus of this case study (**Table 1**). Currently, the MinSalud is working on a new National NTD Plan covering 2021–2030, which will update NTD control and elimination goals and targets and will fully align with the WHO NTD Road Map 2021–2030.

1 The National Health Plan is a 10-year plan that defines health sector priorities and guides public health investments at the national and subnational levels.

TABLE 1. CONTROL AND ELIMINATION STATUS OF FOCUS NTDS IN COLOMBIA

DISEASE	ENDEMICITY/PREVALENCE	GOAL	CURRENT STATUS
Chagas Disease	• 34 (92%) of departments and districts and 596 (54%) of municipalities are endemic. • In 2018, an estimated 8.7 million people living in endemic areas were at risk of vectorial transmission. • Estimated general prevalence of Chagas Disease is 2% (Olivera et al., 2019).	Interruption of transmission in 80 endemic municipalities by 2021	PAHO has verified the interruption of vector transmission of Chagas in 67 municipalities and is currently verifying the interruption in 49 more. As of 2021, PAHO has certified the interruption in 66 municipalities.
Trachoma	• Trachoma is endemic in 15 municipalities of five departments in the Amazonas region. • In 2016, an estimated 139,305 people were at risk of infection (WHO Alliance for the Global Elimination of Blinding Trachoma by 2020, 2016).	Elimination as a public health problem by 2022	Endemic areas are receiving MDA along with primary health care interventions, WASH and education activities.
STH	• Between 2012-2014, the national prevalence of STH in children aged 7-10 years was 29.6% (MinSalud, 2015), with prevalence in some regions (such as Amazonas) being as high as 81.6%.	Prevalence of STH in children aged 5–14 years below 20% after 5–6 years of sustained MDA	Since 2016, MDA has covered 4.2 million children (aged 1–14 years) in the 32 endemic departments.
Onchocerciasis	**In 2013, Colombia received official WHO verification of onchocerciasis elimination.**		

COLOMBIA'S HEALTH GOVERNANCE AND NTD PROGRAM MANAGEMENT

The MinSalud is responsible for strategic direction, policy formulation, setting of standards and clinical guidance, quality assurance of services and interventions, and resource mobilization. This includes the management of the SGSSS that regulates health services and guarantees health care access, regardless of citizenship or immigration status. The MinSalud operates under a 10-year health plan that serves to advance national strategic objectives and develop multisectoral coordination strategies. The current National Health Plan 2012–2021 stipulates clear objectives, targets, and approaches to achieve formulated NTD control and elimination goals. At present, the ministry is working on the new national health plan that will outline health priorities for the 2022-2031 period.

Colombia's MinSalud coordinates its NTD programming through two main groups within its Sub-directorate of Communicable Diseases: 1) the Emerging, Reemerging and Neglected Diseases Integrated Management Group and 2) the Endemic/ Epidemic Diseases Integrated Management Group, through the Vector-Borne and Zoonotic Diseases Program. The Emerging, Reemerging and Neglected Diseases Integrated Management group of the MinSalud monitors the progress of MDA and other community-based activities for onchocerciasis, STH, and trachoma, while Chagas disease is managed under the Vector-Borne and Zoonotic Diseases Program. These structures provide technical and administrative assistance to the departmental, municipal, and district health secretariats; coordinate activities with donors and the private sector; lead advocacy efforts with mayors and governors on local government actions against NTDs; and monitor and oversee implementation and use of resources according to national guidance and plans. Under the oversight of these two entities, local health secretariats are responsible for planning, funding, and implementing NTD efforts. Surveillance is also part of the subnational-level responsibilities, in coordination and collaboration with the INS.

Devolution of NTD coordination and financing to the subnational governments has been a common MinSalud governance practice. Decentralization reforms in the 1990s required departments and municipalities to develop territorial health plans that would be executed during the four-year gubernatorial and mayoral terms. These health plans are an integral part of territorial development plans approved by legislative bodies, departmental assemblies, and municipal councils. In the territorial health plans, local governments define their health priorities and targets following clear guidance from the MinSalud, ensuring alignment with the national priorities and targets and allocating a budget to each activity, including for NTDs.

