The UK support for the control of Neglected Tropical Diseases

Professor Alan Fenwick OBE
Providing funding

- The UK Government
- The Wellcome Trust
- The Medical Research Council
- GSK
- Private donations
Regular support for NTDs since 2000
- £0.5 million per annum for LF (through what was LF support centre at Liverpool)
- £8.5 million for Onchocerciasis (APOC) (1997-2009)
Latest commitment announced
September 2008 – an additional
£50 million over 5 years 2009-2014
- £10 million for LF (through CNTD Liverpool)
- £10 million for Guinea Worm (WHO and Carter Center)
- £5 million for Onchocerciasis (APOC)
- £25 for schistosomiasis and intestinal helminths (SCI and Crown Agents)
The Wellcome Trust

- Research only - no control

Medical Research Council (MRC)

- Funding for Global Health
A long term commitment to control of Lymphatic Filariasis by providing billions of albendazole through WHO and support to the LF Support Centre and the Global Alliance for Elimination of LF
Childrens Investment Foundation Fund
- Investigating how best to provide better health for school aged children in Africa

Comic Relief
- Looking to expand their remit from malaria to include NTDs

The British Public
- Always make small donations to NGOs
- We need to sell the 50 pence per person per year campaign
Implementers

Imperial College
- Schistosomiasis Control Initiative (SCI)
- Programme for Child Development (PCD)

Liverpool
- Centre for Neglected Tropical Diseases
- Liverpool School of Tropical Medicine

NGOs
- Sightsavers,
- CBM
Other players

- This wormy world (LSHTM)
- Developing World Health – like DNDi
devolving new drugs for NTDs
- Aberdeen University
- Edinburgh University - trypanosomiasis
The SCI and CNTD supported treatment programmes are SUPPORTING COUNTRIES TO implement at scale both MDA and targeted chemotherapy against schisto, STHs and LF in several countries.

Associated surveillance and monitoring provides proof of efficacy to encourage further implementation of these and future control programmes.
Fantastic progress to date against LF but still some way to go

500 million albendazole treatments to 43 countries
80 million in sub Saharan Africa
SCI coverage 2003 - 2009

With support from the Gates Foundation
USAID/NTD and Geneva Global
CNTD and SCI coverage by 2011

With support from the Gates Foundation
USAID/NTD, Geneva Global and DFID, UK

And Yemen
With World Bank funds

Burkina Faso
Mali
Niger
Cote D'Ivoire and Liberia
Burundi and Rwanda
Tanzania
Zambia
Malawi and Mozambique

Uganda
USAID, DFID, Gates coverage by 2010

More and more players
WHO, World Bank, WFP, UNICEF
ITI, GAELF, APOC
SCI, CNTD, PCD, DtW, CWW
GNNTDC, Geneva Global
HKI, World Vision, StC
Pharma companies

Still more LF and Oncho coverage needed
Schisto coverage is still low
Deworming is moving along
The new UK focus: Integrated Control of NTDs


Targetting Schistosomiasis, Intestinal Helminths, Lymphatic filariasis, Onchocerciasis, and Trachoma, and bringing in Malaria and Nutrition supplementation.

Helping countries deliver donated Ivermectin, Albendazole, Praziquantel, and Zithromax – purchasing additional drugs to fill gaps.
What is involved (1)

to upscale to national coverage we aim to
- Mobilise political will
- Define NTD distribution – mapping and base line data
- Develop evidence based national plan and strategies at district levels
- Define drug needs – apply for donations or order drugs
- Develop customised advocacy tools
What is involved (2)

- Identify community drug distribution volunteers/teachers
- Conduct training at all levels
- Prepare transport and logistics
- Deliver the drugs
- Treatment - monitor for side effects
- Monitoring and evaluation
Collaboration

- The future will be about collaboration:

- DFID and USAID
- World Bank, WFP, UNICEF, APOC and WHO
- Private donors and implementers
- NGO’s and Governments
Social Anthropology

Social anthropologists have used focus questionnaires and interviews to determine KAP before and after our training programmes. They follow acceptability of treatments in the population, their fear of side effects.

They measure compliance at school and community levels - they listen to the rumours that surround MDA and advise how to improve compliance.
Costs and effectiveness

The cost of the interventions is measured in each district in each country using a standard protocol. Data is currently being collected in Uganda, Burkina Faso and Niger.

Cost and cost-effectiveness of nationwide school-based helminth control in Uganda: intra-country variation and effects of scaling-up

Simon Brooker, Narcis B Kabatereine, Fiona Fleming and Nancy Devlin

Health Policy and Planning 2008;23:24-35
The gaps

All round expansion especially implementation in DRC, Ethiopia, Nigeria

Wider coverage with donated Ivermectin, Albendazole Mebendazole, Praziquantel, and Zithromax

More praziquantel is needed (WHO ?)

A new policy about treating pre school aged children (WHO Specialist committee)

More albendazole (mebendazole) for deworming
The (non-MDA) gaps

Improved case management - more treatment of symptoms (hydrocele surgery, trachoma surgery)

Improved water and sanitation and socio-economic improvement
Ministries of Health and Education with SCI support

Cumulative Schistosomiasis Treatments delivered = over 40 million - cannot compare to LF success

<table>
<thead>
<tr>
<th>SCI Treatment Years</th>
<th>Number of Treatments (millions)</th>
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<tbody>
<tr>
<td>2002/3</td>
<td>0.1</td>
</tr>
<tr>
<td>2003/4</td>
<td>3 m</td>
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<tr>
<td>2004/5</td>
<td>12 m</td>
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<tr>
<td>2005/6</td>
<td>26 m</td>
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<tr>
<td>2006/7</td>
<td>43 m</td>
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</table>
Ministries of Health and Education

Integrated treatments delivered 2007-2010

SCI supported countries
E.g. Prevalence predictions for *S. haematobium* in northwest Tanzania: 95% Bayesian credible interval limits.

Raw prevalence data - *S. haematobium* in school children
Predicted prevalence of high intensity infection in 10-14 yr old boys helps to focus treatment priorities

Predicted prevalence

- Blue: <=0.05
- Light Blue: >0.05 - 0.1
- Light Green: >0.1 - 0.2
- Orange: >0.2 - 0.5
- Red: >0.5

[Map showing predicted prevalence distribution]
IT WORKS
Uganda (Baseline, Year 1, Year 2, Year 3 in 3 districts completed so far) Arithmetic mean intensity of infection for 391 children successfully followed up

![Graph showing the decrease in arithmetic mean intensity of infection over time for S. mansoni and Hookworm.]
Burkina Faso
Intensity of Infection

Overall *S. haematobium* arithmetic mean intensity
for n=542 children during 4 years of study
The (expanded) Partnership against NTDs

Sabin Vaccine Institute - George Washington University
Task Force for Child Development
Liverpool School of Tropical Medicine - CNTD
Schistosomiasis Control Initiative - SCI
International Trachoma Initiative - ITI
Deworm the World - Children without worms
Earth Institute - Columbia University
APOC, CBM, Sight savers, Save the Children, and HKI
WHO, UNICEF, and World Bank
DFID and USAID
Acknowledgements

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We assist Ministries of Health and Education.

Local ownership -

they distribute the drugs and their people benefit.