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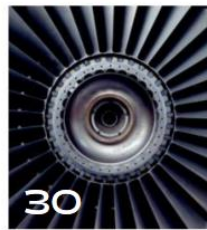
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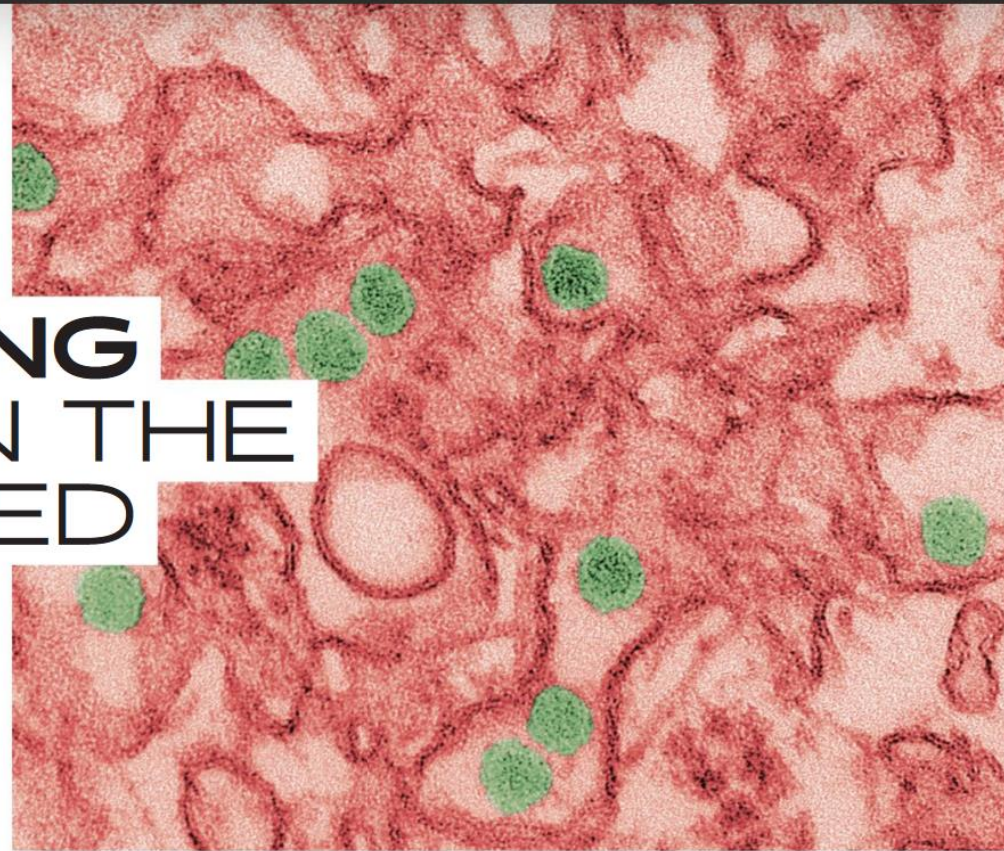
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NTDS: MAINTAINING FOCUS ON THE NEGLECTED POOR



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The expression “Neglected Tropical Diseases” (NTDs) emerged within the period 2003 – 2005, being used by the World Health Organization (WHO) and also in peer-reviewed articles 1,2. However, NTDs are neither diseases that share a common biomedical etiology (bacterial or genetic diseases), nor diseases with a common phenotypic manifestation (such as febrile or diarrhoeal illnesses) or affecting a particular part of the body (such as skin or eye diseases). What brings diseases under the banner of “neglect” is the predominant feature of poverty. Whether “neglected tropical diseases” is a phrase, a clause or even a sentence, there is a subject within, which is not immediately apparent – people; neglected individuals, families and societies. In effect it is primarily the people who share the common feature of poverty, who are neglected by their governments, the private sector, and the world. Then by extension, the diseases which these poor suffer from are also being neglected. Focus on the neglected poor is therefore important because there are a number of other diseases which might be neglected for reasons other than poverty, including low morbidity and mortality.



The sub-optimal visibility of the core of poverty in the expression “NTDs”, has preferred the expression “Infectious diseases of poverty” (IDoPs) to some stakeholders 3. However, IDoPs have been described as including the “unholy trinity” (HIV/AIDS, Tuberculosis (TB), and Malaria) and NTDs, even though arguably the former are not as strongly linked to poverty as the NTDs. “Blue marble health” has also been described as a paradoxical NTD burden among the poor living in G20 countries 4, further cementing poverty as being central to the problem, even in middle-income countries. Also, with the African Leaders Malaria Alliance (ALMA) annual progress scorecard for accountability and action on diseases (HIV/AIDS and TB included) recently seeing the addition of NTDs 5, IDoPs might be a more appropriate expression which shines the spotlight on poverty as being the key feature of these diseases. Nonetheless, with the inclusion

of NTDs within the health targets of the Sustainable Development Goals (SDGs) 6; the visibility afforded NTDs in the G7 agenda in Germany in 2015 and in Japan in 2016; and the London Declaration on NTDs and launch of the WHO Roadmap in 2012 7,8, the war-machinery is well-positioned to achieve success in significantly reducing the burden of these poverty-linked diseases, and terminology might hardly be relevant. Having African scientists, policy makers and other actors directly involved in agenda setting and key activities in efforts to control and eliminate NTDs is critical to developing a sense of ownership and responsibility, which allows the focus to remain on those individuals, families and societies who suffer extreme poverty and neglect. Even where African governments have achieved successes, such as Ghana eliminating trachoma in July 2018 9, in-country recognition and visibility of

these significant achievements among the general population has remained low. Recognizing the importance of support from African Governments towards NTD research to support control and elimination, the African Research Network for Neglected Tropical Diseases (ARNTD) remains eager to partner with the African Union via NEPAD to use grassroots efforts and structures to promote the consciousness and visibility of NTDs among the general population. This approach is aimed at allowing NTDs to be seen by the general population as a valid measure of government’s efforts at reducing poverty and improving socio-economic well-being. The ARNTD is also eager to partner stakeholders to develop innovative strategies to woo African philanthropists to contribute directly and openly to the fight against NTDs. The Network also strongly encourages increased cooperation among G7 countries and African governments with

greater emphasis on capacity building for African scientists, policy makers and NTD advocates, particularly women in science. Even among the limited number of African scientists contributing to NTDs, women are in the very low minority, even though among the poor, women suffer disproportionately from the impact of NTDs 10.

The WHO’s list of 20 NTDs, the London Declaration’s emphasis on NTDs which lend themselves to preventive chemotherapy via mass drug administration, and the ALMA scorecard’s inclusion of measures of progress in the fight against malaria, HIV/AIDS, TB and NTDs, all reflect the healthy tension between focusing on the low-hanging fruit and leaving no disease (and invariably person) behind. Notwithstanding differences in the constellation of poverty-linked diseases, the focus needs to be maintained on those who are being neglected – the poor. ■

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