To ensure the continuity and prioritization of NTD efforts amidst changing administrations, the MinSalud organizes periodic workshops and meetings with local health authorities, mayors, and governors to share epidemiological data and explain national NTDs plans and strategies to guide the inclusion of NTD goals and targets in territorial health plans and monitor progress. In municipalities targeted for interruption of vector-borne transmission of Chagas disease, the MinSalud has worked with local health authorities to

QUICK REFERENCE:

SELECTED COLOMBIAN HEALTH GOVERNANCE STRUCTURES FOR NTDS

DNP	*Departamento Nacional de Planeación* National Planning Department
INS	*Instituto Nacional de Salud* National Institute of Health
MinSalud	*Ministerio de Salud y Protección Social* Ministry of Health and Social Protection
MinHacienda	*Ministerio de Hacienda y Crédito Público* Ministry of Finance and Public Credit
PBS	*Plan de Beneficios en Salud* Colombia's unified health insurance plan
PIC	*Planes de Intervenciones Colectivas* Collective Intervention Plan
SGSSS	*Sistema General de Seguridad Social en Salud* General Social Security System in Health

advocate for the declaration of the Chagas disease as a public health problem, securing its prioritization in the following territorial health plan.

Additionally, the MinSalud, with the support of PAHO, provides local health secretariats with continuous technical support for the planning, budgeting, and implementation of NTD control and elimination efforts. For instance, each year the MinSalud and PAHO organize technical meetings with the Colombia mayors' federation and support national workshops with local health secretariats to showcase and report out on NTD programmatic activities and the extent of achievements.

FINANCING OF COLOMBIA'S NTD EFFORTS

The majority of Colombia's programmatic NTD efforts are financed by the government, with different sources of funding for population-based interventions and clinical care. The proclamation of the right to health as a fundamental right protected by the national constitution in 2015 has reinforced the need to provide health services to communities most directly affected by NTDs. This legal development mandated that individuals, households, and communities are entitled to receive appropriate, timely, and high-quality health services, regardless of their socioeconomic status.

Figure 1 shows the funding streams and implementation roles for population-based and clinical care NTD interventions in Colombia.

