

## INTERNATIONAL SYMPOSIUM ON THE CONTROL OF NEGLECTED TROPICAL DISEASES IN INDIA – IN THE CURRENT CONTEXT

In India the morbidity and mortality due to neglected tropical diseases are increasing in an alarming scale. Responding to the situation, an Indian network was launched on 26 June 2015 which is an amalgamation of experts from different fields of medical sciences. This network has a panel of international experts, researchers from different fields of medical sciences and distinguished associate members along with the backup of a strong tertiary care infrastructure of AIMS with world class laboratory facilities.

Realising the need of the day, an International symposium was organized by the Indian Network for Neglected Tropical Diseases (iNTD network)- an AMRITA initiative with the support of **Indian Council for Medical Research(ICMR)** and Kerala State Council for Science, Technology and Environment (KSCSTE) at Karthika Hall of Amrita Institute of Medical Sciences on 20th October 2016 to commemorate iNTD's first anniversary. The function started at 9.15 a. m in a serene atmosphere with lamp lighting and prayers by Bri. Karunamrita Chaithanya which was followed by a simple and elegant ceremony inaugurated by a distinguished scientist of international fame, Dr. David Molyneux.

**Dr. K.N. Panicker** Chairman of iNTD, Emeritus Professor in the Dept. of Community Medicine, AIMS, welcomed the experts who had assembled from far and near. Amrita Institute of Medical Sciences (AIMS) was represented by its Director Dr Prem Nair, Principal Dr. Prathapan Nair and the faculty from the departments of Community Medicine, Internal Medicine, Public Health, Microbiology, School of Pharmacy and School of Nursing. The external experts present were **Dr. David Molyneux**(Emeritus Professor and Senior Professorial Fellow, Liverpool School of Tropical Medicine), **Dr N K Kuttappan**(District Medical Officer, Ernakulam),**Dr. Lalit Kant**( National Advisor of iNTD, Sr Advisor, Public Health Foundation of India, New Delhi), **Dr S Sabesan**(former Director Grade Scientist of the renowned Vector Control Research Center , Pondicherry), **Dr Showkat Ali**(Director of Central Leprosy Research Institute , Chennai), **Dr G Manokaran**(consultant at AIMS and Appollo Chennai,leading plastic surgeon), **Mr Ashim Chawla**(Chief Executive , Lepra Society, Secunderabad), **Ms Priya Jha**(Country Director, Evidence Action, New Delhi), **Dr R Rajendran**(Deputy Director ,National Centre for Disease control, Kerala) , and **Dr Abhay Mane**(Professor, Smt. Kashibai Navale Medical College, Pune). **Dr. Asrat Hailu**(Immuno-Parasitology Professor, Adis Ababa university , Ethiopia), **Dr. A.C.Dhariwal**( Director , National Vector Borne Disease Control Programme) and **Dr. Suman Rijal** (Director , Drugs for Neglected Tropical Diseases Initiative) were also welcomed though they could not make it due to some last minute emergencies.

**Dr. Prem Nair:** CEO & Chief patron of iNTD, Medical Director of Amrita Institute of Medical Sciences (AIMS) , addressed the gathering through a video message where he highlighted the importance of the iNTD network in containing the threat caused by Neglected Tropical Diseases due to increased migration faced by Kerala as well as other tropical regions.

**Dr. Prathapan Nair:** Patron of iNTD & Principal, Amrita School of Medicine in his Presidential address opined that the basics of sanitation and hygiene should be included in the school curriculum itself. This will help in the overall development of the country thus

paving the way for reduction in the magnitude of NTDs. He concluded by emphasizing that participation by the people is the most important element for the control of NTDs.

**Dr. David Molyneux:** Emeritus Professor and Senior Professorial Fellow, Liverpool School of Tropical Medicine, officially declared the meet open. He is a member of WHO's Expert Panel on Parasitic Diseases and currently a member of the WHO Strategic and Technical Advisory Group on the Neglected Tropical Diseases and Chair of the Capacity Strengthening Working Group of STAG. He was Executive Secretary of the Global Alliance to Eliminate Lymphatic Filariasis from 2006-2010. He pointed the historical link between India and tropical diseases, mentioning about Ronald Ross and Malaria. India has made enormous strides in the field of public health by accomplishing elimination of yaws and Guinea worm disease. He stressed the importance of networks for control of diseases.

