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HEALTH REPORTER: focus on neglected tropical diseases 9 May 2006

produced by the [IDS Health and Development Information](#) team
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This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is **neglected tropical diseases**. The bulletin also features summaries of new documents and other additions to the [Health Resource Guide](#).

All documents listed below are available free on the web. If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact r.wolfe@ids.ac.uk.

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Feature: neglected tropical diseases

While AIDS, tuberculosis and malaria have recently been the targets of global control programmes and global funding efforts, there is a danger that the emphasis on these three epidemics could divert attention and funding away from other diseases. The World Health Organization estimates that around one billion people suffer from one or more neglected tropical diseases, such as schistosomiasis, hookworm, ascariasis, leprosy, Buruli ulcer, and trachoma.

For many of these diseases, inexpensive and effective methods for control and prevention already exist. But most of those affected come from impoverished settings where they are most likely to be malnourished and least likely to know about life-saving interventions, where to find them, or to have the means to obtain them.

Meanwhile, for some neglected diseases, such as sleeping sickness, Chagas disease, and leishmaniasis, there is a lack of effective treatment options, and in several cases drugs are also becoming less effective because of parasite resistance. The lack of purchasing power of communities affected by these diseases has limited the financial incentives for drugs companies to develop new drugs.

However, there are signs that the need for new tools to tackle neglected diseases, and for more effective use of existing tools, is beginning to be recognised. The Drugs for Neglected Diseases Initiative (DNDi) was set up in 2003 to address the need for more scientific research on neglected diseases, and donors are beginning to pay attention. In addition, several developing countries now have the infrastructure to conduct their own neglected disease research and a number of public-private partnerships have emerged.

For more information see:

- [Communicable diseases](#)
- [Access to medicines and international issues](#)

- [WHO neglected diseases](#)
- [Drugs for Neglected Diseases Initiative](#)
- [WHO Bulletin: new issue on the theme of intellectual property rights and public health](#)

Recommended readings

1. [Rapid-impact interventions: how a policy of integrated control for Africa's neglected tropical diseases could benefit the poor](#)
2. [Strategic and technical meeting on intensified control of neglected tropical diseases: report of an international workshop](#)
3. [Incorporating a rapid- impact package for neglected tropical diseases with programs for HIV/AIDS, tuberculosis, and malaria](#)
4. ["Neglected" diseases but unrecognised successes: challenges and opportunities for infectious disease control](#)
5. [New drugs for neglected diseases: from pipeline to patients](#)

Rapid-impact interventions: how a policy of integrated control for Africa's neglected tropical diseases could benefit the poor

Authors: Molyneux, D.H.; Hotez, P.J.; Fenwick, A.

Produced by: Public Library of Science Medicine (PLoS Medicine) (2005)

This paper, published in PLoS Medicine, highlights recent achievements in controlling several tropical diseases, such as lymphatic filariasis, onchocerciasis, guinea worm, leprosy, and trachoma, which have generally been neglected by policy makers and donors. Although these diseases affect at least as many poor people as the "big three" - AIDS, tuberculosis, and malaria - they have received less attention and are not explicitly mentioned in the Millennium Development Goals. The paper explores ways to address these diseases, arguing that they can be cost effective and can contribute to poverty reduction. For instance, four drugs could be used for integrated control of seven of the major neglected tropical diseases, at a cost of around US\$0.40 per person per year.

The paper argues that a number of issues need to be addressed before integrated control of the neglected diseases could be practiced on a large scale in Africa. An integrated package would need to include drug use monitoring and the development of new tools for disease control, to address concerns that diseases could become resistant to drug treatment. The paper concludes by advocating effective and cheap "rapid-impact interventions" to enable more equitable treatment of poor people, and reduce stigma, disability, morbidity and mortality. Although not "rapid" as such, the time scale for an impact is relatively quick compared with malaria, TB or HIV.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC20048>

Strategic and technical meeting on intensified control of neglected tropical diseases: report of an international workshop

Authors: Daumerie, D.; Kindhauser, M.K.

