EXECUTIVE SUMMARY

2014
The past two years represent a fraction of the time that humankind has been afflicted by neglected tropical diseases (NTDs), a group of parasitic and bacterial infections that can disable or debilitate, with one in six people worldwide, including half a billion children, at risk. Yet progress has accelerated since the 2012 London Declaration, which brought together a diverse set of partners with new commitments to overcome these diseases. Today, we are progressing on a course to consign many NTDs to history.

The goal of eliminating and controlling NTDs on a global scale is now embraced not only by the generally impoverished communities that bear the burden of these diseases, but by national leaders, policy experts, and donors. They join those who have been fighting NTDs for years: affected communities, frontline health workers, non-governmental organizations, academic researchers, pharmaceutical companies, and the staffs of national health ministries and the World Health Organization (WHO). Reducing the burden of NTDs is now recognized as a critical component to achieving a range of global development imperatives, including the Millennium Development Goals and the new Sustainable Development Goals, and is a challenge that must be met to provide all people with an opportunity to lead healthy, productive lives. In addition, treating NTDs is cost-effective. In 2013, the report of the Lancet Commission on Investing in Health identified the control of Preventative Chemotherapy (PCT)-NTDs as representing “very good value for money” because of the scale of benefit, the low cost of delivery, and the fact that these medicines are now donated by manufacturers.
Uniting to Combat Neglected Tropical Diseases: Delivering on Promises and Driving Progress offers a candid assessment of the progress that has been made in combating NTDs since the London Declaration, as well as the challenges that remain. Marshaling the financial resources, political will, donated drugs, and logistical coordination required to achieve the scale necessary to control and eliminate these diseases remains a tough task, but it can be done.

In the past two years, we have seen progress in multiple areas:

Endemic-country ownership is growing. An increasing number of endemic countries are starting to make long-term commitments of resources and personnel to support mass drug administration (MDA), strengthen health systems to provide screening and treatment, and improve coordination with other sectors like water and sanitation. More than 70 countries have developed national NTD master plans, including high-burden countries such as Nigeria and Ethiopia. Endemic countries have also pledged to hold themselves accountable for progress on NTDs through resolutions adopted by the World Health Assembly, the African Union, and WHO’s African, Western Pacific, and Americas regional divisions.

Drug demand is rising. The pharmaceutical industry has lived up to its extraordinary commitment under the London Declaration to donate almost all the required drugs needed. Nearly 1.35 billion treatments were donated in 2013, an increase of more than 35 percent since 2011 that reflects rising country demand. Of particular note were the doubling by Merck KGaA, Darmstadt, Germany of the donation of praziquantel which treats schistosomiasis;
2009–2013
Total Donated Treatments by Disease

- Lymphatic Filariasis
- Onchocerciasis
- Schistosomiasis
- Leprosy*
- Visceral Leishmaniasis*
- LF & onchocerciasis
- Trachoma
- Soil Transmitted Helminths
- Chagas disease*
- Human African trypanosomiasis*

* Donations not visible due to scale
a greater than 50 million increase in treatments shipped for both lymphatic filariasis (LF) and onchocerciasis (by Merck & Co., Inc., Whitehouse Station, NJ USA, GlaxoSmithKline (GSK), and Eisai); and a 38 million increase in treatments for soil-transmitted helminths (STH) (by Johnson & Johnson (J&J) and GSK).

**Funding for NTDs has increased.**

Despite a tough global economy, major donors such as the United States Agency for International Development (USAID), the United Kingdom’s Department for International Development (DFID), the World Bank, and the Bill & Melinda Gates Foundation (Gates Foundation) are providing more resources beyond the initial commitments they announced in 2012 to help strengthen and expand NTD programs. Over the past year, several significant new donors also joined the effort:

- The Queen Elizabeth Diamond Jubilee Trust has committed well over US$60 million toward the elimination of blinding trachoma in Commonwealth countries.

