



## What 'Uniting To Combat Tropical Diseases' Really Requires

### MSF's concerns regarding the 30 January 2012 Conference in London

MSF is delighted that attention is finally being paid to some of the diseases that have been neglected for too long. The US and UK's increased support to control worm diseases, mainly by preventive chemotherapy through mass drug administration, is encouraging.

However in the midst of all the positivity, MSF wishes to highlight what is still missing if deadly neglected diseases are truly to be eliminated.

Though the World Health Organization, donors and development agencies are drawing attention to Neglected Tropical Diseases, they are underplaying the challenge of tri-tryps or kinetoplastids diseases such as Chagas disease, sleeping sickness, and Visceral Leishmaniasis. These illnesses are slated for elimination or control in the World Health Organization's Roadmap 2020<sup>1</sup>. However, so far the strategy is missing some key elements, and the goals to eliminate or control these diseases will only be credible when some critical remaining gaps are filled.

#### I – Case study: Sleeping Sickness

MSF's experience with sleeping sickness, a deadly disease that the organisation has been treating since the mid-1980s, illustrates many of the challenges to eliminating neglected tropical diseases that remain unaddressed.

##### **What is sleeping sickness?**

Human African Trypanosomiasis (HAT), better known as sleeping sickness, is a parasitic disease spread by the tsetse fly. The parasite attacks the central nervous system, causing severe neurological disorders and leads to death if untreated.

During the first stage of the illness, people have non-specific symptoms such as fever and weakness. At this stage, the disease is difficult to diagnose but is relatively easy to treat. The second stage occurs once the parasite invades the central nervous system. The infected person begins to show neurological or psychiatric symptoms, such as poor coordination, confusion, or convulsions and sleep disturbance.

We can provide patient testimonials and interviews with a MSF doctor who has treated sleeping sickness in Central African Republic.

Sleeping sickness was virtually eliminated by the early 1960s but returned with a vengeance in the late 1990s as elimination efforts were not sustained. This teaches an important lesson

<sup>1</sup> [http://whqlibdoc.who.int/hq/2012/WHO\\_HTM\\_NTD\\_2012.1\\_eng.pdf](http://whqlibdoc.who.int/hq/2012/WHO_HTM_NTD_2012.1_eng.pdf)

about not thinking that the war is won too early on – sustained efforts are required to eliminate diseases, even when patient numbers have fallen very low.

Now, after years of campaigning and effort on the ground, the numbers of sleeping sickness patients are again on the wane – estimates range from 7,000 to 20,000 cases. We are progressing towards eliminating this deadly disease, but *little announced at the meeting on 30 January 2012 will help with the next crucial steps.*

## **II - What is required for neglected tropical diseases like sleeping sickness to be eliminated?**

### *Research and Development*

For sleeping sickness to be sustainably eliminated, **new diagnostics and treatments must be developed** that can be used by healthcare workers with basic training in remote areas.

Today diagnosing sleeping sickness requires a lumbar puncture. There is still no oral treatment – injections and intravenous drips are required. This is not ideal for administration in basic clinics in rural areas, and is difficult and painful for patients.

Current research projects need to be fully supported so that patients can access new drugs and diagnostics. Today there are too few actors and funding is inadequate. The G-FINDER database, which gives direct access to searchable global data on research and development (R&D) funding for over 30 neglected diseases<sup>2</sup>, reports that multi-national companies only spent US\$18.3 million on neglected tropical disease R&D in 2010 (\$6.4 million for helminth infection, \$11.9 million for kinetoplastid infection). This is negligible for an industry that claims it spends \$1.3 billion to develop a single drug and gives a picture largely unchanged from a decade ago.

### *Programme Support*

Treatment programmes for sleeping sickness in most of the countries affected – for example Chad, Central African Republic (CAR) and South Sudan – suffer from chronic under-funding. There are many “blind spots” – areas that are suspected to be active foci for sleeping sickness – that are not covered by these programmes because of insecurity or lack of funding. If DfID, USAID, WHO and other external actors are going to champion elimination of this disease, **they will need to address the critical need to scale up these sleeping sickness programmes and invest in strengthening surveillance systems.**

#### **National sleeping sickness programmes in peril**

In Democratic Republic of Congo (DRC), where about three-quarters of reported cases of sleeping sickness have been detected, there is a strong national control programme. However the funding for this programme, provided by the Belgian government since 1997, will be withdrawn by next year. Nothing offered at the London NTD meeting on 30 January 2012 will address this looming crisis.

In other countries, for example Central African Republic, the national team consists of four people to implement the sleeping sickness programme for an entire country. Such a situation is untenable without increased support.

<sup>2</sup> [https://g-finder.policycures.org/gfinder\\_report/](https://g-finder.policycures.org/gfinder_report/)

Sleeping sickness is a debilitating neglected disease that, though treatable, still affects thousands of people. This is unacceptable given that elimination is possible.

### III - Summary

For sleeping sickness, a major neglected tropical disease, to be eliminated, enhanced R&D and programmatic support along with access to current drugs are necessary. **The actors at the London conference are only offering the latter.** Therefore, MSF is calling on actors at Monday's meeting to devote attention to all of these elements in order to end immense suffering at the hands of diseases like sleeping sickness, and add credibility to the promise of eliminating the targeted tropical diseases.