

# **Sustaining the drive to overcome the global impact of neglected tropical diseases**

Second WHO report on neglected tropical diseases



**World Health  
Organization**

# **SUSTAINING THE DRIVE TO OVERCOME THE GLOBAL IMPACT OF NEGLECTED TROPICAL DISEASES**

SECOND WHO REPORT ON NEGLECTED TROPICAL DISEASES



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Organization**

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## HIGHLIGHTS

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### 3 THE GLOBAL PUBLIC-HEALTH AGENDA NOW EMBRACES NEGLECTED TROPICAL DISEASES

Since its founding in 1948, the agenda of the World Health Organization (WHO) has included a commitment to working to reduce the burden of disease that impairs the health and well-being of millions of people living in areas where poverty is prevalent.

### 11 REACHING THE TARGETS SET IN THE ROADMAP

The roadmap set targets for eradicating dracunculiasis by 2015 and eradicating endemic treponematoses (yaws) by 2020. Furthermore, 6 elimination targets for 5 NTDs have been set for 2015, and a further 10 targets for the elimination of 9 NTDs by 2020.

### 18 DISEASES

This second report is mainly concerned with assessing the progress made in preventing and controlling NTDs in relation to the targets and milestones in the roadmap. This report also includes updated information on the distribution and impact of NTDs and their effects on women and children.

### 113 KEY INTERVENTIONS SITUATION REPORT

WHO promotes the use of five public-health strategies to control, eliminate and eradicate NTDs; these provide (i) preventive chemotherapy; (ii) innovative and intensified disease-management; (iii) vector control and pesticide management; (iv) safe drinking-water, basic sanitation and hygiene services, and education; (v) and veterinary public-health services using the one-health concept.

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*“We are moving ahead  
towards achieving  
universal health coverage  
with essential health  
interventions for neglected  
tropical diseases, the  
ultimate expression of  
fairness.”*

Dr Margaret Chan  
Director-General  
World Health Organization

## FOREWORD BY THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION

Much has happened since the World Health Organization (WHO) issued its first report on neglected tropical diseases in 2010. That assessment of the burden caused by these diseases, and of the tools and strategies available for their control, brought cause for general optimism, although specific obstacles to controlling individual diseases were also identified. In January 2012, WHO built on various resolutions and decisions of its governing bodies as well as this previous assessment of opportunities and obstacles – and on the growing sense of optimism – by issuing a roadmap with visionary time-bound goals for controlling, eliminating or eradicating several of these ancient diseases. That ambitious agenda was almost immediately endorsed by the *London declaration on neglected tropical diseases*, which expressed a strong and broad-based will to seize these new opportunities. Commitments on the part of ministries of health in endemic countries, global health initiatives, funding agencies and philanthropists escalated, as did donations of medicines from pharmaceutical companies and the engagement of the scientific community.

With the publication of this report, the control of neglected tropical diseases enters a new phase. Unprecedented recent progress has revealed unprecedented needs for refinements in control strategies, and new technical tools and protocols. The roadmap identified preventive chemotherapy as a key strategy for tackling, often jointly, a number of these diseases. In 2010, 711 million people worldwide received preventive chemotherapy for at least one neglected tropical disease. Since some of these treatments confer protection against three or more diseases, the impact on the total burden of disease is even greater than suggested by this number. The substantial increases in donations of medicines made since the previous report call for innovations that simplify and refine delivery strategies – from forecasting and costing, to the monitoring of drug efficacy and impact, to testing for signs that pathogens are developing resistance under the pressure of mass drug administration. While the prospects for expanding coverage are now vastly improved, endemic countries absorb these donations through large-scale mobilizations of their own, often limited,

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