



Community involvement
Take steps toward a healthy future



Protecting our future
Stop the #1 killer of children

MEDIA
PLANET

NEGLECTED DISEASES IN DEVELOPING NATIONS

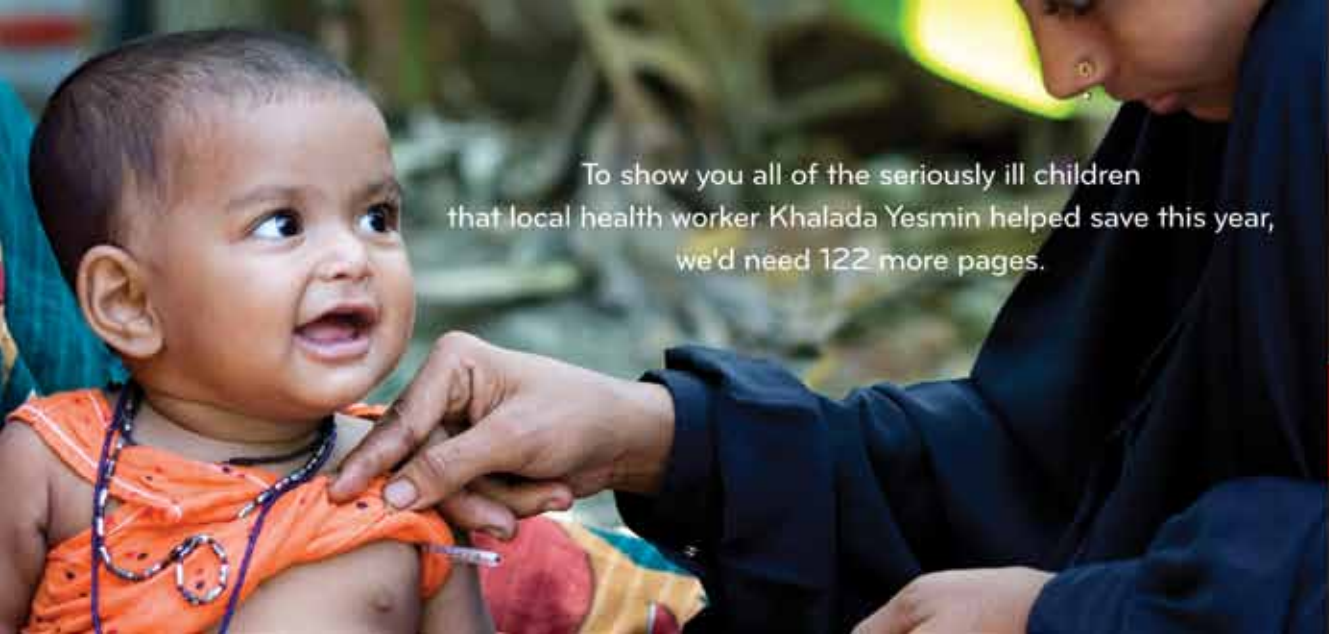
3
TIPS
FOR ADVANCING GLOBAL HEALTH



THE BATTLE TO SAVE 1 BILLION WORLDWIDE

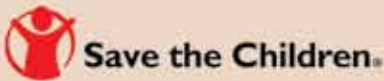
Find out about the latest programs dedicated to eradicating neglected tropical diseases worldwide

PHOTO: (MAIN) WORLD VISION, (TOP LEFT) WORLD VISION, (TOP RIGHT) SAVE THE CHILDREN



To show you all of the seriously ill children that local health worker Khalada Yesmin helped save this year, we'd need 122 more pages.

HELP ONE. SAVE MANY.
See where the good goes at GoodGoes.org



CHALLENGES



TIP
1
EDUCATE
YOURSELF.
BECOME
ACTIVE

Opportunities to improve the lives of the world’s poorest and most vulnerable populations.

Controlling neglected tropical disease

One in six people worldwide suffer from at least two or more of the 17 most common neglected tropical diseases* (NTDs).

Neglected tropical diseases thrive mainly among the poorest and most marginalized populations in both developing and developed countries. Although most of them are not always fatal, these diseases inflict severe pain, cause permanent disability and result in immense economic loss.

Most neglected tropical diseases are parasitic diseases spread by mosquito vectors and contaminated water and soil infested with worm eggs and larvae. Transmission cycles are perpetuated under poor standards of living and hygiene as well as by conditions of environmental contamination.

