

## Neglected but treatable

In the public health context, neglected tropical diseases (NTDs) have been consistently and alarmingly under-emphasised despite being widespread among low-income populations in developing tropical regions (Africa, Asia, and the Americas). The diseases that are most prevalent in India include lymphatic filariasis, soil transmitted helminthiasis, trachoma, visceral leishmaniasis, dengue, rabies, cysticercosis and Japanese encephalitis. India also bears a high burden of intestinal worm infections (hookworms, whipworms and Ascaris worms).

Extensive activities under two significant public health campaigns will roll-out in February and address the problems of intestinal worms (or soil-transmitted helminth) and lymphatic filariasis. While on National Deworming Day (February 10) children between ages 1 to 19 through schools and anganwadi centres would have been dewormed in order to improve their nutritional status and well-being, the Lymphatic Filariasis Programme will reach out to those above two years, by using health workers across select endemic districts to administer anti-filarial drugs. Both programmes involve the distribution of drugs free of cost through periodic rounds of mass drug administration (MDA) and their effectiveness depends on when these drugs are consumed by the high-vulnerability population.

Their success also depends on clear communication strategies as many a time the benefit of such programmes is not understood by many. In the case of the filariasis programme, MDA is needed to reduce infection in a community to levels below the threshold at which vectors cannot spread parasites from person to person. This happens only if a large part of the population, including those who have not contracted the disease, consumes the drugs.

### The WASH strategy

The potential of water, sanitation and hygiene (WASH) strategies, a critical component of prevention and care for all NTDs, has yet to be realised. Provision of safe water, sanitation and hygiene is one of the five key interventions in the global NTD road map. However, the WASH component has received little attention; the potential to link efforts on WASH and NTDs has been untapped. Focussed efforts on WASH are a must especially in NTD control where transmission is closely linked to poor WASH conditions, examples being soil-transmitted helminthiasis, schistosomiasis, trachoma and lymphatic filariasis.

Emerging evidence suggests that NTDs significantly impair response to standard childhood immunisations. Both antenatal and childhood parasitic infections have the ability to alter levels of protective immune response to routine vaccinations. Successful NTD programmes can prevent immunomodulation caused by parasitic antigens during pregnancy and early childhood and also improve vaccine efficacy.

In the disease fight, several countries have made extraordinary progress; 20 countries and 499 million people were no longer in need of MDA for lymphatic filariasis, as of 2016, and 10 countries have now eliminated it as a public health problem across the Pacific-African regions ahead of the global target year of 2020. Lessons learnt from Sri Lanka and the Maldives in the South Asian region are what can help India prioritise and intensify efforts to eliminate filariasis.

On December 14, 2017, Uniting to Combat NTDs, a collective of dedicated partners working together to defeat 10 neglected tropical diseases, released its fifth report to highlight the progress made in the NTD fight. The report indicates the potential of an NTD-control programme that is community-based. It also looks at how it can provide a gateway to universal health coverage as it reaches marginalised populations through well-trusted health workers who provide quality, free-of-

cost drugs to the population. India's commitment towards NTD elimination is critical to meet the global target of elimination of intestinal worm infections and lymphatic filariasis by 2020.

Dr. N.K. Ganguly is a former Director General of the Indian Council of Medical Research, New Delhi. Dr. Rahul Srivastava

is a public health expert based in New Delhi

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