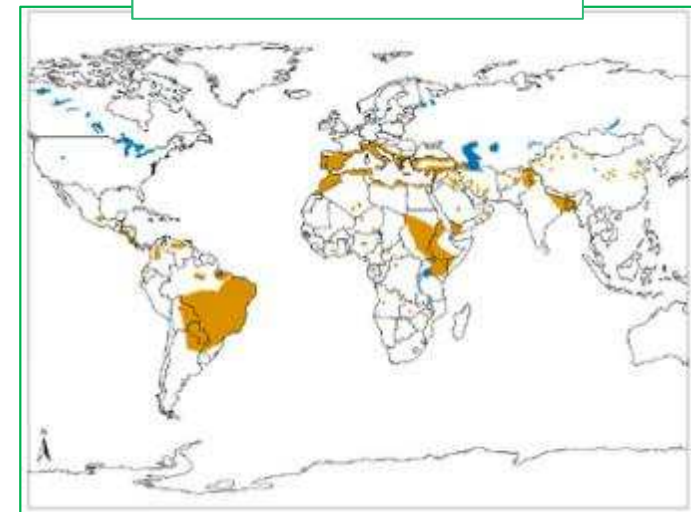


Disease complex - species of *Leishmania*



Distribution of VL



Control and Elimination of
Visceral Leishmaniasis

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Tackling Visceral Leishmaniasis in South Asia and East Africa

- UK aid funded programme
- 4 year timeframe 2014-2018
- Countries:

South Asia-India, Bangladesh, Nepal

East Africa-Ethiopia, Sudan, South Sudan



Control and Elimination of
Visceral Leishmaniasis

Programme Aim:

To reduce the health and economic impact of visceral leishmaniasis through supporting efforts towards elimination in South Asia and better control of the disease in East Africa

Through KalaCORE, leading scientific experts and practitioners work with host Governments and local implementing partners, including World Health Organization, NGOs and universities, to implement programmes for improved diagnosis, treatment, prevention and surveillance of VL.

The KalaCORE programme has focused interventions that ensure mass coverage of people protected through the wide reach of its activities and treatment centres.

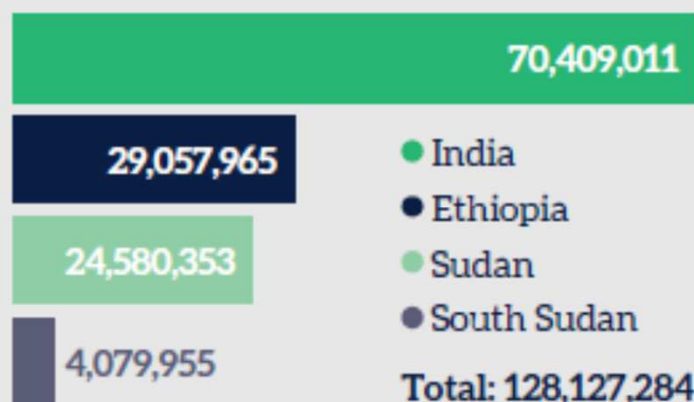
KalaCORE brings together:



**Control and Elimination of
Visceral Leishmaniasis**

PEOPLE PROTECTED BY ACCESS TO VL DIAGNOSIS AND TREATMENT

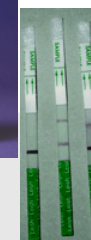
Population coverage:



OUTBREAK RESPONSE: KalaCORE's mobile teams investigated 7 suspected outbreaks in South Sudan in 2016

VL patients diagnosed and treated in 2016: 11,005

People reached with BCC/IEC Total: 2,552,130



Control and Elimination of
Visceral Leishmaniasis

Poverty Focus



Baselines confirm the poor suffer the highest burden as a result of VL. In over 12% of affected households, costs of seeking treatment accounted for over 40% of total annual household expenditure. KalaCORE is reducing this burden through reducing the time between onset of symptoms, effective diagnosis and proper treatment.

Gender Focus



VL affects more men than women worldwide, and available data suggests women are equally likely to access treatment. 44% of VL cases treated in India and South Sudan KalaCORE supported facilities were female.

Health Systems Strengthening Focus



Clinical mentoring improves quality of care and decreases burdens on health systems. Mentoring to introduce SSG+PM combination therapy in Africa has reduced treatment time from 30 to 17 days. KalaCORE has also introduced single dose AmBisome in Asia, and strengthened the cold chain.

Active Case Detection



587,661 people screened in 219 villages in India. From which 37 VL and 172 PKDL cases were confirmed. Low incidence indicates elimination targets are well within sight in India.



Thanks for your attention



Control and Elimination of
Visceral Leishmaniasis