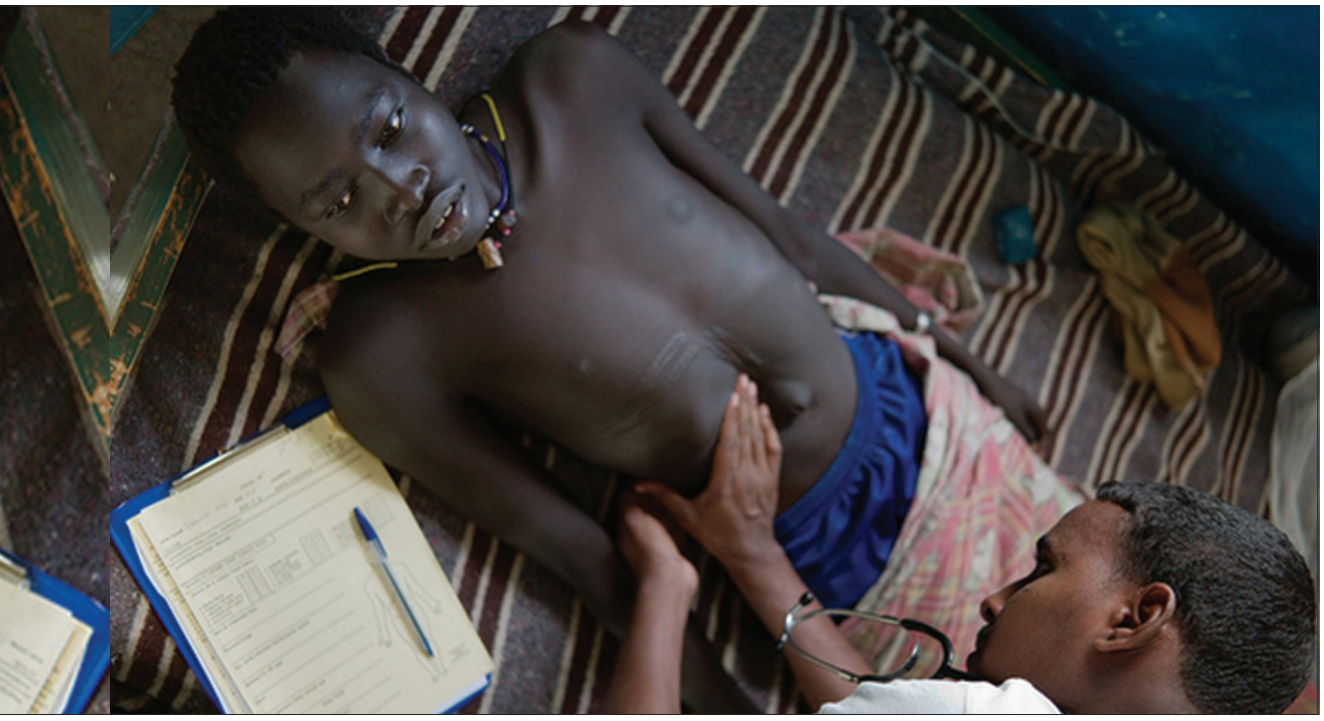
LEISHMANIASIS



VISCERAL LEISHMANIASIS

CONTROL STRATEGIES AND EPIDEMIOLOGICAL SITUATION UPDATE IN EAST AFRICA

REPORT OF A WHO BI-REGIONAL CONSULTATION
ADDIS ABABA, ETHIOPIA
9–11 MARCH 2015

World Health Organization

Visceral leishmaniasis: control strategies and epidemiological situation update in East Africa

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1. Background

Visceral leishmaniasis (VL) is highly endemic in East Africa. Challenges to control of the disease include the remoteness of, and difficult access to, endemic areas, insecurity in some of those areas and the difficulties of transporting diagnostic tests and medicines for case management. At the initiative of the Leishmaniasis Control Programme, Innovative and Intensified Disease Management unit, WHO Department of Control of Neglected Tropical Diseases, and the WHO Regional Offices for Africa and the Eastern Mediterranean in collaboration with the Ministry of Health of Ethiopia, a meeting was held on 9–11 March 2015 in Addis Ababa, Ethiopia.

The opening remarks and welcoming address were delivered by Dr Pierre Mpele, WHO Representative in Ethiopia, and Dr Zufan Aberra, Senior Advisor, Federal Ministry of Health of Ethiopia as representative of the Ministry of Health of Ethiopia. Dr Daniel Argaw Dagne, Head, Leishmaniasis Control Programme, Innovative and Intensified Disease Management unit, WHO Department of Control of Neglected Tropical Diseases, explained the objectives of the meeting, which were:

- to discuss the progress and challenges for implementation of VL control strategies in East Africa in the context of the WHO roadmap on neglected tropical diseases;[1]
- to review the status of implementation of the WHO AmBisome donation programme and assess needs for the coming years;
- to clarify the role and support of partners (VL-DFID consortium) regarding their contribution and specific engagement in VL prevention and control efforts in the subregion, for coordinated implementation of control interventions; and
- to update the epidemiological situation of VL and strategies for its prevention and control in the endemic countries in East Africa.

