



Faith, mothers, and the fight against neglected tropical diseases: a call to restore U.S. leadership

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Abstract

This editorial highlights the critical impact of neglected tropical diseases (NTDs) on mothers and children in impoverished communities, emphasizing how these diseases perpetuate cycles of poverty, poor health, and lost opportunities. Drawing on Christian values and personal experiences, the authors call for renewed U.S. leadership and support for faith-based organizations, which play a vital role in healthcare delivery and NTD treatment in vulnerable regions. The piece urges greater recognition and action to break the cycle of suffering, restore dignity, and promote maternal and child health worldwide.

We write this as a Catholic and a Presbyterian who have served in communities bearing the brunt of poverty and disease—places where a mother’s daily walk for water may expose her to parasites that can steal her fertility and where a child’s swollen limbs or bloated belly speaks not of excess, but of the silent scourge of neglected tropical diseases (NTDs).

In these communities, we have seen the faces behind the statistics: women giving birth while battling anemia from hookworm; toddlers whose developmental potential is stunted before they can speak due to soil-transmitted helminths or schistosomiasis. These diseases do not dominate headlines, but they steal futures, quietly and relentlessly.

NTDs—such as river blindness, lymphatic filariasis, intestinal worms, leprosy, and trachoma—afflict approximately 1.5 billion people globally, primarily in the poorest regions of the world.¹ We recognize the especially cruel toll NTDs take on mothers and children and, in urging action, recall the words of Pope John

Paul II: “Mercy is love’s second name... It is manifested in works of mercy, both corporal and spiritual.”²

The Vicious Cycle of NTDs and Maternal and Child Health

NTDs and poor maternal and child health (MCH) form a mutually reinforcing vicious cycle. Pregnancy weakens immunity, increasing susceptibility to infection. These infections then worsen outcomes such as hemorrhage, preterm labor, and stillbirth (Hotez, Fenwick, Savioli, & Molyneux, 2009; Salam & Molyneux, 2017).^{3,4} Malnourished mothers often give birth to vulnerable infants, who then suffer long-term effects: chronic anemia, developmental delays, and impaired learning capacity.⁵

The most recent Global Burden of Disease Study illustrates that we are winning against NTDs, shifting from losing 19 million disability-adjusted life years (DALYs) annually in 2019 to 16 million in 2021 (GBD 2019 Diseases and Injuries Collaborators, 2020; GBD 2021 Diseases

and Injuries Collaborators, 2024).^{6,7} NTDs continue to disproportionately impact women and children in sub-Saharan Africa and South Asia.^{8,9} These are years lost not only to premature death, but also to blindness, disfigurement, chronic pain, infertility, and developmental disability. For children, these losses mean missed education, reduced earning potential, and intergenerational poverty. For mothers, they mean diminished ability to carry out daily labor, care for families, and survive childbirth.

This is not just a disease problem—it is a cycle of structural violence, economic deprivation, and intergenerational harm.

The Essential Role of Faith-Based Providers

Faith-based organizations and mission hospitals are at the front lines of Mass Drug Administration (MDA) campaigns and treatment for people living with NTDs. In many parts of Africa, faith-based providers deliver roughly one-third of all healthcare, often in remote or fragile contexts.^{10,11} Their trusted relationships within communities enable them to mobilize volunteers, distribute medicines, and offer long-term care.

As people of faith, we understand this work not merely as public health, but as an expression of Christian witness—healing the sick, restoring dignity, and proclaiming good news in word and deed.

“Whatever you did for one of the least of these brothers and sisters of mine, you did for me.” (Matthew 25:40)

A Missed Opportunity

Since 2006, U.S. Government leadership has built a highly effective public-private partnership to combat NTDs¹², investing just \$115 million per year—unlocking more than \$1.1 billion in donated medicines annually (World Health Organization, 2024).¹³ These efforts have helped more than 600 million people and supported the elimination of NTDs in over 50 countries.¹⁴

But this success is now at grave risk. The sudden suspension of U.S. NTD funding has stranded treatments, derailed campaigns, and jeopardized elimination goals. Donated

medications sit in warehouses, undelivered. Nations on the brink of victory are now falling behind. As of July, 16 countries reported disruptions and 14.9 million tablets are at risk to expire by January 2026.¹

While we respect the Government’s decision to reevaluate funding priorities we believe that this program should remain a strategic priority for the government in the USA and other funding agencies. We have the opportunity to contribute to breaking the back of NTDs and to address diseases that cause disproportionate harm to pregnant women and young children.

A Christian Response

We urge Christians in health, policy, and faith leadership to call upon Congress to restore U.S. funding for NTDs so as to play an important role in this partnership effort. It is a matter of stewardship and compassion. We also invite you and your communities to [add your voice to the Inter-Faith Call to Restore NTD Funding](#), joining with Catholic, Protestant, Jewish, and other faith leaders who have already signed on. Together, we can bear witness that healing the sick and protecting the vulnerable is a shared moral imperative. It is a chance to live out our calling:

“The Spirit of the Lord is upon me, because he has anointed me to proclaim good news to the poor... to set the oppressed free.” (Luke 4:18)

The end of NTDs is within reach. Let us not turn back now. Let us demonstrate the courage—and the faith to finish what we started.

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