

The World Health Organization (WHO) is the specialized agency of the United Nations responsible for international public health. Established on 7 April 1948, WHO works worldwide to promote health, keep the world safe, and serve the vulnerable.

Neglected Tropical Diseases (NTDs) are a set of 20 diseases and disease groups that principally affect the poorest people in the poorest countries. They kill, blind, disfigure and maim, causing considerable and largely untold suffering to millions of people worldwide. Nearly all NTDs are preventable or treatable with relatively simple interventions. WHO's Department of Control of Neglected Tropical Diseases coordinates and supports policies and strategies to enhance global access to those interventions.

Prior to the recently announced UK aid cuts, "Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases" (ASCEND) was the United Kingdom's flagship health programme on NTDs. ASCEND provided crucial funding to national NTD control, elimination and eradication programmes in 19 countries. Specifically, ASCEND supported:

- interventions to eliminate lymphatic filariasis as a public health problem amongst a combined population of 196 million people. Funding withdrawal leaves those individuals at risk of painful episodes of lymphangitis as well as hydrocoele and elephantiasis over the long term.
- interventions to permanently stop the transmission of onchocerciasis ("river blindness") in 104 million people, and its withdrawal leaves those individuals at risk of debilitating itch and blindness.
- interventions to control schistosomiasis in 106 million people, who are now at risk of chronic blood loss and bowel and bladder complications, including bladder cancer; women and girls in endemic areas may develop female genital schistosomiasis, which has been linked with increased risk of transmission of HIV.
- interventions to eliminate trachoma as a public health problem in 21 million people, who are now at risk of going painfully blind.
- interventions against soil-transmitted helminthiases in 97 million people, who are now at risk of anaemia and reduced school or work performance.
- case finding and treatment of individuals with visceral leishmaniasis, an infectious disease acquired through the bite of infected sandflies that is fatal without timely diagnosis and specific treatment; as a consequence of the aid cuts, 20,000-30,000 individuals are likely to die, with the uncertainty in that estimate related to expected recent increases in disease incidence due to COVID-19-related programmatic delays.
- interventions aimed at permanently stopping transmission of Guinea worm, which is acquired by drinking water containing infected microscopic crustaceans, with the adult female worms subsequently painfully ulcerating the human host's skin a year later, in order to discharge their eggs. Guinea worm is one of only three human pathogens currently formally targeted for eradication, defined as permanent reduction to zero of the worldwide incidence of infection caused by a specific agent as a result of deliberate efforts, with intervention measures no longer needed, as achieved for smallpox. Funding withdrawal is projected to lead to a resurgence of this crippling disease, outbreaks, spread of disease to previously freed areas and to other

countries, with hundreds of communities negatively affected. This will reverse the impact of many years of investment by the UK and other partners.

Many of the NTD interventions that were supported by UK aid involved the large-scale distribution of donated medicines to endemic populations; the withdrawal of UK funding makes it likely that an estimated in-country inventory of 276,802,004 tablets donated by British and international pharmaceutical companies will expire and need to be incinerated, rather than being distributed to willing recipients to prevent and eliminate disease.

No obvious alternative source of funding exists to fill the funding gaps that will be left by the exit of ASCEND.