Published by: WHO (2006)

This document, produced by the World Health Organization, reports on a meeting held in 2005 by WHO and the German development agency GTZ on the control of neglected tropical diseases. Participants at the workshop agreed that the situation concerning these diseases is changing: they are receiving more attention, and neglected disease control is recognised as a pro-poor initiative with huge benefits. As well as reducing illness and disability, such programmes can lead to better nutritional status, better educational outcomes, improved growth and cognitive development, reduced maternal mortality, and increased worker productivity.

For many neglected diseases, the document argues that good control tools are already available and can be implemented even in areas with weak health systems. For other diseases, better use of existing tools and urgent work to move new tools from the

research stage to implementation are needed. Other recommendations emerging from the workshop include: ensuring the sustainability of rapid impact interventions; encouraging coordination among international partnerships; using existing tools for controlling disease vectors (such as mosquitoes) more effectively; promoting access to drugs and insecticide-treated nets at no cost; and raising awareness of the neglected diseases amongst national health ministries, research institutes, and donors.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21715>

Incorporating a rapid-impact package for neglected tropical diseases with programs for HIV/AIDS, tuberculosis, and malaria

Authors: Hotez, P.J.; Molyneux, D.H.; Fenwick, A.; Sachs, J.D.; et al
Published by: PLoS Medicine (2006)

This article, published in PLoS Medicine, examines the importance of neglected tropical diseases and looks at ways of including them in health policy. It argues that the neglected diseases may threaten the health of the poor as much as AIDS, tuberculosis, or malaria, and may have effective treatment and prevention strategies that can be delivered for less than US\$1 per capita per year. Taken together, the neglected tropical diseases cause 534,000 deaths annually and are a major cause of disability. They also tend to increase poverty through their effects on childhood growth, intellectual development, education, and worker productivity; and often worsen the impact of the "big three" diseases (AIDS, tuberculosis and malaria).

The authors argue that policy must be driven by the reality of the biological and epidemiological interactions between the big three and the neglected tropical diseases. Deworming, lymphatic filariasis and onchocerciasis elimination efforts, and other neglected tropical diseases control initiatives, are effective, inexpensive, and can help reduce the morbidity and mortality of the big three. The article calls for coordination of global health partnerships and their associated research communities, and suggest that scaling up of neglected disease control could readily be added to ongoing initiatives such as the Global Fund to fight AIDS, Tuberculosis and Malaria.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21717>

"Neglected" diseases but unrecognised successes: challenges and opportunities for infectious disease control

Authors: Molyneux, D.H.
Produced by: The Lancet (2004)

This article, published in the Lancet, argues that the focus of health policymakers and politicians on HIV/AIDS, tuberculosis and malaria, together with emerging and re-emerging diseases, causes funding for other diseases to be neglected. Many of the world's poorest suffer or are at risk from these "neglected" diseases, despite the availability of cost-effective, stable and successful control or elimination interventions.

These "neglected" diseases are the viral, bacterial and parasitic infections of the tropics, together with acute respiratory infections and diarrhoeal diseases of children. The article examines their successful elimination in some parts of the world. It discusses the relevance of factors such as the biological stability of a disease, and the likelihood of drug and insecticide resistance developing, to the success in controlling the disease, and highlights the problems presented by malaria. It covers the benefits of disease-specific interventions but also the advantages of a more integrated approach. It concludes that a small investment in proven, cost-effective interventions against neglected diseases, preferably from the Global Fund to fight AIDS, Tuberculosis and Malaria, will bring wide-reaching benefits.

The article's findings include the following:

- The most significant characteristic of the neglected diseases is their relative biological stability, making them much easier to control than HIV and AIDS, tuberculosis and malaria.
- Controlling neglected diseases is cost-effective: the estimated annual rates of return on investment in control of disabling diseases are about 14 to 30 per cent (for example, \$1 invested in control of Chagas disease in Brazil produces a return of \$7.16).
- Factors in successful control programmes for neglected diseases include: national government and donor commitment; realistic time frames; use of targeted effective interventions; establishment of long-term stable financing; drug or

commodity donation programmes; monitoring and evaluation systems; and absence of drug or insecticide resistance in target organisms.

