



## OPEN ACCESS

EDITED AND REVIEWED BY  
Emanuele Nicastrì,  
National Institute for Infectious Diseases  
Lazzaro Spallanzani (IRCCS), Italy

## \*CORRESPONDENCE

Teresa Elizabeth Leslie  
✉ tleslie612@gmail.com

RECEIVED 13 August 2025

ACCEPTED 18 August 2025

PUBLISHED 26 August 2025

## CITATION

Leslie TE and Madhumathi J (2025)  
Editorial: Preventing and controlling  
tropical infectious diseases: lessons  
from the global south.  
*Front. Trop. Dis.* 6:1685134.  
doi: 10.3389/ftd.2025.1685134

## COPYRIGHT

© 2025 Leslie and Madhumathi. This is an  
open-access article distributed under the terms  
of the [Creative Commons Attribution License](#)  
(CC BY). The use, distribution or reproduction  
in other forums is permitted, provided the  
original author(s) and the copyright owner(s)  
are credited and that the original publication  
in this journal is cited, in accordance with  
accepted academic practice. No use,  
distribution or reproduction is permitted  
which does not comply with these terms.

# Editorial: Preventing and controlling tropical infectious diseases: lessons from the global south

Teresa Elizabeth Leslie<sup>1\*</sup> and Jayaprakasam Madhumathi<sup>2</sup>

<sup>1</sup>University of Vermont Extension, Burlington, VT, United States, <sup>2</sup>Division of Communicable Diseases, Indian Council of Medical Research, New Delhi, India

## KEYWORDS

community health workers, Africa, soil-transmitted helminthiasis (STH), cutaneous leishmaniasis (CL), and human rabies, persons with disabilities, mental health, trust

## Editorial on the Research Topic

**Preventing and controlling tropical infectious diseases: lessons from the global south**

Lay Community Health Workers (LCHWs) provide a human element to the healthcare system and are strategically positioned to bridge the gap between community members and healthcare providers. In resource-poor settings, LCHWs are the primary workforce connecting individuals with health and social services. They conduct health education in community settings, promote healthy behaviors, advocate for community members, provide social support, screen for active cases and assist individuals in navigating often complex healthcare systems (1). LCHWs are also often utilized to provide mental health services (2). The articles in this Frontiers in Tropical Diseases Research Topic not only provide examples of how LCHWs can assist in the prevention/control/treatment of NTDs, but also provide valuable lessons for those in the global North, where healthcare remains over-reliant on biomedicine at the expense of the human element.

The articles by Barry et al., Ahmed et al., and Mobona et al. on soil-transmitted helminthiasis (STH), cutaneous leishmaniasis (CL), and human rabies, identified areas in which LCHWs can aid with prevention/control/treatment. In Ghana, Barry et al. described how, although the WHO recommends Mass Drug Administration (MDA), a lack of information about MDA, the benefits of medication, and a lack of motivation are major challenges to implementing MDA programs. The authors emphasize the utilization of community outreach to educate the population on the benefits of MDA and to address gaps in community knowledge and perspective related to STH and MDA.

Through a systematic review and meta-analysis, Ahmed et al. aimed to determine the pooled prevalence and associated determinants of CL in East Africa. The authors found that the combined prevalence of CL was high, indicating an urgent need for public health initiatives targeted at preventing and mitigating the impact of this disease. The high risk of CL results from the regional climate in rural and semi-urban areas, which provides favorable conditions for sand fly vectors. Other factors include the perceived self-healing nature of CL, poverty, and insufficient public health infrastructure. LCHWs could

potentially fill this gap and assist with prevention and treatment through education and outreach. Collaboration between governments, health organizations, and communities is also crucial for the effective management/control of CL.

