



*Providing high quality accessible information to  
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Produced by the [IDS Health and Development Information](#) team in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

## **The tropical diseases that are still out in the cold**

Health reporter, 17 July 2009

Feature: The tropical diseases that are still out in the cold

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- [Human African trypanosomiasis: an update](#)
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Announcements

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Feature: The tropical diseases that are still out in the cold

Changes over the last decade have brought major increases in financial support for

programmes focusing on AIDS, malaria and tuberculosis. However, many diseases that are responsible for so much suffering and loss of life in the South have not received the level of funding necessary to sustain effective programmes for their control, or to conduct the research that is needed to develop new means of prevention, diagnosis and treatment.

The US government's new Neglected Tropical Diseases (NTDs) Initiative website reveals that it intends to concentrate on what have been described as the 'main seven' NTDs. These are the blinding bacterial infection trachoma, and six diseases caused by parasitic worms. The latter include schistosomiasis (the most common parasitic infection after malaria), onchocerciasis (river blindness), lymphatic filariasis (elephantiasis) and three types of 'soil-transmitted' worms.

These are all widespread and, crucially, there are already effective measures available to treat and control them. New funding will make it possible to expand control programmes and deliver treatment to those who need it.

But they are not the only NTDs. While experts differ as to which diseases should be given the NTD label, the list is a long one. Some NTDs are problems in quite geographically limited areas. Others are already on the way to elimination as public health problems. For example, guinea worm disease (dracunculiasis) is mainly restricted to West Africa and is targeted for global eradication.

There are three diseases, all caused by a group of closely related parasites, that continue to cause suffering and death to millions. Sleeping sickness (human African trypanosomiasis, HAT), Chagas disease and leishmaniasis are caused by protozoans of the class 'Kinetoplastida'. They vary considerably in the symptoms they cause and, while all three are transmitted by insects, the insects involved are different.

The treatments available for these are of limited effectiveness and cause serious side-effects. In the case of sleeping sickness, the side-effects cause the death of around one patient in twenty. No vaccines are available to prevent any of the kinetoplastid diseases (KDs).

Chagas is a very common condition. It is confined to the Americas, where some 10-15 million people are infected. The death rate is estimated as 14,000 per year. There remains little support for efforts to control the disease since its discovery a century ago by the Brazilian scientist, Carlos Chagas. Sleeping sickness is present in 36 African countries. It is fatal if not treated and there are at least 50,000 to 70,000 new cases every year. The kinetoplastid responsible in some countries is also a parasite of cattle and causes much disruption to agriculture.

Leishmaniasis is common in many tropical countries. Up to 12 million people worldwide have this disease and there are up to two million new cases every year. Cutaneous leishmaniasis can be both disfiguring and disabling. Visceral

leishmaniasis destroys internal organs and kills an estimated 51,000 people yearly.

Most global health agencies do not include KDs within their remit. Some that do are the UN Special Programme for Tropical Disease Research & Training (TDR), Médecins Sans Frontières (MSF) and the Drugs for Neglected Diseases initiative (DNDi). Thanks to their endeavours there has been some recent progress. But much more needs to be done. A large proportion of the resources available for global health are allocated to HIV & AIDS as the result of some highly effective campaigning. MSF has launched a campaign, “Chagas: it’s time to break the silence”. A broader campaign highlighting all the KDs is now required.

