

# LEISH



SUMMARY REPORT

WHO BI-REGIONAL CONSULTATION ON THE  
**STATUS OF IMPLEMENTATION OF LEISHMANIASIS CONTROL  
STRATEGIES AND EPIDEMIOLOGICAL SITUATIONS  
IN EASTERN AFRICA**

ADDIS ABABA, ETHIOPIA  
9–11 APRIL 2018



World Health  
Organization

# MANIASIS



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# BACKGROUND

The World Health Organization (WHO) convenes annual bi-regional consultations on the status of implementation of leishmaniasis control strategies and epidemiological situations in eastern Africa. Given the epidemiology of visceral leishmaniasis (VL) and its cross-border implications, countries from the WHO African Region (Ethiopia, Kenya, South Sudan and Uganda) and the WHO Eastern Mediterranean Region (Somalia and Sudan) meet to discuss the status of implementation of the national leishmaniasis control programme. National programme managers, WHO technical focal points for leishmaniasis and/or neglected tropical diseases (NTDs), implementing partners, academia and research institutes attend the meetings.

The fourth annual bi-regional consultation was organized by the WHO Regional Office for Africa in Addis Ababa, Ethiopia from 9 to 11 April 2018. The meeting was attended by 38 participants from the six countries in which leishmaniasis is endemic, implementing partners, research institutes and WHO. The meeting agenda is attached as Annex 1 and the participants are listed in Annex 2.

The general objective of the bi-regional consultation is to review the status of implementation of leishmaniasis control strategies and the epidemiological situation. The specific objectives are:

- to update the epidemiological situation of leishmaniasis, including implementation of DHIS-2 and leishmaniasis prevention and control strategies in the endemic countries in East Africa;
- to discuss the progress and challenges regarding the implementation of leishmaniasis control strategies in East Africa in the context of the WHO roadmap on NTDs;
- to deliberate the status of implementation of the WHO AmBisome donation programme and assess needs for the coming years; and
- to discuss strengthened government ownership of the leishmaniasis programme in order to ensure sustainable implementation of control activities.

After registration of the participants, the WHO Country Representative to Ethiopia, Dr Akpaka A. Kalu, welcomed the participants. In his speech, Dr Kalu emphasized the need to strengthen partnerships, improve access and leave no one behind for effective implementation of leishmaniasis control strategies. He also stressed the need for improved national ownership and domestic funding to ensure the sustainability of the control programme in the leishmaniasis-endemic countries. Finally, he wished the participants fruitful deliberations during the three-day meeting.

The opening speech was delivered by Mr Nebiyu Negussu, Team Leader, National NTD Programme, Federal Ministry of Health of Ethiopia, who highlighted the need for integrated interventions to control NTDs where applicable and reaffirmed Ethiopia's commitment to tackling leishmaniasis. He called on all partners to join together to improve access to services and support the implementation of leishmaniasis control interventions in the endemic countries in the region.

There followed a group photograph and introduction of the participants. The objective and expected outcomes of the meeting were presented by Dr Beshah. The format of this year's meeting was different from previous meetings as no formal presentations were made. Instead, participants were invited to share their presentations one week before the meeting via the shared library file created by WHO headquarters using the EZcollab online community. This SharePoint provided an opportunity to adequately discuss the various aspects of the programme. On the third day, side meetings were held with country participants, nongovernmental organizations (NGOs) and research institutes. These meetings were coordinated by WHO and helped to raise awareness, discuss critical country-specific issues and review country plans. The rapporteurs of the meeting were Jane Pita, David Otieno, Atia Abdalla, Ahmed El Amin, Miriam Nanyunja, Jamal Amran and Dagnachew Mulugeta. The meeting report was compiled by Abate Beshah.

# ACTION POINTS AND RECOMMENDATIONS

Following the three-day meeting, participants agreed the below action points and recommendations and called for follow-up of their proper implementation.

VL is epidemic-prone and has a high case-fatality rate if untreated and not diagnosed early. Cross-border issues call for cross-border collaboration. During the discussion, it was understood that several patients are treated in neighbouring countries and must cross the border to access leishmaniasis diagnostic and treatment services.

Given the challenges associated with leishmaniasis control and the burden of the disease in the region, participants made the following recommendations.

## A. ACTION POINTS FOR COUNTRIES

### 1. Coordination, government ownership, collaboration and partnership

- 1.1. Kenya Ministry of Health to share the DHIS-2 indicators for leishmaniasis with the Ethiopia Ministry of Health and the Somalia Ministry of Health.
- 1.2. South Sudan Ministry of Health to agree the use of a unified VL reporting tool with implementing partners within 3 months.
- 1.3. Health ministries of endemic countries to report the indicators on VL case management to WHO and partners monthly after validation by national programme managers.
- 1.4. Endemic countries to submit monthly reports on the consumption and available stock of liposomal amphotericin B (AmBisome) and other commodities to WHO headquarters and the two regional offices (African and Eastern Mediterranean).
- 1.5. Kenya Ministry of Health to conduct a national leishmaniasis surveillance or data review meeting within 2 months.
- 1.6. Where applicable, all countries to ensure the use of combination treatment (SSG [sodium stibogluconate] plus paromomycin) as key to reducing VL case-fatality rates.
- 1.7. Ethiopia to share the findings of a multicentre evaluation of SSG efficacy for VL treatment (*Leishmania aethiopica* being the commonest causative agent of cutaneous leishmaniasis).

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