Executive summary

INTEGRATING
NEGLECTED TROPICAL DISEASES
INTO GLOBAL HEALTH AND DEVELOPMENT

World Health Organization
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This fourth WHO report on neglected tropical diseases (NTDs) reviews the progress made towards achieving the Roadmap targets for 2020, noting the remaining challenges, then looks beyond 2020 to evaluate the changing global health and development landscape, considering the implications of integrating these diseases into the broader 2030 Agenda for Sustainable Development.

Progress towards the 2020 Roadmap targets

Integrating neglected tropical diseases into global health and development shows that significant progress was made in 2015 towards achieving the Roadmap targets. These achievements result from the implementation of the five interventions recommended by WHO to overcome NTDs, namely: preventive chemotherapy; innovative and intensified disease management; vector ecology and management; veterinary public health services; and the provision of safe water, sanitation and hygiene.

Preventive chemotherapy defines the strategy of treating infected individuals to reduce morbidity and preventing transmission by administering medicines in communities at risk. A record of nearly 1 billion people, or 62.9% of those in need, received preventive chemotherapy for at least one disease in 2015 alone. This includes 557.9 million who received treatment for lymphatic filariasis. This rate of treatment coverage (59.3%) is the highest ever achieved by any programme implementing mass drug administration (MDA) for this disease and, as a result, more than 300 million people will no longer require preventive treatment. Furthermore, an increasing number of countries have started to eliminate lymphatic filariasis as a public health problem.

Also in 2015, more than 185,000 patients had surgery for trichiasis worldwide and more than 56 million people received antibiotic therapy for trachoma. Some 119 million people received ivermectin treatment for onchocerciasis, representing 64.1% coverage of those in need, including in newly defined areas of hyperendemicity.

Dracunculiasis was nearly eradicated in 2015 despite the many challenges that national programmes faced, notably insecurity, conflict situations and the unique phenomenon of Dracunculus medinensis infection in dogs, especially in Chad. Yet in 2016, only 25 human cases were reported.

Innovative and intensified disease management uses different interventions – ranging from medicine to surgery – to relieve the symptoms and consequences of those diseases for which effective tools are scarce or where the widespread use of existing tools is limited. Despite the restricted availability of effective responses to these complex diseases, the programmes working within the framework of innovative and intensified disease management have achieved a great deal.

Important reductions occurred in the numbers of new cases of human African trypanosomiasis (by 89%) during 2000–2015, of visceral leishmaniasis in Bangladesh, India and Nepal (by 82%) since 2005 and of Buruli ulcer (by 60%) compared with 2008. Also in 2015, yaws was confirmed as having been eliminated in India by a WHO-led international verification team, and all Latin American countries achieved universal blood screening for Chagas disease among blood donors.

Vector ecology and management strategies, which focus on developing and promoting guidelines, are based on the principles and approaches of integrated vector management, including the judicious use of pesticides. Vector control remains an important component in preventing and controlling the transmission of vector-borne diseases.

After the Sixty-ninth session of the World Health Assembly in 2016, and at the request of Member States, a Global Vector Control Response for 2017–2030 was drafted and requested for consideration by the Seventieth World Health Assembly in May 2017. The draft Response supports the implementation of a comprehensive approach to vector control that will contribute to disease-specific national and global goals and help to attain the health-related SDGs.

The strategies used in veterinary public health services and the One Health approach recognize that the health of people is connected to the health of animals and the environment. This is particularly relevant to the neglected zoonotic diseases, a subset of NTDs that are naturally transmitted from vertebrate animals to humans and vice versa, such as rabies.

The greatest burden of these neglected zoonotic diseases affects the 1 billion livestock keepers in Africa and Asia who live in close contact with their animals and depend on them for their livelihoods and nutrition. These same populations have the least access to services for human and animal health and to information. Yet, there are some achievements. As
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an example, in 2015, only 12 reported human deaths were attributable to dog-mediated rabies in the Region of the Americas.

Providing safe water, sanitation and hygiene (known as WASH) is a key component of the NTD strategy and is critical for preventing and providing care for most NTDs. Many of the pathogens that cause NTDs thrive where water and sanitation are inadequate.

Reflecting the cross-sectoral nature of the challenge posed by unsafe water and inadequate sanitation and hygiene, and the fact that the WASH component of the NTD strategy has tended to be neglected relative to its importance, in August 2015 WHO launched a global strategy and action plan to integrate WASH with other public health interventions. The joint NTD–WASH strategy for 2015–2020 aims to intensify the control of, or eliminate, selected NTDs in specific regions by 2020.

Of the five key interventions employed to tackle NTDs, preventive chemotherapy stands out, both in terms of its effectiveness as a strategy against certain NTDs and the resources going into it, the two things being related. However, each of the five interventions is vitally important, and going forward it is essential to ensure that each receives the attention it merits and the resources it requires. Vector ecology and management is particularly important, being woefully under resourced despite its crucial importance, notably in response to outbreaks.

Challenges to 2020 and beyond

As responses to diseases move towards the endgame, evaluation and monitoring to ensure post-control surveillance will become more critical and will demand additional financing, which most national NTD programmes have not yet been able to mobilize at adequate levels. Continued efforts are required to ensure treatments are implemented efficiently and that monitoring and surveillance tools are improved, to seek alternative medicines in the event of a loss of efficacy or the development of resistance, to ensure that reporting systems are effective and to maintain optimal levels of coverage. Sustaining high rates of treatment coverage over many years will also require that health education is adapted to local settings, particularly in remaining pockets of high transmission.