*This feature was written by Paul Chinnock, Editor-in-Chief of TropIKA.net.*

### More information:

- US Neglected Tropical Diseases Initiative  
<http://www.tropika.net/svc/news/20090701/Chinnock-20090701-News-US-NTDs-New-Website>
- Centenary of Chagas disease  
<http://www.tropika.net/svc/news/20090708/Chinnock-20090708-News-Chagas>
- MSF marks Chagas centenary with campaign to step up action against the disease  
<http://blog.tropika.net/tropika/2009/07/10/msf-marks-chagas-centenary-with-campaign-to-step-up-action-against-the-disease/>
- The Global Network for Neglected Tropical Diseases  
[globalnetwork.org/](http://globalnetwork.org/)
- Drugs for Neglected Diseases initiative  
[www.dndi.org/](http://www.dndi.org/)
- Communicable diseases, Eldis Health Resource Guide  
[www.eldis.org/go/topics/resource-guides/health/communicable-diseases](http://www.eldis.org/go/topics/resource-guides/health/communicable-diseases)
- Disease eradication and elimination, Eldis Health Reporter, September 2008  
[www.eldis.org/go/topics/resource-guides/health/health-reporter/september-2008](http://www.eldis.org/go/topics/resource-guides/health/health-reporter/september-2008)

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### Recommended readings

#### **1. Neglected disease research and development: how much are we really spending?**

Authors: M. Moran; J. Guzman; A.-L. Ropars

Publisher: Public Library of Science Medicine , 2009

Specific research and development (R&D) investment data are available for some neglected diseases but these cannot readily be compared since each survey uses

different methodologies and covers different diseases, products, donors, and countries. For most neglected diseases, there is simply no information. This article summarises key data from the first in five annual reports carried out by the George Institute for International Health. Each report surveys global investment into R&D of new pharmaceutical products to prevent, manage, or cure diseases of the developing world. This process of reporting is called G FINDER and is designed to include all neglected diseases and products of significance to developing countries.

The report finds that just over US\$2.5 billion was invested into R&D of new neglected disease products in 2007. Funding was highly concentrated, with HIV and AIDS, TB, and malaria receiving nearly 80 percent of the total. Overall, product R&D investment was heavily focused on drugs and vaccines. Investment in new diagnostics was patchy, while platform technologies applicable to many diseases, for instance vaccine adjuvants, diagnostic platforms, and delivery technologies, received less than 0.4 percent of total R&D investment. The authors document funding by sector, governments and organisations and conclude that a broadening of funding efforts, so that all who are able to contribute do so, and all diseases receive the attention they deserve, would lead to a dramatic positive impact on the health of developing country patients afflicted with these diseases.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=44049&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=44049&type=Document)

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## **2. Human African trypanosomiasis: an update**

Authors: P. Chinnock

Publisher: TropIKA.net, 2009

Sleeping sickness (human African trypanosomiasis, HAT) is fatal if left untreated. It is usually transmitted by insects which are found only in Africa known as the tsetse fly. There is no clear agreement as to how many people have HAT, nor a reliable assessment of the extent of the harm it causes. This brief article in TropIKA.net provides an overall assessment of the disease, its burden on African society and potential treatments. The author discusses various articles, authors and literature which have shed greater light on the disease and groups together the most recent findings.

Findings within the literature show that some HAT patients relapse after apparently successful treatment. Clinical guidelines recommend that patients should be followed up and tested for the presence of parasites in lymph, blood or cerebrospinal fluid, which will identify treatment failure or relapse. The author highlights how one concern in the search for new drugs to treat HAT is that, while any new drug should be evaluated for possible toxic effects to the heart, HAT itself may involve some cardiological symptoms. Potential new routes for development of more effective treatment are also discussed.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=44051&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=44051&type=Document)

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### **3. Complexities of assessing the disease burden attributable to Leishmaniasis**

Authors: C. Bern; J.H. Maguire; J. Alvar

Publisher: Public Library of Science Medicine, 2008

Among parasitic diseases, morbidity and mortality caused by leishmaniasis are surpassed only by malaria and lymphatic filariasis. This article from The Public Library of Science shows how the estimation of the leishmaniasis disease burden is challenging, due to clinical and epidemiological diversity, marked geographic clustering, and lack of reliable data on incidence, duration, and impact of the various disease syndromes.

