

Eliminating kala-azar

The linkage between India with Bangladesh, Nepal and Bhutan elimination efforts – the importance of sustaining elimination in SEAR

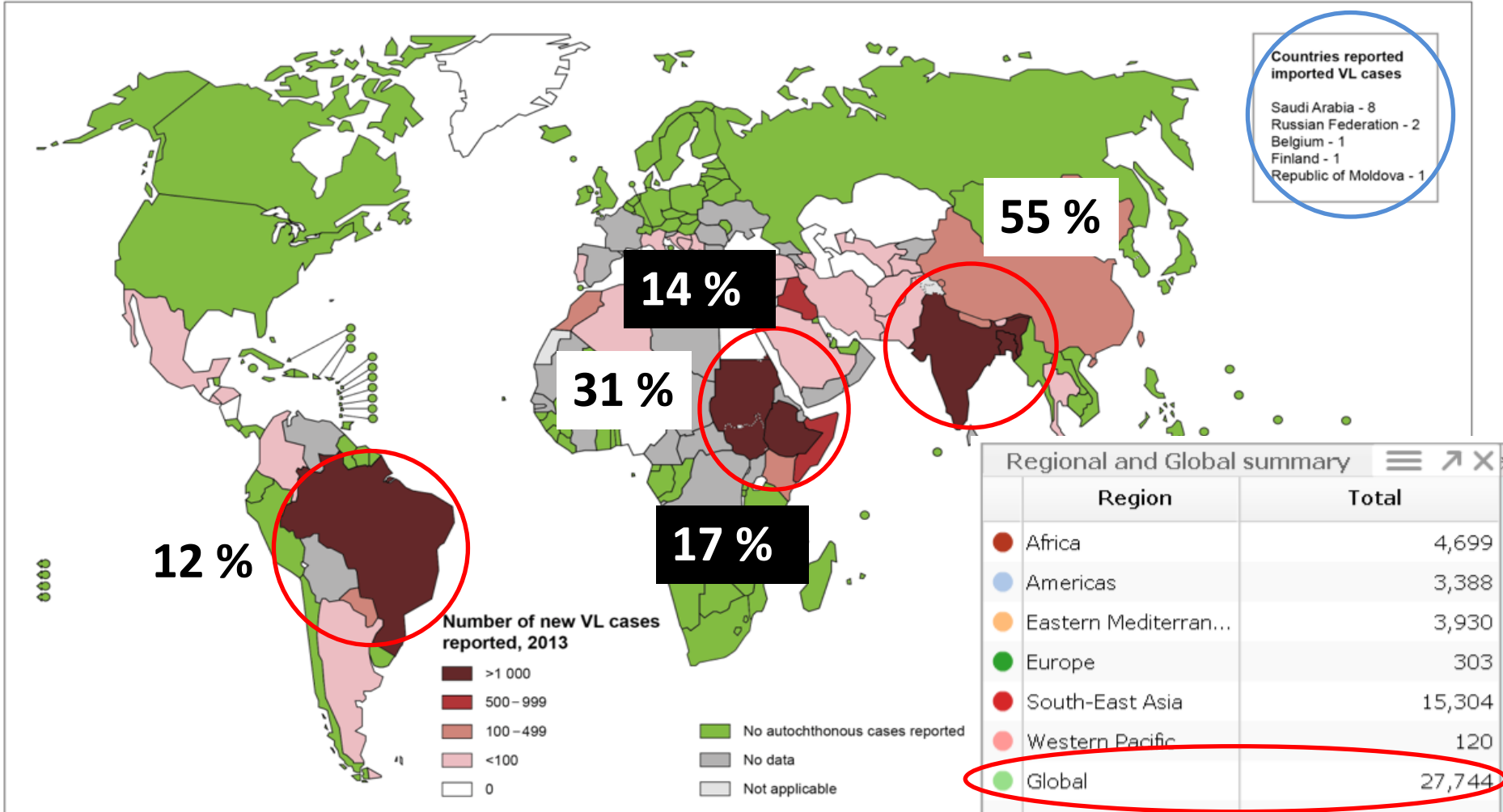
Meeting of the Consortium: **S**etting the **P**ost **E**limination **A**genda
for **K**ala-Azar in **I**ndia (**SPEAK India**)
New Delhi, India, 3-5 November 2016

