

LEISH



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STRENGTHENING CROSS-BORDER COLLABORATION FOR CONTROL
IN CENTRAL ASIAN AND MIDDLE-EASTERN COUNTRIES
OF THE WHO EUROPEAN AND EASTERN MEDITERRANEAN REGIONS

REPORT OF A BI-REGIONAL MEETING
AWAZA, TURKMENBASHI, TURKMENISTAN
18–20 NOVEMBER 2014



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Leishmaniasis: strengthening cross-border collaboration for control in central Asian and middle-eastern countries of the WHO European and Eastern Mediterranean Regions

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1. Background

Leishmaniasis is endemic in countries of central Asia and the Middle East. One of the challenges to control of the disease in those countries is the movement of populations across the borders into neighbouring countries. At the initiative of the Innovative and Intensified Disease Management unit, WHO Department of Control of Neglected Tropical Diseases, and the WHO Regional Office for the Eastern Mediterranean and the WHO Regional Office for Europe in collaboration with the Ministry of Health of Turkmenistan, a meeting was held on 18–20 November 2014 in Awaza, Turkmenbashi, Turkmenistan, on strengthening cross-border collaboration for leishmaniasis control in central Asian and middle-eastern countries.

The objectives of the meeting were:

- to revisit the area-specific disease-related strategies focused on updating information on leishmaniasis in each country and review the progress of and challenges to control in neighbouring countries of the WHO Eastern Mediterranean Region and the WHO European Region;
- to identify major cross-border issues and areas of collaboration for improved leishmaniasis control;
- to share experiences on surveillance and control of leishmaniasis;
- to discuss the country-specific adaptation and implementation plan of the recently published leishmaniasis control strategic framework of both Regions;
- to formulate the needs of and recommendations by country of the sub-region for increasing alerts for the disease and implementing appropriate control measures.

Dr Bahtygul Kariyeva, WHO Representative in Turkmenistan, and Dr Y Gayypov, Deputy Head of Sanitary Epidemiological Services, Ministry of Health of Turkmenistan as representative of the Turkmenistan Health Ministry, delivered the opening remarks. Dr Jean Jannin, Coordinator, WHO Innovative and Intensified Disease Management unit, WHO Department of Control of Neglected Tropical Diseases, then explained the objectives of the meeting.

After the technical and country presentations, the participants were divided into two groups to discuss challenges, weaknesses and opportunities, and to propose suggestions for improved collaboration in leishmaniasis control among countries of the WHO Eastern Mediterranean Region and the WHO European Region. Finally, having reviewed the situation of the disease and the outcomes of both working groups, the meeting declared some technical recommendations for consideration and implementation towards improved leishmaniasis control in both Regions in the future.

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

1.1 Global overview of leishmaniasis

Daniel Argaw Dagne

Leishmaniasis is endemic in over 98 countries worldwide, with an estimated 350 000 000 people at risk of infection. The disease is prevalent in areas of the tropics, subtropics and southern Europe where more than 21 species of *Leishmania* parasites and over 30 vectors maintain transmission. Some 20 000–40 000 new cases of visceral leishmaniasis are reported worldwide each year. More than 90% of new cases are reported from six countries: Bangladesh, Brazil, Ethiopia, India, South Sudan and Sudan.

1.2 Leishmaniasis in the WHO Eastern Mediterranean Region: strategy and targets

José A. Ruiz Postigo

In 2012, the WHO Eastern Mediterranean Region reported 69% of the total number of cutaneous leishmaniasis cases worldwide (the Region of the Americas reported 26% and the African Region 5%). Of the total cases in the Region, 82% were reported from three countries: Afghanistan, the Islamic Republic of Iran and the Syrian Arab Republic; 64% were of anthroponotic origin and the remainder were zoonotic.

In 2014, the WHO Eastern Mediterranean Regional Office published the *Manual for case management of cutaneous leishmaniasis in the WHO Eastern Mediterranean Region*¹ and the *Framework for action on cutaneous leishmaniasis in the WHO Eastern Mediterranean Region 2014–2018*² with standardized indicators and reporting forms.

1.3 Strategic framework for leishmaniasis control in the WHO European Region

Elkhan Gasimov

Leishmaniasis is a neglected and poorly reported disease, with an underestimated or undetermined burden in most countries of the WHO European Region. The incidence of visceral and cutaneous forms of the disease is estimated to be less than 2% of the global burden of leishmaniasis according to the latest WHO estimate of leishmaniasis incidence.

Cases of visceral leishmaniasis, which is due to *Leishmania infantum*, are reported in countries of western and south-eastern Europe, central Asia, south Caucasus and Turkey. The majority (nearly 75%) of cases are found in Albania, Georgia, Italy and Spain. Since the mid-1990s, the number of reported cases in children aged under 5 years has increased more than nine-fold to reach, in Georgia, more than 180 in 2007. In recent years, however, the number of adults with visceral disease has been rising as coinfection with HIV before the scale-up of

¹ 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 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).

antiretroviral therapy. Human (and canine) leishmaniasis is a re-emerging problem in some parts of southern Europe, with a steady increase in prevalence.

Almost 80% of the total number of cutaneous leishmaniasis cases reported in the Region are in Israel, Turkey, Turkmenistan and Uzbekistan. Cases of anthroponotic cutaneous leishmaniasis, which is caused by *L. tropica*, have been reported from Azerbaijan, Greece, Israel, Turkey and Uzbekistan. The disease is endemic predominantly in densely populated settlements where person-to-person transmission is maintained by *Phlebotomus sergenti*. Cases of zoonotic cutaneous leishmaniasis caused by *L. major* have been registered in central Asia, the south Caucasus, Israel and Turkey. The disease is epidemic-prone. Cases of cutaneous disease caused by *L. infantum* have been reported in some south Caucasian and central Asian countries and in one European country, with proven and suspected vectors the same as those for visceral disease.

In 2014, in close cooperation with and support from WHO headquarters, the Strategic Framework for leishmaniasis control in the WHO European Region was elaborated.¹ The regional goal is, by 2020, to eliminate mortality due to visceral leishmaniasis, significantly reduce morbidity due to visceral and cutaneous disease, contribute to improving the health status of populations at risk, and minimize the socioeconomic losses provoked by the disease in countries where leishmaniasis is a public health problem.

The objectives of the programme are:

- to strengthen public health services' institutional capacities and enhance the capacity for decision-making related to leishmaniasis and its control;
- to improve capacities for early detection as well as access to appropriate and affordable diagnosis and treatment of cases of visceral and cutaneous leishmaniasis;
- to reinforce disease surveillance;
- to improve capacities for the prompt response to and prevention of leishmaniasis outbreaks;
- to strengthen appropriate vector and reservoir control interventions;
- to strengthen research capabilities;
- to increase community awareness and participation in leishmaniasis prevention;
- to build and scale up partnership action for leishmaniasis control;
- to enhance intersectoral collaboration: and

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