

Editorial Commentary

A NEW IMPETUS IS REQUIRED FOR NEGLECTED INFECTIOUS DISEASE

Poor people in developing countries continue to suffer under the additional burden of the “tropical diseases”. These infectious diseases have become “tropical” because the poorest of the poor are now mostly limited to this geographical region. The diseases are an additional burden as poor populations also suffer from all the other health conditions that afflict all populations. These diseases are neglected because they mainly afflict the poor. They do not receive the proper attention and resources they should from governments and the pharmaceutical industry because the populations they afflict are generally marginalized and are not seen as a viable market for new treatments and control interventions; and these diseases no longer interest as profits, if any, are likely to be minimal. These neglected diseases include African trypanosomiasis, Buruli ulcer, cysticercosis, leishmaniasis, leprosy, lymphatic filariasis, onchocerciasis, schistosomiasis and soil-transmitted helminths, among others. The distribution of these diseases varies with country and region, but invariably is more prevalent on the poor populations.

While some of these diseases are fatal, many also incapacitate people from fully leading productive lives in their societies. Untreated, African trypanosomiasis and kalazar invariably lead to death. Schistosomiasis and soil-transmitted infections are likely to delay the physical and educational development of children and in adulthood lead to chronic illness that affects their ability to work. Leprosy, Buruli ulcer and lymphatic filariasis may severely disfigure sufferers that they are unable to work and also may be stigmatized to the further margins of their societies. As diseases of the poor, they are prevalent where safe water supply and sanitation are inadequate, educational and health systems are dysfunctional and little other investment is in place such that diseases and social conditions form a self-perpetuating vicious cycle.

Tools for the diagnosis and treatment of African trypanosomiasis, Buruli ulcer and kalazar are inadequate and unaffordable. However, for some of the neglected diseases there are means to rapidly identify communities at risk of infection or morbidity due to these diseases. For still other diseases, free treatment is available and can be easily distributed at community level by community members themselves. In the past few years powerful forces and voices have come together to advo-

cate for the prevention and control of the major infectious diseases, namely, HIV/AIDS, tuberculosis and malaria. Individually and as a group, these infectious diseases pose major challenges to the health of people all over the world. The advocacy for these big three has brought substantial funds for the fight against infectious diseases. Most of the funds to fight these diseases are channelled through the Global Fund to fight AIDS, TB and Malaria (GFATM), but there are other bilateral and multilateral funding sources for these three diseases.

The attention on these big three diseases highlighted the fact that many other infectious diseases which negatively impact poor communities and population were being ignored. Therefore other governments, organizations and NGOs began championing the cause of the neglected diseases. Several meetings at various levels have been held to define the challenges and to map a way forward to improve the health of poor populations. For the diseases for which there are no useful tools, investment in research is advocated. For diseases where diagnostics and drugs are available campaigns are underway to encourage support for interventions to be undertaken by governments, donors and NGOs are to address these health problems of the poor. It has been recently argued that while the fight against AIDS, tuberculosis and malaria is worthy, that this is been done at the cost of the neglected diseases which could be more cost-effectively addressed to reduce poverty and accelerate the momentum towards meeting the Millennium Development Goals.

It is this new impetus for controlling neglected disease that has prompted the editors of African biomedical journals, through the Forum for African Medical Editors (FAME), to dedicate an issue of their journals to focus on neglected diseases. It is expected that this focus on neglected diseases in local journals will inspire discussion among specialists, public health experts and Ministries of Health to also begin addressing the neglected diseases for which cost-effective interventions are available and to also advocate for further investment in those that still require research.

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