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Neglected tropical diseases: how the G8 can help to combat them

Programmes designed to control these diseases, some of which can kill, are among the most cost effective in public health – and need more aid funding



A child with an eye infection at a UN medical camp in Darfur, Sudan. Photograph: Albert Gonzalez Farran/AFP

As [G8](#) leaders meet in Deauville, we wait to hear what pledges will be reaffirmed, what action will be agreed, and what issues will be avoided.

Neglected tropical diseases (NTDs), a group of 13 parasitic and bacterial infections, affect more than 1.4 billion of the world's poorest people. These diseases, some of which can kill or cause severe physical impairment, have made it on to the G8 agenda in the past.

For three years running, the G8 member states have made pledges to address NTDs. Even better, some have made positive steps. The UK and US governments, in particular, have strongly supported NTD control. In 2008, the UK government committed £50m towards tackling NTDs and as part of President Obama's global health initiative; \$155m has been requested from the US congressional budget for the control and elimination of seven of the NTDs from 2011 to 2015, building on previous commitments.

But, what about the G8 countries yet to act on their commitments?

NTDs produce a burden of disease that may be equivalent to half of sub-Saharan Africa's malaria burden and more than double that caused by tuberculosis. Yet despite the overwhelming need, NTDs represented just 0.6% of total international development assistance for health until 2010.

More frustrating is that for years Sightsavers and many NGOs like us have been showing how effectively these devastating diseases can be treated and controlled. Programmes designed to control NTDs are among the most cost effective in public health, not least because there is a wealth of pharmaceutical companies, among them Merck, Pfizer, Johnson & Johnson and GlaxoSmithKline, willing to donate the drugs to treat them. And trained community members willing to volunteer their time to distribute the drugs to those at risk.

I've seen firsthand how effective these programmes can be. Take for instance a groundbreaking pilot programme recently completed in Zamfara state, Nigeria. Groundbreaking for Sightsavers – as it's the first time it has invested in treating five NTDs together. Groundbreaking for Zamfara – because it's the first time state-wide NTD prevalence mapping has taken place in Nigeria.

This meant that we were not only able to prevent onchocerciasis (river blindness) and trachoma, but also control three other NTDs identified as highly prevalent in Zamfara. The three additional NTDs – schistosomiasis (schisto) also known as bilharzia, soil transmitted helminths (STH), and lymphatic filariasis (LF) – can have devastating impacts on people's lives. Schisto can cause serious damage to internal organs and in children it can impair growth and cognitive development; STH can cause death through anaemia and vitamin A deficiency; and LF, commonly known as elephantiasis, causes severe disfigurement.

Building on our experience in Nigeria, we're developing pilot programmes to combine NTD work with malaria prevention. This is a big step forward in better integrating NTD control within the health system. We hope there may be possibilities of better future integration with the other G8 priority diseases, TB and HIV/Aids.

So why aren't world leaders making this a priority when strategies for controlling many of the NTDs are already proving to be cheap, deliverable, tested and have a strong record of success?

To alleviate poverty for over 1 billion of the world's people and to achieve progress on the health millennium development goals, G8 investment is critical. It is estimated that \$2bn-\$3bn is needed over the next five to seven years to address seven of the NTDs alone.

We're calling on the G8 countries to direct an increased proportion of international development assistance for health towards NTD control, specifically ensuring funding is allocated to the areas of research, prevention and treatment. Only then can we truly control these diseases of poverty that are devastating lives and communities. Or better still, we could eliminate them.

• Simon Bush is the director of African alliances and advocacy at [Sightsavers](#), an international NGO. He has lived in Ghana since 1999, having spent most of his working life in Africa.