Global burden of VL

- Over 556 million people at risk
- Estimated
 - 200 000 to 400 000 new cases/year
 - 20 000 to 30 000 deaths/year
- High burden countries
 - SEAR: Bangladesh, India, Nepal
 - AMR: Brazil, Paraguay
 - AFR: Ethiopia, Kenya, South Sudan, Uganda
 - WPR: China
 - EUR: Georgia, Spain
 - EMR: Somalia, Sudan

Geographical distribution of VL

Status of endemicity of visceral leishmaniasis, worldwide, 2013



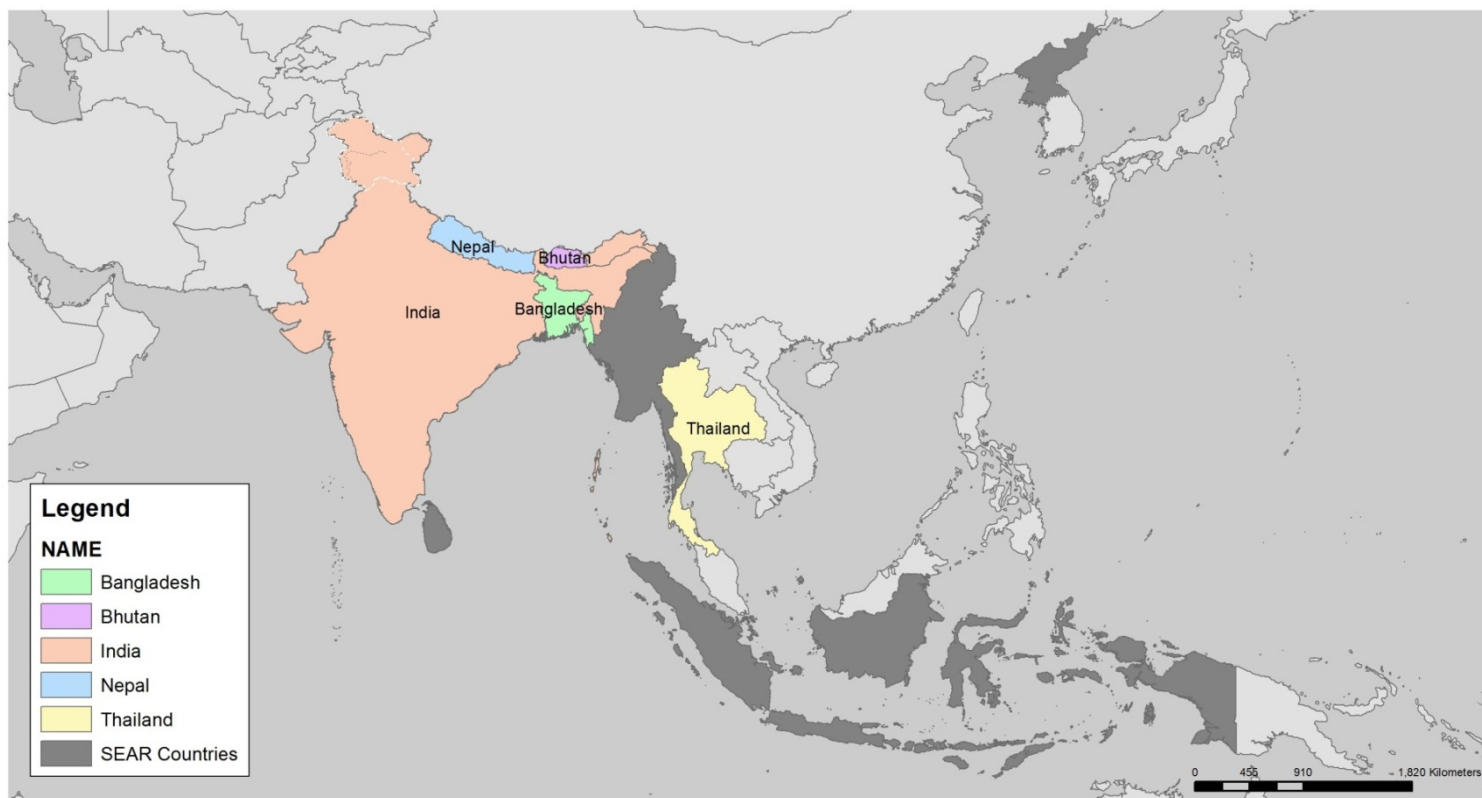
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Data Source: World Health Organization
Map Production: Control of Neglected Tropical Diseases (NTD)
World Health Organization



