



# Neglected Tropical Diseases and the Post-2015 Development Agenda

**Addressing a cross-cutting development issue that improves the lives of marginalized populations**



*“...There is no silver bullet remedy to helping a country break the cycle of poverty, but investing in the health of its population offers one of the best options for unlocking economic potential. With full support both from national governments and from the global community, we can ...put an end to NTDs on the African continent [and beyond].”*

*John Kufuor, President of the Republic of Ghana (2001-2009)*

## **Recommendation**

To reduce human suffering, increase economic prosperity, and achieve greater global equality for more than one billion people afflicted with neglected tropical diseases (NTDs) in the developing world, we urge the United Nations High Level Panel on the Post-2015 Development Agenda and other stakeholders engaged in the post-2015 framework process to:

- Recognize that NTD control/elimination will significantly improve the health of the most marginalized communities and strengthen primary health systems, water and sanitation programs, and food security and nutritional efforts.
- Ensure the post-2015 framework includes specific targets and indicators for NTDs for all relevant goals and desired development outcomes.

## **Overview**

Neglected tropical diseases (NTDs) afflict one in six of the world’s poorest and most marginalized people, including 500 million children<sup>1</sup>. These diseases directly affect nutrition, school attendance, cognitive and physical development of children, and the health of pregnant women. Not only do NTDs impact health, but they also undercut economic growth. If untreated, NTDs affect the ability to work and increase the likelihood of contracting HIV. However, NTDs receive a very small portion of global health funding and are not directly mentioned in the United Nations’ Millennium Development Goals (MDGs).

Treating NTDs is extremely cost-effective. Through successful public-private partnerships, pharmaceutical companies donate nearly all of the drugs necessary for counteracting the seven most common NTDs. For only US \$0.50 per person per year, we can treat and protect against NTDs, and in turn avert malnutrition, improve education outcomes, improve maternal and child health, reduce new cases of HIV, and set the stage for sustainable economic development.

As a group of parasitic, viral, and bacterial diseases, NTDs infect the poorest people in sub-Saharan Africa, Latin America, and Asia. The seven most common NTDs are lymphatic filariasis, onchocerciasis, schistosomiasis, three soil-transmitted helminth (STH) infections (hookworm, ascariasis, and trichuriasis), and trachoma. They affect

1.4 billion people and lead to significant physical and mental disabilities. NTDs sustain economic inequality and trap people in a cycle of poverty as they typically afflict the poorest people who lack access to clean water and sanitation, education, and adequate medical care.

Despite the negative worldwide impact of NTDs, efforts to control and eliminate them receive less than two percent of total global health funding. In the United States alone, federal NTD funding was initially slated to decrease by 25 percent in the fiscal year 2013 budget. By comparison in 2010, the U.S. Congress allocated twice as much funding towards Avian Flu preparedness, despite the fact that Avian Flu has only caused 1,000 deaths over the past 10 years. The lack of global support for NTD funding indicates that policymakers are unaware of, or at least, fail to recognize the high value and feasibility of NTD treatment.

## **Links between Health and Other Post-2015 UN Development Themes**

There are numerous examples of the cross-cutting impact of NTDs across multiple development sectors, such as water, food and nutrition security, and education. Long-term sustainable development, equity, and improved health outcomes cannot be successfully achieved without simultaneously addressing NTDs, especially since NTD control components can be integrated into other interventions at very little cost and denying access to treatment perpetuates the neglect of these diseases.

For example, clean water is essential for sustainable NTD prevention. STHs can be spread by drinking contaminated water and eating food that was not properly washed. Areas with stagnant water are breeding grounds for insects that carry NTDs, notably mosquitoes, which transmit lymphatic filariasis. In many communities, key water sources harbour the parasite that causes schistosomiasis (snail fever or bilharzia). Schistosomiasis and STHs cause malnutrition in infected people by consuming key nutrients, minimizing the impact of food aid and lowering desired outcomes for food security and nutritional programs. Whenever possible, water and sanitation programs should include NTD control measures to maximize the positive benefits of NTD interventions.

