The WHO acknowledges that the diseases listed "are not a natural or a uniform group of disorders" and "differ significantly in their causes, pathologies, and clinical features." The diseases also differ in their vulnerability to elimination or control. For example, one of the 17, Guinea worm (dracunculiasis), is on the verge of eradication, whereas considerable progress is being made against onchocerciasis, lymphatic filariasis, leprosy and trachoma, for example.

It's clear that the criteria for choosing 17 NTDs from among the many potential choices included both the global extent of each disease and the existence of tools to control or eliminate it. Now that the careful selection process is complete, it's important to emphasize the difference that effective leadership can make. Compare the examples of two of the 17 NTDs targeted by the WHO: human African trypanosomiasis, also known as sleeping sickness, and yaws, a chronic, debilitating skin and bone disorder caused by the bacterium . Despite the severe handicaps of difficult diagnosis, complex treatment and occurrence in violence-prone areas, the reported incidence of human African trypanosomiasis has been halved in the past decade, thanks in part to political will. Meanwhile, even though an inexpensive single injection of long-acting penicillin can cure yaws, which was targeted for eradication over 50 years ago, inadequate attention by all concerned means that this debilitating disease is still mutilating people in several countries.

In its October report, the WHO lists more than 60 resolutions that the World Health Assembly has adopted over the years related to the 17 NTDs, including eleven resolutions for leprosy alone. Guinea worm is the only one of these diseases that is formally targeted by the WHO for global eradication. Seven NTDs are targeted for regional elimination, whereas the other diseases are targeted for better control. Notably, the lack of quantitative measures to specify what is meant by improved control or by "elimination as a public health problem" for many of these represents a fundamental flaw.

Despite these ambiguities, we are now obligated to define measurable goals and monitor progress toward those goals for all of the 17 NTDs selected by the WHO. Additionally, to know whether ml92(n)39 3edicahwell treatments provided, for example, is not enough. If the goal is to reduce occurrence of a disease to zero by a certain date, as in an eradication or elimination program, progress toward that can be measured. An aim to reduce a disease to less than one case per 10,000 population by a certain date can also be measured. But it is impossible to know whether one has achieved "elimination as a public health problem" without including a quantitative threshold to define success.

When it comes to deciding the best options to fight NTDs, it's important to emphasize the role of personal risk factors in exposure to many of these 17 diseases. Proper attention should also be paid to research for improving health education and understanding sociological aspects of NTDs, as well as behavioral aspects of their prevention in affected communities. For example, the campaign to eradicate Guinea worm disease shows that it is possible to defeat a neglected tropical disease even without a vaccine or a curative treatment. Meanwhile, for those illnesses that do require drug interventions, it is necessary to foster ongoing communication betw ipartners and the respective countries conce establish baseline measurements, set quantified targets for 2015 and 2020, monitor interventions and cases and publish the results annually in a combined summary report as well as more detailed annual surveillance summaries for each disease in the WHO's . The Carter Center's experience is that annual program reviews—in which country