13. Neglected tropical diseases

Contents

In focus

The current NTDs road map comes to an end in 2020. The Secretariat has commenced working on a new roadmap for the period 2021-2030.

EB146/14 summarizes the current situation: what has been achieved; ongoing challenges; and opportunities. Under this last heading the report highlights new directions which should be reflected in the 2021-2030 global strategy.

The Board is invited to note the report and provide guidance on next steps. Presumably there will be a draft resolution adopted for forwarding to the Assembly to authorise the development of a new strategy.

Background

Tracker links to previous discussions of NTDs and vector control.

Index page to WHO's web pages on NTDs

London Declaration on Neglected Tropical Diseases (2012)

WHO (2012). Accelerating work to overcome the global impact of neglected tropical diseases : a roadmap for implementation: executive summary.

WHO (2015) Water sanitation and hygiene for accelerating and sustaining progress on neglected tropical diseases: A global strategy 2015-2020

Neglected tropical diseases in the People's Republic of China: progress towards elimination. Infect Dis Poverty. 2019;8(86)

Evaluation of the WHO Neglected Tropical Diseases Programme (2019)

12th meeting of the Strategic and Technical Advisory Group for Neglected Tropical Diseases

PHM Comment

Although brief, EB146/14 is a very useful document. It highlights the human and economic burden NTDs impose on those left furthest behind by development. It describes the progress that has been achieved over the last 9 years but is quite blunt in speaking of the 'challenges' facing the program. These include risks associated with conflict zones and refugee settlements, climate change, and an over-reliance on vertical programs and external partners. The report advises that "current approaches compromise the impact of interventions and lack coordination across the full scope of 20 diseases and beyond".

Under 'opportunities' the report highlights joint implementation of interventions, mainstreaming common delivery platforms (PHC in particular), intersectoral action, and "moving from disease-specific to integrated, patient-centred approaches driven by the needs of communities, in order to achieve greater impact".

The report refers to the recent advice of the Strategic and Technical Group on NTDs, which in the report of its 12th meeting sets out recommendations for the new roadmap.

The recent corporate evaluation of the NTDs program (executive summary here) also sets out its recommendations for the new roadmap.

Strengths and weaknesses

Progress has been achieved. However, the program has relied heavily on vertical mass drug administration (MDA); progress with respect to multisectoral action (WASH, housing, education, employment, One Health) has been much less impressive. Progress has also been limited in relation to health system strengthening in particular in terms of primary health care and local public health leadership.

The 'movement' against NTDs has been strongly influenced by the ideologies of the 'magic bullets' and 'cost-effectiveness'. Both MDA and CEA have a contribution to make but they should not be allowed to sideline the importance of multisectoral action, integrated control programs, PHC and health system strengthening, and political and economic reform.

The report by Dr Qian and colleagues on NTDs in China highlights the role of multisectoral action, primary health care, health system strengthening and economic reform in reducing the prevalence of NTDs in that country. In view of the size of China and the previous high prevalence it seems likely that in some degree the progress that is reported in EB146/14 reflects the impact of those broader measures.

Primary health care and health system strengthening

The contributions of comprehensive PHC to NTDs control are several. They include the provision of sick care for affected individuals and support for the delivery of preventive medications.

However, a strong PHC approach can contribute to developing the health literacy of affected communities; mobilising communities around vector control and transmission interruption, and promoting multisectoral action (eg WASH, food safety, food security, agriculture, school programs, etc).

In their rhetoric about universal health coverage, WHO and its partners, have endorsed mixed public private health care delivery. However, while private practice can deliver individual care it is not well placed to build the kinds of partnerships with other sectors and with communities which will be needed to build a comprehensive multi-pronged approach to NTDs.

PHM urges WHO to re-think its endorsement of mixed public private health care delivery in relation to UHC.

Health system strengthening for effective action on NTDs must also focus on local public health capacity and leadership. This will require a significant effort in terms of workforce development in many countries.

Multisectoral action and civil society engagement

The new roadmap must do more than pay lip service to the importance of WASH, food safety, food security, housing, employment, seasonal income fluctuations and agriculture. The roadmap must include robust strategies to drive such action. These will include research and information, liaison and advocacy, monitoring and accountability.

PHM urges WHO to recognise the role that civil society can play in driving such advocacy and accountability. PHM urges WHO at country and regional levels to reach out to civil society organisations and social movements in building a constituency for a truly comprehensive and integrated approach to NTDs.

Tracing the ‘causes of the causes’

While NTD program leaders have recognised the role of inequality and under-development in maintaining NTD prevalence, despite the SDH Commission report, WHO has yet to develop a systematic approach to the diseases of poverty and inequality, including malnutrition, in terms of recognising and addressing the ‘causes of the causes’.