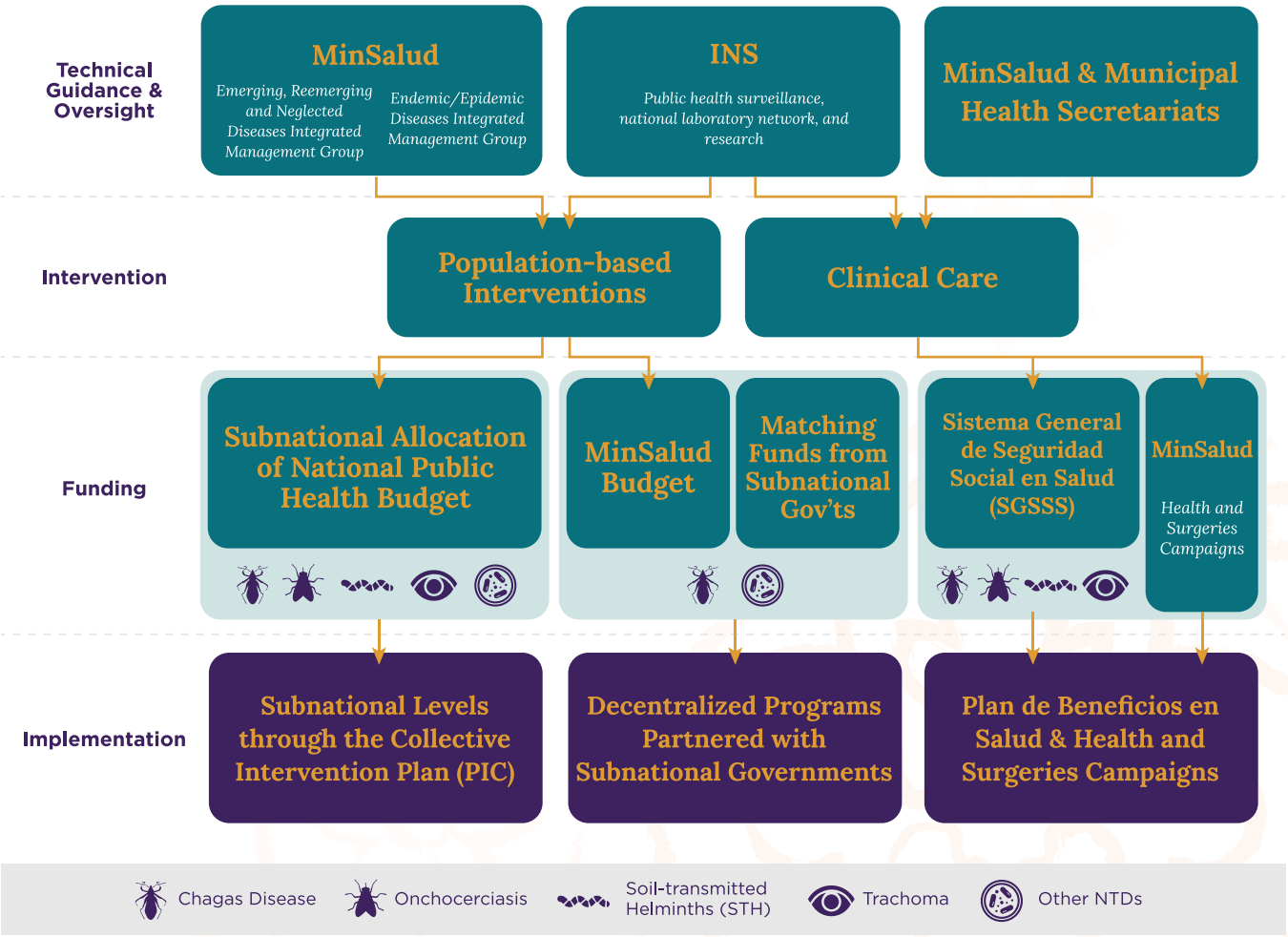
Population-based interventions for NTDs (e.g., MDA, surveillance, active case finding, and educational activities) are financed by national and subnational governments (departments, districts, and municipalities). Funding for prioritized diseases in the NTD master plan, (including trachoma, STH, and onchocerciasis) and NTDs managed under the Vector-Borne and Zoonotic Diseases Program (including Chagas disease) comes from the National Public Health Budget, allocated monthly to subnational governments by the Ministry of Finance and Public Credit (*Ministerio de Hacienda y Crédito Público*; *MinHacienda*) after being approved by the National Planning Department (*Departamento Nacional de Planeación*; *DNP*).[2] Additional funding for NTDs managed by the Vector-Borne and Zoonotic Diseases Program, including Chagas disease, comes from the MinSalud budget line item.

Funding for population-based interventions for NTDs through the National Public Health Budget

The DNP approves the National Public Health budget allocated to the subnational level each month by MinHacienda. A resource allocation formula is used that incorporates variables such as population, population dispersion, poverty, the population at risk for malaria, vaccination coverage, budget execution, and public health expenditure as proxies for efficiency, and geographic dispersion and rurality level as a proxy for the cost-of-service delivery. Municipalities, districts, and departments can use these resources to fund local public health interventions, medical supplies, vaccines, and specific drugs according to criteria established by the MinSalud. **Given that the National Health Plan stipulates that NTDs are a government priority, 100% of governors and mayors of departments and municipalities endemic for prioritized NTDs have allocated resources to support population-based NTD interventions.** Other activities that compete for resources within the National Public Health budget line at the local level are community-based rehabilitation, health campaigns, rapid HIV and tuberculosis tests, community health and education activities in rural areas, adult vaccination campaigns, and intersectoral coordination, among others.

