Leishmaniasis occurs in three forms: cutaneous, mucocutaneous and visceral. Visceral leishmaniasis is also known as Kala-azar (KA) which may be fatal if not treated.

Kala-azar is the second largest parasitic killer in the world, after malaria. In South-East Asia Region, this disease is confined to limited districts in Bangladesh, India, and Nepal. Sporadic cases are emerging in Bhutan and Thailand too. With an estimated 100,000 cases per year in the Region, over 147 million people are at risk of kala-azar. About 400,000 disability-adjusted life years (DALYs) are lost in the Region due to kala-azar.

Kala-azar affects the poorest of the poor and is associated with malnutrition, displacement, poor housing, illiteracy, gender discrimination, weakness of the immune system and lack of resources. It is also linked to environmental changes such as deforestation, building of dams, new irrigation schemes and urbanization.

The socio-economic cost and loss of productivity of the societies and the nation is huge with a disease that could be prevented with political commitment and adequate resource mobilization. With available technologies kala-azar can be eliminated as a public health problem.

The Regional objective for the kala-azar elimination efforts is to reduce the annual incidence to less than one per 10,000 population in endemic areas by the end of 2015 by:

- reducing kala-azar in the vulnerable, poor and unreached populations in endemic areas
- reducing case-fatality rates from kala-azar
- reducing cases of post kala-azar dermal leishmaniasis (PKDL) to interrupt transmission of kala-azar
- preventing the emergence of kala-azar/HIV/TB co-infections in endemic areas

Favourable factors for Kala-azar elimination in South-East Asia

- Man is the only reservoir host
- Phlebotomus argentipes (sand fly) is the only known vector
- Safe and effective drugs available – Alternative effective medicines are available in referral hospital
- Easy-to-use diagnostic kits (rK39) available
- Collateral benefit of malaria control as past experience through indoor residual spraying
- Disease being limited to few districts in the endemic countries

Constraints in kala-azar elimination

- Absence of precise knowledge of the incidence due to inadequate surveillance
- Patients seeking treatment from private doctors/unqualified practitioners providing incomplete or inappropriate treatment

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Vector-borne diseases

- Chikungunya
- Dengue
- Japanese encephalitis
- Kala-azar
- Lymphatic filariasis
- Malaria
- Schistosomiasis

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Source: WHO/SEARO Malaria Unit (Country Reports)
Persistence of reservoir as post kala-azar dermal leishmaniasis cases

Abundance of vectors in peri-domestic areas with the habit of outdoor sleeping

Vectors thrive in cracks and crevices of mud-plastered shelters

The poorest in the community who find it difficult to access care being increasingly affected

Strong need for cross-border collaboration

The role of asymptomatic cases needs to be determined

Regional Strategic Framework for elimination of Kala-azar from South-East Asia Region

Goal
To contribute to improving the health status of vulnerable groups and at-risk population living in kala-azar-endemic areas of Bangladesh, Bhutan, India, Nepal and Thailand by the elimination of disease so it’s no longer a public health problem.

Strategies
To achieve goal and set targets the Region is working through six inter-related strategies:

- Early diagnosis and complete case management
- Integrated vector management and vector surveillance
- Effective disease surveillance through passive and active case detection
- Social mobilizing and partnership building
- Implementation and operational research
- Capacity building

Implementation of the elimination programme
The elimination programme consists of four consecutive phases.

- Preparatory phase
- Attack phase
- Consolidation phase
- Maintenance phase

Monitoring and evaluation

- Indicators identified
- Quarterly monitoring of indicators
- Frequency of collecting data and responsible officers identified
- Data analysed and feedback given
- Annual reviews
- External evaluation

Check list for national authorities

Policy
- National policy, strategy and plan on kala-azar elimination
- National policy, strategy and plan on integrated vector management (IVM)
- Communication and advocacy plans
- Sufficient and effective resource availability

Coordination Mechanisms
- National coordination committee/task force/working group
- Partnership with other relevant sectors (or stakeholders)
- Integration with other relevant programmes

Integrated Vector Management
- Indoor residual spraying
- Identification of breeding sites and its management
- Insecticide treated bed nets
- Effective behavioural change communication

Disease Surveillance
- Passive and active case detection
- Reporting mechanism for kala-azar and post kala-azar dermal leishmaniasis

Capacity Building
- Standard guidelines for prevention, diagnosis and treatment
- Training package for doctors, health workers, spray teams and other service providers
- Training for programmes management

Service delivery
- Access to treatment
- Supervisory visits to health facilities
- Knowledge of the population about service facilities

Supplies
- Procurement, logistics and supplies
- Training on supply chain management
- Quality checks

Community participation
- Cooperation with residual spray
- Knowledge about sanitation and clean peri-domestic surrounding
- Rational use of drugs