



## Global Support for the Neglected Tropical Diseases Agenda

There is global support for the control and elimination of Neglected Tropical Diseases (NTDs) in low income countries. In 2012, as part of the London Declaration on Neglected Tropical Diseases, the pharmaceutical industry collectively committed to donate most of the drugs necessary for an Africa-wide NTD program.

These donations present an exceptional opportunity for countries and development partners to build on the success of the river blindness programs and expand the effort to address all preventable NTDs using a common community delivery system to distribute preventive medicines, as well as to build health systems that can provide case management for intensive disease management (IDM) NTDs. The same delivery system can deliver medicines for NTDs and for seasonal malaria control, as well as distribute insecticide-treated bed nets to prevent mosquito-borne diseases. According to the 2013 Lancet Commission on Investing in Health, the “elimination of (high burden NTDs) for such low costs. . . represent[s] very good value for money.”

### Community Health Systems Provide a Way Forward

For the past 40 years, the endemic countries of Africa, together with the World Health Organization (WHO), World Bank and other development partners, the pharmaceutical industry, and non-governmental organizations, have prioritized the control of river blindness through the Onchocerciasis (river blindness) Control Programme (OCP) and the African Programme for Onchocerciasis Control (APOC). The success of these programs has led to a call for a larger program that

builds on the river blindness approach to address other preventable NTDs including lymphatic filariasis, trachoma, soil-transmitted helminths, and schistosomiasis.

### Collaboration is Key

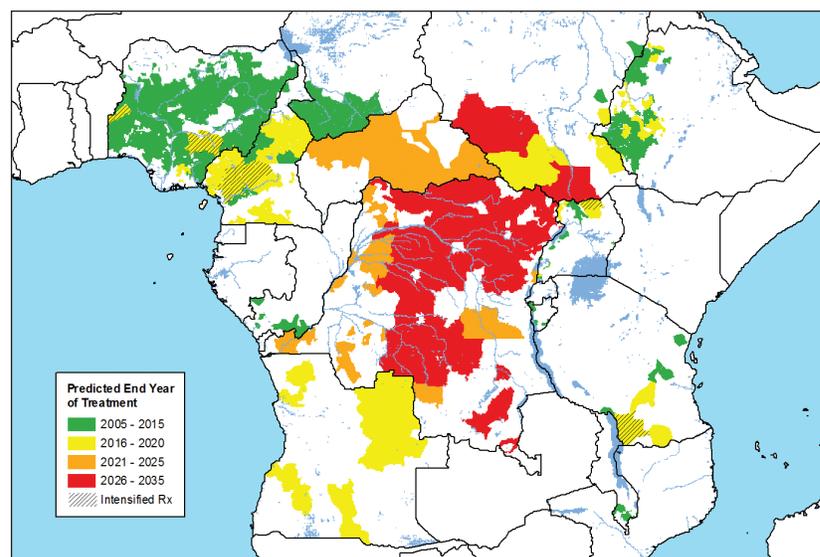
With a growing commitment to address all preventable NTDs, ambitious targets and milestones have been set at the global, regional, and national levels. From the World Bank’s perspective, achieving these targets calls for partnership and improved collaboration among programs.

The river blindness and lymphatic filariasis treatment programs are a great example of the need for coordination. They are already closely linked because ivermectin (Mectizan®) has formal regulatory approval and is donated by Merck & Co. for both diseases. Also, in areas where the two diseases are both endemic, neither program

can conclude if the other continues ivermectin treatment in the same area. In most APOC countries, lymphatic filariasis treatment coverage is low and scaling up lymphatic filariasis programs would also cover areas previously untreated for river blindness.

Strategies to control several of the other NTDs also depend on mass drug administration (MDA) and can build on the experiences with river blindness and lymphatic filariasis. For trachoma, soil-transmitted helminths, and schistosomiasis, there are fewer operational synergies with river blindness and lymphatic filariasis programs. However, there are opportunities for collaboration at the local implementation level (where districts increasingly work in health systems teams rather than in disease-specific teams), as well as for advocacy, resource mobilization, and overall policy and strategic planning.

**Figure 1. Predicted end year of treatment for APOC projects**



The end year of treatment was predicted for each APOC project using the simulation model ONCHOSIM, taking into account the precontrol endemicity level in the project area and the reported coverage and duration of ivermectin treatment in the project.