2 Since the enactment of the new Constitution of 1993 (later reformed by Law Number 715 of 2001), the central government, through the DNP, allocates 46% of the total central government revenues to the subnational levels (departments, municipalities, and districts) under the National Participation System System (*Sistema General de Participaciones*), which establishes clear percentages for the services provided by the subnational levels as follows: 58.5% for education; 24.5% for health; and 17% for water, sanitation, and other projects.

FIGURE 1. OVERSIGHT, FUNDING, AND IMPLEMENTATION OF NTD INTERVENTIONS IN COLOMBIA



Funding for population-based interventions for NTDs through the MinSalud Vector-Borne and Zoonotic Diseases Budget

Each year, MinSalud's Sub-directorate of Communicable Diseases defines the amount of earmarked funds for staff and indirect costs to be transferred to programs at subnational levels that are endemic for vector-borne diseases, based on epidemiologic and social variables. Funding transferred by the MinSalud must be matched by subnational levels' counterpart funds and executed according to strict guidelines. For instance, the total cost of activities for the interruption of vector transmission of Chagas between 2016 and 2019 in 34 municipalities was $1.2 million, of which departments provided 45% of the total funding, municipalities 14%, MinSalud 38%, and PAHO 3%.

In addition to the funding for staff and indirect costs, the MinSalud allocated additional earmarked funds for program investments (building capacity, infrastructure, medical supplies, and logistics) until 2017. However, funding for program investments has shifted from the MinSalud budget to the National Public Health Budget allocated to subnational governments, reducing the overall level of funding for population-based interventions.

Lastly, the MinSalud created the Chagas Research Network, a learning platform through which local

A group of health workers arriving in Mitú after working with indigenous communities implementing the SAFE strategy for trachoma elimination.

universities, research groups, public institutions, and the private sector collaborate to generate evidence on epidemiological trends, social and environmental determinants, and barriers to healthcare access. Between 2012 and 2015, the MinSalud has used evidence generated by the network to inform new policies and guidelines, and for advocacy.

Clinical care is primarily funded through the compulsory health insurance system adopted by Colombia after the 1993 health care reform, undertaken to advance universal health coverage goals. Under this system, a public agency organizes health care financing for the SGSSS; operates as a single payer; and pools funding from a variety of different sources, including payroll taxes from formal workers and employers and general taxes to finance a unified health insurance plan for the population, known as the *Plan de Beneficios en Salud* (PBS). The PBS covers a wide range of drugs, medical procedures, and health care services, including some NTD-related services. However, due to the clinical expertise required to diagnose and provide appropriate care for certain NTDs, some specialized services, such as surgeries for trachoma, are conducted by trained specialists financially supported by the MinSalud and PAHO.

Complementary Funding from Multilateral and Bilateral Donors and Agencies

In addition to the commitment and funding from the Government of Colombia, multiple partners have supported NTD programming over the past 30 years, including various multilateral and bilateral donors, cooperating agencies, and international public health organizations. For instance, between 2004 and 2017, Colombia's Onchocerciasis Elimination Program received technical and financial support from OEPA,[3] a regional onchocerciasis initiative supported by Merck & Co. Inc., the U.S. Government, and others. During that time period, OEPA provided $680,000 for onchocerciasis elimination activities, including MDA; water, sanitation, and hygiene and educational interventions; impact assessment of the MDA program; and elimination dossier development. This funding was matched by a government contribution of $958,900. The elimination program was technically led and coordinated by the INS while donor resources were spent off-budget.

