



Neglected Tropical Diseases

Number of people receiving treatment or care for one or more neglected tropical diseases (disaggregated by type of intervention received).

1. Results:

In 2017 DFID reached 109.2 million people through our neglected tropical diseases (NTD) programmes.

Table 1: Number of people reached by intervention type

<i>Intervention Type</i>	<i>Number of People Reached</i>
Preventive chemotherapy ¹	107,247,124
Other preventive measures ²	2,182,354
Morbidity management ³	73,980
Curative treatment ⁴	6,433

In 2017 out of the total people reached by DFID's NTD interventions, 98% received preventative chemotherapy¹, 0.1% morbidity management³, 0.01% curative treatment⁴, and 2% other types of preventative measure².

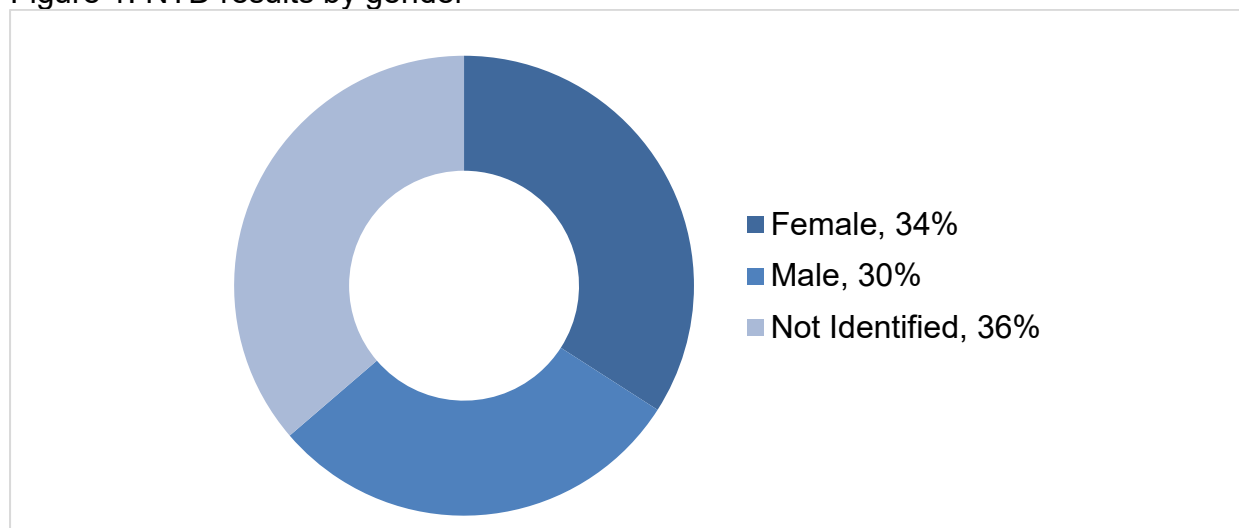
1 Preventive chemotherapy is the treatment of entire populations at risk of infection (regardless of whether or not they are infected) to treat infection and prevent ongoing transmission.

2 Other preventive measures can be used to prevent the spread of NTDs, for example water filters are used to prevent infection by Guinea Worm due to drinking contaminated water.

3 Morbidity management is the provision of surgery and self-care training to address the disabling consequences of infection with lymphatic filariasis, or surgery to prevent blindness due to trachoma.

4 Curative treatment is where individuals receive a diagnosis and, if infected, treatment to cure the disease.

Figure 1: NTD results by gender



In 2017 DFID reached 37.2 million females and 32.3 million males through our NTD programmes, the gender of 39.6 million beneficiaries were not identified.

2. Context

Neglected Tropical Diseases (NTDs), such as schistosomiasis (bilharzia), onchocerciasis (river blindness) and lymphatic filariasis (elephantiasis) are a group of diseases that affect the world's poorest and most marginalised people. NTDs predominantly affect remote and hard-to-reach communities that frequently lack access to basic health services and safe water, sanitation and hygiene services. The NTDs can cause severe pain, long-term disability, chronic illness, irreversible blindness, disfiguration and death. These outcomes also result in further socio-economic impacts, such as significant out-of-pocket health expenditures, lost livelihoods, stigma and social exclusion. Some NTDs can inhibit children from learning and developing to their full potential, prevent adults from working to support their families economically, and trap the poor in a cycle of poverty and disease. Reaching people with preventive or curative interventions for NTDs can avoid long-term health complications or the development of disabilities. Large scale intervention can also reduce overall transmission of NTDs, which over time will support their effective control or elimination.

Globally, more than 1.6 billion people, including 850 million children, are at risk from these diseases and require intervention, and individuals are often affected by more than one NTD. Regionally, Africa and Asia bear the largest burden of NTDs: over 40% of ill health associated with NTDs occurs in Africa, and 31% in South East Asia¹.

