Control of Neglected Tropical Diseases



More than one billion people – mostly in the developing world – suffer from one or more neglected tropical disease. While relatively unheard of in developed countries, diseases like lymphatic filariasis, schistosomiasis, trachoma, onchocerciasis and soil-transmitted helminthes, cause disability, reduce mobility, contribute to childhood malnutrition and can lead to blindness and severe disfigurement. Neglected tropical diseases typically affect rural and marginal populations, who tend to be poor and lacking access to safe water, basic health services and essential medicines. Affected individuals often face stigmatization and abuse, further contributing to social and economic marginalization. To reduce the impact of neglected diseases in developing nations, in September 2006, the United States Agency for International Development (USAID) awarded RTI International the \$100 million Neglected Tropical Diseases Control Project, with the goal of delivering treatment to 40 million people over five years.

Led by RTI International, the NTD project represents one of the first large-scale and global efforts to integrate existing disease-specific treatment programs to expand care to millions of the world's poorest people. RTI's partners in this endeavor include the Sabin Vaccine Institute, the International Trachoma Initiative, the Schistosomiasis Control Initiative and Liverpool Associates in Tropical Health, who together will implement this innovative program to bring immediate treatment to "fast track" countries in Africa and to quickly scale up the program to reach other countries in affected regions.

Our Program

Building upon the successes of past disease-specific treatment programs, our integrated approach represents one of

What are Neglected Tropical

Diseases? NTDs affect an estimated 1

billion people, primarily poor populations in tropical and subtropical climates. The NTD project focuses on the **bolded diseases** below.

- Lymphatic filariasis (elephantiasis)
- Schistosomiasis (bilharzia; snail fever)
- Trachoma (blinding eye infection)
- Onchocerciasis (river blindness)
- Soil-transmitted helminthes (hookworm, roundworm, whipworm)
- Buruli ulcer
- · Chagas disease
- Cholera
- Dengue
- Dracunculiasis (guinea worm)
- Human African Trypanosomiasis (sleeping sickness)
- Leishmaniasis
- Leprosy
- * From WHO's 2006 brochure "Neglected Tropical Diseases: Hidden Diseases, Emerging Opportunities."

the first large-scale efforts to provide treatment for millions of people. The program focuses on integrated control of five of the 13 tropical diseases the WHO has classified as neglected (see box): lymphatic filariasis, schistosomiasis, trachoma, onchocerciasis and soil-transmitted helminthes. Together these diseases present a tremendous disease burden, but they can be treated collectively and inexpensively through large-scale integrated programs that use safe and effective drugs. The drugs – which include ivermectin, albendazole, praziquantel and azithromycin – have been made available to the project at no cost or at a deep discount by our pharmaceutical industry partners.

RTI and its partners will work with ministries of health, non-governmental organizations, and the pharmaceutical industry to develop treatment programs tailored to the specific needs of each country. With donated and discounted drugs from GlaxoSmithKline, Merck and Pfizer, the program will be launched in the fast-track countries, and then be scaled up to additional countries in the second year. The fast-track approach will allow us to capitalize on existing momentum in these countries, and to evaluate and modify as necessary the integrated approach for expansion to new countries.

Our Approach

The program is based upon **five elements** critical to delivering the right medicines, to the right people, at the right time.





The Five Elements of the NTD Project:

- 1) **Implementation of integrated control of NTDs:** We will build on existing programs in five fast-track countries to immediately deliver an integrated package of interventions. Working in partnership with ministries of health and education, the project will engage local non-governmental organizations to deliver the drugs to affected communities. We will foster collaboration between local partners and ministries to build capacity and ensure program sustainability by encouraging institutionalization of the integrated treatment platform.
- 2) **Grants for country programs**: Eighty percent of total project funds are dedicated to delivering treatment to affected populations. RTI has proven experience in managing large grant assistance projects, and grantees will be selected in a transparent and competitive process. A request for applications by potential grant recipients is planned for early 2007, and will be widely circulated. Criteria for selection of priority country programs include: presence of at least three NTDs in the country, severity and prevalence of NTDs, and ability to implement a cost-effective and integrated NTD control program. RTI and its partners will also provide technical and managerial assistance to grantees over the course of the project.
- 3) **Technical Oversight Board**: A Technical Oversight Board (TOB) will convene a broad range of recognized leaders and implementers of programs for the control of NTDs. The TOB will provide high level and specialized technical guidance to the project, and assure that the work of the project is informed and guided by state-of-the-art scientific findings, best practices and lessons learned through access to a broad range of recognized leaders and implementers of NTD control programs.
- 4) Documenting and disseminating project lessons: A critical element to improving and expanding integrated treatment, our approach involves collecting and sharing lessons learned over the course of the project. We aim to bring together organizations active in NTD control, and to support greater dialogue and collaboration among donors. Our activities will include "best practice" briefs, peer-reviewed journal articles, a project website, and representation at major international conferences.
- 5) **Mobilizing resources for NTD control**: The \$100 million commitment from USAID is an important step toward treating NTDs. However, additional resources will be crucial for long-term elimination efforts.

The NTD Project Team

RTI International

RTI International is an independent, non-profit organization dedicated to improving the human condition and has supported international development projects for more than 35 years. RTI is the prime implementer and will provide management, oversight and technical assistance to the NTD project.

Liverpool Associates in Tropical Health (LATH)

LATH is a health consulting group fully owned by the Liverpool School of Tropical Medicine, a leader in research in tropical diseases since the 1890s. LATH will provide technical assistance for the NTD project.

Sabin Vaccine Institute (SVI)

SVI is a non-profit organization recognized as a global leader in bringing together recognized experts and policy leaders to exchange ideas for addressing infectious diseases and other global health challenges. SVI will convene the project TOB.

Schistosomiasis Control Initiative (SCI)

SCI currently works in six African countries to establish national programs for controlling schistosomiasis and soil-transmitted helminthes. Since 2003, SCI has supported government efforts to treat over 20 million individuals. Under the NTD project SCI will implement fast track programs.

International Trachoma Initiative (ITI)

Founded in 1998 as a partnership of the Edna McConnell Clark Foundation and Pfizer, Inc., ITI has helped to develop national control strategies in 11 endemic countries in tropical regions. Under the NTD project, ITI will implement fast track programs.

Affected country governments must commit their own resources to the work of controlling NTDs. Though the cost per person for treating these diseases is relatively low, the number of individuals affected and the length of required treatment means that resources and political commitment will be needed for many years to come.

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