In the early 20th century, intestinal worm (hookworm infections) were so widespread in the southern United States that interventions were required by the Rockefeller Foundation to help children through an elaborate hookworm control program, which resulted in the large scale treatment of school populations and eventual reduction in school absenteeism.

Although intestinal worm infections gradually disappeared in the United States as standards of living improved, other neglected tropical diseases such as dengue, Chagas dis-

ease, leprosy and rabies still affect many Americans.

Today, most of the 17 common neglected tropical diseases occur primarily in Africa, Asia and Latin America in 147 countries endemic for these diseases.

During the past six years endemic countries have scaled up intervention programs using high-quality, safety-tested donated medicines, distributed free of charge to poor people in need. This has been made possible with the support from the governments of the United States, Spain, the United Kingdom and with the unfaltering help of partners such as the Bill & Melinda Gates Foundation (BMGF), the United States Agency for International Development, The Carter Center, the UK Department for International Development and the pharmaceutical industry.

In 2009 alone, more than 705 million people worldwide received preventative treatment for at least five of the most common neglected tropical diseases. These include lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), soil-transmitted helminthiasis (ascariasis, hookworm infections and trichuriasis), schistosomiasis (bilharziasis) and blinding trachoma.

In the same year, about 314 million pre-school and school-age children (representing 31% of all children worldwide) at risk of soil-transmitted helminthiasis (intestinal worms) received deworming treatment. Treatment has not only



Dr. Lorenzo Savioli
Director, Department of Control of Neglected Tropical Diseases

“In 2009 alone, more than 705 million people worldwide received preventative treatment for at least five of the most common neglected tropical diseases.”

improved school attendance but has also improved maternal health. Extending treatment to pregnant women has also increased birth-weight and reduced infant mortality.

While remarkable progress has been made in controlling most of these preventable neglected tropical diseases, significant challenges remain in terms of funding, new methods for vector control and strengthening capacity of endemic countries to eliminate these ancient companions of poverty.

More investments are required to enable improvements in prevention and control activities, including in areas such as applied research for neglected zoonotic diseases.

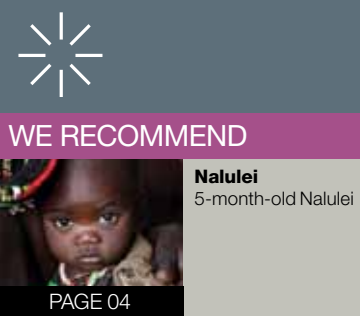
Today, dracunculiasis (guinea-worm disease) is on the verge of eradication with the help of our partners including The Carter Centre and the United Nations Children’s Fund. Cases of the disease have shrunk from a high of 3.5 million in the mid 1980s to less than 1,800 in 2010. South Sudan remains the hotbed of active dracunculiasis transmission.

Current prospects provide unprecedented opportunities to make a real impact on the lives of the world’s poorest and most vulnerable populations. Neglected tropical diseases are preventable, and some can even be eliminated by 2020.

Maintaining the momentum will alleviate the burden of avoidable mortality and morbidity among the world’s poorest people.

Together we can make it happen.

DR. LORENZO SAVIOLI
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“It’s not complicated or expensive to treat pneumonia. But if nobody does it, children will continue to die needlessly, even as preventative vaccines are rolled out.”

Lethal drops p. 05
One of the world’s top killers is unsafe drinking water

Wiping out meningitis p. 07
PATH rolls out a life-saving vaccine partnership

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NEGLECTED DISEASES IN DEVELOPING NATIONS, 1ST EDITION, SEPTEMBER 2011

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■ TB kills. TB, an airborne disease, killed 1.8 million people in 2008.

■ TB hits poor countries. TB is a disease of poverty that disproportionately affects poor countries and marginalized populations. 95% of all TB cases and 98% of all TB deaths occur in developing countries, with most deaths occurring in sub-Saharan Africa and Asia.

■ Tools to diagnose, treat, and cure TB are outdated. The newest TB drug is more than 40 years old; the standard diagnostic technology used in developing countries is more than 100 years old; and the BCG vaccine, with almost no protective effect in adults, was introduced in 1921. Without new tools, TB will not be eliminated and will continue to be a public health problem.

■ TB is treatable.

RICHARD STEARNS
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The need for determination and will

This week, we commemorated the 10th anniversary of Sept. 11. The events of that day will forever be seared in our memory as nearly 3,000 people lost their lives on American soil. In the face of that tragedy, rescue workers, neighbors and strangers, even airline passengers responded in heroic ways.



