

Skin Matters

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SECTION ONE

Human rights and NTDs

A Human Rights Turning Point for Neglected Tropical Diseases

By **Inés Egino**, Head of Strategic Partnerships, Fundación Anesvad, and **Stuart Halford**, Director of Advocacy and Resource Mobilisation, Uniting to Combat NTDs

On 7 July 2026, the UN Human Rights Council adopted by consensus Resolution 62/21, *Human rights and Neglected Tropical Diseases*. It is the first Human Rights Council resolution dedicated specifically to Neglected Tropical Diseases (NTDs) as a group. For a sector that has long argued that NTDs are not only a public health challenge but also a question of dignity, equality and social justice, the significance of the resolution lies not simply in formally recognising NTDs as a human rights issue, but in creating new opportunities to translate that recognition into policy, accountability and action.

The political leadership behind the resolution is equally significant. It was led by Malawi, alongside

Burkina Faso, The Gambia, Kenya, Morocco and the United Republic of Tanzania. This African-led initiative places countries with substantial NTD burden at the centre of the human rights discussion and gives the resolution a strong country-driven foundation. Its adoption by consensus also demonstrates that the relationship between NTDs and human rights commands broad support across the Council.

Why this resolution matters

The resolution does more than restate the scale of the NTD burden. It explicitly recognises that NTDs can both reflect and reinforce patterns of inequality,

discrimination and social exclusion. It connects their persistence to wider determinants of health and to barriers affecting access to prevention, diagnosis, treatment and care. It also recognises the particular implications for people experiencing poverty, gender inequality, marginalisation and exclusion, while acknowledging how factors such as climate change, conflict and displacement can compound vulnerability.

This matters because it changes the policy question. The issue is no longer simply whether health systems can deliver NTD interventions at sufficient scale. It is also whether governments are addressing the social, environmental and structural conditions that determine who is exposed to disease, who can access services, and who is able to participate fully in society after experiencing an NTD.

The resolution therefore urges States to strengthen NTD prevention, diagnosis, treatment and care within universal health coverage and primary healthcare, strengthen resilient health systems, and adopt human rights-based and people-centred approaches to health policy and service delivery. It also links these efforts explicitly to Sustainable Development Goal 3 and the implementation of the

WHO NTD Road Map 2021–2030.

Its most important institutional consequence, however, is the request to the Office of the UN High Commissioner for Human Rights (OHCHR) to prepare a comprehensive report on the human rights dimensions of NTDs. The report is to be developed in consultation with member states, UN agencies and other relevant stakeholders, including civil society and philanthropic foundations, and to be submitted to the 66th session of the Human Rights Council. It is expected to identify the human rights dimensions of NTDs, examine how existing Council mechanisms can contribute, identify practical measures for States, and recommend ways in which the wider UN system can better integrate human rights considerations into NTD responses.

That is potentially more consequential than the resolution itself. It creates a formal process through which evidence, country experience and the voices of people affected by NTDs can shape how the UN system understands and responds to these diseases.

From a health-sector issue to a cross-government agenda



A Human Rights Turning Point for Neglected Tropical Diseases

The most important opportunity may be the space the resolution creates beyond the health sector.

NTD programmes have traditionally had to compete for political attention and domestic resources within health ministries and health budgets. A human rights framework creates additional entry points. Water and sanitation, education, housing, social protection, disability inclusion, gender equality, climate adaptation and poverty reduction are not peripheral to NTD elimination; in many settings, they are part of the conditions that determine whether elimination can be achieved and sustained.

This does not mean creating a new NTD architecture. The stronger approach is to connect existing institutions, policies and investments. National NTD Master Plans should remain the operational anchor, while the human rights framework can help governments identify where other ministries, national human rights institutions and accountability mechanisms can contribute.

That distinction is important. The value of Resolution 62/21 will not be measured by the number of new structures created around NTDs. It will be measured by whether existing systems begin to work differently — whether NTD considerations are reflected in broader policy and financing decisions, whether affected communities have meaningful opportunities to participate, and whether discrimination and exclusion become more visible within national responses.

A new entry point for accountability

The resolution also provides an opportunity to make better use of existing human rights mechanisms.