Mabona et al. explored how Traditional Health Practitioners (THPs) are trusted stakeholders in the eThekweni District in KwaZulu-Natal Province, South Africa and play an important role in the prevention and treatment of dog-mediated rabies. In rural areas, people tend to seek healthcare from THPs before utilizing conventional healthcare facilities. THPs were found to have good attitudes about rabies prevention/treatment but knowledge gaps specifically existed surrounding referral practices for post-exposure prophylaxis (PEP). The article illustrates the need for open collaboration between THPs and conventional healthcare providers, along with ongoing formal THP training to increase PEP referrals.

Two articles by Tossou et al. and Sidamo et al. suggested ways in which LCHWs can assist in preventing NTDs among people with disabilities (PWDs) and supporting the mental health of caregivers. Tossou et al. described the insufficient management and lack of support for the majority of PWDs with skin NTDs in Benin and Côte d'Ivoire. The authors emphasized the need to build comprehensive and sustainable interventions into public health programs aimed at improving the well-being of PWDs. They also stressed the importance of exploring the socioeconomic influences on PWDs, their access to management/care, and pilot programs integrating solutions aimed at their needs. Many of these recommendations can be supported and fulfilled through the work of LCHWs.

Sidamo et al. described family caregivers of patients with NTDs and mental health conditions as “hidden patients” in Ethiopia and found that caregivers face multifaceted social, psychological, and economic challenges. The authors emphasized that strengthening coping mechanisms through tailored interventions could significantly enhance caregivers' overall well-being. These services could be supported by LCHWs offering community-based resources and training to bolster caregivers' coping skills and connect them with relevant support networks. The inclusion of public awareness campaigns could also focus on decreasing stigma and promoting social inclusion.

The articles by Yeboah-Manu et al. and Makau-Barasa et al. are critically important considering the funding shortages caused by the elimination of USAID. Both articles emphasized the need for institutional and policy development by those who live in the global tropical South. While not directly referencing the work of LCHWs, these articles highlighted the significance of local, regional, and national institutions assuming a leadership role in NTD prevention and control. Yeboah-Manu et al. described the accomplishments of the Memorial Institute for Medical Research (NMIMR), a semi-autonomous institute of the College of Health Sciences, University of Ghana, Legon and how it serves as an example of the way “African institutions will lead on the road to end neglected tropical diseases” and Makau-Barasa et al. discussed how the elimination of NTDs will not occur without a concerted

effort and plan to ensure that the most affected countries have robust clinical, public health, laboratory, pharmaceutical, and research capacities to ensure that the last mile toward reaching elimination is not only reached, but sustained. They emphasized how African-based national non-governmental organizations, the private sector, research institutions, and governments must play vital roles as they work to attain the ambitious NTD elimination/control goals set by the global health community.

When working with at-risk communities, building institutions, and developing policy, the role of LCHWs should be prioritized to bridge the gap between these communities and the more biomedical components of the healthcare system. While LCHWs encourage trust and provide culturally appropriate care, they also preserve the human element. LCHWs are trusted members of the communities they serve and provide outreach, education, and support to improve health outcomes and access to services. While the significant role of LCHWs in the global North has not yet been fully recognized, the activities of those in the tropical global South can act as a model for humanity in the healthcare system, which is a prerequisite for health equity.

## Author contributions

TL: Conceptualization, Writing – original draft, Writing – review & editing. JM: Writing – review & editing.

## Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

## Generative AI statement

The author(s) declare that no Generative AI was used in the creation of this manuscript.

Any alternative text (alt text) provided alongside figures in this article has been generated by Frontiers with the support of artificial intelligence and reasonable efforts have been made to ensure accuracy, including review by the authors wherever possible. If you identify any issues, please contact us.

## Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

## References

1. Ngongo N, Dereje N, Teriakye ME, Fallah MP, Shaweno T, Abdulaziz M, et al. Reinforcing community health workers program in Africa for universal health coverage and global health security: A call for concerted efforts. *PLOS Glob Public Health*. (2024) 4(9):e0003727. doi: 10.1371/journal.pgph.0003727
2. Istaitieh R, Al-Delaimy WK. Community health workers for mental health care in refugee camps: a scoping review. *Int J Equity Health*. (2025) 24:217. doi: 10.1186/s12939-025-02580-6