Additionally, PAHO has played a crucial role in providing technical support and guidance in

3 OEPA was created in 1993 as a regional initiative to lead and coordinate a multicountry effort to eliminate onchocerciasis. Managed by The Carter Center, OEPA has provided financial, managerial, and technical assistance to stimulate and/or support onchocerciasis programs in Brazil, Colombia, Ecuador, Guatemala, Mexico and Venezuela. See the Carter Center website, https://www.cartercenter.org/health/river_blindness/oepa.html, for more information.

accessing global drug donations for STH, managed through WHO. PAHO has also been critical in advocating for greater prioritization of NTDs at the national level in Colombia. Most recently, PAHO supported the Vector-Borne and Zoonotic Diseases Program to strengthen diagnosis of congenital Chagas disease and procurement of drugs for the treatment of leishmaniasis and Chagas disease.

Local nongovernmental organizations (NGOs) have also played a role in mobilizing international resources for NTD control and elimination efforts. In 2016, Sinergias, a Colombian NGO, received a small grant from Probitas Foundation and Direct Relief to carry out baseline mapping for trachoma and scabies and other ectoparasitoses. From 2016 to 2019, Sinergias also supported the MinSalud to implement MDA with azithromycin and albendazole for trachoma and STH control in 113 hard-to-reach indigenous communities. Sinergias support was aligned with the 2013–2017 NTD Plan and activities were coordinated with the MinSalud, local health secretariats, and public hospitals.

INTEGRATION OF NTDS WITH NATIONAL FUNDING STREAMS AND SERVICES

As shown in **Figure 1**, population-based interventions for NTDs are accounted for in the National Public Health budget line allocated to subnational levels. Consequently, population-based interventions for NTDs, such as trachoma and STH are bundled into a package of community-based interventions called the Collective Intervention Plan (PIC, by its Spanish acronym), through which subnational governments execute most of the activities established in their four-year territorial health plan[4]. To implement the PIC, subnational governments must contract several public health activities with the local public hospital, in accordance with national regulations.

On one hand, contracting with public hospitals has facilitated the mainstreaming of NTD-related activities into community-based interventions, however, since it began in 2008 this approach has had the unintended effect of reducing the effectiveness and capacity to deliver NTD services. Since target communities are predominantly located in hard-to-reach areas, hospitals limit their public health interventions in these areas due to the high transportation and logistics costs. In departments located in the Amazonas region, transportation costs account for up to 80% of the programs' total cost.

To reach these rural communities with population-based interventions for NTDs funded with the National Public Health Budget line, the local health secretariats sometimes directly hire community health teams to conduct surveillance activities. Previously, NTD activities were funded, coordinated and implemented by the national level (MinSalud and the INS). More recently, they have integrated trachoma MDA implementation with COVID-19 surveillance and vaccination activities conducted in indigenous communities to ensure population-based interventions are delivered according to the annual schedule.

4 According to the MinSalud guidelines, local health secretariats can execute interventions for the Vector Borne and Zoonotic Diseases Programs, including for Chagas disease, without contracting services with hospitals.

ENABLING FACTORS FOR DOMESTIC RESOURCE ALLOCATION FOR NTDS AND SUSTAINABILITY

The Colombia Government's commitment to NTD control and elimination goals has enabled the continued allocation of domestic resources for NTD programming at national and subnational levels. The case study highlights the following key enabling factors that have contributed to enhancing domestic financing for NTD programming in Colombia over the past two decades:

1. **Programmatic NTD goals and targets are reflected in key health strategies and policies at national and subnational levels.**

   NTD goals and targets were included in Colombia's National Health Plan 2012–2021. This increased their visibility in public health resource allocation at national and subnational levels and guided the development of territorial health plans. Given that the National Health Plan defines public health investments and targets for the health sector, the MinSalud and local health authorities establish their annual budgets following the strategies and programs prioritized in the National Health Plan and, consequently, in the territorial health plans, which represent the principal blueprint for departments and municipalities to plan for, implement and allocate resources for health services and interventions.

