*Beyond the Cape Town Action Plan: An Implementation Agenda for Neglected Tropical Skin Diseases.*

The Cape Town Action Plan, developed during the 4th International League of Dermatological Societies (ILDS) World Skin Summit in October 2025, conveyed a compelling proposition: meaningful progress against skin-related neglected tropical diseases (skin NTDs) requires more than disease-specific interventions. (1) It demands functioning health systems become capable of recognising, diagnosing, treating and supporting affected individuals and communities.

Building on the World Health Organization's (WHO) 2021–2030 NTD road map and 2022 strategic framework, the Action Plan identified five interconnected priorities: diagnostic readiness, treatment access, workforce capability, connected specialist support and actionable routine data.(2-4) The next challenge would be in translating these priorities into measurable improvements where patients first seek care.

**Establishing an implementation architecture**

Moving from plan to action should begin with an explicitly defined governance structure. We propose establishing a Cape Town Implementation Collaborati**e**, coordinated through existing national NTD programmes, dermatological societies and regional public health partners rather than creating another parallel institution.

Its initial mandate should be purposely narrow: identifying willing implementation partners, developing adaptable operational tools and facilitating evaluation across diverse endemic settings.

Participating countries could nominate a national implementation lead in infectious diseases , supported by representatives from primary care, dermatology, laboratory services, community health systems and patient organisations. Their responsibility would be to translate the five pillars into locally appropriate, budgeted workplans with clearly designated institutional ownership.

It is crucial that leadership must extend beyond international professional organisations. Endemic-country institutions and people affected by skin NTDs should shape priorities, determine acceptable care pathways and participate in evaluating implementation.

**Moving from global principles to district-level delivery**

The district offers a practical unit for implementation because it connects community-based detection with primary care, diagnostics, procurement and referral services.

We propose a phased demonstration programme involving a sample of volunteer districts across different epidemiological and resource settings.

The first six months would focus on mapping existing diagnostic infrastructure, referral pathways, medicine availability, workforce competencies and disease burden. This assessment should distinguish genuinely absent services from those that exist but remain inaccessible or poorly coordinated.

The next phase would introduce a locally adapted minimum service package.Instead of creating separate pathways for every condition, frontline workers could be trained to recognise common presentations, including persistent ulcers, nodules, hypopigmented patches, lymphoedema and chronic pruritic eruptions, while applying disease-specific diagnostic and referral algorithms.

Existing community health programmes should serve as the entry point wherever possible . Integration must make care efficient to implement rather than merely redistribute responsibilities to an already overstretched workforce.

**Financing implementation**

A persistent weakness of international action plans is the distance between declared priorities and identifiable funding.Each demonstration district should therefore undertake a basic costing exercise covering diagnostic supplies, specimen transport, essential medicines, training, supervision, referral coordination and routine monitoring.

National programmes should be strengthened to identify which components can be financed through existing primary-care budgets and which require catalytic external investment.