Kala-azar in SEA Region

- 147 million people at risk
- Endemic in 5 countries



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Data Source: World Health Organization
Map Production: HSD/HST
Production date : 02/09/2016

Kala-azar Elimination in SEA Region (1)

- **Elimination**

defined as **less than 1 case per 10 000 populations** at district level in Nepal and sub-district level in Bangladesh and India

- **Treatment**

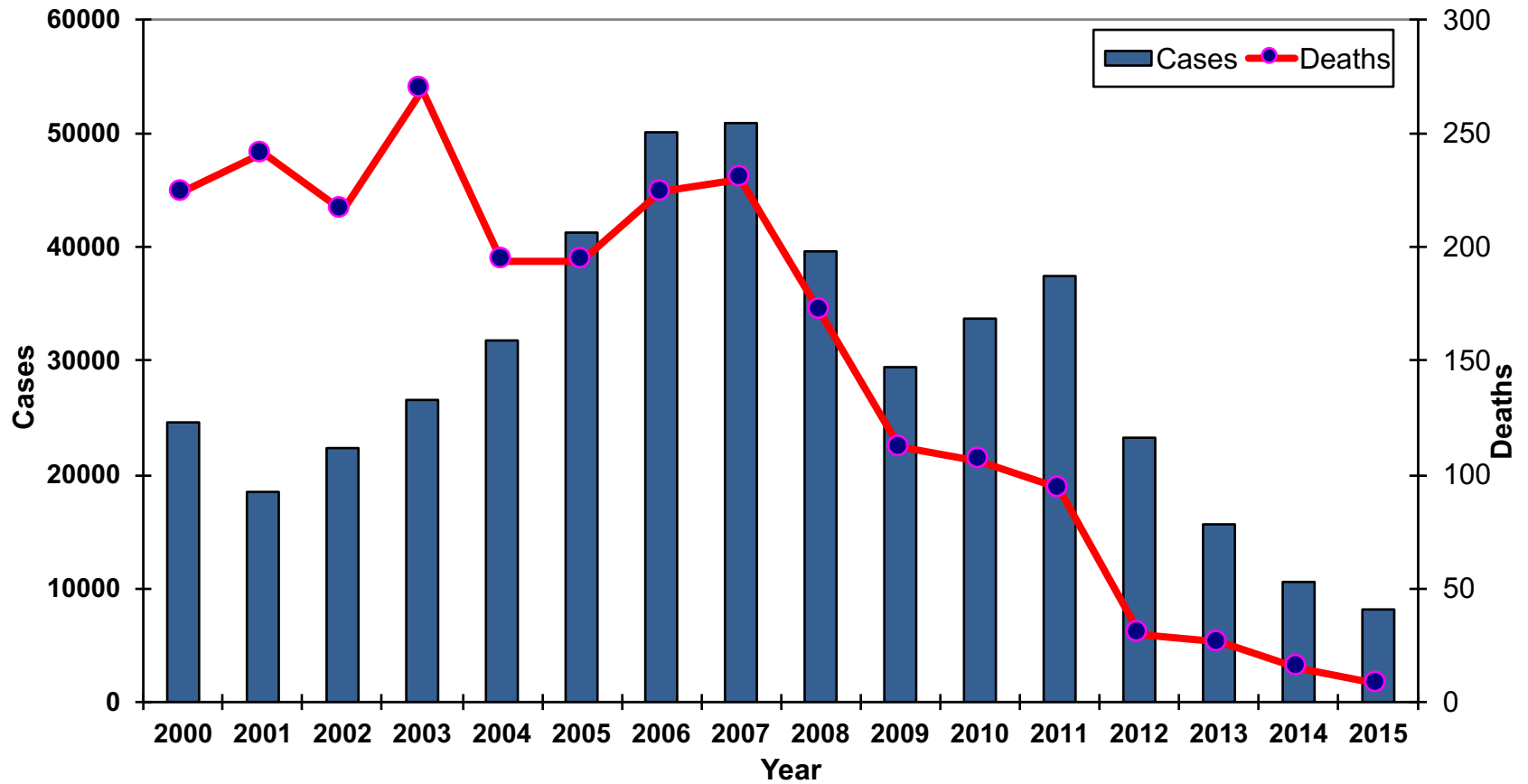
single dose AmBisome as 1st line drug (only one manufacturer, drug donated through WHO)