The Universal Periodic Review and UN treaty-monitoring bodies already provide mechanisms through which States' performance on health, equality, non-discrimination and social inclusion can be examined. What has been missing is a sufficiently recognised NTD-specific framework through which civil society and affected communities can connect these mechanisms to the realities of NTDs.

Resolution 62/21 does not create new accountability mechanisms. It strengthens the case

for using existing ones to examine issues such as discrimination, stigma, access to health services, disability, gender inequality and the social consequences of NTDs.

This could become particularly important for diseases where the consequences extend well beyond infection itself. Lymphatic filariasis, onchocerciasis, schistosomiasis and other NTDs can affect people's ability to work, attend school, participate in community life and live free from stigma. A rights-based approach provides a framework for documenting these consequences not simply as secondary impacts of disease, but as issues relevant to equality, participation and human dignity.

The road ahead

The immediate task is to ensure that the OHCHR process produces something more ambitious than a descriptive review.

The consultation should generate evidence that demonstrates how human rights considerations affect NTD policy and implementation in practice. That means bringing together governments, WHO, civil society, affected communities, national human rights institutions and other stakeholders, while ensuring that country experience remains central to the analysis.

There is also a case for coordinated civil society engagement, including evidence submissions and potentially a complementary civil society report. Case studies could help demonstrate how NTD-related stigma, disability, exclusion and barriers to essential services translate into concrete human rights concerns — and, importantly, what governments can do differently.

The longer-term opportunity is to connect this process to the implementation of the WHO NTD Road Map 2021–2030. The human rights framework should not become a parallel process running alongside the NTD agenda. Its value lies in strengthening that agenda: bringing questions of participation, non-discrimination, accountability and equity into discussions about elimination, financing and health-system integration.

The OHCHR report will therefore be an important test of what Resolution 62/21 can achieve. Can the findings influence national NTD strategies and financing? Can they strengthen collaboration between health and non-health ministries? Can they give affected communities a stronger voice? And can existing UN and national human rights mechanisms be used more systematically to address the discrimination and exclusion associated with NTDs?

Resolution 62/21 is a milestone, but it is not an endpoint. Its significance will ultimately depend on whether the political recognition achieved in Geneva is translated into changes in policy, financing, accountability and implementation at country level. For the global NTD community, the task now is to make that connection — and to ensure that the human rights framework strengthens the practical work of ending NTDs.

The opportunity is substantial. The next phase will determine how much of it is realised.

The WHO Essential Care Package on Mental Health and Stigma: Advancing Human Rights for Persons Affected by Neglected Tropical Diseases

By **Dr Ashok Agarwal**, Working Group Co-Chair and CEO, NLR India, and **Dr Pradeepta Nayak**, National Community based Rehabilitation Coordinator, NLR India, on behalf of the WHO Skin NTD Working Group on Psychosocial Aspects.

In February 2026, the World Health Organization



launched the Essential Care Package (ECP) to address mental health and stigma for persons affected by Neglected Tropical Diseases (NTDs). The ECP represents a significant step forward in promoting health, dignity, and human rights. By recognizing the psychological and social consequences of NTDs alongside their physical effects, the ECP addresses a long-standing gap in health systems and provides practical guidance for more holistic and person-centred care.

From a human rights perspective, the ECP is particularly important because it affirms health as a right. While the UN defines human rights as universal rights inherent to all individuals^[1], the WHO establishes that every human being has the right to the highest attainable standard of physical and mental health^[2]. Many persons affected by NTDs like leprosy, experience stigma, discrimination, social exclusion, loss of livelihood, and barriers to participation. These experiences often result in psychological distress, anxiety, depression, social isolation and suicidal ideation^[3].

Addressing such challenges is essential to realizing the **right to health and other related human rights**.

A notable strength of the ECP is its **emphasis on dignity, inclusion, and person-centred support**. The package encourages early identification of mental health concerns, community-based interventions, strengthening of referrals, peer support mechanisms, basic psychological support, and Look-Listen-Link principles^[4]. It also highlights the importance of reducing social stigma, thereby addressing one of the root causes of human rights violations.

The ECP further promotes **meaningful participation of people with lived experience**. Their involvement in programme design, service delivery, peer support, and advocacy reflects a rights-based approach that values autonomy, empowerment, and inclusion. Such participation is consistent with international human rights principles and commitments.

