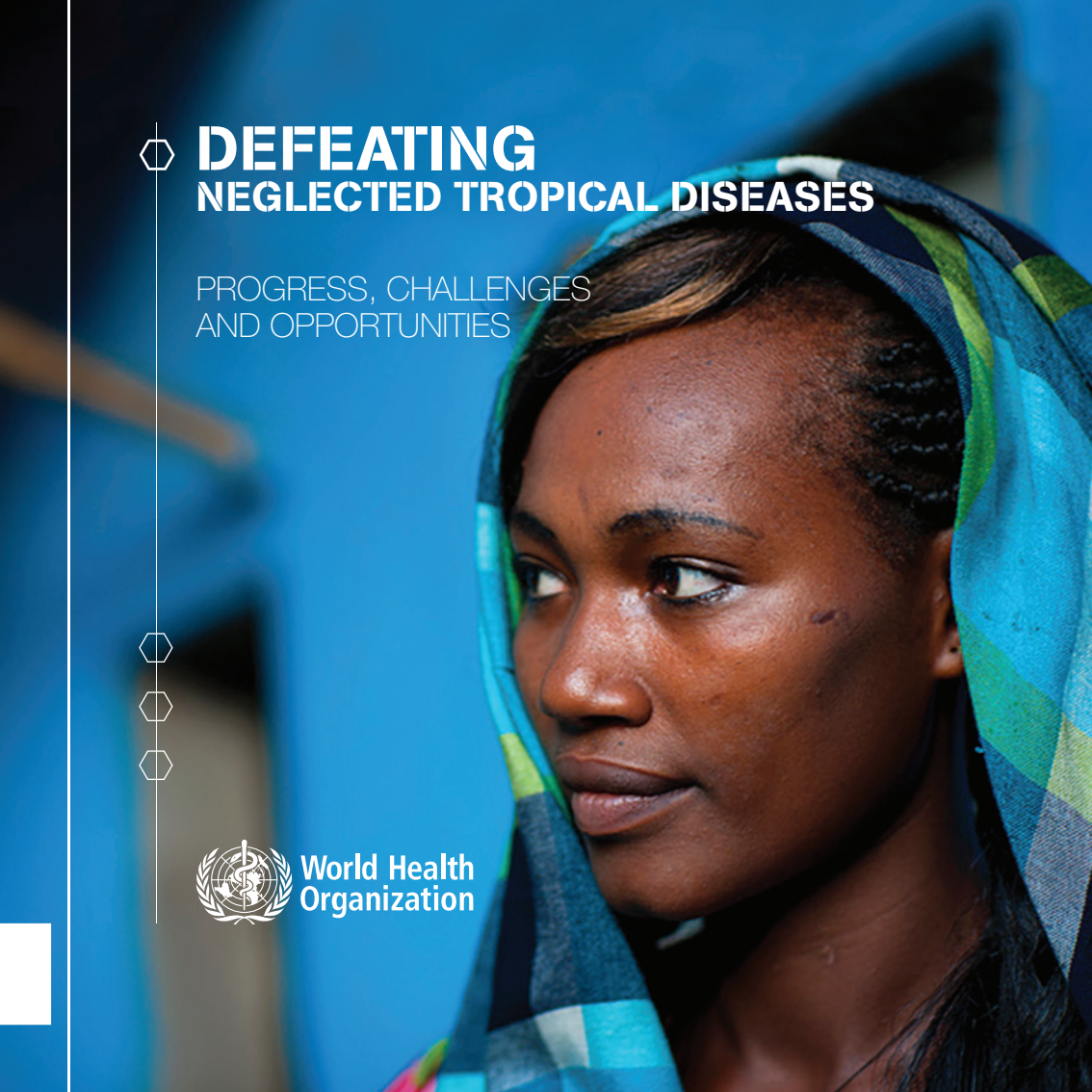
DEFEATING
NEGLECTED TROPICAL DISEASES

PROGRESS, CHALLENGES AND OPPORTUNITIES



World Health Organization

Neglected tropical diseases (NTDs) affect more than 1.5 billion of the poorest, most marginalized communities worldwide. Infected adults are often unable to work to support their families. Children miss school.

