Leishmaniasis is an entirely treatable parasitic disease spread by sandflies. It is at risk of infection globally, with 1,600,000 new cases every year.

Cutaneous leishmaniasis can lead to distressing and disfiguring skin ulcers and scarring. Visceral leishmaniasis affects the liver and spleen and if untreated is fatal.

Psychological and social stigma can lead to exclusion from society due to the mistaken belief that the disease is contagious.

Mothers stopped from touching their children.

Children stopped from going to school.

Disfigured women considered unsuitable for marriage.

Disease used as pretext for a husband to leave his wife.

The disease is unlikely to spread to developed western countries which have healthy populations with good sanitation and healthcare.

Leishmaniasis cannot be transmitted directly from an infected person or animal to another person.

Infection requires presence of female sandfly to transmit the disease.

The Leishmaniasis Gap Analysis (www.cordsnetwork.org) found leishmaniasis is an emerging, yet largely neglected disease…...mainly affecting impoverished communities living in poor conditions with low immune systems and without access to proper healthcare.

Major Barriers to Treatment
Leishmaniasis is a low priority for governments and health authorities with limited budgets and resources allocated to communities in areas where it is prevalent. One area that urgently needs to be addressed is for governments in Albania, Pakistan, Jordan and other affected countries to change their policies to ensure the registration and importation of anti-leishmanial drugs into their countries.

Pakistan
There are an estimated 50,000 new cases of cutaneous leishmaniasis (CL) each year. Initially prevalent in refugee communities from Afghanistan, it has also become established in host communities in Balochistan and elsewhere in northwest Pakistan.

Albania
In Albania, visceral leishmaniasis is predominantly a pandemic disease in impoverished communities with 80% of new cases being detected in children. It remains the country with the highest number of cases in Europe.

Jordan
Patients often initially report to ineffective traditional remedies leading to delays in seeking medical treatment. This results in an increased risk of residual scarring and disfigurement. Jordan is also significant risk of anthroponotic cutaneous leishmaniasis (ACL), becoming established, firstly among the impoverished refugee populations and subsequently in host communities.

Recommendations from Leishmaniasis Gap Analysis for Albania, Jordan and Pakistan
Sustained resources: improving access to lower-cost treatments. WHO has negotiated for the purchase of anti-leishmanial drugs at substantially discounted prices.

All three project countries – Albania, Jordan and Pakistan should question their eligibility to ensure anti-leishmanial drugs are available for those who cannot afford to pay for them, without putting an unsustainable financial burden on the public health budget.

Real-time, open-access data: significant investments of time, human and financial resources are required to support open-source data exchange protocols between network partners. The Leishmaniasis Virtual Group (LeishGroup) has been created to address this need. It is a platform in which research findings and epidemiological surveillance data can be shared in real time between countries, networks and Ministries of Health across geo-political borders.

Integrating One Health principles into the agenda of existing coalitions. A coordinated multi-sectoral “One Health” approach for the control of leishmaniasis is needed in areas where the disease is prevalent.

Policy change: Due to a lack of awareness of leishmaniasis and its impact, none of the project countries have a clear national policy, or a dedicated budget for leishmaniasis. This was identified as a major constraint requiring advocacy and commitment at the highest level of government to bring about change.

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