Importantly, the ECP demonstrates that mental health support is not an optional addition to NTD programmes but an essential component of quality care. Integrating mental health and stigma reduction into routine health services can improve treatment outcomes, strengthen resilience, promote inclusion, and enhance **quality of life**.

The WHO ECP on mental health is more than a technical resource. It is a practical instrument for advancing human rights. Its widespread dissemination and implementation can help ensure that persons affected by NTDs are not only treated for disease but are also supported to live with dignity, equality, inclusion, and full enjoyment of their human rights.

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VIDEO FEATURE

Watch patient testimonials

People affected by leprosy describe, in their own words, their experiences of stigma and discrimination. Their voices underline why human rights must be central to NTD care.

► [Watch the video](#)

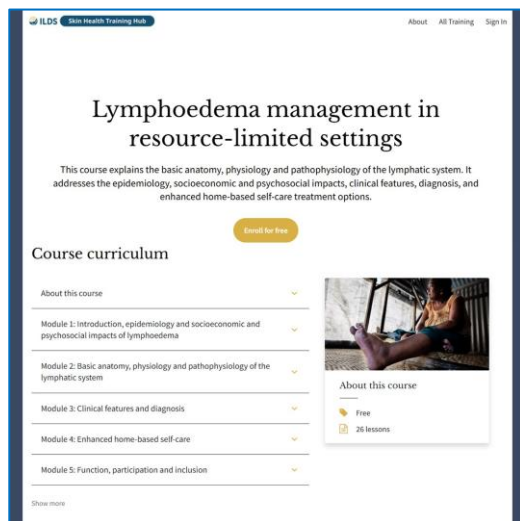
Courtesy of the Alliance Against Leprosy

Working group updates

Update from the Skin Health, Wound Care & Rehabilitation Working Group

By **Dr Michele Murdoch**, Chair, WHO Skin NTD Working Group on Skin Health, Wound Care and Rehabilitation

The Working Group is pleased to share a new publication and a free online training course aimed at strengthening the knowledge and skills of primary healthcare workers in wound care, rehabilitation, and lymphoedema management.



1. New publication: Overview of Rehabilitation

Interventions in Wound and Ulcer Care. This article by Linda Lehman *et al.* highlights rehabilitation interventions in wound and ulcer care. *Community Skin Health Journal* 2026;22(1):11–13. [Read the publication.](#)

2. Free online course: Lymphoedema Management in Resource-Limited Settings

Developed by the WHO Skin NTD Working Group on Skin Health, Wound Care and Rehabilitation, together with WHO technical staff, this course provides training on lymphoedema management in resource-limited settings. The course is freely available through the ILDS Skin Health Training Hub. [Access the course.](#)

One Health Working Group

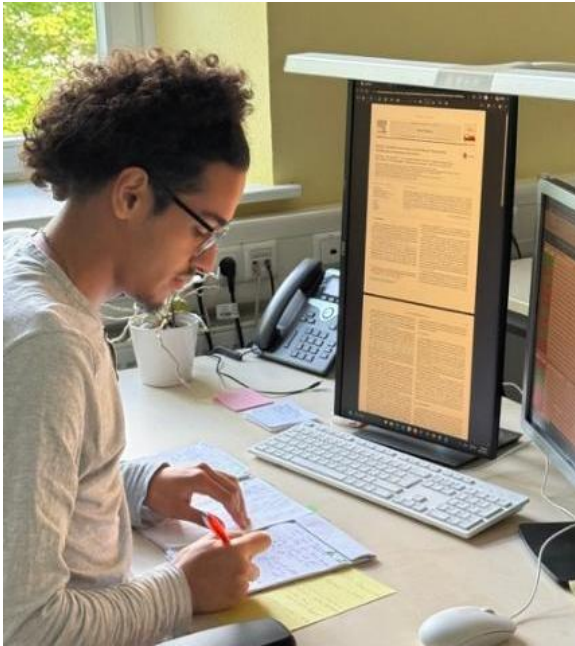
By **Dr Anna Fahrion** and **Professor Sascha Knauf** (WG Chair), WHO Skin NTD Working Group on One Health

The One Health Working group has made significant progress with its **scoping study about ecological drivers of skin NTDs and associated One Health knowledge gaps.**

This research project was conducted by Yacine Amri as part of his MSc in One Health and Public Health program (National Veterinary School, Lyon) during his 8-month stay at FLI, Germany. It includes an extensive literature review and analysis of the available evidence, based on 2843 publications for

eight skin NTDs. The current MSc study is the second study completed in close collaboration with the One Health in Skin NTDs working group. This comprehensive piece of work is currently being finalized with manuscript preparation now underway for submission to a peer-reviewed journal.

