

PARTNERING FOR OUR NEIGHBORS' HEALTH

In his recent encyclical letter, *Laudato Si'*, Pope Francis teaches us about integral ecology, and, in so doing, touches on our concept of “neighbor” — who it is we are connected to, and why it is important.



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“We’re a global church with experience with what’s going on in communities around the world,” the pope writes. “We’re committed to responding to the concerns of those on the margins: the poor, the young and others at the peripheries”

That commitment describes Neeraj Mistry, MD, the friend and international colleague, I asked to be a guest columnist for the partnership and collaboration issue of *Health Progress*.

Mistry joined the Global Network for Neglected Tropical Diseases in July 2010 as managing director. With a focus on advocacy and resource

mobilization, he is creating partnerships to grow and strengthen the international fight to control and eliminate parasites and bacterial illnesses that sicken and disable nearly 1 in 6 of the world’s poorest people — including millions of children.

A public health physician, Mistry was a founding member and former vice president of the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria. He has extensive experience in global health policy and programming, having worked in developing and developed countries in the public and private sectors and across clinical practice, health policy and social development.

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Using the Voice of the Church

By NEERAJ MISTRY, MD, MPH, MANAGING DIRECTOR, GLOBAL NETWORK FOR NEGLECTED TROPICAL DISEASES

Since Pope Francis took office in 2013, the world has been captivated by his moral vision, summarized powerfully in his apostolic exhortation *Evangelii Gaudium*, which urged the church to rediscover her “missionary impulse”:

“If the whole Church takes up this missionary impulse,” the pope says, “she has to go forth to everyone without exception. But to whom should she go first? When we read the Gospel, we find a clear indication: not so much our friends and wealthy neighbors, but above all the poor and the sick, those who are usually despised and overlooked, ‘those who cannot repay you.’”

That vision — of a church attending to the needs of the poor and marginalized before all else — often is in stark contrast to the reality of the world we live in.

Francis put it bluntly in his much-anticipated encyclical, *Laudato Si'*, saying, “It needs to be said that, generally speaking, there is little in the way

of clear awareness of problems which especially affect the excluded. Yet they are the majority of the planet’s population, billions of people. These days, they are mentioned in international political and economic discussions, but one often has the impression that their problems are brought up as an afterthought.”

On the global agenda, the needs of the poor are, indeed, an afterthought. Clear evidence is the persistent scourge in the lives of the world’s poorest people — neglected tropical diseases, which include river blindness, trachoma, lymphatic filariasis (elephantiasis), schistosomiasis and intestinal worms. The NTDs are spread by parasites and bacteria and flourish in rural and remote areas with inadequate sanitation and hygiene infrastructure. Left untreated, they can blind, disfigure and disable, stunting the physical and cognitive growth of children and crippling the economic productivity of adults.

Infected individuals sometimes suffer a double burden of physical disability plus social stigma, marginalized in their communities by their disfiguring symptoms which range from the “leopard skin” rash and visual impairment of river blindness to the swollen limbs and genitals of lymphatic filariasis.

Yet, treating and preventing NTDs is simple and cost-effective. Mass drug administrations of safe and effective medicine to at-risk populations can relieve the worst symptoms. When repeated annually, these interventions can interrupt recurrent disease transmission and free entire communities from the cycle.

The latest report from the World Health Organization estimates that the total cost of delivering medicine — which has been generously donated by a cadre of pharmaceutical companies — to every man, woman and child at risk of the most common NTDs is just \$750 million a year, or less than 50 cents per person.

Over the past decade, there has been a dramatic scale-up in the global response to these diseases, but much remains to be done. Pharmaceutical companies now donate more than a \$1 billion dollars’ worth of drugs each year to control and eliminate the most common NTDs, but mobilizing the modest resources needed to deliver these drugs broadly and consistently in every community at risk has proved difficult. As a result, less than half of the global population at risk of NTDs is currently receiving treatment for any of these diseases. This gap leaves hundreds of millions of the world’s poorest people vulnerable to the disabling and debilitating effects of NTDs every year.

An injection of new funding is needed to bridge this gap. But more importantly, an infusion of the moral vision articulated by Pope Francis into the

global policy arena by Catholic leaders could accelerate progress against NTDs. We need champions who can rouse world leaders to invest in this effort and move leaders all the way down to the community level to be good stewards of this investment, prioritizing the needs of the poor.

Pope Francis has called for Catholic communities to “become islands of mercy in the midst of a sea of indifference.”

As the managing director of the Global Network for Neglected Tropical Diseases, I had the privilege of addressing the Catholic Health Association Global Summit in September 2014 to outline a broad vision of Catholic collaboration to support the NTD control and elimination effort. Since then, this vision has taken clearer shape, falling into three action areas:

- Using the voice of the church and the Catholic health care community to raise awareness of the global burden of NTDs
- Advancing in the media a powerful moral case for the control and elimination effort
- Encouraging religious leaders to tackle the stigma and discrimination faced by patients with NTDs

We seek partners to advance all of these activities. As the United States eagerly awaits Pope Francis’ visit in September 2015, we will be listening intently to the messages he delivers to leaders in Congress and at the United Nations, with the hope that his visit will elevate causes of marginalization,

such as NTDs, in the minds and hearts of policymakers.

For the past decade, the U.S. federal budget has been a key source of funding for NTD treatment through the United States Agency for International Development. Passage of the 2016 federal budget and the ratification of the Sustainable Development Goals by UN member states just after Francis’ visit could be turning points in cementing global commitment to NTD control and elimination.

Moving forward, we hope to work with leaders in Catholic health care to elevate the issue of NTDs in the media. Our message is factually compelling — one glance at the statistics show the cost-effectiveness of NTD treatment. But we know moving the needle of public opinion and solidifying global commitment requires something that facts alone cannot convey. The moral vision of Catholic health care leaders, guided by the example of Pope Francis, could tip the scale.

Those working on the ground directly with communities affected by NTDs can speak to the hidden burden of stigma and discrimination faced by individuals whom the diseases have disfigured and disabled. The example of the church’s historic ministry to individuals with leprosy, stretching back to the work of Christ himself, might well inspire a new generation of ministry to marginalized communities.

Pope Francis has called for Catholic communities to “become islands of mercy in the midst of a sea of indifference.” We need bold Catholic leaders to brave this vast “sea of indifference” that too often washes the needs of the poor off the global agenda. With new champions behind this cause, we can end the neglect of communities affected by neglected tropical diseases — once and for all.

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