

Report on the

Interregional meeting on leishmaniasis among neighbouring endemic countries in the Eastern Mediterranean, African and European regions

Amman, Jordan
23–25 September 2018



World Health
Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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1. INTRODUCTION

An interregional meeting on leishmaniasis among neighbouring endemic countries in the Eastern Mediterranean, African and European regions was organized by the World Health Organization (WHO) Regional Office for the Eastern Mediterranean in Amman, Jordan, from 23 to 25 September 2018. The meeting was attended by representatives from the health ministries of Albania, Georgia, Greece, Iran (Islamic Republic of), Iraq, Jordan, Lebanon, Morocco, Pakistan, Saudi Arabia, Sudan, Syrian Arab Republic and Tunisia. Representatives from Afghanistan, Algeria and Libya were unable to attend. The Secretariat comprised staff from WHO headquarters, WHO regional offices in the Eastern Mediterranean, Africa and Europe, WHO country offices in Iraq, Pakistan, Syrian Arab Republic and Yemen, and WHO temporary advisors from Spain and Tunisia.

Dr Hoda Atta, Coordinator, Department of Communicable Disease Prevention and Control, WHO Regional Office for the Eastern Mediterranean, opened the meeting by welcoming the participants, experts, programme managers, and headquarters and country office staff, and acknowledged the importance of holding the review meeting in view of the current sociopolitical context and its related challenges for neglected tropical diseases in the three neighbouring regions of WHO.

Neglected tropical diseases are strongly associated with the Agenda for Sustainable Development, namely, target 3.3 of Sustainable Development Goal (SDG) 3 (the so-called “health goal”), that calls for ending neglected tropical disease epidemics by 2030, and SDG 1, which targets the ending of poverty in all its forms. Neglected tropical diseases are also strongly linked to universal health coverage (target 3.8), which targets providing access to health services and essential medicines. Access to medicines for neglected tropical diseases will be an indicator of the overall success of universal health coverage, for which a key principle is that “no one should be left behind”.

The objectives of the interregional meeting were to:

- review epidemiology and control of leishmaniasis in countries of the Eastern Mediterranean Region, as well as neighbouring countries in the African and European regions;
- discuss the strategic elements and operational action required to enhance early diagnosis and treatment, including surveillance and data management/reporting, access to medicines and consumables, control of vectors and reservoir hosts, and capacities of health staff;
- share experiences on surveillance of leishmaniasis with emphasis on the District Health Information Software (DHIS 2) online tool;
- identify ways to address and overcome the challenges faced by countries in controlling the disease, notably in complex operational environments;
- identify cross-border issues and areas of collaboration to improve disease control;
- agree on priority research topics for leishmaniasis within the universal health coverage agenda.

Eco-epidemiologically, the scope of endemic zones for cutaneous and visceral leishmaniasis traverse WHO regional “borders”, which highlights the importance of cross-border collaboration, and the need to include neighbouring regions in relevant discussions. The scope of the meeting aimed to cover all topics relating to leishmaniasis control, for both cutaneous and visceral leishmaniasis, as well as discuss cross-border issues with neighbouring regions. As such, the meeting covered updates on epidemiology, diagnosis, treatment, vector control, surveillance, research and emergency situations.

The neighbouring regions of Europe and Africa and their national counterparts were thanked for their participation, and encouraged to have increasingly open and collective dialogue, as they share common goals.

The programme was adopted (Annex 1) and the participants were introduced (Annex 2). The meeting was chaired by Dr El Hag; the rapporteurs were Dr Moreno Nuncio and Dr Kakar.

2. OVERVIEW OF CUTANEOUS AND VISCERAL LEISHMANIASIS

2.1 Global overview and updated strategies for control and prevention of leishmaniasis

A global overview of leishmaniasis was presented using data published in the WHO Global Health Observatory (http://apps.who.int/neglected_diseases/ntddata/leishmaniasis/leishmaniasis.html). An article providing an update on the global situation, to be published 5 October 2018 in the Weekly Epidemiological Record, describes the distribution of cutaneous and visceral leishmaniasis burden among different WHO regions and trends in the reported number of new cases since 1998. With 137 772 cutaneous leishmaniasis cases, the WHO Eastern Mediterranean Region remains the region carrying the highest burden of cutaneous leishmaniasis globally, followed by the Region of the Americas with 24% of the burden. Since 1998 and up to 2015, a constant rise in the number of cutaneous leishmaniasis cases in the Eastern Mediterranean Region has been observed. Although the burden of visceral leishmaniasis is more spread out among regions, the African and South-East Asia regions suffer the highest percentage, both at 30%. A visible decline in the number of visceral leishmaniasis cases in the South-East Asia Region was also observed, while the other regions displayed fluctuating and stable trends.

Regarding progress made in control strategies, several studies and publications were highlighted and discussed. A recent study completed by Morocco to determine the appropriate interventions for effective control of leishmaniasis concluded that, despite all efforts, monitoring and control of cutaneous leishmaniasis remains challenging and that integrated vector management control with community participation is recommended as an effective strategy. Other publications included an evaluation of rapid diagnostic tests for cutaneous leishmaniasis in Morocco, which achieved a 68% sensitivity (95% confidence interval (CI): 61–74) and 94% specificity

(95% CI: 91–97), and the assessment of fipronil bait orally administered to *Rhombomys opimus*, for control of fleas (Siphonaptera: Pulicidae) and phlebotomine sandflies (Diptera: Psychodidae) in Kazakhstan. The presentation concluded with an acknowledgement of the countries' individual efforts, and emphasized the importance of continuing and strengthening previously established control efforts.

2.2 Situation of leishmaniasis control at a regional level: Eastern Mediterranean Region

Dr Atta, WHO Regional Office for the Eastern Mediterranean

Both cutaneous and visceral forms of leishmaniasis are present in the Eastern Mediterranean Region, making it a significant neglected tropical disease. Regarding cutaneous leishmaniasis, both the anthroponotic form, caused by *Leishmania tropica*, and the zoonotic form, caused by *L. major* with animal reservoir hosts, are endemic in the Region. The *Framework for action on cutaneous leishmaniasis in the Eastern Mediterranean Region 2014–2018* was developed following several global and regional mandates, including resolution WHA60.13 on Control of leishmaniasis (2007), EM/RC54/R.3 on Neglected tropical diseases: an emerging public health problem in the Eastern Mediterranean Region (2007), and EM/RC40/R.7 on Leishmaniasis (1993).

Cutaneous leishmaniasis is one of the priorities in the WHO Eastern Mediterranean Region as it carries a large portion of the global burden. According to data reported in the Global Health Observatory, the Eastern Mediterranean Region reported 69.6% of the total number of cutaneous leishmaniasis cases detected worldwide in 2016 (followed by the Region of the Americas with 28.5% and the European Region with 1.6%). Of the total cases in the Region, over 90% were reported from three countries: the Syrian Arab Republic, Afghanistan and Pakistan, each of which reported more than 10 000 cases. Most of the cases are due to the anthroponotic form of the disease. Regarding visceral leishmaniasis, the Eastern Mediterranean Region carries about 19% of the global burden, with the highest number of cases reported from Sudan and Somalia.

The Region is facing many challenges – emergencies, crises situations,

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