Regional Strategic Framework for elimination of kala-azar from the South-East Asia Region (2011-2015)

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Executive Summary

The preparatory phase for the elimination of kala-azar from South-East Asia is near completion and has pointed the way forward. The emphasis is now on the attack phase which will focus on the endemic villages and the primary health care units. This will include actively finding kala-azar cases and performing rapid point-of-care diagnosis and treatment with a single dose of liposomal amphotericin B at the primary health care unit. This will be the most effective way to rapidly reduce the kala-azar burden, reduce transmission and reduce the duration of hospital stay. Diagnosis and complete treatment on the same day using liposomal amphotericin B will be easier to manage by the primary health care system, ensure 100% treatment compliance and will be the best option for the patients. Combination therapies involving miltefosine, paromomycin, and liposomal amphotericin B should be used following elimination and as alternative treatments. This approach will be further supported by scaling up providing information, communication and education about kala-azar in the endemic villages to mobilize strong community support for elimination. Finally, sandfly vector control will be implemented using integrated vector control management and the recently developed monitoring and evaluation toolkit to improve the performance of existing vector control strategies. This multiple approach strategy will have a major impact on reaching the elimination target of one case in 10 000 by 2015 in South-East Asia.

1. Introduction

1.1 Current burden of visceral leishmaniasis (kala-azar) in the SEA Region

Leishmaniasis occurs in three forms: (a) cutaneous, (b) mucocutaneous and (c) visceral. Visceral leishmaniasis (kala-azar) is fatal if untreated. It is transmitted by the bite of the infected female phlebotomine sandfly. Leishmaniases are endemic in 98 countries with an estimated yearly incidence of 1-1.5 million cases of cutaneous leishmaniasis (CL) and 500 000 cases of visceral leishmaniasis (VL). In WHO's South-East Asia Region, about 147 million people in three countries (Bangladesh, India and Nepal) are at risk of kala-azar. Recently, a small focus of kala-azar has been identified in Bhutan. Estimates indicate about 100 000 cases per year in this Region. The disease occurs predominantly in the poor and marginalized communities. Nearly 2.4 million disability-adjusted life years (DALYs) are lost each year due to kala-azar globally. The SEA Region accounts for the loss of about 400 000 DALYs. The economic burden of the disease in the affected areas of the Region is large even though precise estimates are not available.

1.2 Factors favourable for elimination of kala-azar

- Biological factors

  In the SEA Region, man is known to be the only reservoir host for kala- azar and *Phlebotomus argentipes* is the only known