

## **TESTIMONY**

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**Before the  
Subcommittee on State, Foreign Operations, and Related Programs  
Committee on Appropriations  
United States House of Representatives  
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Chairwoman Granger, Ranking Member Lowey, and Members of the Subcommittee, it is my pleasure to come before this Subcommittee today to discuss the fiscal year (FY) 2014 budget request and the important, but often forgotten topic of neglected tropical diseases (NTDs). My name is Neeraj Mistry and I am the Managing Director of The Global Network for Neglected Tropical Diseases (Global Network), an advocacy and resource mobilization initiative of the Sabin Vaccine Institute. We, at the Global Network, applaud this Subcommittee's on-going commitment to global health and ask that, as you consider how to best invest in our nation's foreign assistance and national security programs, the Subcommittee continue to show strong support for the U.S. Agency for International Development's (USAID) Neglected Tropical Disease Program at, at least, the FY 2012 funding level of \$89 million.

As you may know, NTDs impact over a billion people across Africa, Asia, and Latin America and the Caribbean, including more than 500 million children. These diseases cause blindness, crippling disability, malnutrition, stunted growth, delayed cognitive development, and increase the likelihood of contracting HIV. New disease burden estimates indicate that NTDs are among the leading global health problems across the developing world thwarting

opportunities for social progress and economic growth. The seven most common NTDs are ascariasis (roundworm), trichuriasis (whipworm), hookworm, schistosomiasis (snail fever), lymphatic filariasis (elephantiasis), trachoma, and onchocerciasis (river blindness), and together account for 90 percent of the global NTD burden.

Although NTDs have devastating consequences for maternal and child health, access to education, and general health and nutrition, the good news is that tools exist to combat these debilitating diseases for as little as 50 cents per person per year. Thanks to the generous drug donations from leading pharmaceutical companies, like Merck & Co. Inc., GlaxoSmithKline, Johnson & Johnson, and Pfizer, and the efforts of USAID's innovative NTD Program, a unique public/private partnership has been formed to efficiently and cost effectively address NTD control and elimination. Since FY 2006, the NTD Program has improved the lives of over 251 million people, delivered over 587 million NTD treatments, and trained over 500,000 community workers. It has exceeded expectations in its ability to deliver treatments for the seven most common NTDs and has operated in 25 countries including, Cambodia, Indonesia, Mozambique, Nigeria, and Senegal.

The leadership of the United States and the generosity of the American people continue to spearhead the fight against NTDs. In 2012, the United States, the United Kingdom, the Bill and Melinda Gates Foundation, 13 pharmaceutical companies, along with other NTD partners joined together to announce the London Declaration on NTDs to endorse bold targets for control, elimination, or eradication of 10 NTDs by 2020.

Over the past year, exciting progress has been made in reaching the goals of the London Declaration with 1.12 billion treatments supplied by pharmaceutical partners meeting increased requests from endemic countries, more than 40 endemic countries developing multi-year

integrated NTD control plans, and NTD partners creating a comprehensive London Declaration Scorecard to promote accountability, transparency, and evidence-based prioritization. However, funding gaps to implement comprehensive NTD control and elimination programs remain and without continued support by existing partners, as well as redoubled efforts to attract new partners, scale up implementation, and increase resources, we will not achieve the 2020 target goals. That is why funding for USAID's NTD Program must remain steady and, the inclusion of NTD control measures within other USAID programs or among broader U.S. government programming should also be considered. Opportunities for cross-sectoral coordination may include maternal and child health services delivery platforms (e.g., childhood immunizations, vitamin supplements), water and sanitation programs, as well as food security and nutrition initiatives. Greater investment in NTD-related research and development is also needed to support the introduction of new technologies (e.g., drugs, vaccines and diagnostics) to ensure the achievement of the goals of disease control and elimination, and address the urgent needs of particularly neglected patient populations, including those suffering from NTDs with the highest death rates.

We applaud the United States government's steadfast and vital dedication to this fight, which has been instrumental in inspiring similar efforts by partner countries to initiate control programs and allocate funding. It is important to note that, if funding for USAID's NTD Program does not at least match FY 2012 levels, the capacity to deliver these medicines to those who need them most will be significantly reduced and we may see a resurgence of many of these NTDs. Furthermore, the momentum generated over the past few years could well stall if the United States steps back from its global leadership role in NTD control and elimination efforts. We urge you, therefore, to vigorously support this public/private partnership that will benefit not

only the developing world, but will ultimately benefit the economic prosperity and national security of the United States by helping to lift millions across the globe out of a vicious cycle of poverty and disease.

Madam Chairwoman and Members of the Subcommittee, this concludes my testimony. I thank you, again, for your outstanding leadership and for the opportunity to address you regarding USAID's NTD Program and the FY 2014 budget. I am now happy to answer any questions you may have.

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