Kala-azar Elimination in SEA Region (2)

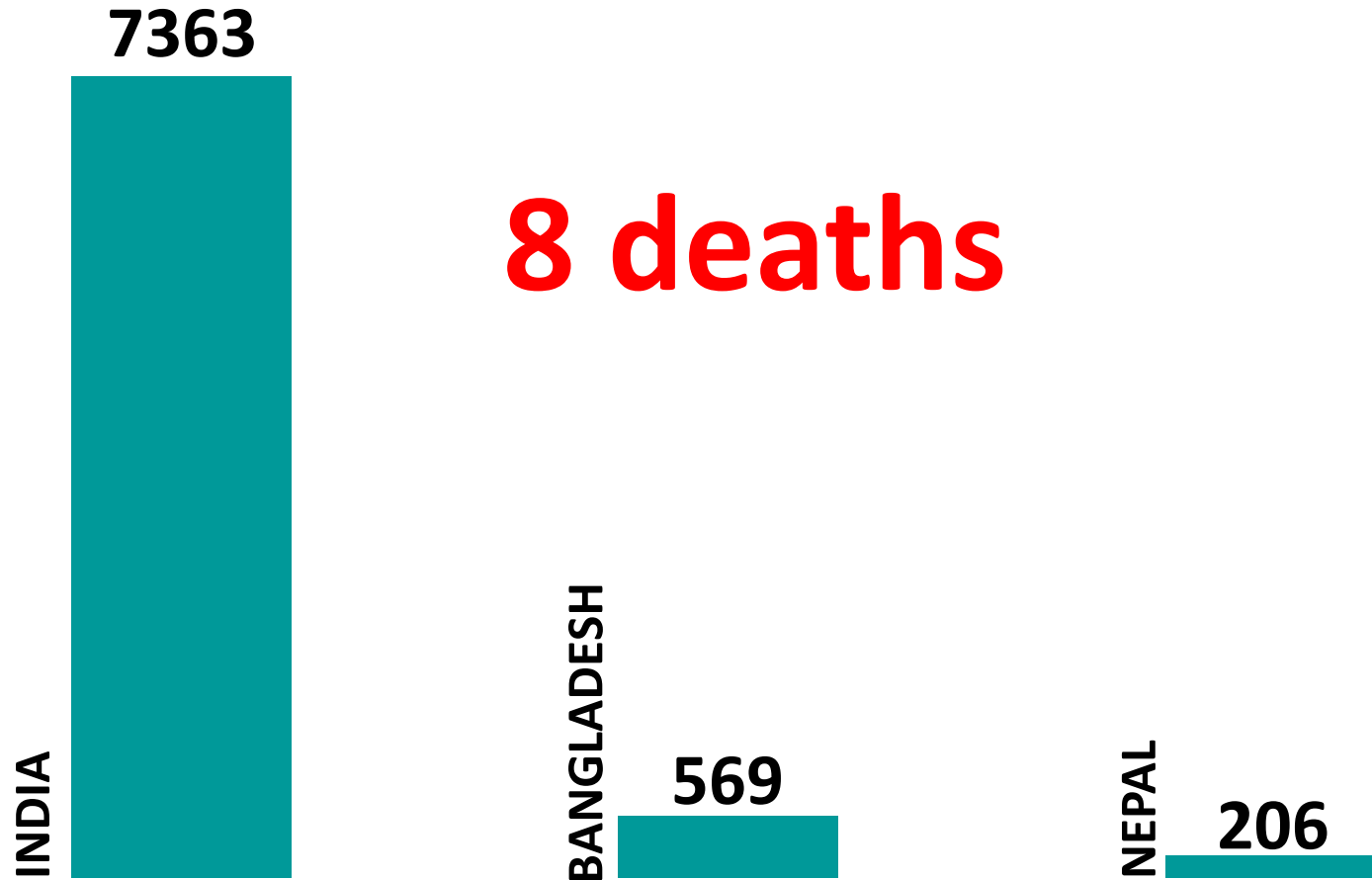
- Kala-azar elimination programme adopted by all endemic countries
- Strong political commitment
 - 2005 MoU: BAN, IND & NEP
 - 2014 MoU: BAN, BHU, IND, NEP, THA & SEARO
- Target year: 2017
- Regional priority: 1 of 7 flagship programmes