Entire communities become mired in poverty as disabled and unemployed people struggle to afford food and basic services, including healthcare.

During the past decade, the World Health Organization (WHO), working with its Member States and partners, has steered progress.

DISEASE	PROGRESS
Buruli ulcer	Need for surgery halved due to increased awareness and combination antibiotic therapy; 60% decline in g reaching 2217 cases (2017)
Chagas disease	Universal blood screening implemented in Latin America; treatment coverage expanded with benznidazo
Dengue	Dengue prevention and control led to 28% decline in case-fatality rate since 2010; reduction of mortality b
Dracunculiasis (guinea-worm disease)	Only 28 human cases reported (2018) as compared with 30 cases (2017)
Echinococcosis	Manual on patient management based on WHO staging due for completion (2019)
Foodborne trematodiases	Slow progress; study on development of antimicrobial resistance to be initiated (2019)
Human African trypanosomiasis (sleeping sickness)	Historically low number of cases (1447) reported (2017); elimination as a public health problem on track
Leishmaniasis	Cases decreasing in South-East Asia; three additional African countries benefitting from donated medici surveillance implemented
Leprosy (Hansen's disease)	16 million people cured with MDT over past 20 years, with progressive decline in new cases – 678 758 (2 211 069 (2017)
Lymphatic filariasis	14 countries validated for elimination as a public health problem; half a million people no longer require
Mycetoma	Country-level assessment establishing global prevalence (2017); priority areas identified; global working
Onchocerciasis (river blindness)	1.8 million free from mass treatment; 4 countries verified for eliminating transmission; 21 million additio treated (2017) since 2015
Rabies	Immunological agents and elimination programme unveiled; possible Gavi investment; another vaccine p (SII India)
Scabies	Development of a framework for scabies control (2019); better work in defining disease burden and gaps
Schistosomiasis	Global target to treat 75% of school-aged children on track: 70% coverage reached globally (2017); 72.4%
Snakebite envenoming	Launch of Roadmap to halve mortality and disability by 2030 (2019); first antivenom products for Sub-Sa anticipated
Soil-transmitted helminthiases	Global coverage reached 68.9% (2017) from 63% (2016); progress accelerated towards morbidity control
Taeniasis/cysticercosis	WHO guidelines on neurocysticercosis under final review
Trachoma	Drop in need for surgery from 8.2 million (2007) to 2.8 million (2016); huge drop also in SAFE requirem
Yaws (endemic treponematoses)	15 countries reporting cases; WHO strategy being implemented; donated azithromycin tablets secured

AFR – WHO's Africa Region; DFID - Department for International Development (DFID); G2D - Grade-2 disabilities; IDA - combination of ivermectin, diethylcarbamazine citrate and albendaz

	CHALLENGES
n global cases	Late detection of cases still involves 30% of all patients, resulting in costly treatment
azole	Accelerating elimination of congenital transmission through active, systematic screening of girls and women
y by 50% is on track	Addressing climate change and curbing *Aedes* spread in urban environments; dengue identified as global threat in 2019
	Insecurity and armed conflicts restricting access to remaining endemic areas; guinea-worm infection in animals
	Case management and support for prevention/control, financial resources and tools needed
	Strategy requires multisectoral involvement; weak surveillance and other data
ck	Eliminating transmission will require access to insecure areas; diagnostic tools and integrated activities needed
cines; web-based	SEAR will miss the elimination target; VL mortality not reported in some countries
(2001) down to	More than 10 000 new G2D cases annually, indicating delayed detection; 8% involve children, showing continued transmission of infection.
re mass treatment	MMDP not prioritized; 51 countries still need to reduce infection levels below elimination thresholds
g group established	Insufficient financial resources, lack of tools; new medicine being tested to achieve simple therapeutic protocol
tional people	New elimination mapping to identify communities needing treatment; new diagnostics required to identify individuals with active infections; unstable areas pose a problem
e prequalified	Difficulty of implementing One Health; shortage of safe biologicals requires multi-stakeholder actions; weak surveillance and data
ps	Little donor interest; link between scabies, impetigo, kidney and rheumatic heart disease requires more work
% in AFR (2017)	Securing free medicines to treat adults; preventive treatment of preschool-age children required; new diagnostic test needed
-Saharan Africa	Chronic shortage of safe antivenoms; official reporting of data, financial resources and tools to accelerate diagnosis and treatment
ol	Emerging parasite resistance against albendazole and mebendazole
	Weak multipronged strategy and surveillance data; lack of tools
ements	Research funding and continued expansion of interventions required
	Securing funding to support mapping, mass treatment and surveillance