The Working Group also contributed to the **review published by Hotopf, I. et al. (2026):** Mental health, social determinants and One Health in skin



neglected tropical diseases (NTDs): A scoping

review. *PLOS Neglected Trop. Dis.* **20**, e0014034, DOI: [10.1371/journal.pntd.0014034](https://doi.org/10.1371/journal.pntd.0014034). Congratulations to Prof. Julian Eaton, India Hotopf and their team.

Members of the One Health Working Group have attended the **9th World One Health Congress**, held in Lisbon from 04 – 08 Sept, 2026. Prof. Sascha Knauf, Dr. Anna Fahrion and their teams made active contributions to the conference through several presentations and posters. The conference provided ample opportunity to connect with the international One Health community and to follow current developments and discussions across human, animal, and environmental health.

Figure 1: Yacine writing up his MSc Thesis.

Disease Transmission Working Group

By **Professor Lydia Mosi** and **Professor Heather Jordan**, Chairs, WHO Skin NTD Working Group on Disease Transmission

Significant advances have been made in the diagnosis and treatment of skin-related neglected tropical diseases (Skin NTDs). However, major gaps remain in our understanding of how some of these infections are acquired, maintained, and transmitted within and between human, animal, and environmental reservoirs. Addressing these gaps is essential for developing effective, evidence-based interventions that move beyond treatment of individual cases toward sustained interruption of transmission.

Transmission research is inherently complex and may involve interactions among infected individuals, asymptomatic or subclinical infections, animal hosts, arthropod vectors, environmental reservoirs, water and soil, and behavioural or occupational exposures. The relative contribution of these pathways may also vary according to pathogen, geography, season, ecological conditions, host characteristics, and patterns of human activity. Hence, this WG is conducting a survey on the Standard Operating Procedures (SOPs) for NTD Transmission Research.

ONGOING SURVEY · DISEASE TRANSMISSION WG

Your protocols matter: contribute to the SOP survey

This survey seeks to capture the experience and perspectives of researchers and practitioners involved in transmission-related research on neglected tropical skin diseases. **Specifically, the survey aims to identify current practices, methodological similarities and differences, operational challenges, critical knowledge gaps, and areas where greater standardization would be beneficial.**

By contributing your protocols, you help build a centralized, open-access resource that empowers global teams, reduces methodological redundancy, and strengthens data reliability worldwide.

Please complete this survey by 13 November 2026 to ensure your expertise shapes the future of collaborative NTD research.

[Click here to fill in the survey →](#)

Standard Operating Procedures
(SOPs) for NTD Transmission
Research



**SCAN TO OPEN
THE SURVEY**

SECTION THREE

Discovery research highlights

By **Professor Katja Fischer** and **Professor Rachel Simmonds**, Chairs, WHO Skin NTD Working Group on Discovery Research

Established in February 2025, the WHO Discovery Research Working Group for Skin NTDs aims to strengthen the connection between basic research and WHO's implementation-focused skin NTD programme and policies.

Sharing research highlights is one way to bring emerging evidence into discussions about disease understanding, treatment, prevention and research priorities. Contributions from members showcase progress in Buruli ulcer, cutaneous leishmaniasis and scabies, alongside a shared call to accelerate vaccine development.

Understanding and targeting tissue damage in Buruli ulcer

Research from Professor Rachel Simmonds FRSB, Head of Microbes, Infection & Immunity at the University of Surrey, Guildford, United Kingdom, and

colleagues is revealing how mycolactone, the toxin produced by *Mycobacterium ulcerans*, damages host tissues. Hall and colleagues showed that mycolactone disrupts lysosome function by blocking Sec61, a gateway involved in protein processing in the endoplasmic reticulum. This prevents production of essential components of the V-ATPase proton pump, compromising the acidification needed for normal lysosomal function. The findings offer new insights into toxin-induced cell damage and raise questions about how these changes affect host defence. ^[1]

