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Let's redouble efforts to eradicate all neglected tropical diseases

According to the World Health Organisation, Neglected Tropical Diseases (NTDs) are a diverse group of 20 conditions that are mainly prevalent in tropical areas where they affect more than one billion people who live in impoverished communities globally.

They are caused by a variety of pathogens, including viruses, bacteria, parasites, fungi, and toxins. These diseases cause devastating health, social and economic consequences. Examples of NTDs include leprosy, rabies, trachoma, schistosomiasis, lymphatic filariasis and soil-transmitted helminthiasis.

They are 'neglected' because they are almost absent from the global and national health agenda. Even today, when the focus is on universal health coverage, NTDs have very limited resources and are almost ignored by global funding agencies. NTDs are diseases of neglected populations that perpetuate a cycle of poor educational outcomes and limited professional opportunities. In addition, they are associated with stigma and social exclusion.

NTDs flourish mainly in rural areas, conflict zones, and hard-to-reach regions. They thrive in areas where access to clean water and sanitation is scarce - worsened by climate change. Furthermore, NTDs tend to affect regions without quality healthcare, leaving poor populations vulnerable to these often-debilitating diseases and newly emerging threats. Kenya has four NTD endemic zones - western, coastal, north rift, and eastern regions.

Addressing NTDs requires cross-sectorial approaches that span from bringing medicines to delivery to the clients; relieving the associated mental health burden, to tackling fundamental human rights issues.

Vector control, veterinary public health and provision of safe water, sanitation and hygiene are key complements to interventions targeting humans. There has to be a fundamental shift in approach from vertical disease programmes to cross-cutting approaches based on the needs of patients and communities.

Evidence has shown that community participation is critical to the success of any public health programme aimed at reducing exposure to, controlling, or eliminating diseases. Social behaviour change communication and advocacy campaigns using innovative channels should be used to educate, create awareness and demystify NTDs.

WHO released a road map; 'Ending the neglect to attain the Sustainable Development Goals: A road map for neglected tropical diseases 2021-2030', whose targets are aligned with those of the Sustainable Development Goals.

The road map sets out ambitious targets and key actions in tackling many of these diseases in an integrated manner and drives progress towards a world free of NTDs by 2030. Ensuring that essential services reach all who need them is at the heart of efforts to respond to NTDs.

The government will launch the Kenya National Master Plan for the Elimination of Neglected Tropical Diseases 2023-2027 that will be held in Kisumu. This is part of govern-



ment's effort to ensure that NTDs are no longer neglected or associated with the poor, but are controlled, eliminated, and eventually eradicated in Kenya.

Although the NTD burden remains high, Kenya has made progress in eliminating some NTDs. Kenya was certified Guinea worm disease-free by WHO in February 2018 and a certificate awarded by WHO after being evaluated by International Certification Team (ICT) between November and December 2017. The last case of Guinea worm disease in Kenya was reported in 1995 in Turkana County. Kenya now aims to eliminate Lymphatic Filariasis and Trachoma by 2025.

According to the Breaking Transmission Strategy 2018 - 2023, Kenya is committed to achieving the global and national goals of control and elimination of four Preventive Chemotherapy NTDs endemic in the country - Soil-

Transmitted Helminthiasis, Schistosomiasis, Lymphatic Filariasis and Trachoma. This aims at reducing the level of infection, both prevalence and intensity, to a point where it is no longer possible for the diseases to be transmitted from one person to another.

Many national NTD programmes are largely reliant on donor funding. There is need to increase the sustainability and predictability of funding as well as the availability of medicines and diagnostics across the whole NTD spectrum to ensure a progressive strengthening of NTD programmes and services along the three dimensions of universal health coverage (maximizing who is covered, which services are covered, and the proportion of the costs covered). The Kenya National Master Plan for the Elimination of Neglected Tropical Diseases 2023 - 2027 gives a clear costed plan on investments required to eliminate NTDs.

Kenya should invest in cross-cutting interventions outside of the health sector, in areas including water, sanitation, and hygiene; education; agriculture; animal welfare; and finance. All these sectors impact the lives of those living in areas endemic for NTDs and are important as part of a holistic, sustainable approach.

Ultimately, NTD interventions need to be a routine part of national systems and services to preserve the progress made, continue protecting those benefiting from services, and expand services where needed. With sustained efforts, Kenya can eliminate more NTDs by 2030 and decrease the number of people requiring interventions for NTDs.



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Tribute

Scholars have a lot to learn from Magoha



AGUMBA NDALOH

The late George Omore Magoha was a scholar par excellence, and scaled many heights in the academic agora. Many scholars are known to kowtow to power and easily go on their knees without giving their stand. Most become spineless before power, but Prof Magoha was of a different hue. He could stand to power and convince it on the position he took.

He was happy nurturing young talent. He cherished hard work and could notice one from afar. Once done, Magoha, like a handful professors I know, would go out of his way to lend support to the young talent. He loathed laziness but gave a broad embrace to industrious and committed personalities. Once he trusted somebody, he went out of his way to support and ensure that person felt comfortable in their work.

Rising like a colossus in the academic world, Prof Magoha straddled the academy, leaving his footprints all over the world. His contribution to knowledge needs no gain-saying. He did this privately and publicly. He facilitated learning whenever given the opportunity. Even as a Cabinet Secretary, it was admirable seeing him sit in a class of toddlers.

Academia goes hand in glove with research. Prof Magoha was a prolific researcher. His world of research transcends his area of specialisation. Many years before research took a multi-disciplinary hue, Prof Magoha was already trail-blazing in the approach. Some of his articles in refereed journals attest to this.

Teaching and research alone make scholarly pursuit a dull venture. One needs to also excel in community outreach. Otherwise, the benefits of a scholar to the community is, to say the least, nil. Many scholars perform dismally in community outreach. This was another of Prof Magoha's fortes. He did it in communities where he lived. Many schools and churches benefitted from his good hands.

It is true Prof Magoha was abrasive and once in a while displayed some elements of arrogance. This is in all of us. Why he was different is that he forgot any altercation immediately he left the venue. He did not hold grudges. How I wish we could have a thousand Magoha's in academia, government and opposition.

Today, few scholars would pass the test of tribalism, mediocrity and sleaze. Prof Magoha never entertained these. To him, tribalism, nepotism, sleaze and mediocrity were ills that were to be fought by all means. He led by example in all the positions he held. Many have confirmed that he had no room for pettiness. We have lost a true patriot. As we celebrate the lives and times of this icon, let's strive to emulate him.

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