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E. ELIMINATION OF NEGLECTED DISEASES AND OTHER POVERTY-RELATED INFECTIONS

Background

1. Since the adoption of PAHO Resolution CD49.R19 on the elimination of neglected diseases and other poverty-related diseases in 2009, there has been a growing global and regional commitment to the control and elimination of many neglected diseases and other poverty-related infections (in this report, referred to as NIDs). New partnerships have been formed, such as the PAHO/UNICEF Regional Initiative for the Elimination of Mother-to-Child Transmission of HIV and Syphilis in Latin America and the Caribbean (2009) and the London Declaration on Neglected Tropical Diseases (2012), which supports the elimination of 10 of these diseases globally by 2020. In 2010, the PAHO Directing Council passed Resolution CD50.R17, a Strategy and Plan of Action for Chagas' Disease Prevention, Control and Care, providing a framework to prevent transmission, improve patient care, and reach the elimination goal. In that same year, the PAHO Directing Council approved Resolution CD50.R12, the Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis, with a goal to reduce the incidence of congenital syphilis to ≤ 0.5 cases per 1,000 live births by 2015.

2. In 2011, PAHO Resolution CD51.R9, Strategy and Plan of Action for Malaria, was approved. In the meantime, efforts to reduce the burden of malaria and promote its elimination in parts of the Region have principally been financed by national governments, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and the United States Agency for International Development, with support by the endemic countries. In addition, PAHO developed a plan of action 2014-2018 for the elimination of dog-transmitted human rabies (1), which has been supported by the 14th Meeting of Directors of National Programs for Rabies Control in Latin America (REDIPRA-14) of the Ministries of Health and Agriculture of the Americas (Lima, 20-22 August 2013).

3. The political commitment to NID elimination has also increased in AMRO and other WHO regions, accompanied by reassignment or commitment of resources to scale up control, elimination, and monitoring of impacts. The development and availability of new tools and methods to combat and monitor NIDs, the improvement of health service infrastructure, and the implementation of primary care strategies have made it possible to improve surveillance, treatment, prevention and control of NIDs. Selected diseases have now even become targets for elimination.

Update on Progress Achieved

Progress

4. In our Region, WHO verified the elimination of onchocerciasis in Colombia in 2013, and the same is anticipated for Ecuador in 2014. The number of people needing treatment for onchocerciasis in the Region has dropped from over 336,000 in 2009 to just over 20,000 in 2013. The number of onchocerciasis foci with active transmission has dropped from 7 to 2 foci in the same period (PAHO NID program data as of 2014, CHA/VT/NID). Mexico is expecting to request verification of elimination of blindness due to trachoma in the near future, while Colombia recently confirmed that it is endemic for blinding trachoma and is treating patients. Since 2009 three countries have been removed from the WHO map of lymphatic filariasis-endemic countries (Costa Rica, Suriname, and Trinidad and Tobago), and three countries have significantly reduced areas of transmission (Brazil, Haiti, and the Dominican Republic), bringing them closer to elimination. Several countries in Central and South America have eliminated transmission of Chagas' disease by the principal domestic vector, and 20 of 21 endemic countries have 100% screening of blood banks (PAHO NID program data as of 2014, CHA/VT/NID).

5. The areas of malaria transmission in several countries have been reduced in size, with a 58% drop in malaria cases reported in 2012 compared with 2000. Seven¹ of the 21 endemic countries are now classified as being in the WHO pre-elimination phase (2) (PAHO regional malaria program data as of 2014, CHA/VT/MAL). Of the seven, four are in Central and North America; and the others are in South America. As a result, in 2013 an initiative to eliminate malaria by 2020 in Mesoamerica and Hispaniola was publicly announced. The Regional Coordination Mechanism for HIV/AIDS was amplified to include malaria and tuberculosis as part of developing a Global Fund proposal for malaria elimination in Central America and Hispaniola.

6. Though still varying from year to year, reports on the numbers of at-risk children treated for control of soil-transmitted helminth infections has grown in several countries, and about 26.9 million children were reported treated in 2012 (3).

7. Integrated plans of action for the control and elimination of multiple NIDs have been prepared by 17 countries (PAHO NID program data as of 2014, CHA/VT/NID).

¹ Argentina, Belize, Costa Rica, Ecuador, El Salvador, México, and Paraguay.

Specific plans for the elimination of certain NIDs in multicountry subregions (e.g., malaria in Mesoamerica and malaria and lymphatic filariasis in Hispaniola) have also been developed.

8. Cases of dog-transmitted rabies are delimited to a small number of well-defined geographic areas in a few countries. Since 1982, when the Regional Program for the Elimination of Human Rabies began, reported cases of rabies transmitted by dogs have decreased by ~95% (from 355 in 1982 to 10 in 2012) (1). Though only six countries reported cases between 2009 and 2012, and although the number of annual human fatalities remains low (1), persistent pockets of transmission remain, leading to a sustained risk of infection for people in the Region. In Latin America, prevention of domiciliary transmission and prevention of human deaths from plague have been strengthened in the four countries with human cases and natural foci. Between 2010 and 2012, in Latin America only Peru reported confirmed cases of human plague (24 cases with some fatalities). A few suspect cases were reported in Bolivia (4); and sporadic cases were reported in the USA through 2013.