2. **Colombia has formal, national level structures and fora for effective planning, programmatic implementation and oversight to achieve national and subnational NTD goals and targets.**

   Colombia has formal, national level structures and fora for planning, implementation, oversight of NTD programming and monitoring progress; the same structures and fora also create shared accountability mechanisms towards meeting national NTD goals and targets. The Neglected Diseases Integrated Management group of the MinSalud monitors the progress of MDA and other community-based activities for onchocerciasis, STH, and trachoma, while Chagas disease is managed under the Vector-Borne and Zoonotic Diseases Program. These national level bodies provide technical and administrative assistance to the departmental, municipal, and district health secretariats; coordinate activities with donors and the private sector; and monitor and oversee that the programs are implemented according to national guidance and plans.

3. **NTD coordination and financing functions have been devolved to subnational governments, with clear funding sources.**

   The decentralization reform undertaken in the 1990s allowed subnational governments to receive a monthly allocation from the National Public Health budget to finance the activities prioritized in their territorial health plans, including NTD control and elimination activities. This institutional and financial arrangement has enabled the country to maintain domestic budget allocation for control, elimination, and surveillance activities at the subnational level, tailoring interventions to local context and needs. The implementation of matching funds and coordination strategies where all the levels of government contribute financially to the same goal has increased local governments' accountability for performance and capacity to achieve NTD programming targets.

4. **Sustained national level advocacy and technical support to subnational governments have ensured the prioritization of NTDs within territorial health plans and budgets.**

   Budget allocation decisions are made by governors and mayors every four years when they are

elected and formulate their development and territorial health plans. Therefore, during the first year of a new government administration's term, the MinSalud leads NTD advocacy efforts for greater prioritization and resource allocation at subnational levels. These advocacy efforts informed by epidemiological data and program performance have been critical to support the planning, budgeting, and implementation of NTD control and elimination efforts at the subnational level, especially in rural and poor populations.

5. **Integration of NTDs within national funding streams for universal health coverage has mobilized additional resources.**

   Clinical care for NTDs (including diagnosis, morbidity management, disability prevention, and rehabilitation) is covered by the *Sistema General de Seguridad Social en Salud*. This has enabled subnational governments to focus the National Public Health budget on funding NTD population-based activities. Moreover, the 2015 proclamation of health as a constitutional right secured additional long-term funding for the health sector, especially for public health interventions and health care services in rural and poor communities most directly affected by NTDs.

6. **PAHO's leadership in developing and advocating for NTD initiatives in Latin America has played a crucial role for Colombia to prioritize NTDs in its national health policies.**

   PAHO's leadership in the region has been critical in advancing health priorities in Colombia, notably through its 2009 CD49.R19 resolution, which set out to control and eliminate NTDs in the region by 2015. PAHO led the creation of several NTD control initiatives. By following PAHO's leadership, Colombia's political and financial commitments to NTDs have been fueled by the government's interest in maintaining its own leadership position in NTDs by meeting regional elimination goals and targets.

CONCLUSION

The long-term sustainability of NTD programming in Colombia has been enhanced due to the enabling factors listed above—they have increased domestic financial ownership at both national and subnational levels. In addition, the MinSalud has strategically coordinated donor technical and financial support to complement domestic funding, especially during the early stages of the development of NTD programming. NTD coordination and financing functions later devolved to the subnational governments in accordance with the government's decentralization reforms initiated in the 1990s and the further development of policies and regulations for the health sector. Prioritization of NTDs in the territorial health plans and budgets can be attributed to the inclusion of clear NTD goals and targets in the National Health Plan 2012–2021. Maintaining their inclusion in the next iteration of the National Health plan for the 2022-2031 period is crucial to maintain and expand on current levels of program funding.

Additional efforts should be made to strengthen local health secretariats' staff capacity to track NTD expenditures, estimate and report NTD financing needs and gaps on a routine basis, and negotiate the inclusion and effective execution of control and elimination efforts within the PIC that are contracted with public hospitals. Several challenges remain in finding appropriate delivery platforms and funding mechanisms to ensure NTD services can reach the hardest-to-reach communities still affected by NTDs. Due to the high transportation and logistics cost of reaching remote areas, the MinSalud earmarked funds for targeted NTD interventions could be considered for endemic areas and complemented with donor and local government support.

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