PHM urges MS representatives to acknowledge how globalised capitalism, through liberalisation and austerity, is widening inequality and creating barriers to health and to social and economic

development for those workers, farmers, regions and countries who are not well placed in global supply chains.

WHO needs to go beyond mass drug administration in addressing neglected tropical diseases (NTDs)

Multisectoral action (eg WASH, housing); health system strengthening (PHC and public health leadership); confront 'the causes of the causes'!

Notes of discussion at EB146

Meeting 9 (Afternoon of Day 4, Thurs 6 Feb)

Documents

- EB146/14,
- EB146/CONF./6 (to develop a road map) Draft decision proposed by Argentina, Canada, Indonesia, Thailand, United Kingdom of Great Britain and Northern Ireland, United States of America, the Member States of the African Region and the Member States of the European Union,
- EB146/CONF./6 Add.1 and
- EB146/CONF./8 (to establish an NTDs day) Draft decision proposed by the United Arab Emirates

Chair: The board is invited to note the report. And to consider draft decisions EB146/CONF./6 (and EB146/CONF./6 Add.1) and EB146/CONF./8 to be including in EB146/14.

Gargeya, 1707

China: we noted more countries included this in their program. We recommend continuing the tech support and surveillance report of the same for the effectiveness of the intervention. Shift from individual and cross sectional issues for prevention and treatment is needed.

Sudan: We welcome the report and consider the progress needed for decreasing the burden of NTD. We suffer from 10 out of the 20 NTDs. We commends WHOs for the significant progress. However as brain drain still a progress we urge the WHO to support us in this sense. We still have parts of the south of the country affected by the war, because of it in this region NTD is still a challenge. We appreciate the support given by other MSs (Uk,..) for helping us to manage NTD. Health is a way to peace and it should be included in the road map. We are putting efforts in PHC services to manage NTDs with better capacities and training of the health workforce.

Australia: Thanks for the report. Challenges and recommendations 2021-2030 we support SDG 3.3. We look forward to reading and reviewing the new draft. Japan: our country is an important support investing in innovation and health technology. In addition to these efforts we are starting to support the global efforts to NTD. We add 2 points to the NTDs report: 1.We suggest

expanding the global program in NTDs, 2. There are specific risks for developing these diseases, that's why we request to consider these risks in order to tackle these NTDs globally.

Germany: EU behalf. Eu and MS welcome. NTD impacts the poorest population of the world. To achieve SDG 3.3 and UHC so we need access. Our recommendations are:Increase of awareness and education Establish referral system community and higher centre Diagnostic Broadening tr and eligibility criteria. It is economic importance so we need to take care of it. WASH, nutrition is imp in this regard. Incentivise Operation Research 20 disease above topic including access to medicine. We recommend the private sector and pharma company for the space.

USA: Even the progress made in NTDs, more is need. Thats why the USA strongly support the recommendation given by the WHO to tackle NTDs, especially the key gaps (monitoring and information system). We agree with the request given by Tanzania for further strengthening efforts for NTDs management.

Argentina: A PH issue. We need to comply with one of the SDG goals. Road 2021-2030 to have a cross cutting approach for systemic approach. We need to focus on risk and community. Community needs to organise for vigilance. This is possible with relevant cost cutting ways in the public, private sector. We need to work with neighboring countries and humanitarian and migratiary. We need to fight xenophobia. Dogs mediated rabies to be considered too.

Brazil: 2020 is a fundamental year in the fighting against NTDs. We celebrated the first NTDs day. NTDs affect the poorest specially in LMICs. We are also having the Chagas day and its an opportunity to mobilize MS health institutions, NGOS, universities and other organization for this cause. We still implementing NTDs program approach, especially leprosy. We will keep working for achieve global target in NTDs. Incorporate new strategies for it. We co sponsor the decision of the road map express by tanzania, we are looking forward to engage in this road map.

1731

Burkina Faso: Behalf of 47 MS of Africa Region. Thanks for the high quality report. Africa bears more than 40 % burden. It speaks about the treatment of NTD. road map for drug provision. We need face challengeAnimal borne disease - Growing insecurity Funding Opportunity can be a more rapid prog under UHC so need a new road map for NTD. Recommend to do more for resource, multisectoral approach, R and D. Diagnostic tools and AMR need to be focused. For Medicine and drug, we have appropriate prog for production of vaccine.