While felicitating, **Dr. K. Leelamoni**, the National advisor to iNTD and the Professor and H.O.D, Community Medicine, AIMS, suggested rethinking of the importance given to NTDs as the havoc – deformity, disability and mortality - produced by these diseases are enormous. Among the 20 goals formulated as part of the comprehensive primary health care package in Kerala, one goal relates to Lymphatic Filariasis and Kala Azar. She urged the network to develop effective strategies for the control of NTDs.

**Dr K V Beena**, the former DMO and Program Manager NRHM Kerala, currently Senior Administrator and Consultant Public Health, AIMS in her felicitation address expressed the desire that Kerala should become a platform to work at international level against NTDs.

**Dr N K Kuttappan**, District Medical Officer, Ernakulam outlined the communicable disease scenario in Ernakulam. It is a fast developing district with rapid increase in migrant population due to the construction works. Ernakulam is better in controlling communicable diseases than other districts but still we have to be vigilant. The DMO promised all support to iNTD for the control of NTDs.

**Dr. Leyannan Susan George**, the Executive General Secretary of iNTD and Assistant Professor in the Dept. of Community Medicine, AIMS, presented a comprehensive report on iNTD activities in the past 1 year. It was a quick revamp from its inception till date. She mentioned that the Amrita initiative in the field of NTDs was the brain child of Dr. K N Panicker. The seeds for the network was laid in February 2014 at the International Colloquium on NTDs conducted at AIMS which was followed by a state level Dengue Conclave in May 2014. On 26<sup>th</sup> June 2015 the iNTD network was officially launched. Research activities with focus on migrants, coalitions were the highlights. iNTD was a special invitee for the ESPEN and networking with other international level programmes of WHO is essential.

Key note address on “**Global overview of NTD's**” by **Dr. David Molyneux** followed. He was introduced by Dr K Leelamoni. Dr Molyneux applauded the iNTD network for bringing up the level of NTDs from low to high priority. It is a 'chronic pandemic'and everybody in tropical world is at risk or infected. Now under the Sustainable Development Goals(SDG), along with TB and Malaria, NTDs have also been included. The basic goal of SDGs is poverty alleviation and control of NTDs which will be a litmus test of this progress. Only 0.6% of the overseas development assistance for health is given for NTDs despite 1 billion people being affected. He explained the rationale for policy and priority: they are – bottom billion poorest are at risk, based on public private partnership, unit costs are less (0.10 US \$ per person per year.), links to Malaria and HIV, school based and community based delivery,

donated drugs (70%), economic rates of return (15 – 30%). Donations by multi national pharma companies include 2- 3 billion dollar worth medicines. Alliances at global and national levels include CDC, DFID, Johnson & Johnson, Lepra etc. Challenges in control are emergence of reservoir dogs in Guinea worm disease, access to population in conflict areas, risk of resistance to drugs and insecticides, limited capacity of health systems, NTD poverty linkage. He threw light on the fact that NTDs do kill people. Comorbidities like depression and mortality associated with NTDs are underestimated. Disablement, deformity, stigma – all issues are interrelated. He elaborated upon post 2015 challenges faced by NTDs which include political stability, access to conflict areas, limited expertise, problem of environmental degradation, migration and urbanisation, uncertainties in climate and new pandemic threats. Viewing NTDs as development problems, developing innovative strategies, time scaling to new product development, expecting the unexpected are the future strategies of post 2015 agenda. In India, the burden of NTDs in absolute numbers is important. G20 countries of which India is a part consider poverty alleviation as a part of development which in turn will help to overcome the impact of NTDs.

The symposium on “Current context of NTDs in India”, chaired by Dr David Molyneux and co- chaired by Dr K V Beena ensued.

**Dr. Lalit Kant:** National Advisor of iNTD, Sr Advisor, Public Health Foundation of India, New Delhi, and former Senior Deputy Director General of ICMR talked on “How India can lead the BRICS group on NTDs?” He highlighted that 70% of the NTDs are in poor countries but it is also present in high income countries . 50% of people in the world stay in BRICS countries. India can lead by example since we have higher economic growth, direct anti poverty programmes and high priority to expenditure on social sectors. He explained the NTD control activities initiated by Brazil, China and South Africa and the importance of sharing experiences among countries, thus making BRICS an easy way out for control of NTDs.