- The Conrad N. Hilton Foundation, a dedicated donor to the elimination of trachoma, has invested an additional US$12 million.

- Lions Clubs International Foundation (LCIF), along with WHO, committed US$4 million to trachoma elimination efforts in China, with the goal of certifying the country trachoma-free by the end of 2016. In conjunction with the Carter Center and Sightsavers, LCIF also committed US$1 million to support Cameroon’s work to end onchocerciasis transmission where possible.
Launched after the London Declaration, the END Fund has mobilized over US$30 million from individual, foundation, and corporate donors new to the NTD cause to support NTD treatment to over 40 million beneficiaries, fund mapping initiatives, and fill critical programming gaps to scale up integrated treatment efforts.

Governments and philanthropists in endemic countries are also making increased investments in regional and national NTD programs, notably the governments of Brazil, China, India, and Nigeria, and such philanthropic organizations as Mundo Sano in Argentina and MITOSATH in Nigeria.

World Bank mechanisms are helping endemic countries allocate more International Development Association (IDA) health funds to regional and national NTD programs. This new funding stream has made US$120 million available to NTD programs in sub-Saharan Africa.

Several additional donors are making new commitments in April 2014 to coincide with the launch of this report and demonstrate further momentum. To leverage drug donations from both GSK and J&J for STH, the Children’s Investment Fund Foundation (CIFF), the Gates Foundation, Dubai Cares, Vitamin Angels, WaterAid, Mundo Sano, the World Bank, the World Food Programme, and the Global Partnership for Education (GPE) are committing more than US$120 million and their staff to support programs, partnerships, and research to address intestinal worms. Funding from Dubai Cares and GPE will support school-based health programs to reduce STH while WaterAid will support water, sanitation, and hygiene (WASH) programs linked to STH prevention for a full multi-sectoral approach.
NTD control and elimination programs are ramping up. Strong partnerships between governments, NGOs, and the private sector are starting to achieve important milestones, including:

- Colombia became the first country in the world to verify the elimination of onchocerciasis.
- Nigeria, Niger, and Côte d’Ivoire were certified as Guinea worm-free.
- Morocco was declared free of blinding trachoma.
- A massive acceleration of the mapping of trachoma across the world using mobile technology, funded by the UK government, cut the number of unmapped endemic districts by half.
- The 47 nations of sub-Saharan Africa endorsed a regional NTD plan which includes a move toward eliminating onchocerciasis.
- The African Programme for Onchocerciasis Control will integrate the treatment of lymphatic filariasis and onchocerciasis into its operations to help achieve the elimination of both diseases.
- Twenty-three countries treated 75 percent of school-age children at risk for STH.

Important advances in research and development are delivering new tools.

New rapid diagnostic point of care tests for human African trypanosomiasis (HAT) will help dramatically improve screening, and new, low-cost vector control tools will help to interrupt HAT transmission by tse tse flies.
Clinical trials are now underway for a new oral HAT drug that could be used in all stages of the disease, removing the need for painful lumbar punctures and intravenous treatment requiring specialized facilities.

- A new LF Test Strip produced by Alere has increased stability and no longer requires a cold chain. A group of partners, including Eisai, GSK, Merck & Co., Inc., and the Gates Foundation, will support the rollout of the test and is working with WHO to improve timely accessibility to endemic areas.

- Progress toward developing a new pediatric formulation of praziquantel, supported by Merck KGaA, can improve the safe and effective treatment of children for schistosomiasis, enhancing disease control and opening a potential pathway to elimination.

