UK COALITION AGAINST NEGLECTED TROPICAL DISEASES

Future-proofing health systems and improving health equity:
An investment case for diseases of poverty

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The UK Coalition against NTDs is a collaborative partnership between UK organisations, coalitions and special interest groups actively engaged in the control, elimination or eradication of neglected tropical diseases ("NTDs").

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Introduction

The UK has a long legacy as a leader in global health. Through decades of partnerships, it is well-placed to continue to champion and deliver on health equity and health systems strengthening. The COVID-19 pandemic has clearly demonstrated the urgent need for such measures to tackle poverty and enhance global health security.

Diseases of poverty such as Neglected Tropical Diseases (NTDs) continue to affect more than one billion people, causing preventable deaths, deepening and perpetuating poverty, and threatening global health security. Tackling NTDs is not only essential to developing strong and inclusive health systems but ending these diseases will contribute significantly to other development priorities.

Over the past decade, over 40 countries, territories and areas have eliminated at least one NTD as a public health problem and 600 million fewer people require interventions against NTDs than in 2010. Yet NTDs still affect more than 1 billion people worldwide among the most vulnerable, marginalised populations. 1.74 billion people still require interventions against NTDs, or 1 in 5 people globally.

1. Tackling NTDs will help the UK deliver on other Global Health priorities

Building on existing foundations to strengthen health systems

While initially designed as vertical programmes, initiatives to tackle NTDs contribute to wider **health systems strengthening** (HSS). For example, the UK's latest NTD investment, the Ascend programme, included HSS elements such as workforce capacity building, improving drug supply chains and improving health information systems, demonstrating how vertical investment can promote sustainable, horizontal improvements.

NTD programmes also provide an entry point for the expansion of quality **universal health coverage** (UHC) across the full spectrum of health services. For example, they often contain strong physical rehabilitation components such as reconstructive surgery, physiotherapy and Assistive Technology services that can be integrated into healthcare services, providing accessible services for all. Similarly, NTD programmes increasingly include investments in usually-scarce **mental health services** that can be scaled up to meet wider needs.

There is also a significant link between NTDs and maternal and child **nutrition**. For instance, while some NTDs such as parasitic infections undermine nutrition directly, other diseases can lead to disability, thereby undermining household and community nutritional security. Harnessing behaviour changes related to NTD control to improve agriculture and food and hygiene practices and breaking the cycle of poverty associated with NTDs can contribute to supporting **healthier lives and safe environments**, a key pillar of the UK's Ending Preventable Deaths (EPD) strategy.

Bolstering cross-sector action and coordination

Health systems can only achieve their intended impact when the people they serve also have sustained and equitable access to other core services that build human capital, including, importantly, safe **water, sanitation and hygiene (WASH)** services. The synergy between the health, education and WASH sectors is often undervalued and the returns on co-investments are rarely optimised. The UK's Ascend NTD programme was the first to earmark funding to strengthen coordination between the NTD and WASH sectors, creating a conducive policy and financing space that has been sustained following the end of the programme and demonstrates the significant impact of such measures. The UK, already a global leader in WASH, should build on this experience of joined-up investment around NTDs to ensure the full health benefits of WASH are realised.

Improving health equity and inclusivity

Improving **health equity** is at the heart of the UK government's global health priorities. Conditions of poverty, such as inadequate access to WASH, poor housing, and lack of education and health services contribute to persistence of NTDs within communities, perpetuating a cycle of poverty, disability and disease across generations. This, in turn, leads to catastrophic healthcare costs, burdens health systems, undermines human capital and productivity, and slows economic growth. Policies and programmes that tackle these diseases of poverty identify and reach the most marginalised individuals and populations, and as such are a natural entry point to improving health equity and economic development.

Diseases of poverty disproportionately affect **women and girls**. Some NTDs such as schistosomiasis and soil-transmitted helminths have severe consequences for women's sexual and reproductive health such as anaemia and irreversible damage to the reproductive system. Women and girls are also more vulnerable to the stigmatisation and social exclusion associated with NTDs and this may negatively affect their health-seeking behaviours. Additionally, the burden of care for other family members often falls on women and girls, causing them to drop out of employment or education. Therefore, tackling diseases of poverty will contribute both directly and indirectly to improved outcomes for women and girls.

The UK has been a strong leader in **disability inclusion**, championing the rights of people with disability and recently committing in its Disability Inclusion Strategy to mainstream disability through its global health work. NTD programmes have led the way in working directly with organisations of persons with disabilities (OPDs) to reduce stigma and discrimination, promote social and economic change, and influence health behaviours. People disabled by NTDs face intersecting discrimination and increasing their participation in society empowers the most marginalised and under-represented groups.

In summary, progress in elimination of NTDs through country-driven and funded programmes, stronger community health systems and **community ownership** of health decisions will not only contribute to improved health and development overall, but will also be a strong indicator of reduced health inequalities and resilient health systems.

