The Unfinished Agenda of Communicable Diseases

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Communicable disease control is WHO’s core work. Clear global and regional mandate, and high expectations of WHO's effectiveness in this area.

Many global/regional disease elimination goals agreed by Member States.

23 Programmes, 57 staff at RO & 78 staff at COs

However, funding declining, both core and support from number of key donors.
Much has been achieved

- Communicable diseases continue to be major drivers of morbidity and mortality in WPR
- However, we have good evidence base for effective interventions, and together region has made some major gains. For example-
  - 84% reduction in measles cases from 2009 to 2012
  - Region (and 30/36 countries and areas) reduced chronic hepatitis B prevalence in 5yo to <2%, and 11/36 to <1%
  - Maternal and neonatal tetanus now eliminated in 34/37
  - Malaria cases decreased by 25% between 2000 and 2012, and deaths decreased from 2400 to 460
  - Tuberculosis prevalence decreased by 51% and deaths by 72% since 1990
  - 33% reduction in HIV infections in children from 2001-2013
Many challenges remain

- **Drug resistance**
  - Artemisinin resistant malaria
  - MDR/XDR TB
  - Gonorrhea

- **Scaling up/increasing coverage**
  - MDR
  - HIV ART
  - Immunization (current and new vaccines)
  - New interventions (e.g. molecular diagnostics and new drugs for TB, new tools for vector control)

- **Hard to reach populations**
  - Remote
  - Poor
  - Migrants
Viral hepatitis management
  - Huge population chronically infected with hepatitis B, infected before wide immunization coverage. Effective chronic management now possible
  - Hepatitis C now curable

CDs not yet under control
  - Dengue
  - STIs

CD/NCD
  - Communicable causes of NCDs (e.g. liver cancer, cervical cancer, rheumatic heart disease, haematopoietic cancers caused by HIV) - effective prevention will require CD focused approaches
  - Managing CDs as chronic diseases (e.g. long term therapy for hepatitis B, ART for HIV, disability from leprosy or JE)
Sustainability

- Over reliance on externally funded vertical programmes
- Need to shift focus to health systems with the key capacities to effectively control/manage priority CDs *along with* other health priorities
- Shift from vertical programmes to capable health systems needs to be well planned and adequately resourced. Transition period risky
- Maintaining focus and resources - success makes CD threat invisible, but with reduced attention they can return quickly and strongly.
The risk of interrupted investment: malaria resurgences

Cohen et al. Malaria Journal 2012 11:122
The agenda for communicable diseases will never be finished