WHO: control of neglected tropical diseases is feasible

Renewed engagement to scale-up integrated interventions announced

News release

14 October 2010 | *Geneva* - The misery and disability caused by a group of chronic infectious diseases, found almost exclusively in very poor populations, can now be substantially reduced, according to a new report released today by WHO.

The report *Working to overcome the global impact of neglected tropical diseases* covers 17 neglected tropical diseases[1] that thrive in impoverished settings, where housing is often substandard, environments are contaminated with filth, and disease-spreading insects and animals abound.

"These are debilitating, sometimes horrific diseases that are often accepted as part of the misery of being poor," says Dr Margaret Chan, WHO Director-General. "The strategies set out in this report are a breakthrough. If implemented widely, they can substantially reduce the disease burden, breaking a cycle of infection, disability and lost opportunities that keep people in poverty."

The consequences of long-term infection vary from disease to disease and include blindness, disfiguring scars and ulcers, severe pain, limb deformities, impaired mental and physical development, and damage to internal organs. Worldwide, the diseases are endemic in 149 countries and territories. The diseases impair the lives of at least one billion people.

"The evidence is now overwhelming. Existing interventions, including safe, simple and effective medicines, are having an impact. By expanding coverage, we can actually prevent many of these diseases. This is a first-time opportunity for some very ancient diseases," says Dr Chan.

As noted in the report, lack of resources has been a long-standing problem for an initiative that aims to reach large numbers of very poor people. This problem is being increasingly overcome by generous drug donations from the pharmaceutical industry, including several long-term commitments. Additional pledges were announced today, including:

- Novartis renewed its commitment to donate an unlimited supply of multidrug therapy and loose clofazimine for leprosy and its complications.
- GlaxoSmithKline announced a new five year commitment to expand their donation of albendazole through WHO, in addition to their current donation for lymphatic filariasis to treat school-age children for soil transmitted helminthiases in Africa. The commitment includes 400 million doses per year for this purpose.
- Sanofi-aventis has agreed to renew its support for the WHO programme to eliminate sleeping sickness, and its support for Buruli ulcer, Chagas disease and leishmaniasis for the next five years.

[1] *Buruli ulcer disease (Mycobacterium ulcerans infection), Chagas disease (American trypanosomiasis), cysticercosis, dengue, dracunculiasis (guinea-worm disease), echinococcosis, endemic treponematoses, foodborne trematode infections, human African trypanosomiasis (sleeping sickness), leishmaniasis, leprosy (Hansen disease), lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), rabies, schistosomiasis (bilharziasis), trachoma, and soil-transmitted helminthiases.*

This continued support will ensure that necessary resources will be available also to move forward in combating leishmaniasis, Buruli ulcer and Chagas disease. In addition:

- Bayer has started discussions with WHO on how to evolve their current commitment to fight sleeping sickness and Chagas disease.
- EISAI has committed to work towards the global elimination of lymphatic filariasis by providing diethylcarbamazine (DEC) and
- Johnson&Johnson has recently also announced expanding its donation of mebendazole to supply up to 200 million treatments per year for treatment of intestinal worms in children.

Successes

According to the report, activities undertaken to mitigate the impact of the diseases so far are producing unprecedented results, including:

- treatment with preventive chemotherapy reached 670 million people, in 2008 alone;
- dracunculiasis, also called guinea worm disease, will be the first disease eradicated not by a vaccine, but by health education and behaviour change;
- reported cases of sleeping sickness have now dropped to their lowest level in 50 years; and
- lymphatic filariasis is targeted for elimination as a public health problem by 2020.

Prospects and challenges

The report also recognizes the challenges that lie ahead and the opportunities to alleviate the suffering of people in disease-endemic countries. For example, delivery systems need to be strengthened.

"The use of the primary school platform to treat millions of children for schistosomiasis and helminthiasis in Africa is a perfect example. It provides opportunities to broader health education, thereby ensuring healthier future generations," says Dr Lorenzo Savioli, Director of the WHO Department of Control of Neglected Tropical Diseases.

The report finds that better coordination is needed with veterinary public health as an essential element of zoonotic disease control. For example, every year, tens of thousands of human deaths occur from rabies, usually contracted from dogs. An estimated 95% of cases occur in Asia and Africa and up to 60% of cases are in children under 15 years of age.

Public health systems must also respond to changing disease patterns resulting from climate change and environmental factors, which may cause the wider spread or resurgence of some diseases. Dengue, for example, has notoriously emerged as one of the fastest growing disease burdens in the world; today, cases are reported in many regions formerly free of the disease. Sustained

environmental and vector management remain key approaches for the prevention of vector-borne neglected tropical diseases.