Zambia: Allis with B. Faso statement. SOme progress has been made in our country having 22.000 deaths per year of preventable disease is unacceptable. This NTDs affect the most vulnerable population. The implementation of NTDs program has been too dependent on donors and too vertical approaches. We need to consider living conditions such as safe water accessibility and hygiene. We also need to mobilize local resources and strengthen our health sector and we ask to increase efforts in this sense. Moreover, we ask for support for facing

multidrug resistance. We note the report and ask for a comprehensive action plan 2020-2030 were prioritising in the consultation the countries with the highest risks.

Tanzania: Statement with F Baso. addressed the unfinished target of 2020. Some diseases need intervention to reach control and eliminate stage. New strategy 2021-30 is needed. We proposed World NTD day. We submit it for upcoming WHA

Srilanka: we noticed the importance of this item. NTDs still a problem in most developing countries. In our region remains a problem outbreaks are costly for the goverment. The program needs to be based in equity to assure innovation in diagnostic and treatments for all. Considering efforts are taking place in medicines and diagnostic tools in our country, we support the draft decision and welcome the day dedicated to NTDs.

UAE: Threat 1,3 billion worldwide. 2021 is a landmark for London declaration for greater investment. On Jan 202) NTD day was kicked off. By uniting community and workers together. There is an urgent need for political interest in an endemic state. WNTD day share communication and share information for advocacy for the commitment for NTD. can EB members endorse this.

Indonesia: NTDs (schistosomiasis, etc) have a negative impact in productivity in our country therefore we welcome the report. We are giving chemoprophylaxis for leprosy in order to manage its burden. Filariasis cases have been decreasing. Schistosomiasis is being approached with national and international support, it is related with socio cultural practice so we will keep forward to tackle this disease.

Bangladesh: 7 NTD are priority among 20 NTD and then separate programs are planned. Dengue - re emergency last year needs further measure. Crucial climatic change so need to tackle this. Lack of competent HRH is needed. Integrated approach is needed at country level.

Tunisia: we want to raise the importance to accept the resolution given by the African region. We do wish to keep giving efforts in NTDs.

NTDs suspended

Discussion resumed (Meeting 10)

1815

Non EB members

India: lischmaician and lymphatic are on priority. Dengue is a challenge is a challenge but mortality rate is less. NTD is under the National Health Mission. Dedicated platform for filariasis, leprosy, soil borne disease. vector control, and mass drug distribution are the major strategies. Long term care needs collaboration and we need elderly care. We launched lymphatic 3

medicine. Post kala hazar detection and its side effect. We request to donate more _____ drugs.

Iran: We appreciate the efforts made by MS and donors in tackling NTDs. We highlight this 3 challenges to be discussed: 1. Integrated programs instead of vertical. 2. Multisectoral approaches. 3. Preventive and environmental measures.

Thailand: need One Health approach also genetic approaches (eg vectors) (and others..). These different approaches should be included in the roadmap

Ecuador: We are concerned that these diseases are impacting on children and women. There is need to put mitigation measures to achieve universal health coverage

Mexico: eliminated trichomonas, epilepsy leishmaniasis.. Eradicated rabies through vaccinating pets. Successful model of prevention and control of animal diseases. Have adapted interventions to incorp intersectoral measures as per PAHO. also need to promote snakebite venomining and incr manufacturer of antidotes.

Nigeria: Nigeria aligns itself with the statement made by Burkina faso on behalf of the AU. Increased country ownership on NTDs is laudable. Nigeria developed a multisectoral approach to address NTDs.Peru: vital to guarantee fair access to meet needs of most vuln need multisectoral approach to meet social determinants. Focused on many diff vector borne diseases. Thanks african group for working on draft decision and fully support - request new roadmap for 2021-2030

1825

Mali:Mali supports the statement made by Burkina faso on behalf of AU. The impact of NTDs on our people is great. The situation on NTDs remains a problem. We have a lack of understanding in our people and caring for complications in NTDs and it remains a challenge. We support the draft

Morocco: leishmaniasis and rabies still pose a real challenge. Focus on prevention and surveillance and treatment. Need to consolidate progress made so diseases don’t return. Notes decisions and reaffirms its commitment

Non EB members

Slovakia: Aligns itself with the statement of the EU. We would like to highlight the real need for epidemiological issues in addressing it. We welcome this initiative because it gives hope to improve vector control with decreasing impact on the people.

