



FOURTH
WHO report on
neglected tropical diseases

INTEGRATING NEGLECTED TROPICAL DISEASES INTO GLOBAL HEALTH AND DEVELOPMENT



World Health
Organization

Integrating neglected tropical diseases into global health and development: fourth WHO report on neglected tropical diseases was produced by WHO's Department of Control of Neglected Tropical Diseases.

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Integrating neglected tropical diseases into global health and development: fourth WHO report on neglected tropical diseases.

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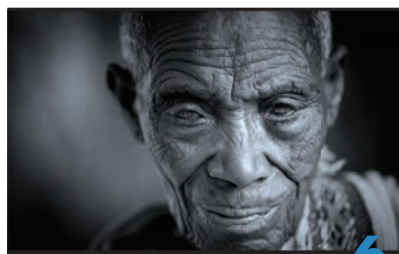
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"Collaborate, Accelerate, Eliminate"



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Foreword



Dr Margaret Chan
Director-General
World Health Organization

With more than one billion people affected, efforts to control the neglected tropical diseases carry great appeal as a pro-poor initiative on a massive scale. I warmly welcome this report of record-breaking progress towards bringing these ancient diseases to their knees and meeting the targets set for 2020.

Some of these diseases are being tackled through the mass administration of donated medicines that prevent the proliferation of parasites and reduce the pool of infection, making elimination a feasible target. During 2015, nearly one billion people – the highest number ever – received protection through preventive chemotherapy for at least one of these diseases. Donations of praziquantel, albendazole, mebendazole and ivermectin or diethylcarbamazine are being distributed as a rapid-impact package to control schistosomiasis, soil-transmitted helminthiases, and lymphatic filariasis. Of these diseases, lymphatic filariasis is racing fastest towards the finish line. With 560 million people covered during 2015, an end is now in sight. WHO estimates that more than 300 million people will no longer require treatment in areas where transmission has been dramatically reduced.

Ivermectin, a drug that earned its co-discoverers the 2015 Nobel Prize in Physiology or Medicine, has already freed 18 million West Africans from the risk of onchocerciasis (river blindness) and is now being used to shrink the map of onchocerciasis ever further. Donations of ivermectin presently amount to about 270 million treatments each year. Trachoma, the world's leading infectious cause of blindness, is also being pushed back through the WHO-recommended four-pronged SAFE strategy: surgery for those with trichiasis, antibiotic treatment to clear conjunctival infection, and facial cleanliness and environmental improvement to reduce transmission. To date, Mexico, Morocco and Oman have been validated by WHO as having eliminated trachoma as a public health problem. As this report shows, more than 56 million people received the antibacterial agent azithromycin in 2015, again thanks to donated medicines.



The incidence of dracunculiasis (guinea-worm disease), slated for eradication, has been reduced from an estimated 3.5 million cases in 1986 to just 25 human cases in 2016 in just three countries: Chad, Ethiopia, and South Sudan. The eradication of dracunculiasis will mark the first time an infectious disease was vanquished by community engagement and behavioural change without support from a vaccine or treatment.

For other diseases, some challenges remain. Unlike diseases amenable to preventive chemotherapy, sleeping sickness, Buruli ulcer, Chagas disease, and leishmaniasis have been identified by WHO as requiring innovative and intensified disease management. All of these diseases have poorly understood burdens, lack optimal control tools, receive insufficient R&D investment, and affect the poorest of the poor. However, this situation has begun to change with the advent of new technical tools, supported by an increasing number of public-private partnerships for product development, which brings the best science to bear on the most neglected diseases.

Attacked on multiple fronts, the burden of sleeping sickness has been reduced from more than 37 000 new cases in 1999 to well under 3000 cases in 2015. Antibiotic therapy has revolutionized the management of Buruli ulcer; WHO and its partners have guaranteed an uninterrupted supply of antibiotics to affected countries to ensure that all patients receive treatment free of charge. The control of Chagas disease continues to benefit from the screening of at-risk patients and the administration of donated medicines. In 2015, the target for the elimination of visceral leishmaniasis was achieved in 82% of sub-districts in India, in 97% of sub-districts in Bangladesh, and in 100% of districts in Nepal. Those countries have adopted single-dose liposomal amphotericin B as the first-line treatment; WHO supplies the medicines donated by the pharmaceutical industry.

Different challenges face the neglected zoonotic diseases, a subset of NTDs where transmission moves back and forth between animals and their close human companions. The greatest burden of these diseases – which range from tapeworm infections to invariably fatal rabies – occurs among the one billion livestock keepers in Africa and Asia who depend on their animals for livelihood and sustenance. Most of these people lack access to the most basic services for their own health and that of their animals.

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