

Ending the neglect to attain the Sustainable Development Goals:

A road map for neglected tropical diseases 2021–2030

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Neglected tropical diseases (NTDs) are a diverse set of 20 diseases and disease groups with a singular commonality: their impact on impoverished communities.

Together they affect more than 1 billion people with devastating health, social and economic consequences.

| Targets and strategies for the next decade



WHO / Yoshi Shimizu

The road map for neglected tropical diseases 2021–2030 sets out global targets for 2030 and milestones to prevent, control, eliminate and eradicate a diverse set of 20 diseases and disease groups, as well as cross-cutting targets aligned with WHO's Thirteenth General Programme of Work, 2019–2023 and the Sustainable Development Goals. It also proposes strategies for attaining these targets over the next decade. The document is intended to succeed the first road map, published in 2012.¹

The new road map was drafted through an extensive global consultation that began in 2018 and is expected to culminate in the document's consideration by Member States during the Seventy-third World Health Assembly in May 2020.

This consultative process involved regional workshops with managers of NTD prevention and control programmes, country workshops with stakeholders in NTDs and related areas of work, input from disease experts, disease modellers, donors and partners obtained through more than 100 bilateral interviews and more than 300 responses from two rounds of online consultations. The document therefore reflects the perspectives of Member States and a wide range of stakeholders.

The road map also describes the integrated approaches needed to achieve these targets through cross-cutting activities that intersect multiple diseases. It is built on three pillars that will support global efforts to control, eliminate and eradicate neglected tropical diseases:

Pillar 1
Accelerate programmatic action

Pillar 2
Intensify cross-cutting approaches

Pillar 3
Change operating models and culture to facilitate country ownership

¹ Accelerating work to overcome the global impact of neglected tropical diseases. Geneva: World Health Organization; 2012 (<https://apps.who.int/iris/handle/10665/70809>).

| Driving progress

Since 2010, significant progress has been made. Today, 500 million people no longer require interventions against several NTDs and 40 countries, territories and areas have eliminated at least one disease. Dracunculiasis is on the verge of eradication, with 54 human cases reported in four countries in 2019; lymphatic filariasis and trachoma have been eliminated as a public health problem in 16 and nine countries, respectively; onchocerciasis has been eliminated in four countries in the Region of the Americas; the annual number of cases of human African trypanosomiasis has fallen from more than 7000 in 2012 to fewer than 1000 in 2018, eclipsing the original target of 2000 cases by 2020; and the number of new leprosy cases reported globally has continued to decline since 2010 at an average 1% per year after most endemic countries reached elimination as a public health problem, defined as less than one case on treatment per 10,000 population.



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Addressing NTDs has contributed to alleviating the human and economic burden they impose on the world's poorest communities. It also demonstrates the impact of aligning the work of Member States with that of diverse partners, which during the past eight years has demonstrated two important facts: (i) NTD interventions are one of the best buys in global public health and yield an estimated net benefit to affected individuals of about US\$ 25 per dollar invested in preventive chemotherapy;² and (ii) NTDs serve as an important tracer in identifying disparities in progress towards both universal health coverage and equitable access to high-quality health services.

| Renewing momentum



WHO / Yoshi Shimizu

Even though substantive progress has been made, it is evident that some of the targets set for 2020 in the earlier road map will not be achieved. The new road map identifies critical gaps and the actions required to reach the 2030 targets. Experience from the past decade shows that further multisectoral action is required across the whole gamut of 20 diseases and disease groups and along particular dimensions such as diagnostics, monitoring and evaluation, access to and logistics for medicines and medical products, capacity strengthening, advocacy and funding. At this critical juncture on the road towards elimination of NTDs, the stakes remain high. Ambitious, impact-oriented targets are needed to guide efforts towards the Sustainable Development Goals and accelerate control and elimination.

Concerted action across multiple dimensions and an agile response to challenges will be necessary to achieve the targets. The recognition, for example, of *Dracunculus medinensis* infection in mammals other than human beings shows how challenges can manifest in the last stages – the last mile – of eradication. Unforeseen circumstances such as pandemics, local epidemics, political instability, migration, consequences of climate change and antimicrobial resistance can complicate existing programmatic complexity and will require additional mitigating action.

² Fitzpatrick C, Nwankwo U, Lenk E, de Vlas SJ, Bundy DAP. An investment case for ending neglected tropical diseases. In: Holmes KK, Bertozzi S, Bloom BR, Jha P, editors. Major infectious diseases. 3rd edition. Washington, DC: The International Bank for Reconstruction and Development/ The World Bank; 2017. doi:10.1596/978-1-4648-0524-0/ch17.

| Integrating and mainstreaming approaches



WHO / SEARO / Anuradha Sarup

Continued programmatic action is called for, particularly in targeted areas where critical gaps exist across multiple diseases. Adequately structured investigations of operations and implementation, including community-based and applied research, are also essential for building a solid foundation on which effective NTD interventions can be designed and delivered.

