

Item 11. Roadmap for NTDs 2021-2030

Contents

- [In focus](#)
- [Background](#)
- [PHM Comment](#)
- [Notes of discussion](#)

In focus

The Director-General will submit a report ([EB154/11](#)) in response to decision [WHA73\(33\)](#) (2020), in which the Health Assembly endorsed the road map and requested biennial reports, through the Executive Board, on the implementation of the road map for neglected tropical diseases 2021–2030. The Board will be invited to note the report and provide further guidance.

Background

[Tracker links](#) to previous GB discussions of NTDs

[‘Global update on implementation of preventive chemotherapy \(PC\) against neglected tropical diseases \(NTDs\) in 2022 and status of donated medicines for NTDs in 2022–2023’](#), WER 51(98),681, 29 Dec 2023

WHO [topic page](#) regarding NTDs

PHM Comment

This biennial report on NTDs holds its most critical finding until Paragraph 18, which notes that funding for NTDs has collapsed since the onset of the Covid-19 pandemic in 2020. None of the uneven ‘progress’ assessments in the report will lead to improvements in the lives of nearly one billion people susceptible to NTDs without a reversal of the ‘rapid decrease in funding to combat NTDs.’

The EB must make a clear statement either that neglected tropical diseases should continue to be neglected and the suffering of those affected should continue or that past resources committed to ending NTDs should not be wasted by the current cutback in financial support, and that the global community will restore its funding to support WHO in eliminating NTDs and protecting nearly one billion people from suffering from preventable disease.

Paras 4-5 cite reductions in the numbers and percentages of people with NTDs, as well as NTD-related DALYs, but do not assess those reductions against the NTD Road Map or provide member States with enough information to assess whether the trend will result in meeting the

ambitions of the road map, nor whether the trend varies by gender, region or marginalized status. On seven of the NTDs, even this basic information is not available.

The persistence of NTDs undermines efforts to achieve UHC, understood as achieving universal access to all essential services to meet healthcare needs without financial hardships. Put another way, universal coverage for each of the 21 diseases on the NTD list, both in terms of preventive measures and in terms of treatment without financial hardship, is an important component of progress towards UHC. However, curative treatment for NTDs drive up out-of-pocket expenditures on health care services and treatments, while prevention is radically more cost-effective.

The report does not deal with the need for nor the progress made in addressing the wider social determinants of NTDs, including urban development, water management, and occupational health and worker rights. Each NTD has its set of proximate and intermediate determinants and addressing these require planned action at both the primary care and the community level, as well as intersectoral action. These cannot be constructed as 21 vertical programmes. There is a need to build successful models for addressing NCDs which is well integrated with comprehensive primary healthcare (see para 7). The prioritization of preventive chemotherapy shifts a burden to individuals and households suffering from NTDs, rather than social interventions. We note that coverage of preventive chemotherapy has also sharply decreased, probably due to the Covid pandemic (para 8). Migration and conflict are emerging threats to the control / elimination of NTDs, and are not addressed in the report.

Para 11, describes a policy towards access to medicines which has a considerable dependence on pharmaceutical partners to expand donations. This may work where elimination is an immediate goal, but in most cases this is not sustainable and not a substitute to affordable local manufacture and procurement. It is also uncertain whether appeals to big pharma is going to be enough for innovations of new medicines or new combinations of existing medicines and their progressive introduction and scaling up. The report should have noted that current intellectual property rights regimes stand in the way of innovation of the next generation of necessary diagnostic tools and medicines to prevent and respond to NTDs. There are also dangers that the current structure of innovation and manufacture would lead to driving up costs, creating dependency on donor-funding, and denying LMICs a role in developing local manufacturing of diagnostics and treatments for NTDs. In NTDs like snake-bites both diagnosis and care is based on approaches which are close to a century old.

Large populations across Asia, Africa, South America and the Caribbean continue to be denied access to medicines, health products and relevant diagnostic technologies relevant to the prevention, treatment or cure of NTDs.

Para 12 asserts that “Action to tackle antimicrobial resistance has been taken” However, such action has clearly been insufficient in numerous aspects. While [EB154/11](#) cites programme monitoring for schistosomiasis and soil-transmitted helminthiasis, sentinel surveillance for leprosy and awareness raising for NTDs (generally) during World Antimicrobial Resistance

Awareness Week (WAAW) on 16-20 Nov 2022, those actions are not supported by dedicated actions to prevent or treat NTDs. Indeed, WHO's own webpage overviews related to both WAAW 2022 and WAAW 2023 is silent on NTDs, nor does the Director General mention NTDs in his video briefings for WAAW 2022 or WAAW 2023. [Note: EB154/11, refers to WAAW 2022, perhaps due to a typographical error as it is likely that the intention was to report on WAAW 2023.]

PHM notes that on 23 November 2023, during WAAW 2023, WHO held a webinar that included discussion of the effects of AMR on NTDs along with other pandemics (TB, HIV, malaria, STIs). Further WHO's fact sheet included limited notes on the interactions between AMR and NTDs, though restricted to only four of the twenty NTDs.

(Source: <https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance>; accessed 4 Jan 2024) Other citations:

<https://www.who.int/campaigns/world-antimicrobial-awareness-week/2022#>

<https://www.who.int/news-room/events/detail/2022/11/18/default-calendar/world-antimicrobial-awareness-week-2022>

<https://www.who.int/multi-media/details/world-antimicrobial-awareness-week-2023-video>

Paras 13-15 focus on biomedical approaches to the prevention or treatment of NTDs, but ignore the policy, social and community actions that are necessary for effective NTD elimination. The notes on improved monitoring of NTDs are useful, particularly the GNARF, but no mention is made of how the new data systems are to be used by country and sub-national authorities, nor by civil society actors.

Para 18 states: "There is a general consensus that the rapid decrease in funding to combat neglected tropical diseases since 2020 is now the most urgent barrier to progress." This critical issue on resources for NTDs is buried inside the report, obscured by alternating positive and negative language and statistics regarding progress on NTDs. Instead, the erosion of the funding base for NTDs is among the most important of the issues for the Executive Board's discussion, as it represents a clear waste of previous financial commitments and a prolongation of the suffering of nearly one billion people from diseases with known preventions and treatments.

Two questions are posed for discussion, relating to operational/technical challenges and implementation of a new set of strategic priorities. Instead or alongside these issues, the EB must decide if NTDs are to be continued to be neglected with insufficient resources or if WHO is to be supported with sufficient funding for implementation of the NTD Road Map.

PHM urges member States to undertake the following steps related to NTDs:

- Support WHO with resources necessary to enable the elimination of all 20 NTDs by 2030 (21 with the recent addition of Noma) and to build on the decision in WHA73(33) in 2020 regarding the Road Map for Neglected Tropical Diseases 2021–2030, so that previous funding is not wasted by the ongoing rapid decline in resources to eliminate NTDs;
- Prioritize social interventions to prevent or address NTDs, alongside chemotherapies and other biomedical interventions;
- Request the DG to include NTDs as a priority action in the AMR Global Action Plan, to ensure that emerging anti-microbial resistance to available medicines for the prevention or treatment of NTDs do not undermine the existing efforts to eradicate those twenty diseases that disproportionately affect the poor globally, resulting in loss of livelihoods and increase in poverty.

Notes of discussion

MSF statement on EB 154/11 - Road map for neglected tropical diseases

2021-2030<<https://msfaccess.org/msf-statement-eb-15411-road-map-neglected-tropical-diseases-2021-2030-0>>