

Ten facts of Neglected Tropical Diseases

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Fact 1

About 1 billion people are affected by one or more neglected tropical diseases (NTDs). They are named neglected because these diseases persist exclusively in the poorest and the most marginalized communities, and have been largely eliminated and thus forgotten in wealthier places. The diseases thrive in places with unsafe water, poor sanitation, and limited access to basic health care. Despite the severe pain and life-long disabilities they cause, these diseases are often less visible and given a low priority alongside high mortality diseases.

Fact 2

There are 14 diseases currently listed as NTDs. Most can be prevented, eliminated and one, guinea worm, can be eradicated. Children are the most vulnerable.

The 14 NTDs are: Buruli ulcer, Chagas disease, cholera/epidemic diarrhoeal diseases, dengue/dengue haemorrhagic fever, dracunculiasis (guinea-worm), endemic treponematoses (yaws, pinta, and endemic syphilis), human African trypanosomiasis (sleeping sickness), leishmaniasis, leprosy, lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis, and trachoma.

Fact 3

Since neglected tropical diseases do not travel easily, they pose little immediate threat to wealthier societies. Meanwhile, those who are affected have little political voice and are too poor to demand treatment. These diseases therefore do not represent a lucrative market for medicines as the under funding for the development of new drugs shows: Less than 1% of the 1393 new drugs registered between 1975-1999 were for tropical diseases.

Fact 4

For some NTDs, there are simple and affordable diagnostic tools which cost as little as four US cents per test. For the rest, people in remote areas become ill or die before the disease can be diagnosed because the currently available diagnostic tools require skilled health workers and hospitalization

Fact 5

Several NTDs are transmitted by insect vectors: onchocerciasis is carried by the black fly; leishmaniasis by the sandfly; Chagas disease by the 'kissing bug'; lymphatic filariasis by mosquitoes; and sleeping sickness by tsetse flies.

The economic impact of NTDs can be staggering. People used to flee fertile river valleys infested with the black fly and settle in less productive regions. More than 25 million hectares of infested land have now been resettled, allowing people to plant crops and raise cattle. Similarly, the tsetse fly has been eliminated through hanging traps (seen in the photograph).

Fact 6

Drugs for some of the NTDs are safe, inexpensive (as low as two US cents per tablet) or even donated. They can be delivered by trained non-medical staff, like teachers in their classrooms, and community health volunteers. For other diseases, the medicines are old, toxic, expensive and often in short supply. They are also difficult to administer and can even be lethal if they are administered poorly.

Fact 7

With the right medicines and services comes success. Over the past 20 years, 116 of 122 countries endemic for leprosy have eliminated this notoriously old and feared disease as a public health problem. Since the introduction of multidrug therapy in 1985, 14.5 million people have been cured of leprosy

Fact 8

Guinea worm is transmitted exclusively by drinking contaminated water and it is now only found in remote rural villages. It can be eradicated with effective and inexpensive interventions such as water filtration and vector control. Major progress has been made with the number of reported cases plummeting from nearly 1 million in 1989 to 25,000 in 2006.

Fact 9

Buruli ulcer, leishmaniasis and lymphatic filariasis all deform and disfigure to such an extent that those affected can be ostracised. Through administration of new, inexpensive medicines, millions are now protected from these diseases and therefore from the risk of social stigma, enabling them to live fulfilling social lives.

Fact 10

Neglected tropical diseases are now on the international agenda. The successes achieved to-date prove that the interventions are technically feasible, immediate, visibly powerful and highly cost-effective. They demonstrate that programmes to tackle NTDs can be, and must be rapidly scaled up.