FROM THE FIELD
Richard Stearns
President, World Vision U.S.
PHOTO: WORLD VISION

from diarrhea and dysentery. Nearly 2,000 children succumb each day to malaria—a disease that was eradicated from the United States more than 60 years ago.

Taking a stand

Gone are the days when we could cite ignorance as an excuse for inaction. Right now we live in a media-saturated, internet-connected, cell-phone equipped world in which everything

that happens anywhere is instantly available everywhere. Media post photos and stories of children facing a desperate famine in East Africa. Our celebrities from Bono to Brangelina talk to us about global poverty.

Americans didn’t stand around the collapsing towers on Sept. 11 and shrug their shoulders. They responded with valiant efforts to save lives. We can do the same to end the tragedies and diseases that strike children around the world.

How To Eradicate

These problems are not insurmountable. Today, we have sophisticated and field-tested interventions to deal with malaria, polio, tuberculosis, pneumonia and the major childhood diseases. New technologies abound for developing safe water sources—clean water alone can cut child mortality in half almost overnight in water-poor communities.

We simply need the determination

and the will to take these kinds of killers down.

It can be done.

Here’s proof: In 1986, there were 3.5 million Guinea worm cases in 20 countries in Africa and Asia. Thanks to a united, intensive campaign against this disease, last year, there were fewer than 1,800 Guinea worm cases in four countries.

Global efforts to eradicate malaria by 2015 are taking hold. The World Health Organization found 11 African countries reduced malaria cases and deaths by more than 50 percent in the past decade.

As world leaders gather for the opening of the 66th UN General Assembly this week, let’s remind our leaders that we must keep our promises to those in need. Visit endmalaria.org to learn how you can be involved in the efforts to eradicate at least one dreaded disease.

RICHARD STEARNS
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to a child this is a

LETHAL INJECTION

Every day, malaria kills nearly 2,000 children.



No one should die from a mosquito bite.

Give a bed net and help keep a child from becoming a statistic.

Your \$10 gift provides a long-lasting insecticide-treated bed net for reliable malaria protection—plus a test kit and treatment for those already affected.

www.worldvision.org/bednet



World Vision is a Christian humanitarian organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice.



Text BEDNET to 20222 to give \$10 and help save lives.

INSPIRATION



NEWS IN BRIEF



Martha Newsome
Global Health Director,
World Vision

While the West worries about cancer and other diseases that seem to strike at random, the biggest killers in the developing world are preventable: malnutrition, diarrhea, malaria, pneumonia, and AIDS.

In rural Africa, poor mothers often cannot access simple drugs to stop HIV transmission to their babies. I'm haunted by the memory of a young woman dying in front of a rural clinic when there was no transport to get her to a hospital. It isn't just diseases that are neglected, it is the poor themselves; women and children are too often denied access to basic health care and information that could prevent needless deaths. This is why World Vision launched our "Child Health Now" campaign, helping turn neglect to action by equipping community health workers to reach families with timely information, by educating parents to protect their children from getting sick and know when it's critical to seek higher-level care.

MARTHA NEWSOME
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THE NEXT BILLION: MEASLES IMMUNIZATIONS REACH MILESTONE

A significant milestone in the global effort to eliminate measles has been reached: the Measles Initiative has immunized its one billionth child.

Ten years ago, the American Red Cross, the United Nations Foundation, the U.S. Centers for Disease Control and Prevention, UNICEF and the World Health Organization formed a partnership committed to reducing measles deaths globally: The Measles Initiative. In 1980, measles was one of the most deadly childhood diseases. In fact, it caused an estimated 2.6 million deaths each year. Thanks to governments, the United Nations, and the Measles Initiative, this is no longer the case.

Measles mortality has decreased by an impressive 78 percent worldwide. The decline in measles-related deaths - from an estimated 733,000 deaths in 2000 to 164,000 in 2008 - accounts for nearly a quarter of the overall decrease in childhood mortality.

With support coming from all corners of the world, the Measles Initiative has stopped outbreaks, improved treatment, and protected one billion children from one of the deadliest diseases. This is incredible progress and shows what we can accomplish with continued commitment to helping the next billion children live healthier lives.

But (there's always a but) we can't stop now. Progress is fragile, and measles could come back with a vengeance if we don't continue to immunize children.