A complementary study by Hsieh and colleagues showed that mycolactone disrupts the protective sugar-rich layer on blood vessel cells, known as the glycocalyx, and the underlying basement membrane. These changes allow fibrinogen, a blood-clotting protein, to escape into surrounding

tissue, providing a mechanism that may contribute to skin necrosis. Together, these studies identify processes worth investigating as targets for limiting tissue damage and disability. ^[2]

Dr Louisa Warryn, Postdoctoral Scientific Collaborator at the Swiss Tropical and Public Health Institute, Allschwil, Switzerland, and colleagues are pursuing complementary therapeutic approaches. Their analysis of two chemical scaffolds targeting the mycobacterial respiratory chain identified activity against *M. ulcerans*, expanding the chemical starting points for drug development beyond telacebec. ^[3] In separate work, Warryn and Paris combined bacterial viability testing with a mycolactone-detecting ELISA to screen the MMV Pandemic Response Box. This identified compounds that reduce toxin production without necessarily reducing bacterial viability, opening a route towards treatments that disarm bacterial virulence. These early findings support further assessment of both antibacterial and toxin-directed strategies for Buruli ulcer. ^[4]

Using human infection to guide vaccine discovery

Associate Professor Wim Adriaensen, Head of the Clinical Immunology Unit, Department of Clinical Sciences, Institute of Tropical Medicine, Antwerp, Belgium, contributed two publications on leishmaniasis vaccine discovery. For cutaneous leishmaniasis, de Vrij and colleagues examined lesions from 27 Ethiopian patients using immunopectidomics, which identifies the protein fragments presented to the immune system. They detected 580 previously undescribed *Leishmania aethiopica* epitopes derived from 398 antigens. Recurrent and conserved targets provide candidates for vaccine research, while the finding that prediction algorithms missed many naturally presented epitopes underscores the value of studying human infection directly. These promising antigen targets identified still require testing to determine whether they induce protective immunity. ^[5]

In an accompanying perspective, Adriaensen and colleagues propose an antigen-discovery

framework combining immunopectidomics, single-cell multiomics, T-cell receptor profiling and controlled human infection models. Their central message is that vaccine design needs stronger evidence about which parasite antigens are presented during early human infection. This provides a research agenda for prioritising vaccine candidates on biological evidence. ^[6]

Mrs Samantha Vermaak, Co-Investigator and Executive Manager of the VALIDATE Vaccine R&D Network, Centre for Clinical Vaccinology and Tropical Medicine, Jenner Institute, University of Oxford, United Kingdom, highlighted a broader perspective from Wang and colleagues. This paper, informed by the VALIDATE Network's May 2025 workshop in Bogotá, calls for coordinated action on vaccines for leishmaniasis, leprosy and Buruli ulcer. It advocates increased vaccine research funding, integration of NTD vaccine development into preparedness and response policies, and meaningful patient and public engagement. For the WHO Skin NTDs Team, these recommendations highlight opportunities to connect scientific advances with investment, partnerships and community priorities. ^[7]

Towards a simpler treatment for scabies

Dr Deepani Fernando and Professor Katja Fischer at the QIMR Berghofer Medical Research Institute, Brisbane, Australia and collaborating colleagues at Universities of Melbourne and Queensland are developing a topical combination scabicide of abametapir, the active ingredient of an approved head-lice treatment, and flavesone, a β -triketone derived from mānuka oil. An *in vitro* study demonstrated rapid killing of scabies mites and eggs ^[8]. A prior study showed that abametapir and mānuka oil inhibit common scabies-associated pathogens, including *Staphylococcus aureus*, *Streptococcus pyogenes*, *Streptococcus dysgalactiae* subsp. *equisimilis*, and *Acinetobacter baumannii*, ^[9] alongside scabicial activity. A subsequent preclinical study, evaluating efficacy and pharmacokinetics *in vivo* in a porcine model for scabies, is underway.

These findings support further development of a potentially simpler treatment, but human efficacy and safety remain to be established. If confirmed clinically, activity against both mites and eggs could reduce the need for repeat applications and ease treatment delivery in resource-limited settings.

Across these contributions, discovery research is helping explain tissue injury, identify therapeutic targets and strengthen vaccine design. The Working Group can help translate these advances into clearly defined research priorities, connecting laboratory findings with the practical needs of affected communities and skin NTD programmes.

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Thank you for reading!

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