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**Leadership Dialogue – Raising the profile of the neglected tropical diseases**

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My contribution comes from the perspective of an academic involved for more than 30 years in issues relating to disease control and health systems in Africa and Asia. My prime interest is not so much the drugs and vaccines themselves, but rather the systems that are needed to get them to the people in need – i.e. delivery approaches and the necessary health system building blocks.

My first exposure to what are now called the Neglected Tropical Diseases was in Malawi in 1973 when I was working as the Economist in the Planning Unit of the Ministry of Health. We were approached by a donor interested in supporting the control of schistosomiasis. I recall our difficulty in the MOH in responding to the need for action. We lacked the knowledge of the problem and what could be done about it given the limited technical expertise and service infrastructure of the MOH.

Now there are many examples that countries can follow to address the Neglected Tropical Diseases, and effective products are available. But still many people do not have access to them. I want to address the critical issues of service delivery and how the philanthropic and corporate communities might help with them.

The first issue I want to take is how to get essential medicines to those who need them. What are the high priorities for now and the high priorities in the future as new products are developed?

Community based delivery approaches have considerable promise. The use of community directed treatment has been strikingly successful in the Onchocerciasis Control Programme. There have also been successful attempts to integrate the delivery of several different drugs at community level. This has not only been effective but efficient also. Integrated programmes can deliver several drugs at a lower cost than the total cost when each is delivered separately. In other health programmes there is also growing evidence that community health workers with focused training can successfully undertake health promotion and prevention activities.

But these community level activities must not be viewed as existing separate from the rest of the health system. The activities require support and supervision. There need to be effective approaches to linking the community level with the health centres and district level staff and managers. Given the spread of mobile technologies in Africa and Asia, this may be a great opportunity for using them to strengthen the links between communities and the next level up of the health system.

The second issue I want to address is that of the drug supply and distribution system. One of the greatest challenges to community based delivery is ensuring a regular supply of drugs. I want to mention 2 levels of attack.

- (a) Through the private sector. Private outlets for drugs are spread throughout low income countries – including local shops and market places. They can often reach a much higher proportion of the population than public facilities are able to do: e.g. in Tanzania there is 1 health facility for every 5000 people, compared to 1 retailer selling anti-malarials for every 930 people, and 1 retailer selling any drug for every 260 people. Distribution networks exist to supply these outlets. There needs to be experimentation to see whether they can be used these to supply community programmes. In addition, drug outlets themselves represent a missed opportunity. They usually supply more drugs than the public sector, but there are concerns of drug quality, prescribing and cost. Small scale studies have shown ways to increase the benefit that people get from using them – e.g. Training shopkeepers in Kilifi

Improving packaging to increase compliance to dosages

Price labelling to control cost to patients

These approaches need to be tried on a much larger scale. They offer the potential to make better use of the existing spending by households on drugs.

- (b) Through improving of drug procurement and distribution in public sector systems. There have been many decades of efforts to improve public procurement and distribution. Nonetheless, in many countries this is still not working well so it is bypassed - each new initiative sets up its own procurement and distribution system. This is both inefficient from a systems perspective, and it means that the public system is never reformed.

Supply chain management is something that can be very efficiently run by the private sector. It needs to be explored and documented whether this expertise can be exploited by the public sector – e.g. through providing advice on reforming drug procurement and distribution or even contracting the private sector to manage central drugs stores or drug distribution.

This may sound mundane but is vital! Improvement to the public drug procurement and distribution system would have a multiplier effect and benefit many diseases/programmes.

The third issue I want to cover is the importance of linking specific initiatives for Neglected Tropical Diseases with the broader system level. The burden of NTDs and lack of access to treatment are one reflection of the weak health systems in lower income countries. Countries lack the necessary primary care infrastructure, human resources, drugs, supervision and management to enable them to deliver services effectively at the periphery. These problems are aggravated by multiple initiatives which may bring short term success in particular areas but also threaten long-term sustainability. Strong partnerships between external agencies and country decision makers are vital to ensure co-ordination and the build up of sustainable programmes.

A focus on strengthening the health system to tackle NTDs would be an appropriate response to the financial crisis – evidence from previous financial

crises demonstrates that the poorest lose out the most and that focused efforts are needed that help the poorest. Strengthening health systems with a focus on NTDs would achieve this emphasis on the poorest.

Finally I want to stress the need for evaluation. Well conducted evaluation can be a powerful tool in publicising the success of a programme. I would urge that well designed evaluation be included in any new initiatives. This is especially important for new delivery approaches. Delivery systems have been a neglected area of research and yet such research is vital to ensure that treatments reach those who need them.