It's time to think about the next billion children and how we can protect them from not only measles, but the many other deadly—and vaccine-preventable—diseases.

In May, I traveled to Mozambique, where I met mothers who had walked more than 15 miles to make sure their child received their measles vaccines. We can help make sure they have access to those vaccines.

Every hour, nearly 300 children around the world die of diseases—like measles—that could easily have been prevented with vaccines.

Through smart investments in life-saving vaccines, we can protect the next generation of children from measles. We can eliminate polio. We can immunize children in developing countries against one of the biggest killers: pneumonia.

By expanding access to vaccines around the world, we can help give the next billion children a chance at a healthy and happy life.

That's why the UN Foundation and its partners are launching a new global vaccines campaign in September. By raising awareness and funds, advocating for greater commitment in Washington, and working with the UN, this campaign hopes to decrease vaccine-preventable child deaths and give every child a shot at a healthy life.

Peg Willingham is the Executive Director of the Global Vaccines Campaign, UN Foundation.

PEG WILLINGHAM
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TIP
2

DONATE TO THE
EXTENT OF YOUR
ABILITIES—TIME
IS VALUED



ONE LOVE
Habi Mamane's children
smile and laugh in front
of their home.
SOURCE: WORLD VISION

Combat the #1 killer of children with skilled health workers

Imagine holding your gravely ill baby, walking hours to reach a health clinic and then arriving to find a locked door and no health worker in sight. You might panic, scream for help. I would.

But when I witnessed such a scene some years back in Liben District, Ethiopia, I found silence. Hopelessness had overwhelmed the young parents I met. The slender mother sat in the shade of a tree, rocking her weakening toddler as he gasped for breath. The handsome father sat nearby, sighing, resigned to a death watch. It didn't take long.

When the little boy died, there was no wailing, only deeper sighs. The mother covered her baby's face, held him close and slowly began the long walk home

with her husband.

If a trained health worker had been on duty and if the clinic had been supplied, antibiotics costing about \$1 could have saved that baby's life. These basic "ifs" represent the enormous gulf between life and death for 1.6 million children under age 5 killed by pneumonia every year. No disease kills more children than pneumonia, which only recently started getting the attention it deserves.

I was in Liben that day with Save the Children colleagues to assess health services before starting a program to combat serious childhood infections. We found that only 17 percent of families with a child with pneumonia sought care. Once our project involved

local clinic services, care-seeking jumped to 54 percent. But many families still lived far from the clinic, so we trained community health workers to treat childhood pneumonia right in their remote villages. After that, care-seeking for children with pneumonia jumped to 86 percent.

It's not complicated or expensive to treat pneumonia. But if nobody does it, children will continue to die needlessly, even as preventive vaccines are rolled out. A project like ours in Liben likely saved 80 children's lives in one year in just one of Ethiopia's 550 districts. It also helped pave the way for national policy change. Ethiopia now authorizes its national corps of 30,000 health extension workers to administer anti-

biotics for childhood pneumonia in rural communities where doctors are seldom found.

Many more communities around the world need the same chance to combat the world's biggest killer of children. With more skilled frontline health workers, they can win the battle. Pneumonia almost never kills children in the United States, and it shouldn't spur a hopeless death watch anywhere else either.

David R. Marsh, MD, MPH, is Save the Children's Senior Advisor for Child Survival and Global Team Leader for Community Case Management.

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CARBON FOR WATER
Carbon For Water campaign distributed 1 million LifesTraw Family water filters in western Kenya's Kakamega area.
PHOTO: VESTERGAARD FRANDSEN

Transforming lethal drops to safe hydration

Question: Want an intimate look at one of the world's top killers?
Answer: Turn on your tap.

Many nations see water with an image of purity. Travel around the globe, and it's often a hazy marker of death—particularly for young children.

Especially in areas with the fewest means to combat disease, water often contains microbiological, mineral, or chemical pollutants. Human and animal fecal waste remain common drinking water pollutants, causing diarrhea, dysentery, gastroenteritis, hepatitis and typhoid.

Earlier this year, the 65th World Health Assembly unanimously adopted Resolution 64/24 on Drinking-Water, Sanitation and Health, highlighting importance of safe drinking-water, sanita-

tion and hygiene, while requesting development of an integrated World Health Organization (WHO) water strategy focused on monitoring and increased technical assistance for drinking-water quality. This marked the first time in two decades that a specific drinking-water and sanitation resolution passed.