Beyond incremental modifications to programmatic action, a more radical change is needed to integrate and mainstream approaches within national health systems and coordinate action across sectors. These cross-cutting concepts are not new; they are outlined in various existing NTD plans, but their operationalization has been problematic in some instances.

The road map aims to renew momentum by proposing concrete actions focused on integrated platforms for delivery of interventions, and thereby improve programme cost-effectiveness and coverage.

Capacity strengthening within national health systems will deliver interventions through existing infrastructures, improve the sustainability and efficiency of interventions and enable patients to access equitably all aspects of treatment, care and support.

Close coordination and multisectoral action within and beyond the health sector, encompassing not only vector control, water and sanitation, human, animal and environmental health and health awareness but also, for instance, education and disability, will maximize synergies.

| Delivering results, achieving impact

Countries are both the drivers and the beneficiaries of progress towards the 2030 targets for NTDs. National and local governments must therefore lead work to define agendas and realize their objectives, financed partly or fully through domestic funds. Countries must integrate and prioritize prevention and control of endemic NTDs in national health plans and dedicate a corresponding line item in national health budgets. Multisectoral action must be fostered and planned well in advance in order to build the high-level political will required to support NTD plans.

As countries define their national NTD plans, the support of partners will remain essential for filling critical gaps, strengthening capacity and enabling programmatic targets to be achieved. Deliberate efforts are needed to engage the community, especially young people, in processes that support national NTD programme implementation, follow-up and review.

Given the shift to cross-cutting approaches, structures and ways of working may need to be adapted accordingly, for example by making funding streams and reporting structures more flexible.

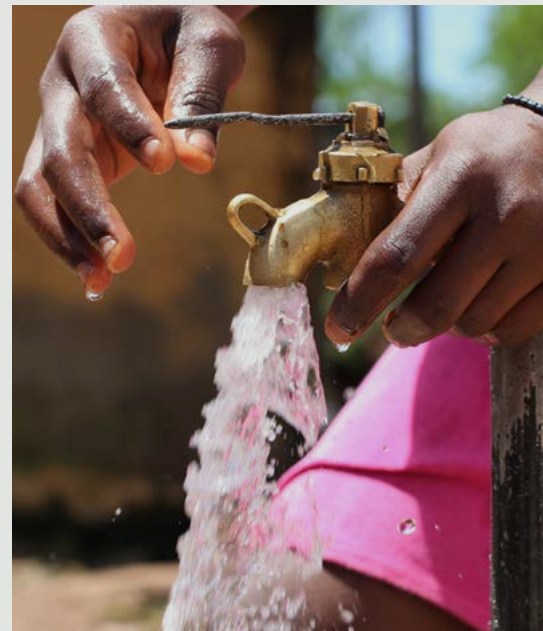
Looking ahead to the next decade, clearly much work needs to be done to address NTDs, as their burden remains heavy among the most vulnerable and marginalized populations of the world. Yet, perhaps equally clearly, the need to overcome these diseases of poverty is compelling in order to attain the Sustainable Development Goals and ensure universal health coverage.

The road map sets out global targets for stakeholders to align their efforts with and re-focus action over the next decade. It encourages all parties to reevaluate their approaches and consider how the efficiency and effectiveness of their commitments and contributions can be improved. Finally, it seeks to foster greater collaboration and openness in lessening and removing the profound global burden of NTDs.

Road map targets, milestones and indicators¹



UNICEF Ethiopia, Halaba Woreda, 2016



WHO / Fid Thompson

Overarching global targets for 2030

Top-line targets for NTDs, in line with the Sustainable Development Goals and WHO's 13th General Programme of Work

90%

Percentage reduction in people requiring interventions against neglected tropical diseases

75%

Percentage reduction in disability-adjusted life years related to neglected tropical diseases

100

Number of countries having eliminated at least one neglected tropical disease

2

Number of neglected tropical diseases eradicated

Cross-cutting targets for 2030

Integrated approaches



75%

Integrated treatment coverage index for preventive chemotherapy

40

Number of countries that adopt and implement integrated skin neglected tropical disease strategies

75%

Percentage reduction in number of deaths from vector-borne neglected tropical diseases (relative to 2016) – to achieve WHO's global vector control response goal

Multisectoral coordination



100%

Access to at least basic water supply, sanitation and hygiene in areas endemic for neglected tropical diseases – to achieve targets 6.1 and 6.2 of Sustainable Development Goal 6

90%

Share of the population at risk protected against catastrophic out-of-pocket health expenditure due to neglected tropical diseases – to achieve target 3.8 of Sustainable Development Goal 3

90%

Share of countries with neglected tropical diseases integrated in national health strategies/plans

Universal health coverage



90%

Share of countries including neglected tropical disease interventions in their package of essential services and budgeting for them

90%

Share of countries with guidelines for management of neglected tropical disease-related disabilities within national health systems