In relation to education, children infected with NTDs are often too sick to go to school and some children are forced to stay home to care for an infected parent, limiting the success of school enrolment programs. NTD infections lead to physical and cognitive stunting in children and anaemia in children and pregnant women, weaken immune systems, and dilute the achievements of child and maternal health programs.

## **Beyond Health: the Economic and Social Impact of NTDs**

The impact of NTDs reaches far beyond the health sector; they also cause significant economic challenges to countries and regions where they are endemic. For example, chronic lymphatic filariasis can lead to a 15 percent annual loss in personal income<sup>ii</sup>, and onchocerciasis forces farmers to abandon prime farmland out of fear of blindness, thus reducing agricultural output and perpetuating economic and social inequality<sup>iii</sup>.

In a randomized controlled trial in Ethiopia, researchers found that consistently treating trachoma halved childhood mortality<sup>iv</sup>, while a study in Kenya demonstrated that deworming children leads to a 25 percent decrease in school absenteeism<sup>v</sup>. Similar studies showed that, with consistent treatment for NTDs, the wage earnings of Bangladeshi agricultural workers increased, and in India, researchers concluded that for every \$1 invested in integrated NTD treatment, there was an estimated economic return of \$20 to \$60 per individual<sup>vi</sup>.

## Global Partnerships

The global fight against NTDs has already begun, but universal and continuous support is critical to achieving lasting results. In 2012, global health leaders, including the chief executive officers of 13 major pharmaceutical companies, philanthropist Bill Gates, World Health Organization (WHO) Director General Margaret Chan, and senior government officials from endemic and donor countries issued the [London Declaration](#), an unprecedented global commitment to control or eliminate 10 NTDs by the end of this decade. Despite this new momentum, significant gaps remain and more financial resources are urgently needed to accelerate progress towards the 2020 control and elimination goals established by the WHO. However, long-term elimination goals cannot be reached without addressing primary risk factors for NTDs such as access to clean water and basic sanitation, vector control, and stronger health systems in endemic areas. These issues will need to be addressed beyond the WHO 2020 goals and as part of the post-2015 development framework.

## Contact Information

For more information, please visit [www.globalnetwork.org](http://www.globalnetwork.org) or contact Michelle Brooks, Policy Director for the Global Network for Neglected Tropical Diseases, at [michelle.brooks@sabin.org](mailto:michelle.brooks@sabin.org).

---

<sup>i</sup> USAID. Global Partnerships in the Fight against NTDs.

[http://www.neglecteddiseases.gov/newsroom/meetings\\_and\\_events/ntd\\_champions.html](http://www.neglecteddiseases.gov/newsroom/meetings_and_events/ntd_champions.html). Accessed on 3/18/2013

<sup>ii</sup> Ramaiah KD, Das PK. Mass drug administration to eliminate lymphatic filariasis in India. *Trends Parasitol*. 2004 Nov;20(11):499-502

<sup>iii</sup> Waters HR, Rehwinkel JA, and Burnham G. Economic evaluation of Mectizan distribution. *Trop Med Int Health*. 2004 Apr;9(4):A16-25

<sup>iv</sup> Porco TC, Gebre T, Ayele B et al. Effect of mass distribution of azithromycin for trachoma control on overall mortality in Ethiopian children: a randomized trial. *JAMA*. 2009 Sep 2;302(9):962-8.

<sup>v</sup> Miguel E, Kremer, M. Worms: Identifying Impacts on Education and Health in the Presence of Treatment Extranalities. *Econometrica*, 2004. Jan 72 (1), 159-217

<sup>vi</sup> Chu BK, Hooper PJ, Bradley MH, et al. The economic benefits resulting from the first 8 years of the Global Programme to Eliminate Lymphatic Filariasis (2000-2007). *PLoS Negl Trop Dis*. 2010 Jun 1;4(6):e708