The WHO lists clean water for small communities without central water distribution as water with coliform bacteria counts below 10 parts per 100mL. The organization deems water outside this guideline unacceptable for human consumption.

WENDY TAYLOR
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DON'T MISS!

Increasing global responsibility

From billionaire software developer Bill Gates to international rock star Bono, the last few decades witnessed the rise of megawatt global philanthropy, spotlighting needs in the developing world. The trend is not only with those of hefty personal wealth, but increasingly with corporate and organizational activism.

Through the Ranks

"As the general population becomes increasingly more global and particularly through digital media, the Internet and social media have generated a much greater awareness of international humanitarian needs," said Scott Jackson, incoming CEO of Global Impact, a group that aligns charities with corporate giving interests. "Particularly young people are really in tune 24/7 with the world's issues and needs and as a result, really believe they can be part of the world solution to these problems."

While the younger generation opens doors to a broader scope of issues, the coffers from corporate philanthropy and volunteerism are greatly linked to the social activism of the 1960s. Baby boomers—particularly female baby boomers—led the way in much of the corporate giving of the past few decades. In fact, boomers aged 46 to 57 have an active volunteerism rate of almost 31 percent, compared to 23 percent for the same age group in 1989.

Shrinking the Neighborhood

The increasingly global economy also exposes more individual workers to needs beyond their immediate ZIP codes. Businesses with international ties no longer fall to large corporations. According to study results published this June by The Business Journal, a quarter of businesses with less than 500 employees are now engaged in global business activities.

As employees—of large corporations and smaller businesses—become more familiar with the global concerns of colleagues and clients, they look at ways to become more involved global partners.

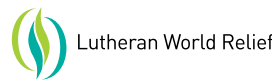
Companies of all sizes also realize a variety of donation amounts address global crises. One example cites a \$10 payroll deduction allowing for well improvements to provide safe, drinkable water for 1000 African citizens or a year's supply of immune-boosting Vitamin A for 240 Cambodian children and adults.

"Companies that fully think holistically about their employee, corporate engagement and social responsibility think about how can employees get involved ... how we can all be advocates for an international cause or issue," Jackson said.

Member charities include:



DOING THE
MOST GOOD



GLOBAL
IMPACT

WENDY TAYLOR
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To show you all of the seriously ill children that local health worker Khalada Yesmin helped save this year, we'd need 122 more pages.

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Save the Children®

Since 2005, millions of people in need of safe water have benefited from LifesTraw® filters.

Thanks to generous donors, victims of crises from Haiti to Pakistan—and people across Africa—are now using LifesTraw® to reduce their risk of life-threatening waterborne illnesses.

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LifesTraw

An ordinary act of kindness will make an extraordinary difference in the world.

By giving to Global Impact and its 58 U.S.-based international charities through your workplace giving campaign, you will make a real difference in the lives of individuals and communities in need.

From education and healthcare to disaster relief, we ensure that your donation goes to the international causes that matter most to you.

www.charity.org

NEWS



DON'T MISS!

World leaders: Don't ignore the elephant in the room!

Heads of State from around the globe will gather in New York next week for the United Nations General Assembly. Global health is clearly on the agenda—including the Secretary General's historic "Every Woman Every Child" strategy to reduce maternal and child deaths that many government and private sector leaders committed to last year.

The very best way to build a healthier and more prosperous world is to boldly address the world's #1 health crisis: the global health workforce shortage. Without trained frontline health workers, no lifesaving vaccine, drug, or preventive care can be delivered.

The World Health Organization has estimated the world is short more than 3.5 million health workers. And many existing health workers don't have the training and support they need to save more lives.

It's time to stop ignoring the elephant in the room and invest in health workers now!

SAVE THE CHILDREN
editorial@mediaplanet.com

Imagine feeling as though you have just donated a pint or two of blood, every day for the rest of your life. Or slowly losing your eyesight because your eyelashes are curling inward and scratching your corneas with every blink. What would it feel like to go through life with limbs so swollen that you are no longer able to use them?

Donated medicines for a better future

The reality is that nearly one in six people around the world suffer from these and other life-altering symptoms caused by the seven most common neglected tropical diseases (NTDs).

Many of those afflicted by NTDs are children - nearly half a billion of them. Many others are young girls and pregnant women. Generation after generation of people living in the poorest parts of the world are unable to escape poverty because NTD-induced anemia saps the strength needed to be productive students or workers, or because they are physically disfigured and debilitated.

