Neglected tropical diseases affect over 1.4 billion people worldwide and cause half a million deaths each year.

They also cause chronic disability, stigma and ill health, disproportionally affecting poor and marginalised people.
Malaria Consortium aims to ensure access to effective prevention and treatment for neglected tropical diseases, especially for those who are most vulnerable.

Our approach to neglected tropical disease (NTD) control and elimination is based on our long-standing experience and expertise in the prevention and treatment of malaria. We aim to:

- work closely with governments and other development partners
- develop evidence-based strategies and support the design of national disease control programmes
- implement disease control programmes with particular emphasis on under-served populations
- build and support local capacity through health systems strengthening
- support large-scale intervention campaigns such as preventative chemotherapy and long-lasting insecticidal net distribution
- carry out monitoring and evaluation
- use new evidence to improve programme effectiveness and share learning to improve policy and practice

Main NTD categories

**VECTOR BORNE PROTOZOAN INFECTIONS INCLUDING:**
Visceral leishmaniasis (kala-azar), cutaneous leishmaniasis, human African trypanosomiasis (sleeping sickness), and American trypanosomiasis (Chagas disease).

**BACTERIAL INFECTIONS INCLUDING:**
Trachoma, leprosy and buruli ulcer.

**PARASITIC WORM INFECTIONS INCLUDING:**
Hookworm, ascariasis and trichuriasis (soil transmitted helminths), schistosomiasis (bilharzia), lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), and dracunculiasis (Guinea worm).

According to the World Health Organization, of the 17 identified NTDs, 10 are targeted for control (human African trypanosomiasis, soil transmitted helminths, leishmaniasis, leprosy, taeniasis/cysticercosis, echinococcosis, food-born-trematode, dengue, rabies, buruli), five are targeted for elimination (American trypanosomiasis, lymphatic filariasis, schistosomiasis, onchocerciasis, trachoma) and two are targeted for complete eradication (dracunculiasis, endemic treponematoses).
Previous NTD activities
Malaria Consortium has engaged actively in NTD control since 2006, starting with a situation analysis on NTDs and their control in Uganda. An operational research project on visceral leishmaniasis in the Karamoja region of Uganda was the first NTD project in our portfolio. The Uganda NTD analysis was published as a peer reviewed paper in *Trends in Parasitology* and followed by a series of papers on leishmaniasis in Uganda and eastern Africa. In 2007, support provided through COMDIS, the Research Programme Consortium funded by the Department for International Development/UKaid, gave us an opportunity to conduct a NTD situation analysis in South Sudan. The findings were used to respond to a request for applications issued by USAID to support the ‘integrated’ control of key NTDs – onchocerciasis (also known as river blindness), lymphatic filariasis (elephantiasis), intestinal worms, schistosomiasis (bilharzia) and trachoma – for which safe and effective preventive chemotherapy was available free of charge or at low cost. A three-year grant to support integrated NTD control in South Sudan was issued by USAID, through RTI International, to Malaria Consortium in 2008. Meanwhile, funding for visceral leishmaniasis control in South Sudan was secured from the Common Humanitarian Fund.

Current NTD activities
Malaria Consortium’s main focus lies in the delivery of safe and effective drugs to control seven diseases: onchocerciasis, lymphatic filariasis, schistosomiasis, trachoma and soil-transmitted helminths. We have been conducting situational analyses and reviewing possible interventions to control these NTDs in South Sudan, Ethiopia, Uganda, Mozambique and Nigeria and have recently broadened our NTD scope to include dengue in Cambodia in Southeast Asia.

South Sudan
Malaria Consortium is currently engaged in building a comprehensive and sustainable NTD control programme in South Sudan with the support of UKaid. This programme aims to reduce the prevalence of the seven targeted NTDs through the design and implementation of integrated mapping and mass drug administration (MDA) projects, thereby reducing the socio-economic costs which result from NTDs, including disability, disfiguration, stigma and lost livelihoods. Malaria Consortium is committed to supporting the Ministry of Health to build capacity and lead a sustainable NTD control programme in targeted areas by 2017.

Nigeria
Nigeria has the third highest lymphatic filariasis disease burden in the world, with 88 million – more than 50 percent of the population – at risk of contracting the disease. Because of the significant overlap in areas of active transmission between malaria and lymphatic filariasis, Malaria Consortium employs complementary interventions such as surveillance, behaviour change communication and vector management. We work with all levels of society and government to ensure MDA for NTDs, malaria control interventions and efforts to eliminate lymphatic filariasis are embedded into current practice.

Mozambique
In the Northern Mozambican province of Nampula, NTDs affect almost the entire population, with prevalence rates for schistosomiasis reaching 90 percent, for soil-transmitted helminths 78 percent and in certain districts reaching 82 percent for lymphatic filariasis. Community members often have little involvement with modern medicine and a limited understanding of how to manage and prevent NTDs. Malaria Consortium works together with the Mozambican Ministry of Health to develop innovative tools and materials to increase community participation in MDA campaigns. By conducting research into the perceptions of and barriers to drug administration within Nampula communities, we are aiming to improve the understanding both for health workers and the wider community. Which in turn helps health workers promote preventive and care-seeking behaviour in the communities of Nampula.

