

## Amid Neglected Diseases is a Neglected Solution By Helen Hamilton

Neglected tropical diseases (NTDs) are called neglected for a reason: they're widespread, painful and debilitating and, at times deadly diseases that prey on the poorest people; yet most are preventable.

Soil-transmitted helminths – intestinal worms such as hookworm, roundworm and whipworm – infect 1.5 billion people, more than half of whom are children<sup>1</sup>. Schistosomiasis is endemic in 70 developing countries, with the vast majority of individuals infected located in Sub-Saharan Africa<sup>2</sup>. 190 million people are at-risk of developing trachoma – a disease that is the single most preventable cause of blindness worldwide<sup>3</sup> and responsible for an estimated \$2.9 to \$6 billion in global losses in productivity annually<sup>4</sup>. These are just three of over [20 diseases](#) that make up this grouping of NTDs which take a devastating toll on human health, quality of life, livelihoods and national economies, particularly for those in the bottom billion, across 149 countries.

Amidst the devastation brought on by these neglected diseases is a neglected solution. Strong evidence shows that access to safe, sustainable and reliable water, sanitation and hygiene (WASH) interventions plays a critical role in preventing transmission.

For example, basic sanitation can reduce the prevalence of schistosomiasis by more than 75%<sup>5</sup>. Access to WASH services can lower the prevalence of roundworm infections by 29%<sup>6</sup>. Facewashing, in tandem with access to safe water and adequate sanitation, is vital in the prevention of trachoma, comprising the F and E components of the widely-used SAFE strategy: Surgery, Antibiotic treatment, Facial hygiene, and Environmental change<sup>7</sup>.

Despite the recognition of WASH's central importance in the prevention and treatment of NTDs, the WASH and NTD communities have historically remained silo'd, with few successful examples of collaboration and integration. We hope that is about to change for everyone's benefit.

To bridge these two disparate communities, the World Health Organization and the NTD NGO Network's (NNN) WASH Working Group have launched the first-ever WASH and NTDs toolkit, "[WASH and Health working together: a practical guide for NTD programmes.](#)"

Based on a range of experiences, the toolkit walks health and WASH practitioners through resource mobilization for joint programming, as well as the design, implementation and evaluation of such interventions with its 22 tools and practices. Now aggregated in one place,

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<sup>1</sup> [WHO, 2018](#)

<sup>2</sup> [GAHI; CDC, 2018](#)

<sup>3</sup> [The Carter Center, 2018](#)

<sup>4</sup> [ICTC](#)

<sup>5</sup> [CDC, 2010](#), citing a 1991 paper from Esry et al.

<sup>6</sup> [CDC, 2010](#), citing a 1991 paper from Esry et al.

<sup>7</sup> WASH: The silent weapon against NTDs Working together to achieve prevention, control and elimination

these tools have been shown to work in coordinated and integrated NTD control and elimination programs that support collaborative relationships between WASH and NTD stakeholders.

For example, in 2018, Ghana eliminated trachoma. They did so through the type of cross-sectoral action the WASH and NTDs toolkit will enable. The Ghana Health Service first introduced the National Trachoma Control Program and implemented the SAFE strategy in 2001, with the goal of eliminating trachoma in Ghana. Because latrines play a critical role in the long-term control of trachoma, the Program committed to constructing 5,000 household latrines each year to tackle the environmental improvement component of the SAFE strategy. Through a multi-sector and multi-agency partnership, over 12,500 household latrines were constructed in Ghana between 2001-2008. An impact evaluation in 2008 noted that water coverage improved from 50% to 80% and latrine coverage improved from between 0-1% to between 2-38% as a result of this project. The percentage of children with clean faces or faces without discharge rose from 70% to 93% in endemic areas in Ghana. Meanwhile the prevalence of active trachoma significantly reduced from more than 16% to less than 3% in the population. In June 2018, Ghana became the first country in WHO Africa Region to eliminate trachoma

In northeastern Uganda, WaterAid joined the trachoma elimination programme to better environmental conditions and improve behaviours, such as facial cleanliness, that can sustain the impact of structural efforts. By collaborating with established and trusted WASH partners in the communities, trachoma programmes work alongside and benefit from the infrastructure (access to clean water, latrines, and hand/face washing stations) that these WASH organisations are putting in place, which enable the healthy behaviours connected to trachoma elimination. This work includes incorporating hygiene and trachoma messaging into existing WASH lessons, community meetings, and community-led total sanitation. Bespoke health and hygiene messaging that reflects the environments and communities, such as their lifestyle and dress in northeastern Karamoja, helps people relate to the images and integrate the messages into their daily lives. Integrating trachoma messaging into existing WASH strategies and materials is efficient and eliminates duplicate materials that would run parallel to the other health and hygiene work.

Ghana and Uganda are two of many great examples of cross-sectoral collaboration. The groundbreaking WHO and NNN toolkit promises increased collaboration and integration of WASH and NTD programming – and honors of the 7<sup>th</sup> anniversary of the London Declaration on Neglected Tropical Diseases and UN Water's Leave No One Behind campaign.

The NTD and WASH sectors share a very worthy goal: sustainable NTD control, elimination and prevention. As we approach 2030, increased collaboration is crucial so that we truly leave no one behind.

About the author:

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