World Health Organization

SIXTY-THIRD WORLD HEALTH ASSEMBLY **A63/16**
Provisional agenda item 11.13 **25 March 2010**

Leishmaniasis control

Report by the Secretariat

1. In resolution WHA60.13 on control of leishmaniasis the Health Assembly, recognizing leishmaniasis as one of the most neglected tropical diseases, urged Member States where leishmaniasis was a substantial public health problem to undertake several actions to deal with the major factors that underlay the failure to control the disease. It also requested the Director-General to take actions at different levels in order to minimize the burden of the disease. This report responds to the further request to the Director-General to report on progress achieved, problems encountered and further actions proposed in implementing the resolution.

2. In order to raise awareness of the global burden of leishmaniasis, the Secretariat has organized meetings at the regional level with representatives of health ministries in the Eastern Mediterranean Region (Report of the Consultative Meeting on Cutaneous Leishmaniasis, Geneva, 30 April – 2 May, 2007) and Region of the Americas (Report of the Coordinators of the National Leishmaniasis Programmes, Medellin, Colombia, 4–6 June 2008). Similar meetings were held for Member States in the European Region (Istanbul, Turkey, 17–19 November 2009) and the South-East Asia Region (Dhaka, 6–7 December 2009). The Regional Office for Africa organized a consultation for representatives of health ministries on control of leishmaniasis in the African Region (Addis Ababa, 23–25 February 2010), at which it was agreed to establish a subregional programme against leishmaniasis in East Africa and to strengthen epidemiological information on relevant countries in West Africa. The updated epidemiological information obtained in these meetings will feed into estimation of the current burden of leishmaniasis, to facilitate advocacy, and to improve the surveillance system in the countries.

3. Staff from headquarters and the Regional Office for Africa participated in investigations of epidemic outbreaks in Libo Kemkem, Ethiopia (2006–2007), Treguine, Chad (2007), and Wajir, Kenya (2008). WHO's Department of Neglected Tropical Diseases has also supported the investigation of other outbreaks and/or specific situations where medicines were lacking (for instance, in the Plurinational State of Bolivia, Egypt, Eritrea and Uzbekistan).

4. Leishmaniasis is estimated to impose a disease burden of 2.34 million disability-adjusted life years globally. In order to raise awareness about the disease burden, the Secretariat in the period 2007–2009 commissioned the production of three documentaries on different scenarios of visceral and cutaneous leishmaniasis (as exemplified in Ethiopia, Nepal and Peru). These documentaries were recently recommended in the medical literature.[1] In addition, a clip, in which the Olympic champion Haile Gebre Selassie advocates control of leishmaniasis, completes the set. These documentaries will be ready to be disseminated to different media platforms in the near future.

[1] *Lancet Infectious Diseases.* 2009, **9**(5):280.

5. WHO's advocacy campaign has also focused on promoting equitable access to health services, in particular access to medicines. The message has been rewarded with two successes: the price of two of the five existing medicines has been reduced (by 90% for liposomal amphotericin B and by 60% for meglumine antimoniate); and two new medicines have been included in the WHO Model List of Essential Medicines (17th edition) (paromomycin in 2007, and liposomal amphotericin B in 2008). In addition, WHO investigated a counterfeit product for visceral leishmaniasis that was used in Bangladesh in 2008, until the drug was finally banned by the Government.

6. The Health Assembly also requested the Director-General to frame a policy for leishmaniasis control, with the technical support of WHO's Expert Advisory Panel for Leishmaniasis, and to draft guidelines on prevention and management, with a view to elaborating regional plans and fostering the establishment of regional groups of experts. In order to hold the Expert Committee meeting for the control of leishmaniasis (scheduled to be held on 22–26 March 2010), the members of WHO's Expert Advisory Panel have been selected. To meet the request of the Health Assembly to update the report of the Expert Committee on Leishmaniasis,[1] the Secretariat is revising the technical content. At the same time, the Secretariat is updating the epidemiological analysis country by country. The Secretariat is planning a donors' meeting (in December 2010), after the publication of these two documents, in order to advocate support for future actions to control leishmaniasis.

7. Three regional control programmes have been initiated: (1) the programme for Elimination of Kala-azar in the South-East Asia Region, agreed between the health ministers of Bangladesh, India and Nepal in 2005; (2) the programme in the Region of the Americas to strengthen leishmaniasis control and surveillance in that Region, which includes mapping the disease in 14 countries and work to control the progression of visceral leishmaniasis in Argentina, Brazil and Paraguay; and (3) the programme approved by Member States at a meeting on control strategies for leishmaniasis in the Eastern Mediterranean Region (Aleppo, Syrian Arab Republic, 27–30 October 2008). This last-named strategy stands on three pillars: harmonization of surveillance systems, capacity building (for epidemiology, use of geographical information systems, and case management), and sharing information. Generally, the Secretariat is providing regular technical and financial support to those countries in need, namely Afghanistan, Bangladesh, Ethiopia and Sudan.

8. The resolution also called for promotion of, and support for, applied research on leishmaniasis control. As a first step, the Secretariat examined the utility of existing control tools on the basis of the evidence available. Two systematic reviews on the treatment of New World and Old World leishmaniasis have been published in *Cochrane Library*,[2] and two further reviews on treatment of visceral leishmaniasis (kala-azar) and other control measures are in progress.

9. In response to the Memorandum of Understanding signed by the health ministers from Bangladesh, India and Nepal for joint efforts to eliminate visceral leishmaniasis, the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases is supporting the national programmes on visceral leishmaniasis in Bangladesh, India and Nepal in a variety of capacities. The Special Programme is supporting the conduct of clinical trials of anti-leishmanial agents and multicentre operational research crucial to the development of novel therapies, the development of evidence-based and cost-effective elimination strategies that combine case management and vector control with improved interventions using safe and affordable therapies.

[1] WHO Technical Report Series, 1990, No. 793.

[2] González et al, Interventions for Old World cutaneous leishmaniasis. *Cochrane Library*, 2008, 4:1–108; González et al, Interventions for American cutaneous and mucocutaneous leishmaniasis. *Cochrane Library*, 2009, 2:1–171.

10. A central element of a global strategy has to be strengthening collaborative efforts among multisectoral stakeholders, interested organizations and other bodies, and the Health Assembly requested the Director-General to strengthen coordination between such bodies. The Secretariat holds regular meetings with major stakeholders, such as Médecins Sans Frontières, the Drugs for Neglected Diseases initiative, and the institute for One World Health, and with donors (the Spanish agency for international cooperation for development, and Sanofi-aventis), in order to monitor the convergence of their individual activities with WHO's strategy.

11. Although the requests in the Health Assembly resolution have been well responded to, accurate estimation of the global burden due to leishmaniasis will be difficult because cases are considerably under-reported and there are few robust estimates of the real burden of the disease in specific foci, thereby hindering global extrapolation. Furthermore, although national programmes are increasingly being implemented, the rate is slow owing to an insufficiency of qualified personnel. In addition, the lack of human resources hampers the process and is likely to jeopardize results.

12. The strategic plan being drafted firmly reflects the requests in the resolution and is being prepared in consultation with stakeholders. It should convince donors of the need to support the control of leishmaniasis and reduce the disease burden through fulfilment of national and regional plans. Therefore, the activity in the next years will be to focus on formulating these plans to reduce the morbidity and mortality due to leishmaniasis.

13. The Executive Board noted an earlier version of this report at its 126th session in January 2010.[1]

ACTION BY THE HEALTH ASSEMBLY

14. The Health Assembly is invited to note the report.

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[1] See document EB126/2010/REC/2, summary record of the ninth meeting.