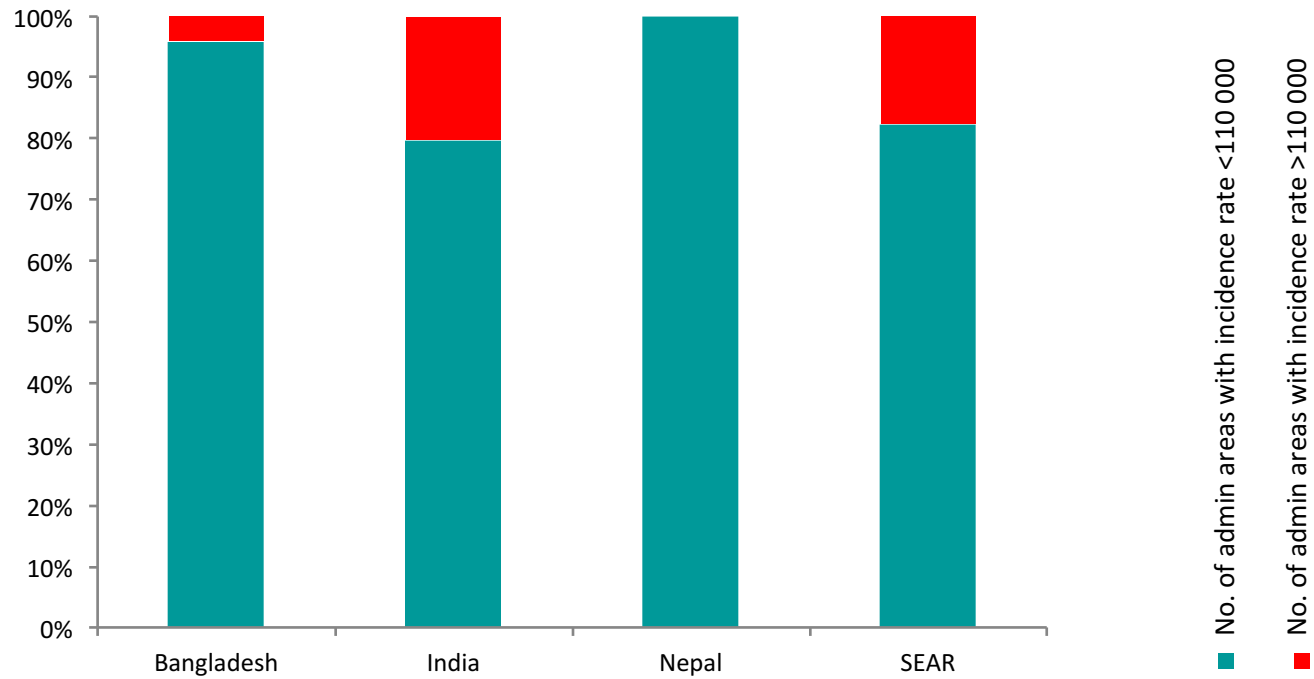
Kala-azar Cases and Deaths in SEAR, 2000-2015