Further, collaboration between preventable NTD programs can be particularly developed in the areas of drug delivery, logistics, surveillance, and disease mapping. A collaborative effort would also ensure that communities are motivated to play a lead role in drug distribution beyond 2015.

## Increased WHO Technical Assistance

In 2013, all 47 Health Ministers from Sub-Saharan Africa committed to supporting a regional effort to control, with an aim to eliminate, all five preventable NTDs from the continent. The WHO Regional Office for Africa has played a lead role in supporting countries with creating national master plans for NTDs. In some countries, the National Onchocerciasis Task Force is being transformed into a National NTD Task Force. These are positive developments which will promote sustainable integrated national programs.

To help countries achieve this transition, plans are underway to help APOC extend its operations beyond 2015 and transition from a single-disease entity to an expanded regional NTD initiative entitled Programme for the Elimination of Neglected Diseases in Africa (PENDA). This new regional entity may build on the governance structure of APOC, and increase technical assistance to support elimination goals, especially in surveillance, evaluation, resource tracking and mobilization, and coordination. Initially, technical assistance might expand to include lymphatic filariasis in the 30 co-endemic countries and then grow to include all countries where lymphatic filariasis is present. Further, the new regional entity could help strengthen service health delivery mechanisms at the community level and deliver other preventable NTD control measures where there is a clear comparative advantage. This may result in both cost savings and a greater need for technical assistance.

## Timeline for Elimination

By 2015, foci in some countries will have stopped treatment, but no country will be certified as having achieved national elimination. However, by extending treatment to 2020, 12 countries may achieve national elimination of river blindness, protecting more than 60 million people. Further, projections show that 80 percent of OCP and APOC countries will have eliminated river blindness by 2025. Accelerated actions and special strategies are being developed to speed up the progress of the remaining countries.

WHO has published a comprehensive roadmap to support the control, elimination and eradication targets for NTDs through 2020. This evidence-based strategic plan entitled *Accelerating work to overcome the global impact of neglected tropical diseases: A roadmap for implementation*, aims to overcome the global impact of NTDs by guiding effective coordination and support at the country level and by serving as a resource for the implementation of policies, strategies, and interventions.

## Ensuring that Health Systems Effectively Address Intensive Disease Management (IDM) NTDs

Much of the current effort on NTDs in poor countries is focused on the preventable NTDs that can be eliminated by MDA. There are other important NTDs of the poor that require clinical case management with a focus on a curative approach. These include HAT (human African trypanosomiasis or sleeping sickness), VL (visceral leishmaniasis or kala azar) and Chagas disease.

For several of these diseases there is a need for more effective, simpler and safer treatments, but much can be done with what is already available. There is a critical need to ensure that health systems in low income countries reach into the rural areas where these diseases are most

prevalent, and for clinics and health personnel to have the capacity to provide effective case management.

## New Funding Strategies from the World Bank

More countries are choosing to use World Bank funding mechanisms to address NTDs. The International Development Association (IDA)—the World Bank Group's fund for the poorest countries—is supporting African countries that cannot afford to buy NTD drugs. Some countries are allocating portions of their IDA resources to national NTD programs. To date, about US\$120 million has been committed to NTDs in Africa from a combination of national and regional IDA programs, including the Senegal River Basin Project, a multisectoral Health, Nutrition and Education Project in Madagascar, and a new regional initiative to support the NTD agenda in the West African Sahel. A new World Bank-executed trust fund, supported by the Bill and Melinda Gates Foundation, is helping catalyze these contributions. In addition, the World Bank's Africa Region is working with partners to leverage donor support to countries, building on the multidonor trust fund APOC model.

Case management of IDM diseases can also benefit from IDA allocations. Increasingly, countries are adopting a Results-Based Financing approach, which helps support increased access to clinics and public health personnel at the periphery. Efforts are underway to increase the use of the approach with regard to IDM NTD diseases.

Disease elimination can only be determined nationally after treatment has been stopped, post-treatment surveillance has been carried out, and an independent verification process has certified that elimination targets have been met. Although the challenges are considerable, the prospect of control and elimination of preventable NTDs throughout Africa is very real. PENDA will help support the way forward to meeting the vision of Africa free from NTDs.