The good news is that we can treat and prevent these seven diseases for approximately \$0.50 per person per year, thanks in large part to major medicine donations that have been made by six pharmaceutical companies.

The journey to sustainable NTD control began in the 1970s, when Merck & Co. Inc. developed Mectizan, a drug that prevents irreversible blindness by clearing microfilariae from the eyes of those suffering from onchocerciasis (river blindness). Recognizing the potential to improve the lives of millions, Merck called on governments and health agencies to support the purchase and distribution of the drug. While attracted by the clear potential to prevent blindness and

Company	Commitment	Target(s)
Eisai Co. Ltd.	2.2 billion tablets of diethylcarbamazine (DEC) for 2012-2017	Lymphatic Filariasis
GlaxoSmithKline	One billion tablets of albendazole yearly by 2012	Lymphatic Filariasis and Soil-transmitted Helminths
Johnson & Johnson	200 million tablets of mebendazole yearly by 2015	Soil-transmitted Helminths
Merck & Co., Inc.	Unlimited supply of MECTIZAN (ivermectin); over 3.5 billion tablets donated since 1997	Onchocerciasis and Lymphatic Filariasis
Merck KGaA	200 million tablets of praziquantel for 2008-2017	Schistosomiasis
Pfizer, Inc.	Over 240 million tablets of Zithromax (azithromycin) since 1998	Trachoma

change lives, other needs took priority and funding was not available. In an act that forever changed pharmaceutical engagements, Merck launched a groundbreaking donation program in 1987, committing an unlimited supply of Mectizan to eliminate river blindness. Joined by the World Bank, World Health Organization (WHO), and many other partners, both public and private, the program now treats more than 80 million people each year.

Over the years, additional drug donations and greater collaboration between the pharmaceutical industry and global health agencies have brought about a paradigm shift in how the private sector helps governments to meet worldwide health challenges. For instance, GlaxoSmithKline has donated a drug

known as Albendazole free of charge for the past 13 years to treat elephantiasis and intestinal worms. Johnson & Johnson donates another drug, Mebendazole, which is also used for treating intestinal worms. And Pfizer has been a key partner in fighting blinding trachoma through its long-standing program to donate Zithromax, their branded form of the drug azithromycin.

While some companies see their drug donations as fulfilling part of their corporate social responsibility mission, others believe that such programs are an important step in the process of creating sustainable markets. Eisai Co., Ltd., a Japanese pharmaceutical company, is one company that holds such a long-term view. It recently announced

a large-scale donation of the drug Diethylcarbamazine (DEC) as part of the effort to eliminate lymphatic filariasis (aka elephantiasis) as a public health threat within this decade, becoming the first Japanese pharmaceutical company to make such a commitment.

As a result of these efforts, the timetable for controlling and eliminating NTDs now can be measured in years, not decades or lifetimes. The Global Network for Neglected Tropical Diseases, an advocacy and resource mobilization initiative of the Sabin Vaccine Institute, is working with a variety of partners - including governments, NGOs, donors and pharmaceutical companies - to sustainably scale up programs to provide mass drug administration of donated medicine to communities in need. But the unvarnished truth is that without the contribution of these forward-thinking pharmaceutical partners, vital, cost-effective drugs would remain out of reach by those suffering from preventable NTDs. We invite the governments of the G8 and G20 nations to match the leadership demonstrated by the pharmaceutical sector by increasing their own commitment to controlling and eliminating NTDs.

Dr. Neeraj Mistry is the managing director for the Global Network for Neglected Tropical Diseases.

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INSIGHT



VOLUNTEERS SAVE LIVES
A trained community health worker delivers lifesaving care to 20-month-old Rumi in rural Bangladesh.
PHOTO: DAVID GREEDY/SAVE THE CHILDREN

Promising healthy futures, community by community

Wisdom, 16, lives in Ghana's Volta Region, where bilharzia is prevalent. Bilharzia is contracted from contaminated freshwater during everyday activities like laundry and bathing. Many victims, mostly children, suffer from bloody urine, diarrhea, kidney and liver disease.

For communities already burdened by poverty, bilharzia is especially devastating - weakening the body's resistance to other infections and preventing children from reaching their full potential.