Recommendations

The UK should:

- Continue to invest in HSS, using NTDs as an entry point to reaching marginalised communities and under-resourced areas of health service delivery such as rehabilitation and mental health

- Support national health systems to use data on the distribution of diseases of poverty, to better target services, including WASH, nutrition, mental health and physical rehabilitation, to the most affected populations

- Harness community-based programmes that target diseases of poverty, including those led by OPDs, to deliver hygiene behaviour change and improve the uptake and sustainability of health, nutrition, WASH and education services, particularly for marginalised groups such as women and girls and people with disability

- Leverage existing private sector engagement on NTDs and nutrition to target integrated programmes to improve health and nutrition outcomes for mothers and children

2. UK investment in pandemic preparedness and global health security should include NTDs

Health systems worldwide have been weakened by the pandemic, undermining progress made, including on NTD elimination. Indeed, a WHO survey found that as of early 2021 disruption to NTD services occurred in 44% of countries surveyed with 19% reporting severe disruptions to NTD activities, the highest amongst health services. The pandemic has also exposed the overall weakness of global health systems and their vulnerability to emerging threats. Action is needed both to help health systems recover from the pandemic and to ensure continued progress toward the SDGs, including SDG Target 3.3 on ending NTD epidemics.

Increasing resilience to future health shocks

A new approach is clearly needed to break the cycle of emergency and neglect that characterises the current approach to outbreaks and epidemics. **Pandemic preparedness and response** (PPR) warrants a greater focus on preparedness for other diseases. Many NTDs are at risk of becoming epidemic, resistance to some of the most routinely-used and cost-effective treatments is growing, and climate change and migration are increasing their current and future burden globally. A wider approach to **global health security** that strengthens NTD diagnosis and surveillance will address unmet needs while creating a resilient system that can be adapted in response to other disease threats, multiplying investment while providing the broadest benefits to global public health. Existing systems for NTDs can also bolster PPR, for example by drawing on existing community structures and in particular trust.

One Health is an effective approach to addressing emerging health threats. Shared resources, expertise and interventions across health, veterinary and environmental sectors can improve efficiency of disease surveillance, diagnostics, and control; for instance, prevention of rabies is more cost effective in dogs than in humans. The UK has strong government, private, academic, and civil society veterinary and agricultural expertise that can be deployed to influence and support the global community on issues of global concern such as future pandemics and antimicrobial resistance. Additionally, the UK already employs an integrated One Health approach for surveillance of and response to outbreak-prone diseases, which can be effectively implemented in other countries and regions. There are domestic benefits to broadening this approach internationally, for instance by reducing the spread of commercially important livestock diseases and increasing potential for trade in agricultural products. The UK is best-placed to lead a comprehensive One Health approach at home and abroad to address complex health outcomes, including NTDs, and strengthen global health security.

Innovation and research

The UK has long been a science superpower, driving and supporting the delivery of ground-breaking progress in global health research and development (R&D) and maximising its health impact. However, there is urgent unfinished business when it comes to equitable access for health tools and technologies for NTDs. Global Britain is well placed to lead on overcoming this gap by building on previous support, partnerships and investment. Research is not a short-term activity and many of the technologies used for COVID-19 had their foundation in decades of investment into research for infectious diseases. Therefore, whilst the UK Government, and the FCDO's focus on immediate investments in R&D for COVID-19 is laudable, it is critical that continued investment into research and development of products for other health issues is not overlooked in addressing transnational challenges.

There is an emerging consensus that the dominant market-based approaches have been insufficient to encourage significant investment into diseases of poverty, where the return on investment can be uncertain and demand may be low. This is a problem not only for poverty related neglected diseases. The world needs public investments and alternative,

needs-driven business models that reward innovation while delivering global public goods, including health benefits, to all. Looking to the future, success will also require progress on emerging R&D needs resulting from the climate crisis. This will include new treatments for dengue and other climate-sensitive diseases, which are likely to exacerbate health disparities if not addressed.

Recommendations

The UK government should:

- Support the strengthening of diagnosis and surveillance for NTDs within pandemic preparedness and response planning, recognising this strong health systems are vital to ensuring health security.

- Lead on applying a One Health approach to global health security, including NTD control, with an emphasis on planetary health and addressing the changing nature of disease, and linking areas of the UK's comparative advantage and expertise.

- Develop a cross-Whitehall strategy for supporting global health research to ensure alignment across all departments and to ensure maximum impact for diseases of poverty in these investments.

- Provide urgent clarity on long term financial decisions and multiyear spending commitments that ensure ongoing PDP-backed R&D will continue. This is essential for producing results, tools and treatments needed to meet the SDG targets and prepare for potential epidemics and health threats.

- Support science and policy leadership to strengthen existing and emerging innovation ecosystems that prioritise the needs of neglected populations. This includes ensuring innovations originating in LMICs are integrated into international responses and strengthening clinical research networks and drug discovery consortia in endemic regions.