Gap analysis of a neglected global disease of marginalized people "leishmaniasis"; Jordan, Albania and Pakistan, 2015

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Connecting Organizations for Regional Disease Surveillance



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SOUTH-EASTERN EUROPE HEALTH NETWORK



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# Background

- Leishmaniasis is an entirely **treatable** parasitic disease
- spread by sandflies
- Leishmaniasis has a devastating effect on marginalized communities.
- Leishmaniasis is prevalent in **98 countries** on five continents
- Around **1.6 million** new cases occur every year.
- Cutaneous form of the disease can lead to distressing and disfiguring skin ulcers and scarring,
- Visceral leishmaniasis, is invariably fatal if not treated

# Aim of the study

 To strengthen the capacity of the national health services for the treatment and control of leishmanaisis

# Methods

- Gap Analysis was carried out by regional disease surveillance networks supported by CORDS over the course of 2015
  - Southeast European Center for Surveillance and Control of Infectious Disease SECID/,
  - Middle East Consortium on Infectious Disease
    Surveillance MECIDS
  - Pak One Health, Pakistan

## **Key Results**

# • Albania,

- visceral leishmaniasis is predominantly a pediatric disease 80,% among impoverished communities
- in 2001, the incidence was 7/100,000 population, which was 20-40 times higher than in the other European endemic countries

the highest number of cases in Europe.

# Weaknesses in the current capacity for the prevention and control of leishmaniasis

## GOVERNANCE

- No well-defined leishmaniasis control strategy goals and objectives.
- CASE MANAGEMENT/EPIDEMIOLOGY
  - Deficiencies in the reporting of leishmaniasis cases
  - Limited access to anti-leishmanial drugs
- ONE HEALTH CAPACITY BUILDING
  - No operational protocols established or built on One Health capacity initiatives
- CIVIL SOCIETY
- low community awareness of leishmaniasis and lack of community outreach and prevention programs

## **Priorities identified in the Gap Analysis**

- Improvement of early detection of all cases, particularly in rural areas,
- Management of inadequate access to antileishmania drugs for treatment all patients,
- Ensure proper case-based surveillance.

## • Jordan

- Endemic for zoonotic cutaneous leishmaniasis caused by *L.major*
- Considered a low public health priority
- Jordan is at significant risk of introducing anthroponotic cutaneous leishmaniasis (ACL) from syrian refugee where is endemic.

# Weaknesses in the current capacity for the prevention and control of leishmaniasis

## GOVERNANCE

- there is no leishmaniasis national programme or budget.
- CASE MANAGEMENT/EPIDEMIOLOGY
  - cases are routinely under-reported in hyper-endemic areas. Only severe cases with potentially disfiguring lesion are routinely recorded

## • ONE HEALTH CAPACITY BUILDING

weak inter-sectoral collaboration No One Health forum

## CIVIL SOCIETY

 medical treatment is often delayed by patients initially resorting to ineffective traditional remedies results in an increased risk of residual scarring and disfigurement.

## **Priorities identified in the Gap Analysis**

- Establish a vector borne disease control unit to improve the capacity for epidemiological and entomological surveillance and control activities;
- develop an evidence-based national control strategy, mapping the vector and reservoir species and quantifying their Leishmania burden
- update case management protocols and provide necessary training, equipment and
- development of molecular diagnostic capacity in one or more centres
- strengthen inter-sectoral coordination
- **Conduct awareness campaigns** for the targeted population to improve early detection and timely treatment of leishmaniasis.

# Pakistan

- Anthroponotic CL (ACL) due to L. tropica is the predominant form of leishmaniasis
- An estimation of 50,000 new cases of cutaneous leishmaniasis (CL) each year.
- Initially prevalent in refugee communities from Afghanistan,
- become established in host communities .

# Weaknesses in the current capacity for the prevention and control of leishmaniasis

### • GOVERNANCE

Weak coordination with other national programms

### CASE MANAGEMENT/EPIDEMIOLOGY

- Weakness in cases detection and management, including diagnosis, treatment and follow-up
- lack of access to effective drugs and high cost, which with delays the diagnosis and treatment

#### • ONE HEALTH CAPACITY BUILDING

 Although of the role of the Pak One Health Alliance (POHA) has been acknowledged, still there is weak inter-sectoral collaboration

### CIVIL SOCIETY

- traditional remedies results in an increased risk of residual scarring and disfigurement
- disfiguring CL lesions among young women, resulting in social exclusion, reduced marriage prospects, and depression.

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## **Priorities identified in the Gap Analysis**

- The main priority remains the procurement of affordable, quality assured anti-leishmania medication.
- utilizing mobile technology and community health workers to improve detection.
- POHA would be dedicated to launch focused health and related staff's capacity building and increase the drugs supply in high disease prevalent districts, especially those adjoining Afghanistan.
- Organize **operational research** on the disease
- determinant in high-risk districts by POHA

## Conclusions

- Leishmaniases is a **low priority** for health authorities.
- Changing regulations is one area that needs to be addressed to enable the registration and importation of anti-leishmanial drugs.
- Need for creation clear national policy and adoption "One Health" approach and multi-sectoral coordination for control of leishmaniasis
- Increase advocacy and commitment at the highest level of government is a priority.



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## INTERNATIONAL INFOGRAPHIC

#### \*Leishmaniasis Gap Analysis: key findings

#### Albania

In Albania, visceral leishmaniasis is predominantly a paediatric disease in impoverished communities with 80% of new cases being detected in children. It remains the country with the highest number of cases in Europe.

#### Jordan

Patients often initially resort to ineffective traditional remedies leading to delays in seeking medical treatment. This results in an increased risk of residual scarring and disfigurement. Jordan is at significant risk of anthroponotic cutaneous leishmaniasis (ACL) becoming established, firstly among the impoverished refugee populations and subsequently in host communities.

#### Pakistan

There are an estimated 50,000 new cases of cutaneous leishmaniasis (CL) each year. Initially prevalent in refugee communities from Afghanistan, it has also become established in host communities in Balochistan and elsewhere in north-west Pakistan.

#### **Major Barriers to Treatment**

Leishmaniasis is a low priority for governments and health authorities with a limited budget and resources allocated to communities in areas where it is prevalent.

One area that urgently needs to be addressed is for governments in Albania, Pakistan, Jordan and other affected countries to change their regulations to enable the registration and importation of anti-leishmanial drugs into their countries.

#### Recommendations from Leishmaniasis Gap Analysis for Albania, Jordan and Pakistan

Sustained resources: improving access to lower-cost treatments. WHO has negotiated for the purchase of anti-leishmania drugs at substantially discounted prices.

All three-project countries – Albania, Jordan and Pakistan should question their eligibility to ensure anti-leishmania drugs are available for those who cannot afford to pay for them, without putting an unsustainable financial burden on the public health budget.

Real-time, open-access data: significant investments of time, human and financial resources are required to support open-source, data exchange protocols between network partners.

The Leishmaniasis Virtual Group (<u>Leishmaniax.net</u>) has been created to address this need. It is a platform in which research findings and epidemiological surveillance data can be shared in real time between countries, networks, and Ministries of Health across geo-political borders.

#### Integrating One Health principles into the agenda of existing coalitions: A

co-ordinated multi-sectoral "One Health" approach for the control of leishmaniasis is needed in areas where the disease is prevalent.

**Policy change:** Due to a lack of awareness of leishmaniasis and its impact, none of the project countries have a clear national policy, or a dedicated budget for leishmaniasis. This was identified as a major constraint requiring advocacy and commitment at the highest level of government to bring about change.

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