A community based approach
Although most neglected diseases, like bilharzia, can be safely and inexpensively prevented and eliminated, they are often most widespread in poor communities that have little access to resources or health services. Since 1937, Plan International has recognized the importance of community involvement when it comes to combating disease and promoting

"Since 1937, Plan International has recognized the importance of community involvement when it comes to combating disease and promoting health education."

health education. Plan's community-based approach places men, women, and children at the center of development solutions to ensure community engagement, greater impact, and long-term sustainability. In Ghana's Volta Region, Plan has partnered with communities, local organizations, and the Ghana Health Service to improve hygiene and sanitation, leading to increased awareness of the prevention of bilharzia and to communities demanding better services from local authorities.

Children as change agents
Involving children as change agents through football clubs and drama

groups; training community leaders on disease prevention; treating the sick; and increasing the capacity of local health centers helps communities advocate for services and reduces the spread of disease. Supporting local Ministries of Health and collaborating with governments and partner organizations reinforce program success.

In Ghana and elsewhere around the world, Plan has seen how communities make more progress when children, their families, and their neighbors participate in identifying problems and designing solutions. As Wisdom said, "Members of our children's club have decided to educate our friends and other children... that in order to not be infected with [bilharzia] we have to drink treated water and stop bathing... in the river."

Plan International USA is part of a global organization that works side-by-side with communities in 50 developing countries to end the cycle of poverty for children.

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WIPING OUT EPIDEMIC MENINGITIS IN AFRICA

On a hot morning last December, crowds of people across the West African country of Burkina Faso began lining up for a shot to protect them from a powerful disease: epidemic meningitis. For more than a century, meningitis epidemics have decimated communities across sub-Saharan Africa, but on this day a new vaccine—called MenAfriVac—brought hope that the epidemics might end.

Less than a year later, MenAfriVac is proving triumphant. Burkina Faso and neighboring countries Mali and Niger have vaccinated nearly 20 million people against meningococcal A meningitis, the strain most damaging to the region. And not a single case of meningococcal A infection has been reported among those who received the vaccine, which means fewer deaths and fewer children disabled.

The vaccine provides a unique model for addressing neglected diseases: solutions developed with multiple partners, including poor countries, to meet the countries' specific health needs. MenAfriVac was developed through the Meningitis Vaccine

Project, a partnership between Seattle-based nonprofit PATH and the World Health Organization (WHO). At the outset, the team asked African health officials what they needed and how much they could pay for it. Then they set out to create a vaccine that met those requirements.

The Meningitis Vaccine Project turned traditional vaccine development on its head. It turned to private companies for raw materials, the US government for the technology, and an Indian manufacturer for the final product, producing MenAfriVac at one-tenth of the cost of a typical new vaccine and in just nine years. The result: a vaccine that costs less than 50 cents a dose and provides protection from a disease that threatens 450 million people in Africa.

MenAfriVac will soon reach three more countries—Cameroon, Chad, and Nigeria—before the next meningitis season begins. For the families who will line up this time to receive the shot, it's the beginning of the end of deadly epidemics. And for those who have already been vaccinated, it's the start of a new season of hope.

MARC LAFORCE, MD
Director, Meningitis Vaccine Project PATH

TIP
3
GET INVOLVED
IN COMMUNITY-
BASED
PROGRAMS



hke
human health care



Over 1 billion people are needlessly threatened by debilitating, preventable tropical diseases.

In partnership with the World Health Organization, Eisai is committed to the efforts to help eliminate lymphatic filariasis; a disease affecting 120 million people in 81 countries. As part of our activities, Eisai is manufacturing and providing up to 2.2 billion tablets of medication for the sole purpose of this initiative. This is not just philanthropy but rather a long-term investment for the future. It is a testament to our corporate philosophy of *human health care* to give first thought to patients and their families, and to helping increase the benefits that health care provides worldwide.

www.eisai.com



Saving Lives, Creating Jobs

Since 2004, Sumitomo Chemical's partnership with A to Z Textile Mills has proven that African manufacturing of long-lasting bednets is competitive on price, quality and delivery time. For Assamuni Issa — and thousands of other colleagues in Tanzania, Ethiopia and Malawi who produced 30 million Olyset Nets last year — the benefits go beyond protecting the health and well-being of their communities. Regular paychecks, job training and the chance to send children and siblings to school are transforming their lives. We believe local economic impact is fundamental to achieving a sustainable model of integrated malaria prevention.

FOR MORE INFORMATION:
www.olyset.net



Lily is dreaming of a pony for her fifth birthday.

Ama is dreaming of making it to her fifth birthday.



