Message by

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on Elimination of Kala-azar

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(DELIVERED BY DR A.P. DASH, REGIONAL ADVISER (VECTOR BORNE AND NEGLLECTED TROPICAL DISEASES CONTROL), WHO REGIONAL OFFICE FOR SOUTH-EAST ASIA)
Kala-azar (or visceral leishmaniasis), is predominantly a disease of the poorest of the poor which, if not treated, can kill. An estimated 147 million people in 109 districts in three countries namely Bangladesh, India and Nepal are at risk. The disease affects the socioeconomic development in affected areas.

Kala-azar can be eliminated in the South-East Asia Region because the disease is transmitted only through humans and there is no vertebrate host. The sandfly, *Phlebotomus argentipes*, is the only vector responsible for transmission of the disease in the Region. A simple screening test, ‘rk39’, is available for the diagnosis of kala-azar and an effective oral drug – miltefosine - has been registered in endemic countries. Other drugs such as Injectable Paromomycin and Ambisome are also available.

The disease is limited in its geographical distribution to only 109 districts and, therefore, focused efforts can be mounted for its elimination. There is a
strong political will, commitment of resources, development of capacity and stronger surveillance.

The five strategic elements for elimination of kala-azar are (i) early diagnosis and complete treatment; (ii) integrated vector management including indoor residual spray; (iii) effective disease surveillance; (iv) social mobilization and building partnerships; and (v) operational research.

I would like to reiterate WHO’s commitment to support the three Member States in our Region in their quest for elimination of kala-azar. We will continue to build partnerships and mobilize the additional resources required in the elimination efforts.

The elimination of kala-azar has been intensified and it is proposed to further accelerate efforts in the other affected districts in Bangladesh, India and Nepal. A roadmap has been prepared. Miltefosine and ‘rk39’ have been procured in Bangladesh, India and Nepal.

I am very happy that in this meeting besides the RTAG members, programme managers, partners and WHO staff are well represented. This meeting provides a forum for reviewing the progress towards elimination, exchanging information, and making recommendations on the way forward, based on the lessons learnt.