

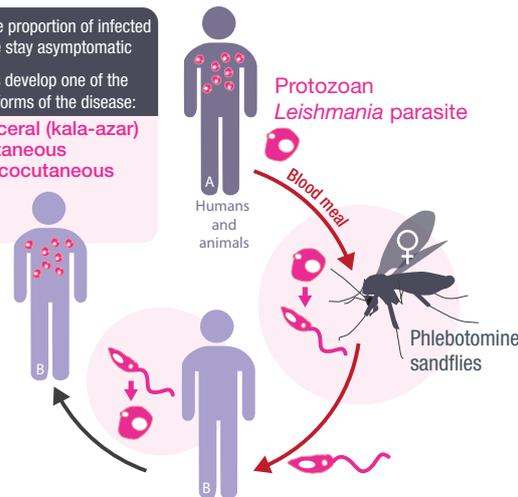
Unveiling

the neglect of leishmaniasis

Over **1 billion** people at risk in endemic areas

Transmission

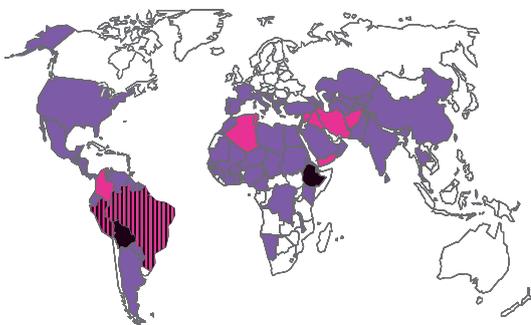
A large proportion of infected people stay asymptomatic
Others develop one of the three forms of the disease:
- Visceral (kala-azar)
- Cutaneous
- Mucocutaneous



Poverty

Poor housing
Population mobility
Malnutrition
Weak immune system

increases the risks of transmission & disease development



■ Countries reporting cases of cutaneous leishmaniasis (CL) in 2015
■ Countries collectively reporting 90% of CL cases in 2015
■ Countries reporting cases of mucocutaneous leishmaniasis in 2015

Cutaneous and mucocutaneous leishmaniasis

Severe skin lesions leaving life-long scars and serious disabilities (including the destruction of mucous membranes of the nose, mouth and throat for the mucocutaneous form)

600 000–1 000 000 new cases estimated each year, worldwide



Visceral leishmaniasis



■ Countries reporting cases of visceral leishmaniasis (VL) in 2015
■ Countries collectively reporting 90% of VL cases in 2015



50 000–90 000 new cases estimated each year, worldwide

Fatal in >95% of cases if left untreated

Coinfection with HIV = poor prognosis (high rates from Brazil, Ethiopia and the state of Bihar in India)



90–97% survival chance with timely treatment

The challenges

Limited and non-optimal diagnosis and treatment currently available

Intensive disease management involved

Programme implementation difficult in countries with resource-limited settings

Need funding and R&D

Prevention and control strategies

Early diagnosis
Access to safe medicine (medicine donation programme through WHO)

Effective disease surveillance
(online real-time observatory launched by WHO)



Social mobilization & strengthening partnerships

Control of animal reservoir hosts

Vector control

Success story!
Kala-azar elimination programme in South-East Asia