- Interventions using donated drugs or products have been sustained in conflict and post-conflict environments: for example, ceasefires in Sudan and Afghanistan were organised around the guinea worm eradication campaign and polio immunisation respectively.

The author draws the following conclusions:

- To ensure the efficient use of the substantial resources required to reduce morbidity and mortality associated with HIV/AIDS, tuberculosis and malaria, a small investment in proven, cost-effective interventions against neglected diseases - preferably from the Global Fund resources - will bring sustainable public health benefits, integrate well with and strengthen the health system, reduce disabling conditions, and bring collateral benefits to the health of the poorest nations.
- Policymakers need to articulate more actively the opportunities which exist for a more integrated approach, such as, for example, insecticide-treated bednets to control transmission of malaria and other diseases simultaneously.
- Policymakers are ignoring evidence that interventions against neglected diseases are effective. Current policies could perpetuate inequity, disrupt health financing policies, divert human resources from achievable goals and deny opportunities for impoverished health systems to improve.
- Further, resources are being transferred to interventions against the big three diseases that realistically have only a limited chance of success as they are reactive and do not adequately control transmission.

Please note: To access this paper, you will first be asked to register with The Lancet. This process and access to the paper is free of charge.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC17771>

New drugs for neglected diseases: from pipeline to patients

Authors: Pécoul, B.

Published by: PLoS Medicine (2004)

This article, published in PLoS Medicine, examines the Drugs for Neglected Diseases Initiative (DNDi), an organisation set up to promote drugs development for neglected diseases such as sleeping sickness, Chagas disease, and visceral leishmaniasis. The article explains that most of the drugs used to treat neglected diseases were developed in colonial times, and they are often expensive, difficult to administer, and hard to tolerate. Several are also becoming ineffective because of parasite resistance. It argues that because populations affected by neglected diseases have no purchasing power, there is no financial incentive for drug companies to develop new drugs.

Whilst international partnerships such as the Medicines for Malaria Venture have helped to persuade industry to develop new drugs for global diseases, the article suggests that a different solution was needed for diseases that are limited to tropical countries, are of no military or strategic interest to developed countries, and are not supported by markets or patients' organisations capable of attracting the attention of politicians. It explains how the DNDi has attempted to provide this solution, by matching patient needs with research and development opportunities; pooling the resources of research organisations around the world; and raising awareness amongst key decision makers in both developed and developing countries.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21718>

Summaries of other documents in the Health Resource Guide

1. [Maternal mortality at the end of a decade: signs of progress?](#)
2. [The right to count](#)
3. [Social franchising as a strategy for expanding access to reproductive health services](#)
4. [Maternal social capital and child health in Vietnam](#)

Maternal mortality at the end of a decade: signs of progress?

Authors: AbouZahr, C.; Wardlaw, T.

Produced by: Bulletin of the World Health Organization (WHO): the International Journal of Public Health (2001)

This article, published in the Bulletin of the World Health Organization, examines recent trends in two indicators of maternal mortality: the percentage of births attended by a skilled health care worker, and rates of caesarean delivery. It reveals that globally, modest improvements in coverage of skilled care occurred, with an average increase of 1.7 per cent per year during 1989-99. Progress was greatest in Asia, the Middle East, and north Africa, with annual increases of over 2 per cent. But in sub-Saharan Africa, coverage stagnated. Countries where the rates of caesarean deliveries were lowest - and where the needs were greatest - showed the least change.

The article concludes that there may be grounds for optimism regarding trends in maternal mortality in parts of north Africa, Latin America, Asia, and the Middle East. But the situation in sub-Saharan Africa remains disquieting, especially for areas with high prevalence of HIV and AIDS, where the need for skilled care during labour and childbirth is critical. It notes that this data represents a snapshot of a complex reality, and argues that much more detailed information is needed, both with regard to how indicators are measured, and precisely what they mean in different settings.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21634>

The right to count

Authors: Graham, W.; Hussein, J.

