**Regional Situation of Kala Azar**

The disease is endemic in three countries of WHO’s SEA Region—Bangladesh, India and Nepal. Approximately 200 million people in the Region are “at risk” from the disease. The disease is now being reported in 45 districts in Bangladesh, 52 in India and 12 in Nepal. The total number of districts reporting kala-azar exceeds 109. Bhutan has also reported sporadic cases from 10 districts. with a total of 22 cases was reported between 1999 and March 2011, while it was officially documented for the first time in 2007.

Of the estimated 500,000 people in the world infected each year, nearly 100,000 are estimated to occur in the Region. In the endemic countries, kala azar affects the poorest of the poor with little knowledge about the disease and limited access to diagnosis and treatment. The health expenditure and economic loss are fuelling their cycle of poverty.

**Trend of Reported Cases of Kala-azar in SEA Region 1994-2011**

![Chart showing reported kala-azar cases in SEA Region from 1994 to 2011](chart.png)
Trend of Reported Cases of Kala-azar in India 1990-2011

INDIA
VL by *L. donovani* was known in India for a long time. It has virtually disappear during the DDT spraying campaign of the national Malaria Eradication Programme. When extensive DDT spraying stopped in the 1960s, VL re-emerged in the form of large epidemic outbreaks (100,000 cases in 1977 and 40,000 in 1978), which have continued to occur until today. Currently, the endemic area covers the largest part of Bihar and extends to West Bengal, Jharkhand and Uttar Pradesh (NVBDCP, Delhi).

Bihar is the most affected state; the case load in Bihar, where 90% of the population lives in extreme poverty, currently represents half of the worldwide burden of VL.

The number of reported cases is a gross underestimation of the real number of cases.
**NEPAL**

Similar like India, in Nepal VL prevalence was reduced during 1950s and 1960s Malaria Eradication Program with the DDT spraying, and then re-emerged. From 1980 to 1989, the incidence rate per 100,000 person-years remained below 10. Since then, the incidence has grown steadily and in the last few years it increased from 43 to 55 per 100,000 person-years. Most of the cases are reported from the regions bordering the endemic districts of Bihar, India. A sharp decline in the number of cases has been observed since the launch of National Kala-azar Elimination program, but between 2007 and 2010, VL was notified from an increasing number of districts (from 14 in 2007 to 26 in 2010). In 9 districts, the elimination target has been reached.
BANGLADESH
The country has VL cases since before the independence, and while it was thought to be eliminated in 1970s, there has been a resurgence of VL with more than 5000 cases since 1999. VL is now endemic in many Bangladeshi areas, with the Mymensingh district representing over 50% of the cases.
A complication of VL, known as PKDL or Post Kala-azar Demal Leishmaniasis, could be a factor in VL transmission in Bangladesh