Dr Mpele urged endemic countries to invest more in neglected tropical diseases (NTDs) in order to integrate and accelerate control and elimination as outlined in WHO's third global report.[2] We must seize the momentum and commit to allocating adequate resources to alleviate suffering and prevent deaths from neglected tropical diseases. Only by eliminating such diseases can we create healthy and productive societies that will contribute to the development of our nations. He also reaffirmed WHO's continued support to global and regional efforts to control and eliminate diseases such as leishmaniasis, and provision of technical assistance to national programmes in endemic countries.

[1] Accelerating work to overcome the global impact of neglected tropical diseases: a roadmap for implementation. Geneva, World Health Organization; 2012 (WHO/HTM/NTD/2012.1).
[2] Investing to overcome the global impact of neglected tropical diseases. Geneva: World Health Organization, 2015 (WHO/HTM/NTD/2015.1).

In her opening remarks Dr Aberra, representing the host country's Ministry of Health, encouraged countries of the Region and subregion to engage in genuinely effective cooperation for a healthy nation. She stressed the significant impact of morbidity, mortality, loss of quality of life and economic development of their nations due to VL. The increasing numbers of cases of cutaneous and mucocutaneous forms of the disease also pose huge challenges for the availability of treatment options given the shortages of medicines and supplies and of trained human resources. Appreciating the strong support from WHO and other partners such as the UK Department for International Development (DFID), the Drugs for Neglected Diseases *initiative* (DND*i*), Médécins Sans Frontières (MSF) and pharmaceutical companies Gilead and Sanofi, she highlighted the following major contributions:

- The increase in donated liposomal amphotericin B (AmBisome) from Gilead through WHO, from 5000 to 12 500 vials.
- The announcement of support from VL-DFID to East Africa through the KalaCORE Consortium, which will further strengthen regional control activities.
- The continued support of DND*i* research activities in East Africa; two activities (in Gondar University Referral Hospital and Arbaminch Hospital) have helped the Federal Ministry of Health of Ethiopia to update the national guideline for prevention, control and treatment of leishmaniasis based on the evidence from a multi-centric clinical trial on shortening the duration of treatment and assuring the safety of patients from drug toxicity.
- The constant support from WHO to training and capacity-building of frontline health workers in prevention, control and treatment of VL.

After the technical and country presentations the participants were divided into two groups to discuss challenges, weaknesses and opportunities, and to propose concrete suggestions for improved collaboration in leishmaniasis control among countries of the WHO African and Eastern Mediterranean Regions. Having considered the epidemiological situation in those Regions and the outcomes of the working groups, the meeting declared some technical recommendations for consideration and implementation towards enhanced leishmaniasis control in both Regions in the future.

The rapporteurs of the meeting were Dr Mercè Herrero, Dr Mounir Lado and Dr Abate M. Beshah. Dr José Antonio Ruiz Postigo compiled the notes of the rapporteurs and wrote the meeting report.

Annex 1 contains the Agenda of the meeting and Annex 2 the List of participants.

1.1 Visceral leishmaniasis control: overview of global situation and perspectives

Daniel Argaw Dagne

The epidemiology of leishmaniasis is diverse and complex. VL is present in the Indian subcontinent, with Brazil and East Africa being highly endemic. More than 90% of new cases are reported from six countries: Bangladesh, Brazil, Ethiopia, India, South Sudan and Sudan. The number of new cases worldwide each year is currently estimated at 300 000. The South-East Asia Region is the only Region with a target for elimination of VL (kala-azar) as a public health problem (that is, < 1 case per 10 000 population per year at district or subdistrict level). This is due to the unique epidemiology of the disease, the availability of effective tools and the strong political commitment in the Region. The elimination programme has demonstrated a significant achievement in the Region by reducing the disease incidence trend and the case fatality rate.

Leishmaniasis in East Africa remains a major public health problem, with no signs of reduction in case trends. The situation is complicated by recurrent epidemics, a weak health system, lack of appropriate tools, malnutrition, and concomitant infections including coinfection with HIV and *Leishmania*. Coinfection is a serious concern. HIV infection increases the risk of developing VL, reduces the response to treatment and increases the rate of relapse; patients with coinfection also have high parasite loads. Coinfection has been reported in 35 countries, with most cases reported thus far from southern Europe, Brazil and Ethiopia. The incidence of coinfection has fallen dramatically in Europe since antiretroviral treatment for HIV was introduced. High incidence rates have been reported in Ethiopia (15–30%), Brazil (6.6%) and India (3–5%). WHO recommends a strategy of "provider-initiated counselling and testing" (PICT), surveillance in all coendemic areas and collaboration between the two programmes.

Significant challenges include: inconsistent performance of rapid diagnostic tests (RDTs) in different Regions; suboptimal efficacy of treatment with potentially toxic injectable medicines; lack of drug resistance monitoring; insufficient access to treatment; and lack of a test of cure.