These positive gains are cause for optimism, but challenges remain. While pharmaceutical companies are meeting 100 percent of endemic-country requests for drugs, treatments are still not reaching everyone who needs them. We are making measurable progress toward the ambitious 2020 goals laid out in WHO’s NTD roadmap; however, we are not yet on target to achieve those goals. Funding shortfalls and constrained human capacity in many endemic countries continue to limit the scale-up of drug delivery. While 700 million people received MDA for one or more NTDs in 2012, only 36 percent of people in need of MDA worldwide received all the drugs they needed. WHO estimates that at least 1.4 billion people need MDA NTD treatment for one or more NTD—so there is still a long way to go.
The key challenges that global partners must address to meet the 2020 goals include:

- **Mobilizing more financial resources to support program implementation.** Assuming that current committed donors such as the US and UK governments will continue to support NTD programs, more resources are still required to make up the shortfall, achieve program targets, and reach endemic populations. To achieve the global targets, an additional estimated US$200 million annually will be needed through 2020. These resources will need to be contributed by public and private sector donors and through increased domestic resources provided by endemic countries.

- **Doing more to leverage the value of donated drugs.** Due to the significant commitment of companies and the value of the drugs committed, every new dollar invested toward program implementation can release up to US$10 in donated drug programs.

- **Enhancing the impact of existing resources.** The NTD community has identified innovative strategies to integrate treatment, control, and elimination efforts, creating opportunities to do much more with existing resources. Through closer collaboration among donor agencies, country national programs, and supportive implementers, the efficiency, effectiveness, and human impact of NTD programs can be improved.

- **Providing technical support to endemic countries to build their capacity and increase impact of their NTD control and elimination efforts.** Stronger national programs can deliver on national master plans and maximize donor
and domestic resources. Limited technical knowledge in NTD programs and human resource capacity remain challenges, and logistical problems continue to delay the timely delivery of drugs where and when they are needed. New partnerships to meet these challenges, including a supply chain forum initiated by GSK, are essential to help countries overcome barriers to achieve scale up.

- **Increasing collaboration across sectors to scale up programs.** Multi-sector collaboration must be given priority. The NTD community needs to work with partners in: the WASH community to reduce transmission; the education community to strengthen healthy behaviors and school-based delivery in communities; and the nutrition and food security communities to mitigate the impacts of these infections in poor communities.

- **Investing in product development and operational research, which must remain priorities.** Leaders in research and development must continue to build on progress and develop new tools to address critical gaps. The Drugs for Neglected Diseases initiative, PATH, and the Foundation for Innovative New Diagnostics have all played important roles in the development of drugs and diagnostics for NTDs. For operational research, the launch of the new Coalition on Operational Research (COR-NTD) is a pivotal step forward. In 2014, COR-NTD will bring leaders from the research community together and will launch an operational research inventory to track operational research progress and identify opportunities. Better links between researchers (both product development and operational) and programs are needed and will only strengthen the value of these contributions to strategies and new tool development to achieve program goals.
**Annual Scorecard**

The Uniting to Combat NTDs Scorecard is a tool to focus global attention on progress toward WHO 2020 targets for the 10 NTDs included in the London Declaration. It includes three principal areas: Coverage & Impact Milestones, Drug Requests Fulfilled, and Program Support Milestones.

The scorecard, available at www.unitingtocombatntds.org, shows that indicators are generally on track, with more than half of the indicators scored green. Global pharmaceutical partners are leading the way, providing enough drugs to meet current demand.

The scorecard highlights areas where additional progress is needed in both STH and schistosomiasis, which each report low coverage and limitations to scale up. Newly announced investments will help address this for STH, and with effective program integration the commitments could also benefit schistosomiasis. Progress in schistosomiasis was scored red (i.e., not on target for the 2020 goals), as drug supply remains constrained and annual program support milestones have yet to be established. LF is also an area for increased focus; indicators are currently yellow and will go to red if the significant scale-up needed in 2014–2015 is not accomplished.

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**In short: Much has been achieved, but more work lies ahead.**

The control and elimination of NTDs is recognized as one of the best investments that we can make in future development. If the WHO targets are achieved, an initial estimate indicates that 588 million disability-adjusted life years could be averted through 2030 (excluding Guinea worm). The potential impact on individual lives, the health of communities, and the productivity of nations is substantial. We have a roadmap, we have the power of partnership, and we know where we are going. United, we can make a difference.