

LEISH



KALA-AZAR ELIMINATION PROGRAMME

REPORT OF A WHO CONSULTATION OF PARTNERS
GENEVA, SWITZERLAND
10-11 FEBRUARY 2015



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MANIACASIS

Kala-Azar Elimination Programme

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1. Background

More than 147 million people in the WHO South-East Asia Region are at risk of contracting the *Leishmania* parasites that cause visceral leishmaniasis (kala-azar), a life-threatening disease. Bangladesh, India and Nepal have the largest burden of the disease in the Region, with recent, sporadic cases being reported from Bhutan and Thailand as well. These five countries renewed their commitment to eliminating kala-azar from the Region at a side event held during the thirty-second meeting of Ministers of Health of WHO's South-East Asia Region (Sixty-seventh Session of the Regional Committee for South-East Asia) in Dhaka, Bangladesh on 9–11 September 2014. This renewed commitment calls on WHO and other partners to support the efforts of Member States in achieving the elimination target before the set date of 2017.¹

1.1 Opening session

The opening session was moderated by Dr Daniel Argaw Dagne, Head of the Leishmaniasis Control Programme, WHO Department of Control of Neglected Tropical Diseases.

Dr Jean Jannin, Coordinator, Innovative and Intensified Disease Management, WHO Department of Control of Neglected Tropical Diseases, delivered the opening remarks and stressed the following points:

- The WHO Roadmap's target² for regional elimination of visceral leishmaniasis will be achieved by or before the set target date of 2020.
- Government commitments are commendable and essential.
- Synchronization is important.
- Gilead is committed to donating liposomal amphotericin B (AmBisome).
- The UK Department for International Development is supporting capacity-building and surveillance and improving access to AmBisome.
- The number of cases and deaths has reduced markedly.
- An estimation of the current case burden and the population at risk is important.
- All countries in which visceral leishmaniasis is endemic are adopting the same elimination strategies.
- Member States in the Region should scale up implementation of single-dose AmBisome.
- The surveillance system and active case detection should be reinforced.
- Vector control strategies and activities should be strengthened.

Dr Daniel Argaw Dagne presented the objectives of the meeting, which were:

1. To jointly review the progress and identify challenges regarding the implementation of kala-azar elimination in the WHO South-East Asia Region;
2. To elaborate and review the specific activities, contribution and engagement of partners in elimination efforts in the Region for harmonized, coordinated implementation of interventions; and
3. To provide a forum for sharing country experiences, joint planning and review of progress.

¹ Health Ministers commit to eliminating kalar azar [media advisory]. New Delhi: WHO Regional Office for South-East Asia; 2014 (<http://www.searo.who.int/mediacentre/releases/2014/pr1581/en/>).

² Accelerating work to overcome the global impact of neglected tropical diseases: a roadmap for implementation. Geneva: World Health Organization; 2012 (WHO/HTM/NTD/2015.1).

He emphasized that the set target of elimination by 2020 is achievable and sustainable through accelerated, scaled up interventions implemented in a coordinated and harmonized way. These efforts are not possible through a single institution or an organization but through a strong partnership of all stakeholders.

The rapporteurs of the meeting were Dr Keshav Yogi, Dr Saurabh Jain, Dr Suman Rijal and Dr Rahul Kumar. Dr Daniel Argaw Dagne compiled the notes of the rapporteurs and wrote the meeting report. Annex 1 contains the meeting agenda and Annex 2 the list of participants.

1.2 Update on first meeting of Programme partners

The session was chaired by Dr A.C. Dhariwal, Director, National Vector Borne Disease Control Programme, India. Dr Daniel Argaw Dagne summarized the first meeting of partners (London, September 2014), which was attended by 16 partners, including new partners.

The issues and recommendations of the meeting concerned six specific areas: case management; surveillance and information; vector control; communication; strengthening coordination; and collaboration. Countries were encouraged to follow the action plan agreed at the meeting.

1.3 Status of kala-azar in the South-East Asia Region

Dr Rajesh Bhatia, Director, Communicable Diseases, WHO Regional Office for South-East Asia, presented the status of the Programme in the Region. He thanked all the partners for their support and contributions.

Elimination of kala-azar is a priority programme in the Region as reflected by it being one of the flagship programmes of the Regional Director. A memorandum of understanding among five endemic countries of the Region was signed in 2014. A document on the process of verification of the elimination of kala-azar as a public health problem in South-East Asia was published also in 2014. A new Regional Taskforce has been established to advise on practical measures to facilitate elimination. A Regional Strategic Framework for Elimination of Kala-azar (2016–2020) has been drafted and will be finalized in 2015 through informal consultation.

Three countries in the Region have sustained transmission of kala-azar: Bangladesh, India and Nepal. Two other countries, Bhutan and Thailand, have also reported cases in recent years. Some 147 million

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