Numbers in 2015

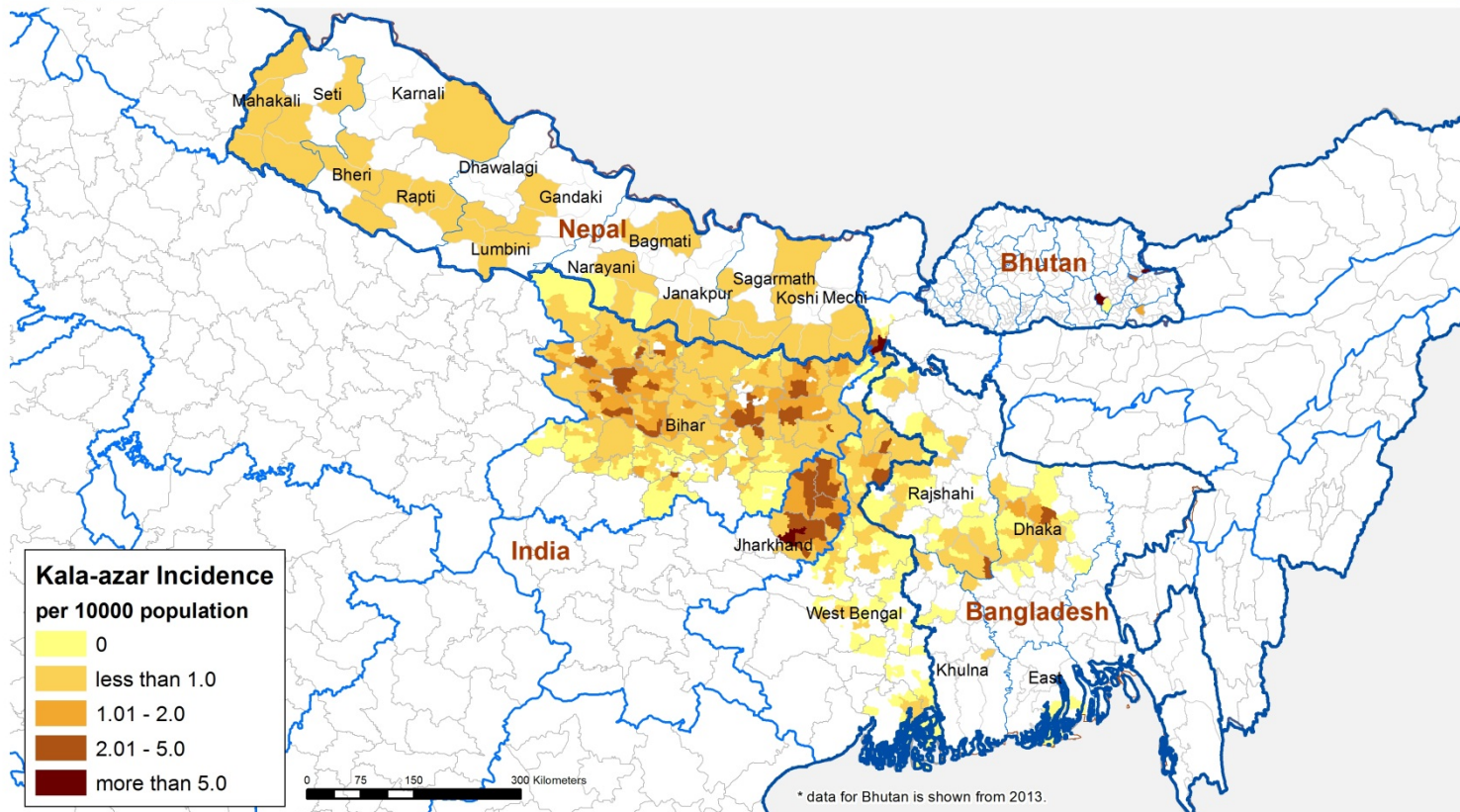


Progress



Current Status

Kala-azar Incidence (per 10000 population) in SEA Region in 2015



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Data Source: World Health Organization
Map Production: CDSO
World Health Organization 2016
Date : 02/11/2016



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Key issues in SEA Region

- Increasing trend in reported PKDL cases particularly in Bangladesh and India
- Porous borders, need for enhancing cross-border surveillance
- Emergence of HIV-VL co-infection, Bihar, India
- Asymptomatic infection
- VL occurrence in the non programme districts / areas formerly mapped as non-endemic
- Strengthening surveillance
- Strengthening vector management

Conclusion

- Lowest level of cases and deaths: our best chance?
- WHO-SEARO leadership priority with strong political commitment in all countries
- Elimination efforts bound by a common MoU
- Common vector and similar epidemiological features
- Geographic location of endemic areas around shared international borders
- Porous borders and free movement of people
- Common regional political/technical platforms to work together
- Success and achievements in one country have strong positive influence on others

THANK YOU

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**World Health
Organization**

Regional Office for South-East Asia