**Dr. S. Sabesan:** the former Director Grade Scientist of the renowned Vector Control Research Center , Pondicherry, dealt with the topic “Research contributions towards Lymphatic Filariasis elimination with special reference to India”. He explained the basis for MDA programme, duration required for MDA , co- administration of drugs and MMDP. Innovative measures like mapping of endemic areas, application of remote sensing and GIS to identify endemic areas, Geo Environmental Risk Model (GERM) for prediction of areas with risk of Lymphatic Filariasis should be promoted. Future plans include intervention units to be at PHC level for evaluation and withdrawal of MDA, introduction of medicated salt where feasible, xenomonitoring protocol development for post MDA surveillance. Challenges include undetected hot spots, risk for resurgence and inadequacy of TAS alone for cessation of MDA program.

**Dr. Showkath Ali:** Founder Member of iNTD, Currently the Director of the prestigious Central Leprosy Research Institute, Chennai, elaborated on the topic “Current status of Leprosy Elimination in India”. He was of the opinion that Leprosy was more neglected among NTDs. In 2005, India had reached the target of elimination, <1/10,000 population. However, he opined that the prevalence rate was underestimated and awareness regarding

the disease was decreasing making the diagnosis a real challenge.

**Mr. Ashim Chawla**, Chief Executive of the Lepra Society, Secunderabad gave a talk on “Prospects of Leprosy Control in India”. He explained about the ground realities of the disease. He pointed out 'Missing Millions'- the fact that close to 3 times the number of reported cases exist in the community. No data is available on the burden of residual morbidity due to the disease. He felt acquiring funds is a major obstacle in the fight against Leprosy.

**Ms. Priya Jha**: Country Director, Evidence Action an NGO in the field of STH made a lucid presentation on “India’s National Deworming Day (NDD): progress, challenges and lessons learnt”. Situational analysis of STH in India show that 68% of Indian population 1 – 14 yrs is at risk. NDD was conducted on 10<sup>th</sup> February and 10<sup>th</sup> August followed by a mop up day to cover missed children. Challenges faced are availability of drugs, inclusion of private school children and out of school children and desensitization of adverse events. New initiatives include monitoring by establishing district units, program tracking through tele calling, preparation of adverse event management protocol and data quality assessment.

**Dr. G. Manokaran**, a leading plastic surgeon carrying out surgeries for elephantiasis, presented the topic “Morbidity and Disability Control in Lymphatic Filariasis: A multi-modality approach”. He explained the non-surgical and surgical management protocol. He narrated how surgical intervention could relieve gross elephantiasis cases from disability to near normal. Totally disfigured, disabled could be brought back to near normalcy. He suggested the involvement of clinicians in translational research.

**Dr. Rajendran R**: Deputy Director of National Centre for Disease control, Kerala discussed the eco epidemiology of Dengue in Kerala. He presented the global, national and state statistics of Dengue incidence. He mentioned that the new initiative PHEA (Preventive Health and Environmental Action) for Dengue control in Kerala should be included in the school curriculum.

In the post lunch session, there was an open discussion in which Dr Molyneux pointed out absence of drug efficacy monitoring , geo political issues in BRICS, less studies regarding relation between soil transmitted helminthiasis (STH) and acute diarrhoeal diseases (ADD) and logistic issues as obstacles in the control of NTDs. He suggested that approaching rich philanthropists is a way to tackle financial issues. iNTD should strive to have alliance with similar networks and organizations interested in the control of NTDs. Funds will not be a problem if we become alliance partners as we could mutually benefit. A strong tie up with Lepra society was recommended by David Molyneux. Mr Ashim Chawla pointed out the fact that more emphasis is given to situation in Africa in the international arena which emphasizes the importance of an Indian network.

The symposium and the discussion concluded on the note that BRICS especially India should take the lead in the fight against NTDs relying on its intellectual resources and vast experience and the iNTD network can play an important role.

Dr Alexander John made the concluding remarks and the symposium ended with a note of thanks to AIMS, ICMR and KSCSTE.