Non-health effects such as impoverishment, disfigurement, and stigma add to the burden, and introduce further complexities. Leishmaniasis occurs globally, but has disproportionate impact in the Horn of Africa, South Asia and Brazil (for visceral leishmaniasis), and Latin America, Central Asia, and southwestern Asia (for cutaneous leishmaniasis). The authors review disease characteristics and challenges of control for each of these geographic regions. They recommend a review of reliable secondary data sources and collection of baseline active survey data to improve current disease burden estimates, plus the improvement or establishment of effective surveillance systems to monitor the impact of control efforts. Studies and/or surveillance system components should be designed to provide measures of disease impact, severity, and duration that realistically reflect the heterogeneity of leishmaniasis. This effort should incorporate new thinking on disease burden assessment.

[adapted from the author]

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=44053&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=44053&type=Document)

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### **4. Nifurtimox-eflornithine combination therapy for second-stage African Trypanosoma brucei gambiense trypanosomiasis: a multicentre, randomised, phase III, non-inferiority trial**

Authors: G. Priotto; S. Kasparian; W. Mutombo

Publisher: The Lancet, 2009

Human African trypanosomiasis (HAT; sleeping sickness) often transmitted via the tsetse fly is a fatal disease. Current treatment options for patients with second-stage disease are toxic, ineffective, or impractical. This article in The Lancet assesses the efficacy and safety of nifurtimox-eflornithine combination therapy (NECT) for second-stage disease compared with the standard eflornithine regimen. This

multicentre study was done in four rural HAT-endemic areas that were thousands of kilometres apart. These regions are characterised by political instability, poor infrastructure, inadequate research capacity, and geographic dispersion of patients.

The results show that the efficacy of NECT is non-inferior to standard eflornithine monotherapy (10 percent non-inferiority margin). High cure rates of 96.5 percent to 97.9 percent (depending on the analysis population) were seen in patients assigned to NECT, compared with rates of 91.6 percent to 92.3 percent in patients assigned to eflornithine. The authors recommend that a combination of drugs with different mechanisms of action might protect against the development of drug resistance, as is the case for drug combinations used in other infectious diseases. There is already an established and growing parasite resistance to melarsoprol, and the increasing large-scale use of eflornithine monotherapy could see this drug exposed to the same threat. To avert the development of eflornithine resistance, full-scale implementation of the NECT regimen should be a priority for HAT control programmes.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=44057&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=44057&type=Document)

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## **5. The unfinished public health agenda of Chagas disease in the era of globalization**

Authors: C. Franco-Paredes; M.E. Bottazzi; P.J. Hotez  
Publisher: Public Library of Science Medicine , 2009

In Latin America, Chagas disease (CD), caused by infection with *Trypanosoma cruzi*, is a prime example of an co-evolutionary process in which parasites and mammalian reservoirs (including humans) are engaged in a dynamic race of ecological adaptation and counter-adaptation. This short article from the Public Library of Science traces the evolution of the disease.

The author outlines discoveries made in the development and treatment of the disease which have helped to establish three recognised stages of the illness: an initial acute stage representing the entry of the parasite and invasion of the bloodstream in which most patients are asymptomatic, followed by an indeterminate stage that is defined by the absence of symptoms and clinical findings in patients with a positive serology for *T. cruzi*. The indeterminate stage (also called early chronic) is followed by chronic complications in approximately 20-30 percent of patients many years after the initial infection.

The article briefly covers treatment and control programmes by organisations such as Médecins Sans Frontières and Drugs for Neglected Disease Initiative and concludes that we must run at least twice as fast to increase our efforts to control this poverty-promoting disease. By controlling CD and other neglected tropical diseases in Latin America, the most vulnerable populations in this region may be in a better position

to achieve the Millennium Development Goals. [adapted from the author]

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=44059&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=44059&type=Document)

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## Latest additions from the Health resource guide

### **1. Basics of Alzheimer's disease: What it is and what you can do**

Publisher: Alzheimer's Association, 2009

Manual intended for anyone who would like to learn more about Alzheimer's disease and related dementias. Chapters include:

