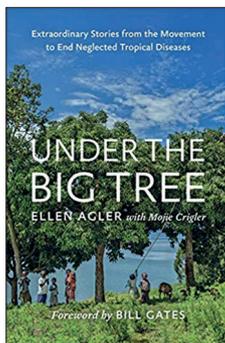




Books

Modest funding and a little imagination



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Under the Big Tree:**Extraordinary Stories from the
Movement to End Neglected
Tropical Diseases**Ellen Agler and Mojie Crigler
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The appealingly metaphorical title, *Under the Big Tree: Extraordinary Stories from the Movement to End Neglected Tropical Diseases*, symbolises a scenario in tropical countries in which mass drug administration (MDA) takes place at an easily identifiable landmark for local rural communities. Writing with Mojie Crigler, Ellen Agler (CEO of a private philanthropic initiative called the END Fund) lets us into her world in a series of illustrative case studies, which draw on interviews and conversations with those who have a neglected tropical disease (NTD), as well as programme managers, major donors, health workers, scientists, policy makers, and representatives from pharmaceutical companies, NGOs, and national ministries of health.

So-called since 2005 when a group of scientists decided that the Millennium Development Goals pledge regarding “other diseases” would benefit from a specific name to encourage funding, NTDs are reported in 149 countries but attract less treatment and research funding than HIV/AIDS, tuberculosis, and malaria. However, NTDs affect more than 1.5 billion, mostly poor, people living in tropical and subtropical climates and claim more than 170 000 lives each year. *Under the Big Tree* recounts their history since the 1850s as the parasites, bacteria, and viruses causing the diseases were identified and their life cycles and transmission were elucidated. Despite the advent of effective drugs in the late 20th century, global indifference and ignorance persisted about the prevalence of NTDs.

According to Alan Fenwick (Imperial College London), “most NTDs do not need innovation but simply modest funding and a little imagination in order to distribute drugs to those in need”. US\$ 0.50 per person per treatment is the average cost to treat and prevent most common NTDs. This low price is possible because pharmaceutical companies donate drugs worth billions of dollars. Even more expensive procedures—for example, surgery for trachoma-caused blindness—can be done for as little as US\$100. For NTDs, the bulk of the cost is delivery, whereas changes in hygiene practices, which help to prevent some NTDs, cost nominal amounts for training educators, creating informational material, and generating outreach through the media.

However, as Agler relates, solutions in reality are more complex, involving navigation of local and national politics, reliably delivering treatment to the most remote, vulnerable communities, and coordinating global and local donors, NGOs, thousands of health workers, and millions of citizens. The practical challenges are myriad, whether it be overcoming denial or scepticism about modern medicines, achieving the cleanliness integral to trachoma prevention in unsanitary conditions, or vector control to complement MDA. In the book, William C Campbell, Nobel prize winner

for his work on diseases caused by roundworms, describes the problems he encountered in trying to gain WHO’s assistance with distribution of the new drug ivermectin; at the time, WHO was unconvinced because the drug acted on the larvae rather than the adult. After the distribution issue was resolved by other agencies, the Onchocerciasis Control Programme, which started distribution in 1988, then had to provide ivermectin to hundreds of thousands of remote villages and ensure that the drug was taken annually beyond the 15-year lifespan of the adult worm.

Science has been central to the control of NTDs. Despite some initial resistance on the grounds that drugs were cheap to administer and surveys were a waste of money, project mapping is now widely used to locate a disease and streamline treatment and prevention efforts, as well as ascertain effectiveness. Today, tackling NTDs also benefits from a highly connected global health environment allowing data sharing and collaboration. Websites such as the Global Atlas of Helminth Infection and the Global Atlas of Trachoma provide an open-access resource for policy makers and national programmes.

Collaboration is also essential. Talking specifically about Mali, Agler says, “This is not a story about raising money. It’s about the partnership forged by local and international organizations, from both the private and public sectors, that shared the same goal...”. Bill Gates’ Foreword recalls the 2012 London Declaration made by a coalition of pharmaceutical companies, governments, health organisations, and charities, including his own foundation, who aligned around the WHO roadmap to commit to controlling and eliminating ten NTDs. The Gates Foundation’s goal is always to have the maximum effect, because Gates is quoted as saying, “we are dollars per DALY people”. Indeed, private investment firms are described, who are interested in investing wisely rather than merely handing over a cheque. They advocate combining drug distributions to treat different parasites simultaneously as a good way to save on delivery. The END fund itself has hit on the formula of finding a culturally savvy entrepreneur in each country who can work with local partners to help maximise efficiency and drive down costs per treatment.

Under the Big Tree chronicles the NTD movement and is full of insight and stories of the great progress that has been made, while reminding us that more is to be done before elimination is achieved. Before enumerating some ideas for readers wishing to help, a concluding rally cry is issued “... the movement to end NTDs has the tools, the partnerships, and a road map to dramatically improve the lives of more than a billion people. It can be done. It must be done.”

Chris Wortley