Russia: need a comprehensive approach. Important to mobilise domestic resources and focus on innovative research in this area to accelerate progress in order to mitigate effects of climate change and politics which slow our progress. Support the report and resolution on roadmap

Costa Rica: NTDs have a tremendous impact and affects the quality of life of the people. These NTDs could be prevented with low cost interventions. We focused on snakebites and vector control. We strongly support Tanzania on tropical diseases. We agree that we need to have an international day of NTDs

1827

Spain: supports what was said by the EU. during implementation of the last progress there has been great progress. Should take advantage of the new targets in the new roadmap. Spain helps provide workforce to tackle NTDs through research through its relationship with WHO

Switzerland: Efforts to combat NTDs is key to achieving UHC. Fully prepared to support the resolution after its launch

Egypt: support draft decision on new roadmap + NTD day.

1831

Non State Actor Statements

https://extranet.who.int/nonstateactorsstatements/meetingoutline/7

1859

ADG reply: NTDs still major burden. Signift progress made over the last 8 years. Today 500 million people don't require an intervention for NTDs. Draft roadmap is being developed now, will be posted asap for further consultation and review before WHA. Japan: we will bring this to the attention of technical groups in April - will respond afterwards. (Reminder of Japan comments) We add 2 points to the NTDs report: 1.We suggest expanding the global program in NTDs, 2. There are specific risks for developing these diseases, that's why we request to consider these risks in order to tackle these NTDs globally.

Chair: No objections

eb146/conf/6 draft decision adopted (EB146(9). (Roadmap for 2021-2030) .

Resolution EB146/conf/8 (NTD day) do you support?

Germany: we wish our principle is based on good governance and not on NTDs. EU and member states are happy to work with Africa states for the decision and supported the NTD. To any new health day we believe the decision should not be discussed until discussion had on world health days- many Qs: do they raise meaningful exposure? Do they devalue existing

health days? List goes on... WE have many other ideas for health days but have use constraint to not bring them forwards yet, we know there are other NTD days so why another one? Our concerns aren't new - this is why we have an agenda on world health days. We made this clear during prep of EB. ask MS to postpone decision point on NTD day we need a collective decision to tackle NTDs together and go away with this feeling

Chair: I understand that the request is to postpone and decision to be made later and discussed on the day of world health day meeting discussion

UAE: lots of countries have supported that world health day should be for NTDs so we should discuss this during assembly that 30th is for NTDs if we take opinion of other countries is there support in that or not?

Djibouti: We like to highlight that NTDs should indeed have it's own world health day. Many countries have affirmed of it and that it will help to raise awareness which is critical in combating these diseases

Burkina Faso: would like to recall that African group had stated we support the resolutions. Would like to draw attention to the fact that lots of countries have supported these two points and highlight this is not the time to step back we need to move forward and intensify everything to tackle NTDs. Nothings too much to combat diseases. I would like to discuss this here and decide

Chair: just to clarify suggestion not to delete but to postpone until item 22.3

Tunisia: I would to reiterate my support to NTDs and that it should be given importance and we should ignore it for it has a significant impact. We need to speak these worldwide but we need to have its own day to highlight this issue.

USA: we want to raise our flag to support the position of EU. We find this item is very important that said it's important we stick to agenda items and members are allowed to tack up issues after discussion. We want this to remain under item 22.3

Austria: I am aligning with the statement with EU. We are not against NTDs and we have an agenda and I like to take my job seriously so lets take this seriously

Brazil: I won't speak on the merit of the decision just a procedural suggestion - as you said we're not deleting this item just proposing to postpone the decision after tomorrow when we talk about this issue. I have to say we find ourselves in this impasse because this is not the 1st 2nd ...maybe the 7th - discussing the same thing 'we cannot decide on world health day etc etc' we need to come to decision on world health days because countries take it seriously to have world health days its important for them. So let's postpone decision until tomorrow

Iraq: Taking consideration from the statement of German on establishing an international day, I want to ask that dio we have information on cost of establishing another day? Do we have information on that/ is it available?

Sudan: we have reviewed all the details, there's many different views - many MS in favour of this world day. Let's take this proposal into account and we can review technical details under 22.3

Chair: I have listened attentively to the inputs. And we will have a report tomorrow on that agenda. The Agenda has been postponed until the discussion on it is done. Item is postponed and suspended for future.

Item 13 suspended (NTDs Day) (M10)

1859 AM

Meeting 15 (Final meeting, afternoon of Sat 8 Feb))

Documents

- EB146/CONF./8
- EB146/CONF./8 Add.1

Editor: See notes of discussion of 22.4 (WHA agenda) on M15 where a deal was struck through which UAE withdrew its demand for a decision to be taken at EB146 in return for an agreement to include an item regarding the proposed NTDs Day under WHO Reform at WHA73

From M15 (22.4):

Chair: reopens Item 13 NTDs

Chair: UAE should withdraw the paper. it will be discussed at WHA73

UAE: agrees

Item 13 closed