Sustainable Development Goal 3, "Ensure healthy lives and promote wellbeing for all at all ages", covers a range of health issues. Of the 13 targets, one (target 3.3) covers NTDs specifically: "By 2030, end the epidemics of AIDS, TB, malaria and NTDs and combat hepatitis, water-borne diseases and other communicable diseases". Progress on NTDs is tracked by the SDG indicator "Number of people requiring interventions against neglected tropical diseases".

DFID's NTD programmes focus on lymphatic filariasis, trachoma, schistosomiasis, visceral leishmaniasis, onchocerciasis and guinea worm. The primary interventions used for these NTDs fall under the following categoriesⁱⁱ:

- **Preventive chemotherapy:** Treatment of entire populations at risk with drugs to treat infection and prevent ongoing transmission.
- **Morbidity management:** Surgery and self-care training to address swelling of limbs and genitals (for lymphatic filariasis), or surgery to prevent blindness (trachoma).
- **Curative treatments:** Diagnosis and treatment of those found to be infected.
- **Other preventive measures:** Other measures used to prevent transmission of infection, for example the use of cloth filters for water (Guinea Worm).

These interventions are also supported by a range of other activities, such as surveys to assess the geographical distribution of disease, disease surveillance, behaviour change communication, monitoring and evaluation, improved access to safe water, sanitation and hygiene, and vector-control. See Table 1 below for a summary of the health impacts of each of DFID's six focal NTDs, and the primary interventions applied.

Disease	Health impacts	Intervention
Lymphatic filariasis (elephantiasis)	Abnormal enlargement of feet, legs and genitals, resulting in pain, disability and social stigma.	Preventive chemotherapy Morbidity management
Trachoma	Eye pain and discomfort, scarring of the eyelid and cornea, causing eventual irreversible blindness.	Preventive chemotherapy Morbidity management
Schistosomiasis (bilharzia)	Can cause liver damage, kidney failure or bladder cancer.	Preventive chemotherapy
Visceral leishmaniasis	Fever, weight loss, anaemia, and swelling of internal organs. Untreated cases usually result in death.	Curative treatment
Onchocerciasis (river blindness)	Severe itching, disfiguring skin conditions and irreversible blindness.	Preventive chemotherapy
Guinea Worm	Painful and disabling emergence of a long worm from the lower limbs.	Other preventive measures

3. Methodology summary

The indicator captures the number of people receiving one or more of the following interventions which aim to prevent, cure or manage an NTD.

Preventive chemotherapy:

- Lymphatic Filariasis
- Soil transmitted helminths
- Schistosomiasis
- Onchocerciasis

- Trachoma

Curative treatments:

- Visceral leishmaniasis

Morbidity management interventions:

- Lymphatic filariasis
- Trachoma

Other preventive measures

- Guinea worm

Given that individuals may be receiving an intervention for more than one NTD, care should be taken to avoid double counting. The data used to calculate overall results details the interventions provided, disaggregated by disease, intervention type, country, district (or other sub-national geographical unit), gender and disability status, where possible. From this, the “peak” interventions per district (over time and across disease) are calculated within each country, to avoid potential double counting. The country totals can then be summed to give an overall aggregate figure.

Detailed methodology available [here](#).

4. Data sources

Data for this indicator are reported by implementing partners, and are generally obtained through national NTD data reporting systems managed by Ministries of Health. Numbers reached by guinea worm preventive measures are estimated based on the number of households within villages under active surveillance, from programme information.

Full dataset available [here](#).

5. Data quality notes

Variation in data quality is anticipated across countries, as a factor of the quality of training provided to the community based health volunteers and health workers who carry out interventions and complete data reporting tasks; national health data reporting systems in use; and the overall capacity of Ministries of Health.

Implementing partners and the World Health Organization work with national Governments to strengthen data reporting systems, although DFID has little control over the final quality of data reported. This indicator is closely aligned to SDG indicator 3.3.5 (the number of people requiring interventions against neglected tropical diseases), and as such uses data which is reported by Ministries of Health to the WHO to support the monitoring of the SDG indicator. This alignment will ensure that our results reporting uses the highest quality data available on the reach of our NTD programmes.

To avoid counting individuals more than once where they may be receiving multiple interventions, the peak reach per district and age group (across interventions and time) is used. It is important to note that this is likely to be an underestimate of our programmes overall reach. However, due to the lack of individual based data, it is not possible to achieve a full enumeration of beneficiaries, while avoiding double counting, in any other way.

The data for the number of individuals receiving preventive interventions for Guinea Worm Disease is likely to be less accurate than the rest of the data used, as this is an estimated reach figure based on the number of households provided with cloth water filters and the average household size in intervention villages (this is calculated by our implementing partners). However, as we are now very close to the eradication of Guinea Worm Disease, partner data on at-risk communities is very strong, and so the level of error should be minimal.

Statistics Advisers in DFID undertake quality assurance of the results data and attempt to minimise the source of any errors although there is a risk that errors may still exist. Reported results for 2017/2018 may change following provision of more up to date information.

ⁱ World Health Organization (2016). Cause specific mortality and disease burden estimates for 2015: http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html

ⁱⁱ World Health Organization. (2012). Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation.