

Report on the

**Programme managers' review meeting on  
cutaneous leishmaniasis control in the  
Eastern Mediterranean Region**

Marrakech, Morocco  
18–21 September 2010

Report on the

**Programme managers' review meeting on  
cutaneous leishmaniasis control in the  
Eastern Mediterranean Region**

Marrakech, Morocco  
18–21 September 2010



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

© World Health Organization 2011

All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Publications of the World Health Organization can be obtained from Distribution and Sales, World Health Organization, Regional Office for the Eastern Mediterranean, PO Box 7608, Nasr City, Cairo 11371, Egypt (tel: +202 2670 2535, fax: +202 2670 2492; email: [PAM@emro.who.int](mailto:PAM@emro.who.int)). Requests for permission to reproduce, in part or in whole, or to translate publications of WHO Regional Office for the Eastern Mediterranean—whether for sale or for noncommercial distribution—should be addressed to WHO Regional Office for the Eastern Mediterranean, at the above address: email: [WAP@emro.who.int](mailto:WAP@emro.who.int).

## CONTENTS

1.	INTRODUCTION .....	1
2.	TECHNICAL PRESENTATIONS .....	1
2.1	WHO Leishmaniasis Global Control Programme .....	1
2.2	Current situation of leishmaniasis in the Eastern Mediterranean Region.....	2
2.3	Leishmaniasis activities of NAMRU-3 in the Region .....	3
2.4	Collaboration activities at WHO CC Pasteur Institute, Tunis .....	5
2.5	Introduction for operational research needs and strategy in the Region .....	6
2.6	Demonstration of sustainable and effective alternatives to DDT in CL vector control in Morocco .....	7
3.	COUNTRY PRESENTATIONS .....	7
3.1	Afghanistan.....	7
3.2	Egypt.....	9
3.3	Islamic Republic of Iran .....	10
3.4	Iraq.. ..	11
3.5	Libyan Arab Jamahiriya.....	12
3.6	Morocco.....	12
3.7	Pakistan.....	13
3.8	Saudi Arabia .....	14
3.9	Syrian Arab Republic.....	16
3.10	Tunisia .....	17
3.11	Yemen .....	18
4.	GROUP WORK .....	18
4.1	Group work 1: Implementation of the regional leishmaniasis surveillance system.....	18
4.2	Group work 2: Strengthening operational research on leishmaniasis in the Region.....	19
5.	DEVELOPMENT OF A PLAN OF ACTION FOR THE REGION IN 2011.....	20
6.	CONCLUSIONS.....	21
7.	RECOMMENDATIONS .....	21
Annexes		
1.	PROGRAMME .....	23
2.	LIST OF PARTICIPANTS .....	24
3.	PLAN OF ACTION FOR THE REGIONAL CUTANEOUS LEISHMANIASIS CONTROL PROGRAMME 2011.....	27

## 1. INTRODUCTION

A programme managers' review meeting on cutaneous leishmaniasis control in the Eastern Mediterranean Region was organized by the World Health Organization (WHO) Regional Office for the Eastern Mediterranean (EMRO) in Marrakech, Morocco, from 18 to 21 September 2010. The objectives of the meeting were to review the progress of national leishmaniasis control programmes in 2010 and discuss plans of action for 2011.

Dr Jaouad Mahjour, Director of the Division of Communicable Diseases Control, WHO EMRO, delivered the opening remarks of Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean. In his message Dr Gezairy noted that the convening of the meeting came at an appropriate moment, close to the WHO launch of the first neglected tropical diseases report in October 2010, and that this presented a unique opportunity for advocacy about leishmaniasis including the success of public-private partnership. The control of cutaneous leishmaniasis was closely linked to the MDGs and could contribute to achievement of the MDGs since it was a disease of poverty, which disproportionately affected women and children, causing disfigurement and entailing stigma. Several countries were still facing increasing numbers of anthroponotic cutaneous leishmaniasis, with the disease spreading into areas usually thought to be only endemic for the zoonotic form. He asked participants to think about the need to explore and discuss why the classical methods of control and prevention were not yielding the expected results, and what innovative strategies could be put in place. A regional strategic approach was needed that reflected and respected national priorities, while building on national capacities, and promoting country ownership. He concluded by saying that WHO would renew its commitment to support the development of national plans in close coordination with countries, which should have full national ownership when establishing one plan, one monitoring and evaluation system and one reporting mechanism.

Dr Abderrahmane Laamrani El Idrissi (Morocco) was elected as Chairperson and Dr Jose Antonio Ruiz Postigo (WHO/EMRO) and Ms Elena Vuolo (WHO Afghanistan) were elected as rapporteurs. The programme and list of participants are included as Annexes 1 and 2, respectively. Annex 3 contains the plan of action for the regional leishmaniasis programme for 2011.

## 2. TECHNICAL PRESENTATIONS

### 2.1 WHO Leishmaniasis Global Control Programme

*Dr Jorge Alvar, Medical Officer, WHO/HQ*

The current burden of cutaneous leishmaniasis is mainly distributed between the Maghreb and Middle East regions, where WHO is supporting capacity building and harmonization of the surveillance system. In the Americas, recent efforts are targeting capacity-building needs and prompt case management for both visceral and cutaneous leishmaniasis. South Asia remains the region with the highest burden (67%) of leishmaniasis (both visceral and cutaneous) worldwide. It is followed by the Horn of Africa, where WHO has increased the programme coverage and strengthened the response to the recently increased number of outbreaks, associated with the widespread famine episodes in East Africa.

The main results of the programme registered in 2010 were shared with participants. First, 93 updated country profiles are now available showing the burden of the disease by type of leishmaniasis, epidemiological trends and disease control mechanisms, with data covering more than five years. Second, a meeting was held in Geneva on 22–26 March 2010 for the WHO Expert Committee on the Control of Leishmaniases and the final report will be submitted to the WHO Executive Board for final approval in October 2010. The document is planned to be released by December 2010 and it is expected to fill the knowledge and information gaps of the last two decades.

The following main recommendations from the Expert Committee were shared with the Marrakech meeting participants:

- based on World Health Assembly resolution WHA60.13 (2007) on control of leishmaniasis, WHO is taking the technical lead and supporting countries to strengthen control programmes and improve the living conditions of people living with leishmaniasis;
- notification should be made mandatory as only 53 countries currently report leishmaniasis through their national surveillance systems;
- knowledge on the parasitology for both treatment and control measures implementation needs to be strengthened;
- alignment with the integrated vector management guidelines should be sought and promoted;
- capacity and expertise need building;
- access to treatment should be improved;
- innovative research, particularly on rapid diagnostic tools and alternative treatments, should be promoted;
- countries should adopt innovative policies about the use of new schemes of combined treatment;
- new medicines should be evaluated at the regional level since ecology and transmission vary among and within regions.

This presentation was followed by a discussion session with participants and three main points were addressed. First, for operational research, countries should establish national task forces to ensure research protocols are followed and avoid on-the-spot unregulated research projects. Second, it was clarified that the leishmaniasis expert panel is a pool of experts that are functional to the Expert Committee in that this pool can be differently deployed based on the ‘ad hoc’ technical support requirements. Third, on the role of the WHO collaborating centres in support of operational and research needs, WHO collaborating centres should be appointed to respond to the real needs of countries and technical partners; and WHO should renew relationships with the centres based on performance and the results achieved.

## **2.2 Current situation of leishmaniasis in the Eastern Mediterranean Region**

*Dr Jose A. Ruiz Postigo, Medical Officer, Tropical Diseases and Zoonoses, WHO/EMRO*

According to the data sent by different countries to the Regional Office, a total of 78 283 new cases of anthroponotic cutaneous leishmaniasis (ACL) and 17 357 new cases of zoonotic cutaneous leishmaniasis (ZCL) were reported in 2009 in the Eastern Mediterranean Region. It is important to

highlight that some countries reported the total number of CL rather than a breakdown between ACL and ZCL, thus affecting the accuracy of the data.

As for the 2010 results, the Regional Office provided various types of technical assistance to different countries detailed as follows:

- undertook ad hoc missions for situational analysis (Saudi Arabia); developed national guidelines and a national strategic plan (Afghanistan);
- supported capacity building (regional course on epidemiology of leishmaniasis Epi-Leish1 in collaboration with the Pasteur Institute in Tunis);
- developed and launched the Leishmaniasis Mediterranean and Middle East Network (LemmNET) website;
- conducted regional situation analysis and literature reviews for country profiles;
- started the process of establishing a regional expert committee in alignment with Health Assembly resolution WHA60.13 (2007);
- prepared the draft of the Regional Strategic Plan (2010–2015) for final submission to the regional expert committee;
- made available the EMRO website for leishmaniasis data compiled at the regional level through the elaboration of maps, charts and tables.

The detected challenges directly related to the described results include:

- the limited participation among countries to the LemmNET, and few respondents among regional and international experts were part of the regional roster;
- delayed release of a webpage on the Control of Tropical Diseases and Zoonoses unit activities supported by the Regional Office due to the ongoing review and change of the EMRO website;
- hurdles related to the online flow system for collaborating centres designation and renewal, which is ultimately delaying the designation process for a new collaborating centre in Aleppo (Syrian Arab Jamahiriya).

The main points were addressed during the discussion session following the presentation. First, the accuracy and availability of country data on both ACL and ZCL was addressed and it was agreed that there is an information gap between national control programmes and researchers, since country-based studies collect and produce data that are not always reported at the national level. Second, the need to consolidate and finalize the regional strategic plan and guidelines which partners agreed to develop and implement as action points at previous regional review meetings was recognized. Third, it was decided that the geographic information systems (GIS) data at regional level, should be linked up with the WHO leishmaniasis e-compendium, a geo-referenced bibliographical tool compiling peer-reviewed literature on leishmaniasis epidemiology, country by country.

### **2.3 Leishmaniasis activities of NAMRU-3 in the Region**

*Mr Jeffrey T. Villinski, Head of Molecular Biology Section, NAMRU-3*

The Naval Medical Research Unit no. 3 (NAMRU-3) is a multi-agency group owned and operated by the U.S. Navy with the goal of implementing and executing the United States' global health strategy through national and international partnerships. Two main objectives inspire NAMRU-3's work: 1) to establish force health protection measures including infectious diseases research and public health surveillance; and 2) to promote health security cooperation and stability operations through public health assistance, outbreak response and capacity building. Funding for research is based on a competitive application process for grants support where allocation and distribution has to be further coordinated with the country-based partners. Grants usually come from different sources, both national (NIH, USAID) and international, including the WHO. Training and capacity building address four main areas: the viral and zoonotic disease research programme (VBRP); clinical trials and military studies; the international emerging infections programme of the Centers for Disease Control and Prevention (CDC); and the vector biology research programme.

NAMRU-3 partners with countries of the Region in the following areas: a) capacity building at the field and laboratory level for the identification, surveillance, processing of specimens and biology/ecology of arthropod vectors (Afghanistan, Egypt, Iraq have received this support so far); 2) VBRP—regional research partnerships in collaboration with Ain Shams University, Cairo Egypt; 3) VBRP research project conducted in Afghanistan and Libyan Arab Jamahiriya to characterize *Leishmania* parasites, hosts/reservoirs and vectors respectively.

In Afghanistan, in coordination with the national malaria and leishmaniasis control programme, more than 7000 sand flies were collected in the period from September 2007 to August 2008: 29 species belonging to two genera (14 species belonging to genus *Phlebotomus* and 15 species belonging to genus *Sergentomyia*). *Ph. sergenti* resulted to be the dominant species.

In Egypt, NAMRU-3 isolated the first *L. tropica* from human cases of CL in a northern Sinai area bordering Palestine; rodent monitoring (*Gerbillus pyramidum floweri*) indicated the identified reservoirs were infected with *L. tropica*. The Sinai peninsula is CL endemic and the etiologic agent is *L. major*. Nevertheless, the 2006–2007 research provided evidence that cases with *L. tropica* were autochthonous. This project was conducted in collaboration with Ain Shams University and provided evidence about emerging cross-border new trends for vector transmission and ecology, which should be taken into account for future public health planning.

Following the presentation, participants discussed some of the main points:

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_28807](https://www.yunbaogao.cn/report/index/report?reportId=5_28807)