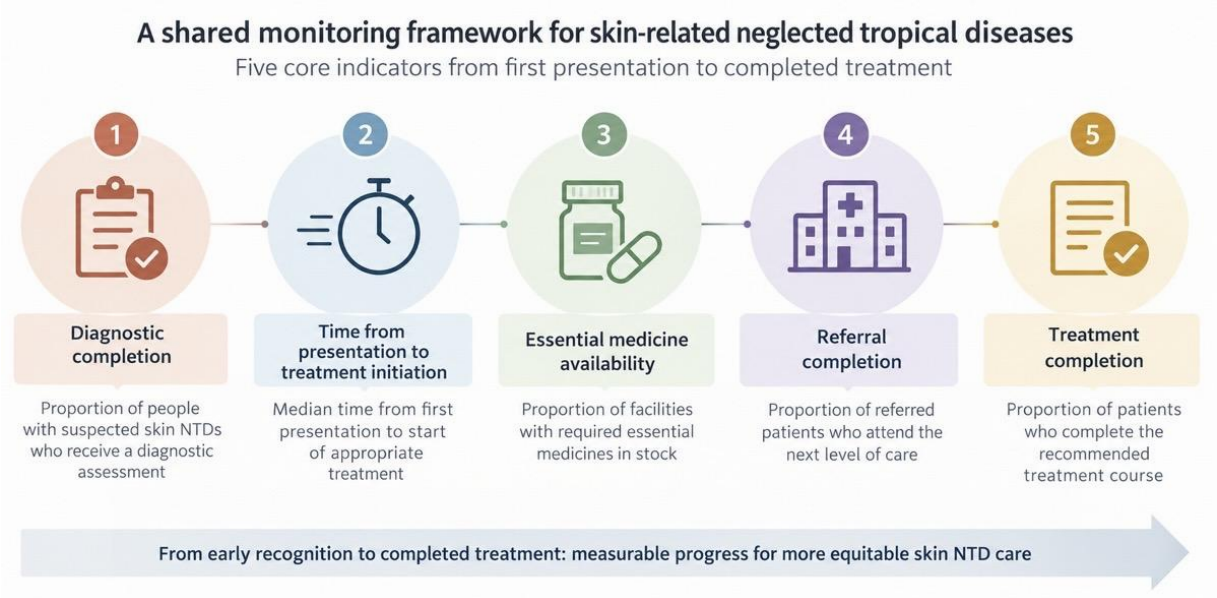
Development partners should prioritise sustainable service capacity over isolated, technology-driven projects. A diagnostic device has limited value without trained personnel, consumables, quality assurance and a functioning treatment pathway.

**Measuring that which is patient-centric**

Implementation should be judged by whether access and outcomes improve, not just by the number of workshops conducted or workers trained.

A shared monitoring framework could track five core indicators: diagnostic completion, time from presentation to treatment initiation, essential medicine availability, referral completion and treatment completion.

Figure 1 - Suggested monitoring framework for CTAP implementation




These should be complemented by locally selected measures of disability, financial burden, stigma and patient experience.

A common minimum dataset would permit comparison across implementation sites while allowing adaptation to different disease profiles.

Digital tools can facilitate case documentation, teledermatology and clinical mentorship. However, their effectiveness should be evaluated against conventional pathways, with attention to connectivity, affordability, privacy and equitable access. Artificial intelligence should remain a carefully validated adjunct rather than a prerequisite for delivering essential care.

**Creating the next milestone**

The proposed collaborative could adopt a **24-month implementation roadmap**, beginning with partner identification and co-design, progressing through district-level demonstrations and concluding with independent evaluation.

The principal deliverable should be a publicly accessible *Skin NTD Implementation Toolkit*: a minimum service package, costing template, workforce competency framework, referral algorithms and a concise monitoring dashboard.

Its accompanying evaluation should document implementation costs, feasibility, equity and the conditions required for sustainable scale-up.

The Cape Town Action Plan established a shared direction. Our next step must establish a shared discipline of effective and reliable delivery.

**References**


1. Bhat RM, Isa M, Peris K, Madhumita M, Nagabushan S, van Rooijen E, Lim HW, Röcken M, Arellano Mendoza MI, Dlova NN, Kilmer J. The Cape Town Action Plan for Neglected Tropical Skin Diseases: From Workshop Consensus to Health-System Action. Int J Dermatol. 2026 Aug 11. doi: 10.1111/ijd.70613. Epub ahead of print. PMID: 42581027.
2. World Health Organization. *Ending the Neglect to Attain the Sustainable Development Goals: A Road Map for Neglected Tropical Diseases 2021–2030.* WHO; 2021.
3. World Health Organization. *Ending the Neglect to Attain the Sustainable Development Goals: A Strategic Framework for Integrated Control and Management of Skin-Related Neglected Tropical Diseases.* WHO; 2022.
4. Yotsu RR, Fuller LC, Murdoch ME, et al. A global call for action to tackle skin-related neglected tropical diseases (skin NTDs) through integration: an ambitious step change. *PLoS Negl Trop Dis.* 2023;17(6):e0011357. doi:10.1371/journal.pntd.0011357.