dazole; GAVI - The Vaccine Alliance; GVCR - The Global vector control response 2017–2030; MDT – Multi-drug therapy; MMDP - morbidity management and disability prevention; SAFE – Surg

OPPORTUNITIES

Oral regimen and a rapid point of care test can boost treatment; confirm cases in various settings
GVCR to support vector control; information systems available to verify achievements
Support for development of regional action plans and country activities through GVCR
Continued political will, unwavering donor and partner support
Inclusion of echinococcosis in China's global Silk Road strategy expected to boost control
Novartis continuing triclabendazaole donation
Free access to treatment being bolstered by new tools; treatment guidelines being updated
Sustained political commitment to eliminate VL; new DFID grant expected
Improved case detection and MDT coverage; Novartis donation of medicines until 2020; single dose Rifampicin showed some protection against new infections among populations at risk
Accelerated interruption of infection through IDA regimen; GVCR can support vector control
First training workshop and sixth international conference (Sudan, 10–17 February 2019)
Increased country ownership and donor interest can spur new strategies to eliminate transmission
Measurable deliverables and prevention can be aligned with common interventions
Control framework can help advocate for support
New guidelines for verification of elimination to be published soon
New manufacturers interested in antivenoms; possible investment in further research
Expansion of donated mebendazole can facilitate achieving 75% global target
Bayer interested in donating praziquantel and niclosamide
Mapping of suspected endemic areas nearly complete; huge momentum
Easy to interrupt transmission with few rounds of mass treatment

gery, Antibiotics, Facial cleanliness and Environmental improvements; SEAR – WHO's South East Asia Region ; VL – Visceral leishmaniasis

HOW HAVE WE PERFORMED?

One of the greatest achievements has been reaching at least1 billion people with treatment (for at least one NTD) for three successive years – 2015, 2016 and 2017.

In 2018 alone, WHO acknowledged 8 countries for having eliminated at least one NTD. Historically low numbers of cases of human African trypanosomiasis are being recorded, visceral leishmaniasis has almost been eliminated in Bangladesh and Nepal, and cases of Buruli ulcer have decreased by almost 60% compared with 2008.

All Latin American countries have achieved universal screening of blood donations for Chagas disease.

WHO is poised to roll out distribution of azithromycin free of charge as part of its renewed initiative to eradicate yaws. The number of people needing surgery for trachoma has dropped from 8.2 million in 2007 to 2.8 million in 2016.

Vector control remains an important component of prevention and control of disease transmission. The Global Vector Control Response 2017–2030 aims to reduce the burden and threat of vector-borne diseases through effective, locally adapted sustainable vector control.

WHO continues to prioritize veterinary public health services and the One Health approach. A global strategy to achieve zero human rabies deaths by 2030 is being implemented along with measures to reduce the burden of neglected zoonotic diseases among livestock keepers in Africa and Asia.

WHO is finalizing a global strategy to reduce and prevent snakebite envenoming, which kills an estimated 180 000 annually.

Providing safe water, sanitation and hygiene is key to prevention and care, as many of the causative pathogens of NTDs thrive where water and sanitation are inadequate. In 2019, a toolkit is being launched to help disease programme managers, volunteers and implementing partners engage and work collaboratively with WASH agencies.

WHAT ARE OUR PROSPECTS?

The success of NTD programmes aligns well with WHO's Thirteenth General Programme of Work 2019–2023 (GPW13), the United Nations Sustainable Development Goals and the global vision to promote primary health care and universal health coverage in order to achieve a just,