

**Report of Meeting of the Regional Technical Advisory Group
(RTAG) on Visceral Leishmaniasis and the
National Visceral Leishmaniasis Programme
Managers of endemic Member States**

Virtual Meeting, 5–8 October 2020

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Summary and recommendations

A virtual meeting of RTAG, with invitations extended to partners, was held over four days (5–8 October 2020) to review developments in the national visceral leishmaniasis programmes of the five VL-endemic Member States, scientific community, and WHO initiatives since the last RTAG meeting (held in Kathmandu, Nepal, 12–14 December, 2018). The main objective of the meeting was to determine how RTAG could support the regional elimination programme most effectively.

Following presentations of the recent evidences, and reports on progress, there were opportunities for extensive discussions leading to the following recommendations which were agreed for action with designated responsibilities:

- (1) WHO SEARO to develop new elimination/validation/post-elimination plans for 2021–2030 (*WHO SEARO*)
 - The current commitment under the NTD Roadmap expires in 2020 and a consensus is required to sustain programme successes. Despite the unprecedented success of elimination initiative, threat of resurgence persists, if complacency sets in: include post-kala azar dermal leishmaniasis (PKDL) in the roadmap, address cross-border issues, involve local leadership, prepare for the validation process and to develop disease integration frameworks to improve surveillance and sustain elimination efforts.
 - Conduct a review of the existing evidence base, and consult Member States, to reconsider:
 - revising the threshold of elimination of VL as a public health problem based on different epidemiological scenarios from the present criteria of <1 VL case/10 000 populations, and
 - setting ‘zero cases’ and ‘zero transmission’ as aspirations goals, by 2027 and 2030, respectively provided additional tools to measure and achieve zero transmission are developed.
- (2) Collate examples of innovation and good practices from Member States and share as best practices for intercountry learning (*WHO*)
- (3) Align definitions of VL case, New Kala-azar (NKA), Relapse and KA Treatment failure, Death, Endemicity, Outbreak, PKDL with WHO terminologies (*All endemic countries*) At present, there are slight deviations between WHO-recommended definitions and those used by different KA-endemic Member States. A consensus to align these terminologies with those of WHO is necessary for intercountry comparison, effective cross-border collaboration, and preparation of the new elimination plan.
- (4) Guidance on updating treatment regimens (as and when new evidences are available) and its continued availability with assistance of WHO. (*All endemic countries*)

VL elimination will require a continuous supply of safe, effective and quality assured drugs and diagnostics.

Appropriate guidance for the treatment regimens is needed for PKDL, VL and /HIV/TB coinfection, and relapse is expected beyond 2021.

