

**PROGRAM** 

**AMERICAS** 2010-2017





**Leishmaniasis** are one of the most neglected diseases globally. In 2011, the Pan American Health Organization/World Health Organization (PAHO/WHO) established the **Regional Program for Leishmaniasis (RPL)** to support the member countries to achieve their commitments to the World Health Assembly and PAHO's Directing Council. The RPL carries out



technical cooperation, missions, consultations, capacity-building trainings, as well as other activities aimed at strengthening the leishmaniasis surveillance and control actions in the Americas. This brochure summarizes the main activities carried out by the RPL from 2010 to July 2017.

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### **Patient Care**

- Leishmaniasis treatment guidelines and recommendations for the Americas (2013): This manual revises and consolidates all the available evidences for the treatment of the different clinical forms of leishmaniasis, adapting the WHO's global recommendations for the Region.
- PAHO/WHO's Strategic Fund: promotes access, safety and cost reduction of medicines for leishmaniasis.
  - Inclusion of Meglumine Antimoniate,
     Liposomal Amphotericin B, Pentamidine and Miltefosine.
  - Strategic stock of Liposomal Amphotericin B for emergencies.
- Donations: The RPL supports and facilitates donations between countries and NGOs.
- Online Self-learning course: Promotes capacity-building for health professionals.
  - Diagnosis and treatment of cutaneous leishmaniasis (Spanish): 7481 participants from 34 countries;
  - Diagnosis and treatment of visceral leishmaniasis (Spanish and Portuguese): 1726 participants from 26 countries



Figure 1. Leishmaniasis treatment guidelines and recommendations for the Americas, 2013 [Spanish only]. Source. PAHO/WHO, 2013.







## Laboratory Diagnosis

Regional External Quality Assessment Program (EQAP) of microscopic diagnosis of leishmaniasis (2015): Its objective is to standardize methodologies and evaluate the National Reference Laboratories (NRL), in order to



improve the internal quality and strengthen the diagnosis of cutaneous leishmaniasis in the Region. The first cycle (2015) had the participation of 17 NRLs from 14 countries and the second cycle (2016) had 20 NRLs from 17 countries. Both cycles had an overall "very good" result in Kappa's agreement coefficient.

- Actions towards improving laboratory diagnosis: Standardization of diagnostic methodologies and validation of tests for the region.
- Regional References: support and meet the Regional Program's needs.
  - National Health Institute (NHI), Colombia: Coordinates and is responsible for the EQAP and the internal and external quality control;
  - International Center for Training and Medical Research (CIDEIM), Colombia: PAHO's Collaborating center for leishmaniasis. Responsible for trainings and parasitological diagnosis (smears, cultures and PCR);
  - Leishmaniasis Research Laboratory -FIOCRUZ, Brazil: Responsible for the identification and genetic sequencing, and external quality control of the Colombia's NHI.



Figure 2. Capacity-building in parasitological and molecular diagnosis, Cali, Colombia. Source. CIDEIM, 2016.



Figura 3. Capacity-building in parasitological diagnosis, Asunción, Paraguay. Source. S. Valadas, 2016.



Figure 4. Capacity-building in parasitological diagnosis, Georgetown, Guyana. Source. FIOCRUZ, 2016.







## **Surveillance and Control actions**

- Leishmaniasis Information System (SisLeish)
  for the Americas: endemic countries enter their annual
  leishmaniasis data. Used for to know and update the
  epidemiological status, prioritize risk areas, assist in decisionmaking processes and guide surveillance and control actions.
- Epidemiological Report of the Americas: Consolidation and analysis of the data available at SisLeish. It is published annually, and is currently in its 5<sup>th</sup> edition.
- Leishmaniasis Regional Meeting (RePLeish): Biennial meeting between country delegates and PAHO/WHO, to discuss, propose, validate and approve activities and actions for the region. In 2017 the 4<sup>th</sup> RePLeish took place in Bogota, Colombia, with the presence of 42 participants from 16 endemic countries.
- Leishmaniasis Plan of Action for the Americas 2017-2022: consolidation of the main lines of action to strengthen the surveillance and control, following World Health Assembly (WHA) and PAHO's Directing Council (CD) Resolutions WHA 60.13, 2007; WHA 66.12, 2013; CD49. R19, 2009; and CD55. R09, 2016.



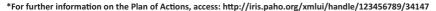




Figures 5, 6 and 7. 4<sup>th</sup> RePLeish, Bogota, Colombia. Source. PAHO/WHO - COL, 2017.

#### The goals of the Plan\* are:

- 1. Reduce the lethality rate of visceral leishmaniasis by 50% in the Region by 2022;
- 2. Reduce deaths by cutaneous/mucosal leishmaniasis by 90% in the Region by 2022.
- 3. Reduce the proportion of cases of cutaneous leishmaniasis in children under 10 years of age by 50% in the Region by 2022;
- 4. Reduce the incidence rate of visceral leishmaniasis in the Region by 2022, according to the epidemiological scenarios.









## **Capacity-buildings and Missions**

#### Epidemiological surveillance:

- 6 technical trainings: 87 health professionals from 7 countries;
- 1 training on surveillance and control of visceral leishmaniasis in the borders: 12 health professionals from Brazil and Bolivia;

#### Entomological surveillance:

- 7 trainings: 75 health professionals from 11 countries;
- Acquision and donation of 155 CDC light traps to endemic countries;
- Regional Reference: Entomological Surveillance Laboratory: Taxonomy and Leishmaniasis Vector Ecology - FIOCRUZ, Brazil,
- Surveillance of visceral leishmaniasis reservoirs: 1 training for Uruguay, training a total of **15** health professionals in Uruguay.
- Patient care: 10 in loco trainings on diagnosis and treatment of leishmaniasis in 5 countries, for 149 health professionals.
- Laboratory Diagnosis: 7 trainings for 15 countries, training a total of 64 health professionals.
- Technical cooperation missions:
   30 missions to support and establish technical cooperation in 11 countries;



Figure 8. Training in leishmaniasis diagnosis and treatment, Asunción, Paraguay. Source. S. Valadas, 2016.



Figure 9. Training on surveillance and control of visceral leishmaniasis in the borders, Puerto Quijarro, Bolivia. Source. Ministry of Health/BOL, 2017.



Figure 10. Training on surveillance and control of visceral leishmaniasis in the borders, Puerto Quijarro, Bolivia. Source. S. Valadasl. 2017.





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