Report of the meeting of programme managers and the Regional Technical Advisory Group for the kala-azar elimination programme

Virtual meeting, 18–20 April 2022



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### Summary and recommendations of the meeting

The WHO Regional Office for South-East Asia (WHO-SEARO) hosted a meeting of programme managers and the Regional Technical Advisory Group (RTAG), both in-person and virtual, in New Delhi, India from 18 April to 20 April 2022. It was held over three days to review developments in the national visceral leishmaniasis (VL) programmes of the five VL-endemic Member States and Sri Lanka, scientific community and WHO initiatives since the last RTAG meeting, hosted virtually on 5–8 October 2020. The main purpose of the meeting was to determine how RTAG could support the regional elimination programme in the most effective way.

Following presentations on recent evidence and reports on developments, there were opportunities for extensive discussions leading to the conclusions and recommendations below, which were agreed upon for action with designated responsibilities.

#### Conclusions

- ➤ The effectiveness of the current Regional Strategic Framework for Elimination of Kala-azar from the South-East Asia Region in achieving substantial reduction in the disease incidence in the last decade, including attaining the target of elimination as a public health problem by Bangladesh and maintaining this feat since 2017, was commended.
- Despite remarkable progress towards reduction in the incidence of visceral leishmaniasis, transmission continues and current tools and case-finding strategies are not optimal for moving towards elimination of transmission of *Leishmania donovani*. Several new tools are in the pipeline, but their validation and operationalization need to be accelerated.
- Contributions of Member States, with support from partners, to eliminating visceral leishmaniasis and strengthening of the health system and primary health care (PHC) capacity, particularly with regard to active disease surveillance, case management and vector control, and achievement of universal health coverage (UHC) and health-related Sustainable Development Goal (SDG) 3 in endemic countries in the Region should be acknowledged more widely.
- Continued action is required to maintain the targets after validation of elimination as a public health problem is achieved. Strong government ownership and effective integration of surveillance, clinical management and vector control interventions deployed against VL in other public health programmes and routine work of PHC workers and front-line health workers, along with sustained linkages with endemic communities and private-sector, health-care providers (both qualified and informal), are key for sustainability in the post-validation phase. These should be a core principle of the new Regional Strategy.
- ➤ As the number of reported VL cases dwindles, the political commitment to sustainability should be a priority, creating an appropriate set of tools to communicate on this with the key stakeholders.

#### **Recommendations for WHO**

- (1) Work with Member States, experts and partners to finalize and launch the new Regional Strategy for VL Elimination in the South-East Asia Region 2022–2026.
- (2) Convene **a subgroup of RTAG** to agree on the standardized endemicity criteria, which is feasible for programmes in the elimination context, given the fact that new visceral leishmaniasis/post-kala-azar dermal leishmaniasis (VL/PKDL) cases continue to be reported from geographical areas that have never reported new cases before and the fact that such patients/areas remain without access to necessary diagnosis, treatment and care until the areas are formally classified as endemic.
- (3) Work with Member States and partners to establish a mechanism to ensure that there is no interruption in quality-assured supplies, including drugs, rapid diagnostic tests (RDTs) and WHO insecticide susceptibility test kits, in endemic countries.
  - It becomes more difficult to procure drugs in small quantities when the number of reported cases gets reduced, particularly in the post-validation phase. Examples of strategic revolving funds in the WHO Region of the Americas can be studied; they are created by pooling of funds from endemic Member States for WHO pooled procurement.
  - Suppliers and manufacturers should be engaged for quality control, regulation, better production planning, forecast, minimum ordering of quantities and meeting supply needs.
- (4) Finalize the WHO dossier template for validation of elimination of VL as a public health problem and orient and support national programmes for the requirements and preconditions to be met for the validation process.
- (5) Support Member States in the harmonization of policies on key interventions, such as treatment regimen for VL and cutaneous leishmaniasis (CL), indoor residual spraying (IRS) application and outbreak response across the Region.
- (6) Advocate for and coordinate external validation of the use of loop-mediated isothermal amplification (LAMP) and/or availability of new prototype, based on the target product profiles (TPPs) (for VL and skin-related neglected tropical diseases or skin NTDs), endorsed by the Diagnostic Technical Advisory Group (DTAG) for diagnosing relapse, PKDL and VL-HIV co-infections for potential programmatic use, with the support of partners.



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