9. With respect to infectious diseases of poverty affecting newborns, two are approaching elimination. As of 2013, 14 countries report having achieved the congenital syphilis target (5). Reported cases of neonatal tetanus declined from 22 in 2011 to 11 in 2012 (6).

10. The successes in this Region, such as onchocerciasis elimination, are being taken as learning models by WHO Headquarters and other WHO regional offices, following in the footsteps of success in eliminating smallpox, polio, measles, and rubella in the Americas. Our Region's remaining challenges are shared with other WHO regions.

Lessons Learned:

11. Among the principal lessons learned, we note:

- a) Political/government support reflected in national budget increases for the health sector targeting the increased control and elimination of NIDs is the most important single factor for achieving public health goals.
- b) Advocacy and technical cooperation provided by PAHO have been important in supporting countries to prioritize NIDs in national health agendas. Mobilization of seed funds was critical in supporting scale-up or expansion of control and elimination of NIDs (e.g., national surveys, plan of action design and implementation, dossiers for verification of elimination, advocacy with donors, and health sector staff training).
- c) Development of regional guidelines for integrated control and elimination of NIDs, including malaria, accompanied by health worker training, have led to integrated implementation of actions to reduce the burden of these diseases.

- d) Existing and new tools for monitoring and evaluation and for identification of financial gaps in national NIDs programs have facilitated the capacity of countries to plan and improve their control and elimination efforts.
- e) New resolutions from the World Health Assembly and the Organization of American States on NIDs, coupled with expanded commitment by numerous partners in the donor and pharmaceutical communities, have facilitated advocacy efforts with decision-makers and strengthened national control and elimination efforts.
- f) Development of integrated plans of action for NIDs has been facilitated by multidisease surveys—for example, combined field surveys for soil-transmitted helminths together with malaria, schistosomiasis, or lymphatic filariasis, or collective treatment of school-age children combined with mass screening for leprosy and blinding trachoma.
- g) Prevention of new cases of dog-transmitted human rabies is best achieved by increasing the dog vaccination rate to reach the high coverage targets necessary for every high-risk community.
- h) Elimination of congenital syphilis depends upon strengthened health promotion; early detection in pregnant women, their partners, and children, particularly in key populations; increased screening with rapid tests in primary health care settings; increased availability of supplies and medications (syphilis tests and penicillin) and timely treatment; intensified case surveillance; and reduction of the high burden of syphilis overall.
- i) For the vaccine-preventable infectious diseases of poverty, elimination of neonatal tetanus depends principally on immunization (with tetanus toxoid) of women of child-bearing age.

Action Necessary to Improve the Situation

12. Countries need to make the final push to eliminate the NIDs as a public health problem in the Americas, taking every last step to reach the “endgame” of elimination to protect the health of the most vulnerable populations, among them the indigenous and Afro-descendent communities. It is important to continue to scale up actions to eliminate and control NIDs in target countries through development of integrated multidisease plans of action for the health sector and to strengthen political commitment to increase access to treatment and morbidity management in order to reach the “endgame.” Progress will be made when authorities develop and implement integrated intersectoral programs, policies, and plans for NIDs at national and local levels in every endemic country or area, and by collaborating and developing agreements with key stakeholders and partners.

13. Authorities will need to facilitate the donation, importation, and access to (distribution of) medicines and improve case management for NIDs based on the best available science. In countries with migrant labor populations, there is need for increased cross-border (binational) collaboration on surveillance and elimination efforts for

blinding trachoma, lymphatic filariasis, onchocerciasis, and malaria based on a gender and intercultural approach. In areas at risk for NIDs, appropriate authorities will need to address the environmental and social determinants of health as they relate to NIDs, including safe water and basic sanitation, drainage, health education, housing, and integrated vector management. Sustainability of resources and personnel is needed in order to accomplish reduction targets and elimination efforts and to prevent reintroduction in areas free of malaria and other NIDs.

14. Full coverage for early prenatal care, high maternal and neonatal immunization coverage, and safe birthing practices, accessed through integrated community health and reproductive services, are needed to eliminate neonatal tetanus. Intensified action is necessary for those countries where syphilis testing among pregnant women is under 70%. All countries require a continued emphasis on a health systems approach including integration of prevention and control actions for congenital syphilis elimination with sexual and reproductive health interventions.

15. To prevent new human cases of dog-transmitted rabies, annual dog vaccination must reach the necessary vaccination coverage targets in all at-risk communities. In addition, postexposure prophylaxis must be available, particularly in high-risk areas, accompanied by intensified surveillance and training, together with improved communication and rapid action at all levels of the health system and with the animal health sector, thus promoting an intersectoral approach. Prevention of deaths from human plague depends on rapid case detection in the community, local capacity of health care personnel in the diagnosis, and proper hospital case management procedures, including the use of personal protective equipment by health staff.

16. Reaching our Region's goals for the control and elimination of neglected diseases and other poverty-related infections remains a priority for the Organization and the endemic countries through 2015 and beyond. Accompanying the countries' successes since 2009, as universal health care expands in the Region, more people will have access to prevention and treatment services for these diseases. Working inter-programmatically within the Ministries of Health and with the key stakeholders and partners, and with the support of adequate financing, the Region will continue to advance in the control and elimination of these diseases that affect millions of poor and underserved families.

Action by the Directing Council

17. The Directing Council is requested to take note of this progress report and make any observations it considers pertinent.

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