- when memory loss is a warning sign
- 10 warning signs of Alzheimer's disease
- Alzheimer's disease and other types of dementia
- how Alzheimer's affects the brain
- causes and risk factors
- how to find out if it's Alzheimer's disease
- when the diagnosis is Alzheimer's
- stages of the disease
- treating the symptoms
- hope for the future

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=44025&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=44025&type=Document)

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### **2. Nurse-driven, community-supported HIV/AIDS treatment at the primary health care level in rural Lesotho: 2006-2008 programme report**

Publisher: Médecins Sans Frontières, 2009

Lesotho has the third highest HIV prevalence in the world, with an estimated 270,000 people living with HIV and AIDS in the country, and 18,000 deaths annually of AIDS-related complications.

In an effort to tackle the challenges related to a severe shortage of human resources, and geographic and financial barriers, that prohibit patients from accessing care and treatment, a decision was taken to decentralise HIV and AIDS services in Lesotho to the primary health care level.

This report by Médecins Sans Frontières (MSF) outlines the community-based approach to the decentralisation of HIV and AIDS services. The Wellspring of Hope

was the first programme in Lesotho to provide HIV and AIDS treatment and care through an entire health service area as a result of this initiative.

The report discusses the following:

- delivery of HIV and AIDS services, specifically testing and counselling, prevention of mother to child transmission and antiretroviral therapy
- a nurse driven approach to the provision of antiretroviral therapy at the community level
- activities aimed at health systems strengthening
- challenges associated with the implementation of this model.

This innovative approach, of a nurse-driven, community-supported model of care, has proven to be successful in delivering quality HIV and AIDS, and TB services integrated into existing primary health care structures for a population living in remote, rural areas.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=43878&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=43878&type=Document)

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### **3. Access to health care in relation to socioeconomic status in the Amazonian area of Peru**

Authors: C. Kristiansson (ed); E. Gotuzzo; H. Rodriguez

Publisher: International Journal for Equity in Health, 2009

Good health is recognised by many as being central to individual and national development. However, there is often a disconnect between the access and utilisation of health services by the poor. In countries where publicly funded programmes are limited and persons are required to utilise insurance schemes or out of pocket payments, people who lack the means to pay for services may be unable to access them.

This paper, from the International Journal for Equity in Health, examines the link between the socioeconomic status and the ability to access health services. The authors of this research paper provide empirical data on the impact of limited health services on children from two small urban communities in Peru. The study interviewed the care givers of 1,573 children about how and when they seek health care. The economic status of participants was measured based on personal assets rather than questions about personal wealth. Biological samples were also taken in order to test for illness such as diarrhoea and dysentery.

It was found that those with lower income levels did not access health and pharmaceutical services even in cases of severe illness where consultation with a health professional and medications were required. On the other hand, persons who had the means to pay for services often sought assistance and utilized treatments for

minor ailments. The findings of this study highlight the need to implement funding schemes that bridge the gap between the rich and the poor. The authors note that health schemes aimed at financing services should be implemented with caution as these can result in persons being subjected to stigma. This can result in a lack of uptake of programmes that have been designed to meet the needs of persons from lower socioeconomic groups.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=43858&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=43858&type=Document)

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#### **4. IASC guidelines on mental health and psychological support in emergency settings**

Publisher: Inter-Agency Standing Committee, 2007

Armed conflicts and natural disasters cause significant psychological and social suffering to affected populations. The psychological and social impacts of emergencies may be acute in short term, but they can also undermine the long term mental health and psychological well being of the affected population. One of the priorities in emergencies is thus to protect and improve peoples mental health and psychological well being. Achieving this priority requires coordinated action among all government and non governmental humanitarian actors.

The IASC guidelines aim at providing a multi-sectoral, interagency framework that enables effective and identifies useful practices and clarifies how different approaches to mental health and psychological support complement one another.

These guidelines provides:

- Insights of practioners from different geographical regions, disciplines, and sectors
- An emerging consensus on good practice among practitioners
- Recommend selected psychological and psychiatric interventions for specific problems.