In 2009, 8.1 million children died before their fifth birthday. Most of these deaths were from diseases that could have been easily prevented or treated. Plan International USA saves thousands of children's lives with community-based programs that include insecticide-treated nets for protection against malaria, improved sanitation and nutrition to reduce diarrhea, and widespread immunization campaigns. Wouldn't it be nice if all kids could dream about more than just waking up on their birthday?



planusa.org

Promising Futures,
Community by Community

What hope looks like

In December 2010, nearly 20 million people in Africa's meningitis belt received a vaccine that changed a generation. The new vaccine, developed and delivered through a partnership between PATH and the World Health Organization, is the first designed specifically for Africa—and the first sign of hope for an end to a century of epidemics.

Through partnerships like this, PATH is working toward a world where health is within reach for everyone. We rely on your support. To find out more, visit www.path.org.



PATH/Caleb Ranzetta

NEWS



BENIN, WEST AFRICA
A girl cares for her younger sister.
PHOTO: ARIELA ANELLI

ENCOURAGING PROGRESS FOR AFRICAN SLEEPING SICKNESS DISEASE

When the world was sharply focused on assisting African nations in the fight against HIV/AIDS & Malaria, Human Africa Trypanosomiasis, also known as African Sleeping Sickness, was slowly spreading across 36 sub-Saharan countries, threatening nearly 70 million people.

Human African Trypanosomiasis or Sleeping Sickness is a vector-borne parasitic disease. The parasites concerned are Protozoa belonging to the Trypanosoma genus. They are transmitted to humans by tsetse fly (*Glossina Genus*) bites which have acquired their infection from human beings or from animals harboring the human pathogenic parasites. The disease can go unnoticed for months or even years. By the time the symptoms finally emerge, the

disease is already at an advanced stage in which the parasite has infected the brain, and the central nervous system is also affected. African Sleeping Sickness is fatal if it goes untreated.

Most vulnerable of the disease were those who live in remote areas with limited access to adequate health services, which hampers the surveillance and therefore the diagnosis and treatment of cases. In addition, displacement of populations, war and poverty are important factors leading to increased transmission and this alters the distribution of the disease due to weakened or non-existent health systems.

According to the World Health Organization (WHO), in the year 1998, almost 40,000 cases were reported, but estimates were that 300,000 cases were undiagnosed and therefore untreated. By 2005, surveillance was reinforced and the number of new cases reported on the continent was reduced;

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Ted M. Alemayhu
Founder & Executive Chairman
U.S. Doctors For Africa (USDFA) & Africa-USA Trade & Investment Firm

between 1998 and 2004 the number of both forms of the disease fell from 37,991 to 17,616. The estimated number of actual cases was between 50,000 and 70,000. In 2009, however after continued control efforts, the number of cases reported has dropped below 10,000 (9,878) for first time in 50 years.

The “secret remedy” behind the encouraging progress and sharp decline of new infections is continued strategic alliances among WHO, pharmaceutical companies, Health Ministers of African nations and other NGOs, who work together to strengthen and coordinate control measures and ensure that field activities are sustained. In addition, we must strengthen existing surveillance systems, ensure accessibility to diagnostic equipment and treatment, implement training activities, support the monitoring of treatment and drug resistance throughout the network and develop an informa-

tion database and epidemiological analysis of data. These are methods and providing the necessary drugs free of charge to endemic countries are some of the most effective ways to encourage the continued success in combating the disease.

Elimination of Human African Trypanosomiasis (HAT) or African Sleeping Sickness as a public health problem will require continuous efforts and innovative approaches. There is no doubt that new tools would facilitate the elimination process and the sustainability of results; thus, funding efforts for HAT control and research must continue based on public health objectives, and no longer on the burden of the disease.

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The Drugs for Neglected Diseases *initiative* (DNDi), created in 2003 by Doctors Without Borders/Médecins Sans Frontières (MSF) and five public sector institutes, is an independent, not-for-profit product development partnership working to research and develop new treatments for neglected diseases, such as leishmaniasis, sleeping sickness, Chagas disease, malaria, and, with the recent expansion of its portfolio, specific helminth-related infections and pediatric HIV.

For many neglected diseases, elimination is not possible using existing drugs. New treatment and diagnosis tools urgently need to be developed. DNDi has already made available five new treatments for neglected patients: two antimalarials distributed to more than 100 million patients, a new combination therapy for sleeping sickness available in 10 endemic countries in Africa, and two new combination therapies for visceral leishmaniasis in Africa and in Asia.