



Address by

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to the

NEGLECTED TROPICAL DISEASE NGDO NETWORK ANNUAL MEETING

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Ladies and Gentlemen,

I would like to thank you for inviting me to address you here today at the annual meeting of the Neglected Tropical Disease NGDO Network. It is an honour indeed. Let me welcome you all to the Eastern Mediterranean Region of the World Health Organization.

I would like to start by recognizing the work undertaken so far in scaling up interventions against neglected tropical diseases and in meeting the needs that this effort requires. The progress made so far reflects successful collaboration and partnership between all the actors involved – national authorities, nongovernmental organizations (NGOs), the private sector, and international organizations, including WHO.

But despite the progress made, we all know that neglected tropical diseases still represent an important public health problem in many countries of our region which covers a wide geographical span across north Africa, the Middle East and western Asia and south into the Horn of Africa.

I will briefly highlight four different aspects of neglected tropical diseases in the Region: the burden, the accomplishments so far, the challenges and the opportunities we have to achieve our goals.

### **Burden**

The WHO Eastern Mediterranean Region share of the global burden of neglected tropical diseases in terms of disability-adjusted life years – DALYs – is approximately 10%. The main characteristic of these diseases in this region is their very varied epidemiology. We have countries that are virtually free of these diseases, such as the United Arab Emirates, and we have highly endemic countries,

such as Pakistan, Somalia and Sudan. This reflects the different geographical, social and economic environments in the Region.

### **Achievements**

Let me mention some of the accomplishments made so far in this Region.

Thanks to the support of partners, including many present here today, national authorities in a number of countries are implementing interventions aimed at controlling, eliminating and eradicating neglected tropical diseases. Such interventions include:

- intensified case management, to decentralize high-quality diagnosis, treatment, morbidity management and disability prevention to rural areas;
- preventive chemotherapy, to prevent morbidity and reduce transmission through mass treatment of entire communities in endemic areas; and
- vector ecology and management, to break the transmission cycle of many neglected tropical diseases;

Other interventions include those on veterinary public health, to make an impact on zoonotic diseases through an intersectoral approach; and the provision of safe water, sanitation and hygiene to address the root causes of many diseases of the poor.

These interventions have produced significant results.

For example, leprosy has been eliminated as a public health problem in all countries in the Region. Sudan is currently in the process of certification as free from guinea-worm, which will also mean that the WHO Eastern Mediterranean Region is guinea-worm-free. This is a great achievement.

The burden of schistosomiasis in Egypt and Yemen has been significantly reduced, while transmission in Iraq, Morocco, Oman and Tunisia as well as other countries, has been interrupted. Onchocerciasis transmission in Sudan, and filariasis transmission in Egypt and Yemen are being progressively interrupted.

Deworming for the 70 million schoolchildren and pre-schoolers requiring treatment in our Region is being implemented on a significant scale in many countries, in collaboration with UNICEF and World Food Programme.

Also, following extensive mapping exercises throughout the Region, the SAFE strategy for trachoma is now being implemented.

Countries such as Somalia and Sudan have intensified detection and management of cases of visceral leishmaniasis.

The burden of fascioliasis in northern Islamic Republic of Iran, and of echinococcosis in Morocco has been reduced. Finally, mycetoma has been included in the NTD portfolio in Sudan.

Guided by a 2006 resolution of WHO Regional Committee for the Eastern Mediterranean, (EM/RC54/R.3), WHO has contributed to these efforts in a range of ways. We have, for example, managed many large-scale donations of medicines from our partners. We have provided technical support where needed and have contributed to the development of global norms and guidelines and to adaptation at country level. NTD focal points are being established in affected countries. We are also fostering the role of WHO collaborating centres in the Region, and mobilizing and convening partners around ministries of health.

### **Challenges: what remains to be done**

As I said before, in spite of these many achievements, the NTD challenge in the Eastern Mediterranean Region is clearly an unfinished agenda.

While we consider NTDs as a priority in the Region, we face significant constraints.

At country level, NTD programmes remain largely underfunded, thus limiting the assessment of the burden, the identification of endemic areas, the detection of cases through surveillance, and the implementation of appropriate treatment and control measures.

Limited human resources and capacities at country level underline the need for extensive and continuous training.

Cutaneous leishmaniasis is not being adequately addressed in highly endemic countries, such as Afghanistan and Syria, where it represents a significant public health problem and is a source of stigma due to its highly disfiguring nature. We are very much in need of large-scale donation of medicines to tackle it.

Social instability and conflicts throughout our region are a major public health challenge, as they entail discontinuity and disruption of health services and facilities, displacement and relocation of populations, and poor housing and sanitation. All of these factors lead to increased risk of acquiring neglected tropical diseases and increased risk of developing the associated morbidity. Currently over 50% of the world's refugees originate from the Eastern Mediterranean Region, the vast majority of whom are displaced within the Region.

International sanctions also have an impact on partners' interest and on external funding from foreign donors.

We need, together, to find ways to ensure that these challenges are overcome and that the NTD agenda continues to move forward in spite of these difficulties. We must be able to sustain the achievements we have made so far and continually strive for new gains. We need to motivate people to work with the same pace that we have seen to date, and the same passion.

### **Opportunities**

Despite the difficult challenge in reaching affected populations, the commitment of stakeholders and the dedication of health workers indicate that we can still make a difference in reducing the burden.

How can we do that? A number of opportunities for success exist. I will highlight three.

The first opportunity is the low transmission status of many neglected tropical diseases in our Region, such as lymphatic filariasis, onchocerciasis, schistosomiasis, leprosy and guinea-worm disease. We just need to take the final step, make the final push to finish the job. Success is within reach.

The second opportunity is the progressive integration of NTD control programmes. Such positive aggregation among once-vertical interventions means more effective use of resources, better coordination and higher capacity to attract partners, but also more competent human resources and greater capacities at country level.

The third opportunity is the positive shift towards domestic government funding for neglected tropical diseases. This reflects the increasing understanding that investment in neglected tropical diseases is not only a medical response, but an investment in the education and future of children and in more productive lives; in short, an investment in development.

I invite all NGDOs present here to become shareholders in such an investment, and to bring new players into the field. Please contribute to the fight against neglected tropical diseases in the Eastern Mediterranean Region. The doors of our WHO offices are always open for you and we will be happy to facilitate your contacts with the national health authorities to ensure coordinated and effective support to their NTD plans.

Thank you.