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Progress of the Kala-azar Elimination Programme

*Report of the Review Meeting
Dhaka, Bangladesh, 23 August 2006*



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The meeting to review the progress in elimination of kala-azar was held as a side-meeting during the Fifty-ninth Session of the Regional Committee of the World Health Organization (WHO) South-East Asia (SEA) Region in Dhaka, Bangladesh, on 23 August 2006. H.E. Dr Khandaker Mosharraf Hossain, Minister for Health and Family Welfare, Government of the People's Republic of Bangladesh, presided over the meeting and was nominated as Chairperson.

The meeting was attended by 30 delegates from Bangladesh, India, Nepal, Bhutan and Maldives, along with representatives from the World Bank, JICA, other partners, and the WHO Secretariat, which included the Special Programme for Research and Training in Tropical Diseases (TDR/HQ).

The Chairperson, H.E. Dr Khandaker Mosharraf Hossain, in his opening remarks, said kala-azar is predominantly a disease of the poor, with 147 million people from 96 districts in three countries – Bangladesh, India and Nepal being at risk. He recalled the signing of the Memorandum of Understanding for Elimination of kala-azar between Bangladesh, India and Nepal during the World Health Assembly in Geneva in May 2005, calling it a momentous occasion that signified greater cooperation and political commitment among these countries of the Region in eliminating this disease.

Dr Samlee Plianbanchang, Regional Director, WHO South-East Asia Region, welcomed the delegates. In his address, Dr Samlee highlighted the strong commitment of the three Member countries in their kala-azar elimination programme initiative. The Regional Office would provide all possible technical support; encourage commitment and promote joint collaborative efforts by building effective partnerships, social mobilization and generating additional resources to support this programme. Sustained political commitment of resources, development and strengthening of capacities, stronger surveillance and monitoring, and judicious and effective implementation of strategies as per the roadmap are vital needs of the hour. Support to collaborative research and effective drugs is also key.

Dr Jai P. Narain, Director, Communicable Diseases, WHO/SEARO made a presentation on the progress made in the countries towards implementation of the Kala-azar elimination programme, particularly after the signing of the MoU in May 2005. This included:

- The technical consultation with partners on elimination of kala-azar in endemic countries of the SEA Region, held at Behror, India, in August 2005 which endorsed the regional kala-azar elimination strategy.
- The inter-country meeting of National Programme Managers for kala-azar elimination, held at Behror, India, from 1-2 September 2005, which developed a national strategy and operational plans.
- Kala-azar elimination in pilot districts that was initiated in April 2006.
- The drug Miltefosine which has been registered in all countries.
- Operational research that is underway in all countries.
- The World Bank's commitment to support kala-azar elimination in India.
- Expanding partnerships with TDR, World Bank, GTZ, JICA and other stakeholders.

Dr Narain also presented the Road Map (October 2006 – 2007) highlighting the following points for sustained impetus and to accomplish tasks at the regional and inter-country levels:

- Prepare an inter-country project for mobilization of technical and financial resources for kala-azar elimination beginning starting as early as possible.
- Share experiences of pilot projects and further strengthen coherent/synchronized procedures among countries (November 2006).
- Initiate National Kala-azar Elimination Programme in all countries (February 2007).
- Conduct programme reviews to assess progress (August-September 2007).

- Follow-up meeting of partners (October 2007).
- Continue operational research, capacity building, and resource mobilization (ongoing).

Dr P.L. Joshi, Director, National Vector-Borne Disease Control Programme, India; Dr Nirakar Man Shrestha, Chief Specialist, Nepal; and Prof. Mahmudur Rahman, Director, IEDCR, Dhaka, Bangladesh, commended the kala-azar elimination programme and reiterated that commitment and intensified efforts were needed for successful implementation of the programme and for achieving the targets within the stipulated time. They articulated the need for better coherence and understanding and also to synchronize procedures for cross-border collaboration.

Dr Dinesh Nair, representative from the World Bank Bangladesh Office, congratulated the three countries and the Regional Office for their joint initiative for kala-azar elimination through inter-country collaboration. He also expressed the Bank's willingness to support the Bangladesh Kala-azar Elimination Programme through the ongoing HNPS pool funding mechanism.

The JICA Bangladesh Office representative also expressed their commitment towards supporting kala-azar elimination in Bangladesh, integrated with the Filariasis Elimination Programme currently supported by JICA.

Dr Robert George Ridley, Director, TDR/HQ, indicated the need for development of an efficient system of diagnosis and treatment and improving the programme performance in order to attain the goal of elimination. TDR WHO/HQ has been providing technical support for drug efficacy trials and the development of new tools. TDR also reiterated their commitment for kala-azar elimination programme in this Region.

Maldives though not endemic for kala-azar, had registered a few imported cases from among migrant workers from India. Bhutan had also reported few cases last year. The delegate from Bhutan desired that Bhutan may also be included in this joint initiative for kala-azar elimination.

H.E. Dr Khandaker Mosharrif Hossain, Minister of Health and Family Welfare, Government of the People's Republic of Bangladesh, made the following concluding remarks:

- Elimination of Kala-azar from the Indian sub-continent is an achievable goal since tools for early diagnosis, effective and implementable treatment, and effective vector-control are now available.
- The most important factors in favour of making elimination possible are sustained political will, a commitment of resources and joint collaboration between the three countries, i.e. Bangladesh, India and Nepal.
- Countries must share the experiences of pilot implementation and further strengthen coherent and synchronized approaches to effective elimination strategies and country-wide scaling up by the year 2007.
- Strategies and the roadmap as indicated by WHO should be used as guidance for programme planning and implementation.
- Support from partners, especially the World Bank, to India is a good start. Expansion of the similar support would be needed for Bangladesh and Nepal. Programme implementation and operational research also require close collaboration on technical and financial supports from interested partners.

The Chairperson, synopsized with the comment: “The joint efforts with the spirit of solidarity of the three countries are the keys to the success of the kala-azar elimination programme”.

The Chairperson also thanked all participants, especially Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, and reiterated the need for continuing the collaborative efforts for the success of the elimination of kala-azar. He also thanked Dr Jai Narain, Director, CDS, WHO/SEARO for elucidating on the current situation and providing guidance on the implementation of the roadmap that needs to be followed to achieve the targets for elimination of kala-azar. He offered his thanks to all the distinguished delegates for sharing their views and to the partners for expression of their interest in joint initiatives.

The meeting concluded with the vote of thanks.