THE WHO STRATEGIC AND TECHNICAL ADVISORY GROUP FOR NEGLECTED TROPICAL DISEASES (WHO STAG)

RECOMMENDATIONS FOR THE ADOPTION OF ADDITIONAL DISEASES AS NEGLECTED TROPICAL DISEASES

1. Introduction

Neglected tropical diseases (NTDs) impair the lives of more than 1 billion people. They are a medically diverse group of conditions that are strongly associated with poverty. They are ‘neglected’ because they are often hidden, concentrated in remote rural areas or urban slums and shantytowns. They are silent as the people affected or at risk have little political voice. NTDs inflict massive suffering, with many causing life-long disability and death, stigma, mental distress, and discrimination, especially of girls and women. Economically NTDs result in loss of productivity, aggravation of poverty, high household health costs and represent an obstacle to socioeconomic development.

NTDs (with the exception of Aedes transmitted viruses) generally do not spread widely or rapidly, and so present little threat to the rich, or to inhabitants of high-income countries; in most cases, there is low risk of transmission of NTDs outside of the tropics. NTDs distribution is subject to socioeconomic factors, heightened exposure to vectors, unsafe food and water, reservoir hosts and climate.

The current approach to the eradication, elimination or control of NTDs represents a strategic move away from the erstwhile disease-specific approach to an integrated intervention-centred approach, focused on outreach to poor and marginalized communities with one or more of five public health approaches: 1) Preventive chemotherapy, 2) Intensified Case Management, 3) Vector control, 4) Veterinary public health, and 5) Safe water, sanitation and hygiene. Global momentum for deploying these interventions has been enhanced by donations of medicines by the pharmaceutical industry, the drive for innovative research leading to new diagnostic tools, and the commitment of ministries of health of affected countries implementing integrated NTD initiatives that have the support of a global network of highly committed public and private partners.

2. Neglected Tropical Diseases at WHO

At present, the Department of Control of Neglected Tropical Diseases at WHO HQ has primary responsibility for 17 NTDs which include: Buruli ulcer disease, Chagas disease, dengue and chikungunya, dracunculiasis, echinococcosis, endemic treponematoses (yaws), foodborne trematodiasis, human African trypanosomiasis, leishmaniasis, leprosy, lymphatic filariasis, onchocerciasis, rabies, schistosomiasis, soil-transmitted helminthiases, taeniasis/cysticercosis and trachoma. However, WHO Regional Offices (ROs) have their own
lists, which reflect diversity in geographical distribution of these diseases, and in some regions, they are considered the responsibility of other Departments, as shown in Annex 1.

There are other conditions that could be classified as NTDs for the purpose of advocacy to motivate action or research for the development of new solutions in low resource settings. These are diseases or conditions that constitute important health issues in populations affected by poverty, but they do not fit the programmatic context as currently defined in WHO’s HQ NTD Department’s portfolio. Such diseases or conditions may however be included in the NTD list if, based on STAG recommendation, they can benefit from increased international attention in terms of advocacy, mobilization of resources for R&D and development of highly needed novel products and tools, or approaches for control or elimination.

3. **Proposed criteria for classifying a condition as an NTD**

Disease conditions that

1. disproportionately affect populations living in poverty; and cause important morbidity and mortality – including stigma and discrimination - in such populations, justifying a global response
2. primarily affect populations living in tropical and sub-tropical areas
3. are immediately amenable to broad control, elimination or eradication by applying one or more of the five public health strategies adopted by the Department for Control of NTDs, and/or
4. are relatively neglected by research – i.e., resource allocation is not commensurate with the magnitude of the problem - when it comes to developing new diagnostics, medicines and other control tools

Disease conditions that fulfil all four criteria may be considered for inclusion in Category A, while those that do not fulfil criteria 3 may be considered for inclusion in Category B. While diseases included in Category A will be included for large scale action in the portfolio of the NTD Department for control, elimination or eradication, those in Category B will be supported by activities leading to advocacy by stakeholders and the development of new diagnostics, medicines or other control tools and strategies. National health authorities are encouraged to act on these diseases through their health systems with available means. With development of effective and feasible public health solutions for control of the problem, disease conditions may be moved from Category B to Category A.

4. **Process for review of list of NTDs**

Requests for inclusion as an additional NTD should be made by one or more member states, and submitted to WHO’s Department for Control of NTDs through WHO Country Office(s)
and Regional Office(s). Such requests may refer to one disease or a group of diseases bound by common aetiology and/or management strategy. The request should be accompanied by a dossier that contains a compendium of evidence (including peer-reviewed scientific publications and a statement of the public health significance of the disease) to demonstrate how the disease(s) meet the criteria listed in Section 3 above.

The Department will submit such requests, together with the compendium of evidence, to the NTD-STAG at its annual spring meeting for review of the dossier and recommendation as to inclusion of the disease/condition, and the level of inclusion (Category A or B), or a recommendation to not include the condition as an NTD.

NTD-STAG will further review the global list every 3-5 years, for potential shifts from Category B to Category A, and for decisions to remove conditions from the HQ NTD main portfolio, and submit its recommendations to the Director-General for endorsement.
Annex 1. NTDs listed by WHO Regional Offices (in alphabetical order)

Regional Office for Africa (AFRO) – Neglected Tropical Diseases
1. Buruli ulcer
2. Dengue
3. Dracunculiasis
4. Endemic treponematoses (yaws and bejel)
5. Human African trypanosomiasis
6. Leishmaniasis (visceral and cutaneous)
7. Leprosy
8. Lymphatic filariasis
9. Onchocerciasis
10. Rabies
11. Schistosomiasis
12. Soil-transmitted helminthiases
13. Trachoma

Regional Office for the Americas (AMRO) – Neglected, Tropical and Vector Borne Diseases
1. Chagas disease
2. Dengue
3. Fascioliasis
4. Hydatidosis
5. Leishmaniasis
6. Leprosy
7. Lymphatic filariasis
8. Onchocerciasis
9. Rabies
10. Schistosomiasis
11. Soil-transmitted helminthiases
12. Trachoma

Regional Office for the Eastern Mediterranean (EMRO) – Tropical Diseases
1. Dengue (Pandemic and Epidemic Diseases Unit)
2. Dracunculiasis
3. Leishmaniasis
4. Leprosy
5. Lymphatic filariasis
6. Onchocerciasis
7. Rabies (Pandemic and Epidemic Diseases Unit)
8. Schistosomiasis
9. Soil-transmitted helminthiases
10. Trachoma
Regional Office for Europe (EURO) – Vector-borne and parasitic diseases
1. Dengue and Chikungunya
2. Echinococcosis (Food safety)
3. Leishmaniasis
4. Rabies (Food safety)
5. Soil-transmitted helminthiases
6. Taeniasis/cysticercosis (Food safety)

Regional Office for South-East Asia (SEARO) – Vector Borne and Neglected Tropical Diseases
1. Dengue, Chikungunya
2. Leprosy
3. Lymphatic filariasis
4. Rabies (International Health and Regulations)
5. Schistosomiasis
6. Visceral leishmaniasis/Kala-azar
7. Soil-transmitted helminthiases
8. Trachoma
9. Yaws

Regional Office for the Western Pacific Region (WPRO) – Neglected Tropical Diseases
1. Blinding trachoma
2. Buruli ulcer
3. Dengue
4. Echinococcosis
5. Foodborne trematodiasis
6. Leishmaniasis
7. Leprosy
8. Lymphatic filariasis
9. Rabies
10. Schistosomiasis
11. Soil-transmitted helminthiases
12. Taeniasis/cysticercosis
13. Yaws