Produced by: The Lancet (2004)

This case report, published in the Lancet, examines the issue of under-reporting of maternal deaths in developing countries, and considers the implications for the UN Millennium Goal target of reduction maternal mortality by three-quarters by 2015. It reports that, even in several developed countries, under-reporting of maternal deaths ranges from 17 per cent to 63 per cent. But in the world's poorest countries, vital registration and health services data are totally lacking or highly unrepresentative of particular subgroups, especially the poorest. Barriers to setting up and maintaining national health information systems have included financial constraints, skills shortages, and politics.

The authors conclude by drawing attention to the perversity of promoting maternal mortality reduction as a goal without addressing the weaknesses of information systems to monitor progress. They argue that to deny women and their families the right for their health burden to be counted is to ignore the burden itself. It thus presents fundamental challenges to the poverty reduction strategies of developing countries.

The full text of this article is only available to subscribers. Users in developing countries can access it via [Hinari](#).

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21642>

Social franchising as a strategy for expanding access to reproductive health services

Authors: Ahmed, R.; McBride, J.

Produced by: The Commercial Market Strategies (CMS) project (2001)

This report from the Commercial Market Strategies (CMS) project examines the use of social franchising as a mechanism for

increasing access to affordable family planning services in developing countries. The report provides a case study of the Green Star Network in Pakistan which illustrates the successful application of this approach.

The case study outlines the planning, design and implementation of the Pakistan project. This began in 1996 and was a joint initiative of Population Services International (PSI), Social Marketing Pakistan (SMP) and the Pakistan government. Green Star is a network of family planning franchises. These are privately owned and managed clinics and pharmacies in low-income urban areas that offer reliable family planning services and contraceptive products under the Green Star logo. The project has been very successful and the report outlines the conditions which made this success possible. These include a high level of unmet need for family planning services, a population willing to pay for such services and an untapped capacity among private medical practitioners. The report also outlines the necessary elements of a social franchising approach, such as developing a business model and providing training, and outlines some of the lessons that can be learned from the Green Star project.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC18063>

Maternal social capital and child health in Vietnam

Authors: Tuan, T.; Harpham, T.; De Silva, M.J.; Huong, N.T.; Tod, B.; Lan, P.T.; Thach, T.D.; Abeyasekera, S.

Produced by: Save the Children Fund (SCF) (2005)

This paper is part of a series of working papers published by the Young Lives project, a longitudinal study of childhood poverty in Ethiopia, India, Peru, and Vietnam. This project, based in Vietnam explores the relationship between maternal social capital and child well-being. The research uses a sample of 1,953 mothers of one-year-olds and 954 mothers of eight-year-olds across five provinces.

The study makes several findings regarding social capital and child well-being, including the following:

- low levels of structural social capital (e.g. associational life) and citizenship and high levels of cognitive social capital (e.g. trust) and support among the women studied
- poorer women have lower levels of structural social capital than their better-off counterparts
- child health most often correlated with maternal social support and high cognitive social capital
- correlations between maternal social capital and child health are stronger among one-year-old children than among eight-year-olds. The only exceptions are in the areas of child mental health and risk of life-threatening illness
- after controlling for other variables, strong correlations were seen between the mental health of eight-year-olds and the four indicators of social capital
- there appears to be evidence suggesting that membership of formal organisations in Vietnam may be detrimental to the health of eight-year-olds. This evidence however did not appear to be true with the one-year-olds. Active participation in formal groups is significantly associated with an increase in stunting among eight-year-olds
- social support and cognitive social capital are the main components associated with child health
- there are positive correlations between high levels of maternal social support and having an educated partner, living in an urban area, and better maternal mental health
- there is a positive correlation between living in a rural area, having a non-agriculture related and better maternal mental health
- there is a need to emphasise the maintenance of high levels of cognitive social capital and raising the current low level of maternal structural social capital in Vietnam.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21564>

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- Health Resource Guide - www.eldis.org/health
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- HIV and AIDS Resource Guide - www.eldis.org/hivaids

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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