Country ownership



90%

Share of countries reporting on all relevant endemic neglected tropical diseases

90%

Share of countries collecting and reporting data on neglected tropical diseases disaggregated by gender

¹ Source: https://www.who.int/neglected_diseases/WHONTD-roadmap-2030/en/ (accessed 9 April 2020)

Impact of integrated approaches on disease-specific targets

Targets relevant to individual diseases

Disease	Indicator	2020	2023	2025	2030
Targeted for eradication					
Dracunculiasis	Number of countries certified free of transmission	187 (96%)	189 (97%)	191 (98%)	194 (100%)
Yaws	Number of countries certified free of transmission	1 (1%)	97 (50%)	136 (70%)	194 (100%)
Targeted for elimination (interruption of transmission)					
Human African trypanosomiasis (gambiense)	Number of countries verified for interruption of transmission	0	0	5 (21%)	15 (62%)
Leprosy	Number of countries with zero new autochthonous leprosy cases	50 (26%)	75 (39%)	95 (49%)	120 (62%)
Onchocerciasis	Number of countries verified for interruption of transmission	4 (12%)	5 (13%)	8 (21%)	12 (31%)
Targeted for elimination as a public health problem					
Chagas disease	Number of countries achieving interruption of transmission through the four transmission routes (vectoral, transfusion, transplantation and congenital), with 75% antiparasitic treatment coverage of the target population	0	0	5 (21%)	15 (62%)
Human African trypanosomiasis (rhodesiense)	Number of countries validated for elimination as a public health problem (defined as <1 case/10 000 people/year, in each health district of the country averaged over the previous five-year period)	0	2 (15%)	4 (31%)	8 (61%)
Leishmaniasis (visceral)	Number of countries validated for elimination as a public health problem (defined as <1% case fatality rate due to primary visceral leishmaniasis)	0	32 (43%)	56 (75%)	64 (85%)
Lymphatic filariasis	Number of countries validated for elimination as a public health problem (defined as infection sustained below transmission assessment survey thresholds for at least four years after stopping mass drug administration; availability of essential package of care in all areas of known patients)	19 (26%)	23 (32%)	34 (47%)	58 (81%)
Rabies	Number of countries having achieved zero human deaths from rabies	80 (47%)	89 (53%)	113 (67%)	155 (92%)
Schistosomiasis	Number of countries validated for elimination as a public health problem (currently defined as <1% proportion of heavy intensity schistosomiasis infections)	26 (33%)	49 (63%)	69 (88%)	78 (100%)
Soil-transmitted helminthiasis	Number of countries validated for elimination as a public health problem (defined as <2% proportion of soil-transmitted helminth infections of moderate and heavy intensity due to <i>Ascaris lumbricoides</i> , <i>Trichuris trichuria</i> , <i>Necator americanus</i> and <i>Ancylostoma duodenale</i>)	7 (7%)	60 (60%)	70 (70%)	96 (96%)
Trachoma	Number of countries validated for elimination as a public health problem (defined as (i) a prevalence of trachomatous trichiasis “unknown to the health system” of <0.2% in ≥15-year-olds in each formerly endemic district; (ii) a prevalence of trachomatous inflammation—follicular in children aged 1–9 years of <5% in each formerly endemic district; and (iii) written evidence that the health system is able to identify and manage incident cases of trachomatous trichiasis, using defined strategies, with evidence of appropriate financial resources to implement those strategies)	9 (14%)	28 (44%)	43 (68%)	64 (100%)
Targeted for control					
Buruli ulcer	Proportion of cases in category III (late stage) at diagnosis	30%	<22%	<18%	<10%
Dengue	Case fatality rate due to dengue	0.80%	0.50%	0.50%	0%
Echinococcosis	Number of countries with intensified control for cystic echinococcosis in hyperendemic areas	1	4	9	17
Foodborne trematodiasis	Number of countries with intensified control in hyperendemic areas	N/A	3 (3%)	6 (7%)	11 (12%)
Leishmaniasis (cutaneous)	Number of countries having reached: 85% of all cases are detected and reported, and 95% of reported cases are treated	N/A	44 (51%)	66 (76%)	87 (100%)
Mycetoma, chromo blasto-mycosis and other deep mycoses	Number of countries where mycetoma, chromoblastomycosis, sporotrichosis and/or paracoccidioidomycosis are included in national control programmes and surveillance systems	1	4	8	15
Scabies and other ectoparasitoses	Number of countries having incorporated scabies management in the universal health coverage package of care	1	5 (13%)	50 (26%)	194 (100%)
Snakebite envenoming	Number of countries with incidence of snakebite achieving reduction of mortality by 50%	N/A	39 (30%)	61 (46%)	132 (100%)
Taeniasis and cysticercosis	Number of countries with intensified control in hyperendemic areas	2 (3%)	4 (6%)	9 (14%)	17 (27%)

Note: In certain cases, reference to “countries” should be understood as signifying countries, territories and areas.