The publication covers:

- Core principles
- Frequently asked questions
- Matrix of interventions
- Action sheets for minimum response
- Establish coordination of intersectoral mental health and psycho social support
- Monitoring and evaluation of mental health and psycho social support
- Protection and human rights standards

The guidelines do not give details for implementation but rather contain a list of key actions with brief explanations and references to further resources regarding implementation.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=43838&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=43838&type=Document)

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## **5. Mental health aspects of women's reproductive health: a global review of the literature**

Authors: S. Allanson; J. Astbury; M. Bandyopadhyay; United Nations Population Fund (UNFPA); Key Centre for Women's Health in Society, School of Population Health, University of Melbourne, Australia  
Publisher: World Health Organization, 2009

This literature review examines the link between mental health and women's reproductive health. It explores the key issues affecting women throughout the life cycle and provides an evidence base that highlights the effects of these development processes on women.

The authors note that this review focuses specifically on women due to the lack of available data on the issues pertaining to the reproductive health of men. They also argue that studies of this nature are needed because reproductive health issues have the tendency to have a greater impact on the lives of women due to changes that are physical, emotional, social and economic in nature.

While the review is not exhaustive, it includes data from high- and low-income countries and the data provided is of relevance to practitioners and academics addressing issues related to gender, human rights and sexual and reproductive health.

This multi-agency body of work addresses the following:

- Key issues such as reproductive health from an international health perspective
- Reproductive health within the context of gender and human rights
- Issues related to pregnancy child birth and the post partum period
- The psychosocial aspects of fertility regulation
- Spontaneous pregnancy loss
- Menopause
- Gynaecological conditions
- Women's health in the context of HIV and AIDS
- Infertility and assisted reproduction
- Female genital mutilation

There are disparities related to access and utilisation of health services and as a result the overall health of women based on socio-economic factors. Furthermore, while

efforts have been made to address the factors that contribute to the differences in reproductive health status and outcomes, there is a lack of emphasis particularly in developing countries on the mental health effects of reproductive health issues. Despite the available evidence that highlights the direct link between changes in mental health and reproductive ill health.

The authors conclude by reiterating the need for further study on women's reproductive health in a variety of contexts ranging from poor health to sexual based violence. It is against this back drop that they highlight the need to address reproductive health issues and their impact on the mental health of women.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=43830&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=43830&type=Document)

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## Announcements

### **1. Training: Short course in international health consultancy**

**Dates:** 24 August - 11 September 2009

**Location:** Liverpool, UK

This 3-week short course, organised by the Liverpool School of Tropical Medicine and Liverpool Associates in Tropical Health (LATH), is aimed at those embarking on their consultancy careers as well as for those consultants seeking continuing professional development opportunities.

The course aims to provide emerging national, regional and international consultants with an opportunity to enhance and improve their professional knowledge and skills in the provision and management of consultancy services within the context of international health and deliver work that is robust, evidence-based and grounded in the reality of resource-poor settings.

This course will interest health management and social development specialists working in government, non government and academic settings worldwide.

More details available online at: [www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=43921&type=Item](http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=43921&type=Item)

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### **2. Conference: 7th Global Conference on Health Promotion, 'Promoting health and development: closing the implementation gap'**

**Dates:** 26-30 October 2009

**Location:** Nairobi, Kenya

This year's Global Conference on Health Promotion, organised by the World Health

Organization and Kenya Ministry of Public Health, will be on the theme of 'Promoting health and development: closing the implementation gap'. The participants will examine the gaps and the role of health promotion in closing them.

The conference will be organised into five main tracks and an Africa Day:

- Community empowerment
- Health literacy and health behaviour
- Strengthening health systems
- Partnerships and intersectoral action
- Building capacity for health promotion
- Africa Day

More details available online at: [www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=43600&type=Item](http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=43600&type=Item)

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- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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