Cambodia
Malaria Consortium is currently implementing a project combining both malaria and dengue prevention in several provinces of Cambodia including Pailin, Ratanakiri and Stung Treng. As both malaria and dengue are vector borne diseases, there are a number of similarities. However, community knowledge of practices relating to malaria and dengue are often lacking and confused, for there are key differences between the two diseases. To tackle this, we have launched a strategy to identify misconceptions at the community level, which could interfere with malaria and dengue control efforts. This strategy ensures a more efficient use of resources. Lessons learned at the community level will then strengthen national health systems to better prevent the spread of vector borne diseases across the region.

An integrated approach
Our current NTD control strategy focuses on those diseases for which prevention and care strategies already exist, ensuring safe, effective interventions that offer good value for money, but we also work on NTDs with more challenging strategies. Our implementation and operational research activities help to inform the design of comprehensive, appropriate control strategies that reach those most in need. We support preventive chemotherapy programmes, whilst looking for opportunities for a more comprehensive approach, including vector control where appropriate, as well as focusing on public health communication to improve local NTD awareness, encouraging patients to seek diagnosis and treatment earlier. We are also exploring how community-based delivery systems can be strengthened by engaging community health workers in delivering a range of services from NTD programmes to integrated community case management to seasonal malaria chemoprevention.
Safe, effective and inexpensive drugs are available for treatment of lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminths and trachoma. In areas where people suffer from more than one disease, treatment may be delivered at the same time, using the same structures, through MDA campaigns.

Our first priority is to establish which areas of a country are affected by the different diseases. This information is gathered through parasitological surveys. Affected areas can then be targeted with the most appropriate treatment. Malaria Consortium has developed an integrated survey methodology for soil-transmitted helminths, schistosomiasis and lymphatic filariasis. The aim is to reduce costs and increase the speed at which diseases can be mapped.

Once populations infected or at risk of infection have been identified, treatment campaigns can be planned and implemented. This requires a broad range of activities, from securing drug donations to training community health workers, supervising distributions and strengthening drug distribution systems. Malaria Consortium’s technical and logistics experience ensures that MDA campaigns are effective even in the remotest settings.

The success of NTD programmes relies on monitoring programme coverage as well as possible side effects of the treatment. In addition to these, Malaria Consortium gathers information on disease prevalence and intervention costs, to establish what impact is being achieved and whether it is cost-effective.

NTDs are both treatable and preventable

**Integration with iCCM**

Integrated community case management (iCCM) of malaria, pneumonia and diarrhoea has led to innovative ways to engage communities actively in local health services. Malaria Consortium helps overcome community mobilisation challenges through integration with our iCCM programmes.

**Deliver complementary interventions**

Disease control or elimination programmes commonly rely on more than one intervention. For those diseases for which MDA is an option, the delivery of drugs should be complemented by other control measures for greatest impact such as WASH promotion and vector control, where appropriate.

**Monitoring and evaluation**

The success of NTD programmes relies on monitoring programme coverage as well as possible side effects of the treatment. In addition to these, Malaria Consortium gathers information on disease prevalence and intervention costs, to establish what impact is being achieved and whether it is cost-effective.

**NTDs that can be controlled through MDA**

NTD control is one of the ‘best buys’ in public health today
Malaria Consortium is one of the world’s leading non-profit organisations specialising in the comprehensive control of malaria and other communicable diseases – particularly those affecting children under five.

Malaria Consortium works in Africa and Southeast Asia with communities, government and non-government agencies, academic institutions, and local and international organisations, to ensure good evidence supports delivery of effective services. Areas of expertise include disease prevention, diagnosis and treatment; disease control and elimination; health systems strengthening; research, monitoring and evaluation; behaviour change communication; and national and international advocacy. Malaria Consortium also supports efforts to combat neglected tropical diseases and is seeking to integrate NTD management with initiatives for malaria and other infectious diseases.

With 90 percent of Malaria Consortium staff working in malaria endemic areas, the organisation’s local insight and practical tools give us the ability to respond to critical challenges quickly and effectively. Supporters include international donors, national governments and foundations. In terms of our work, we focus on areas with a high incidence of malaria and communicable diseases for wide and lasting impact among those people most vulnerable to these diseases.

Malaria Consortium
Development House 56-64 Leonard Street
London EC2A 4LT, United Kingdom
Telephone +44 (0)20 7549 0210
UK Registered Charity Number: 1099776
US EIN: 98-0627052

Malaria Consortium Africa
Plot 25 Upper Naguru East Road
P.O. Box 8045, Kampala, Uganda
Telephone +256 (0)312 300420

Malaria Consortium Asia
Room 805, Faculty of Tropical Medicine
Mahidol University, 420/6 Rajavidhi Road
Bangkok 10400, Thailand
Telephone +66 (0)2 354-5628

www.malariaconsortium.org
info@malariaconsortium.org

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