This has implications for all of the interventions described here, and it will drive a trend towards greater integration among NTD programmes. The global integration of vector control efforts is a core aim of the Global Vector Control Response, two of the pillars of which are the strengthening of inter- and intra-sectoral action and collaboration, and the expansion and integration of vector-control tools and approaches.

Likewise, overcoming neglected zoonotic diseases requires a multifaceted approach that bridges the human–animal interface, and mandates a broad and inclusive multisectoral programme of work to protect and improve the physical, mental and social well-being of humans. The involvement of multiple sectors is critical, including veterinary, water, sanitation and hygiene.

Integrated inter- and intra-sectoral responses by NTD programmes will need to be aligned with the Sustainable Development Goals and universal health coverage.

Opportunities to 2030: the Sustainable Development Goals

In January 2016, the world entered the era of the Sustainable Development Goals (SDGs), ending a 15-year effort to achieve the Millennium Development Goals. A core contention of this report is that tackling NTDs significantly advances the SDG agenda in all its breadth and diversity.

NTDs have the greatest relevance for achieving the health goal (SDG 3). However, these diseases affect and are affected by many of the other development areas covered under the 2030 Agenda. Goal 1, for example, is to “end poverty in all its forms everywhere”. NTD programmes have an important role in reducing not only the financial burden of health care costs but also exposure to the debilitating physical and mental health effects of NTDs, which reduce people’s capacity to generate income and contribute to the growth of economies. Similar areas of alignment are discernible for the goal to “end hunger, achieve food security and improved nutrition and promote sustainable agriculture” (SDG 2); the goal to “ensure inclusive and equitable quality education and promote lifelong learning opportunities for all” (SDG 4); the goal to “ensure availability and sustainable management of water and sanitation for all” (SDG 6); the goal to “make cities and human settlements inclusive, safe, resilient and
sustainable” (SDG 11); and the goal to “strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development” (SDG 17). Less obvious connections link NTDs to the other 10 SDGs.

Effective, integrated responses will demand increased intersectoral collaboration. NTD programmes and initiatives have much to contribute, having required collaboration in strong global partnerships for more than a decade, working with governments in countries where NTDs are endemic, international agencies, pharmaceutical companies, international nongovernmental organizations, academia, civil society and United Nations agencies.

A key objective going forward will be finding optimal ways to integrate NTD interventions into broader health systems.

The starting point for integrating activities will be to develop policies based on the principles of universal health coverage (UHC). UHC is at the heart of the SDG health agenda, as evidenced by the Declaration of the 2030 Agenda for Sustainable Development, which states that UHC is essential to promoting physical and mental health and well-being and to extending life expectancy for all. In short, “no one must be left behind”. Because UHC is a cross-cutting issue that is linked to achieving the targets of SDG 3, it could serve as a platform to integrate health and health-related activities that, when combined with a Health-in-All-Policies approach, would make it a powerful tool for policy development.

Here too, NTD programmes have an important contribution to make because their missions are so closely aligned with the UHC agenda. This alignment is expressed in many ways. The notion of equity is a central element of the global NTD agenda, and in many instances NTD programmes are leading efforts to ensure that key interventions reach those who need them most, particularly communities living in remote areas beyond the reach of most health systems. The NTD and UHC agendas are closely connected also because the coverage targets of the Roadmap for 2020 are considered important steps on the path towards achieving the UHC target of 80% essential health service coverage by 2030. Moreover, preventive chemotherapy has been proposed as a tracer intervention for monitoring equity in progress towards achieving UHC across population groups.

The SDGs’ focus on UHC, for which an explicit target has been set (SDG 3.8), is also likely to change the way key interventions are supported, especially innovative and intensified disease management. Even if all NTD elimination targets are attained by 2030, millions of people living with chronic debilitating, disabling and disfiguring conditions as a consequence of NTD infection will continue to require medical intervention, ranging from medicines to surgery. It is to be hoped that some of this burden will be taken up by long-term capacity building and health system–wide reforms. A large part of the response will depend on health systems stepping up to meet demands for services as part of their transition towards UHC.

Therefore, there is much that NTD programmes have to share with national health systems as they strive towards UHC. Reciprocally, making progress towards achieving the Roadmap targets for control and elimination will depend on national health systems bringing their resources to bear.

Conclusion

Much has been achieved. However, as the report cautions, significant challenges remain. Some elimination targets for 2015 were missed despite the availability of viable, effectively tested interventions. NTD programmes continue to struggle with limited financial resources, inadequate capacity including capacity to implement effective surveillance, disruptive conflicts and important barriers to accessing needed health services that range from poverty to stigmatization.

The challenge beyond 2020 can be divided into two broad missions: eliminating transmission of NTDs and ensuring that the delivery of health services meets the needs of those living with NTD-related disease. The likelihood of achieving both objectives will depend on successfully integrating NTD-related activities and interventions into broader health systems. Reciprocally, integrating NTD services has the potential to accelerate progress towards UHC while advancing the broader Sustainable Development Goals for 2030.