LEISHMANIASIS

CUTANEOUS LEISHMANIASIS

CONTROL IN SELECTED COUNTRIES OF THE WHO EASTERN MEDITERRANEAN AND AFRICAN REGIONS

REPORT OF AN INTERREGIONAL NETWORK MEETING
CASABLANCA, MOROCCO
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Cutaneous leishmaniasis: control in selected countries of the WHO Eastern Mediterranean and African Regions

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1. Introduction

An interregional network meeting on the control of cutaneous leishmaniasis in selected countries of the African Region and the Eastern Mediterranean Region of the World Health Organization (WHO) was organized by WHO headquarters in Casablanca, Morocco, on 23–24 June 2014.

The objectives of the meeting were:

- to provide an update on the control of cutaneous leishmaniasis at the country level;
- to discuss the progress of and challenges to implementation of the *Framework for action on cutaneous leishmaniasis in the Eastern Mediterranean Region 2014–2018*[1] and the *Manual for case management of cutaneous leishmaniasis in the WHO Eastern Mediterranean Region*[2] in the period February–June 2014;
- to discuss how to accelerate implementation of the Regional Framework, including issues related to the regional leishmaniasis surveillance web-based tool, training and updating of country profiles.

In his opening remarks, Dr Jean Jannin, Coordinator, Innovative and Intensified Disease Management unit, WHO Department of Control of Neglected Tropical Diseases, stated that the meeting was convened with the aim of revitalizing the regional cutaneous leishmaniasis control programme. Despite the challenges faced in highly endemic countries such as Afghanistan and the Syrian Arab Republic owing to the current armed conflicts, other countries could still implement control activities. Given the epidemiological similarities between countries from the different WHO Regions in the Mediterranean Basin, representatives from the WHO Regional Office for Europe and the Ministry of Health of Algeria also attended the meeting. The meeting provided a forum for programme managers to discuss and promote the reinforcement of a regional approach to tackling the disease by creating a network of countries committed to leading the process.

Dr Abderrahmane Laamrani El Idrissi (Morocco) was elected as the Chairperson of the meeting and Dr Mourad Mokni (Tunisia) as its Rapporteur. The Agenda is included as Annex 1 and the List of participants as Annex 2. This report was prepared by Dr Mourad Mokni and Dr José Antonio Ruiz Postigo from the WHO Secretariat.

[1] Framework for action on cutaneous leishmaniasis in the Eastern Mediterranean Region 2014–2018. Cairo: World Health Organization Regional Office for the Eastern Mediterranean; 2014 (http://applications.emro.who.int/dsaf/EMROPUB_2013_EN_1591.pdf).

[2] Manual for case management of cutaneous leishmaniasis in the WHO Eastern Mediterranean Region. Cairo: World Health Organization Regional Office for the Eastern Mediterranean; 2014 (http://applications.emro.who.int/dsaf/EMROPUB_2013_EN_1590.pdf).

2. Country presentations on control of cutaneous leishmaniasis, 2012–2013

2.1 Afghanistan

Muhammad Sami Nazhat
Naimullah Safi

The national leishmaniasis programme depends on external financial support including for the procurement of medicines. Very few donors are interested in supporting control activities. In the period 2008–2012, financial support from donors permitted the establishment of a successful programme in six provinces. Since then, unfortunately, support has dwindled and the health-care delivery system has collapsed. Most health facilities have no antileishmanial medicines and patients do not seek medical care. As a result, passive case detection has decreased dramatically, not because fewer cases are detected but because patients cannot access adequate treatment. Irregular access to treatment and patients who default from treatment may increase the rate of resistance.

During questions, the main topics discussed were: (i) the role of traditional medicine; (ii) how to obtain accurate information on parasite species; (iii) alternatives to the lack of sufficient financial support; and; (iv) understanding the behaviour of *Phlebotomus sergenti* in order to identify innovative control measures for anthroponotic cutaneous leishmaniasis.

The answers highlighted that: (i) traditional medicine does not seem to affect the national leishmaniasis programme; (ii) there are no up-to-date accurate data and the two forms of the disease are mainly differentiated by clinical features; (iii) given the high cost of procuring pentavalent antimonials for the Kabul region only – estimated at US$ 400 000 annually – WHO has suggested introducing other therapeutic means such as thermotherapy. In response to a suggestion that patients be asked to contribute towards the reduced price (US$ 1.2 per vial), it was noted that the Afghan constitution mandates the provision of medicines free of charge to patients. Unfortunately, when the public health sector does not provide medicines, patients eventually pay a much higher price for them in the private sector; and, (iv) investment in research is needed to determine whether anthroponotic cutaneous leishmaniasis is transmitted only through skin lesions so that covering them could prevent transmission. The challenge is the difficulty of testing the hypothesis through good clinical practice in the current Afghan context. Observations from the Syrian Arab Republic showed that patients were not adhering to this option.

2.2 Algeria

Harrat Zoubir

Cutaneous leishmaniasis is a major public health problem in Algeria. It is endemic in 40 of the 48 provinces, with 10 million population at risk of the infection. Some 90% of patients are reported from 14 provinces. Treatment is provided free of charge and administered only in hospitals on the basis of parasitological confirmation.

In 2005, a total of 30 227 cases were reported. This situation led to the creation in 2006 of a national control programme with spraying of insecticide (deltamethrin). In 2007, only 6764 cases were reported, but in 2011 the number of cases exceeded 14 000. In 2013, 6428 cases were

reported. The extent to which this decrease arose from the natural history of the disease or from the control activities implemented is not known. Treatment failure has been documented in Algeria, where the Pasteur Institute tested 35 isolates from patients infected with *Leishmania major*, obtaining 40% in vitro resistance to pentavalent antimonials.

The main challenges to implementing control activities are the lack of legislation on vector control and insufficient intersectoral collaboration. In addition, the supervision of spraying operations is deficient and spraying techniques and equipment are inadequate.

During questions, the main topics discussed were: (i) the urgent need to set up data systems to monitor the disease in neighbouring countries; (ii) the probable link between the decrease in the number of cases and the decrease in the *Psammomys obesus* population; *Meriones shawi* is difficult to control because Algeria forbids the spraying of poisons near houses; and (iii) the lack of active case searches and post-treatment follow-up to assess the link between in vitro resistance and its impact on patients.

2.3 Islamic Republic of Iran

Mohammed Reza Shirzadi

Cutaneous leishmaniasis is highly prevalent in the Islamic Republic of Iran. In the period 2012–2013, a total of 37 001 cases were reported. This represents an incidence of 25/100 000 people in a country of some 77 million inhabitants where 72% of the population lived in endemic areas.

The national disease control strategy was revised in 2006 and it is now based on the national guidelines with standard case definitions and treatment protocols. There is an online standard recording and reporting system to support vector and reservoir control activities as well as evaluation.

Surveillance is based on health education for health workers, patients and the population, immediate case-finding and treatment in health facilities where diagnosis, treatment and wound-dressing are provided free of charge.

In 2011, the country was divided into three operational regions as regards cutaneous leishmaniasis control activities. In the period 2011–2013, two regional meetings were held each year, and 98