EB118.R3  Control of leishmaniasis

The Executive Board,

Having considered the report on control of leishmaniasis,¹

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:²

The Sixtieth World Health Assembly,

Having considered the report on control of leishmaniasis;

Recognizing that leishmaniasis is one of the most neglected tropical diseases, and that more than 12 million people worldwide are currently infected, with two million new cases each year;

Noting with concern that 350 million people are considered at risk and the number of new cases is on the increase;

Recognizing the lack of accurate information on the epidemiology of the disease for better understanding of the disease and its control;

Noting with concern that the disease affects the poorest populations in 88 countries, placing a heavy economic burden on families, communities and countries, particularly developing countries;

Noting the burden that treatment can place on families;

Bearing in mind that malnutrition and food insecurity are often identified as major causes of disposition to, and severity of, leishmaniasis;

Acknowledging the significant support extended by Member States and other partners and appreciating their continuing cooperation,

1. URGES Member States where leishmaniasis is a substantial public-health problem:

(1) to reinforce efforts to set up national control programmes that would draw up guidelines and establish systems for surveillance, data collection and analysis;

(2) to strengthen prevention, active detection and treatment of cases of both cutaneous and visceral leishmaniasis in order to decrease the disease burden;

(3) to strengthen the capacity of peripheral health centres so that they provide appropriate affordable diagnosis and treatment and act as sentinel surveillance sites;

(4) to conduct epidemiological assessments in order to map foci, and to calculate the real impact of leishmaniasis through accurate studies of prevalence and incidence,

¹ Document EB118/4.

² See Annex 2 for the administrative and financial implications for the Secretariat of this resolution.
socioeconomic impact and access to prevention and care, and the extent of the disease in those affected by malnutrition and HIV;

(5) to establish a decentralized structure in areas with major foci of disease, strengthening collaboration between countries that share common foci, increasing the number of WHO collaborating centres for leishmaniasis and giving them a greater role, and relying on initiatives taken by the various actors;

2. FURTHER URGES Member States:

(1) to advocate high quality and affordable medicines, and appropriate national drug policies;

(2) to encourage research on leishmaniasis control in order:

(a) to identify appropriate and effective methods of vector control;

(b) to find alternative safe, effective and affordable medicines for oral, parenteral or topical administration involving shorter treatment cycles, less toxicity, and new drug combinations, and to define appropriate doses and duration of therapy schedules for these medicines;

(c) to determine mechanisms to facilitate access to existing control measures, including socioeconomic studies and health-sector reform in some developing countries;

(d) to evaluate and improve sensitivity and specificity of serological diagnostic methods for canine and human visceral leishmaniasis, including assessment of standardization and effectiveness;

(e) to evaluate effectiveness of alternative control measures such as use of bednets impregnated with long-lasting insecticide;

3. CALLS ON partner bodies to maintain and expand their support for national leishmaniasis prevention and control programmes and, as appropriate, to accelerate research on, and development of, leishmaniasis vaccine;

4. REQUESTS the Director-General:

(1) to raise awareness of the global burden of leishmaniasis, and to promote equitable access to health services for prevention and disease management;

(2) to draft guidelines on prevention and management of leishmaniasis, with emphasis on updating the report of WHO’s Expert Committee on Leishmaniasis,\(^1\) with a view to elaborating regional plans and fostering the establishment of regional groups of experts;

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(3) to strengthen collaborative efforts among multisectoral stakeholders, interested organizations and other bodies in order to support the development and implementation of leishmaniasis control programmes;

(4) to frame a policy for leishmaniasis control, with the technical support of WHO’s Expert Advisory Panel on Leishmaniasis;

(5) to promote research pertaining to leishmaniasis control and dissemination of the findings of that research;

(6) to monitor progress in the control of leishmaniasis in collaboration with international partners;

(7) to report to the Sixty-third World Health Assembly on progress achieved, problems encountered and further actions proposed in the implementation of leishmaniasis control programmes.

(Fourth meeting, 30 May 2006)