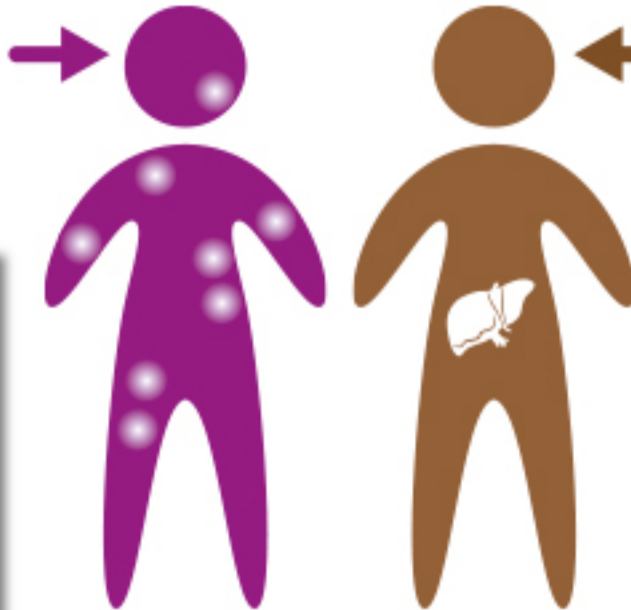


One of the **world's oldest recorded diseases** dating back to the 7th century

Leishmaniasis is an entirely treatable parasitic disease spread by sandflies.

310,000,000 at risk of infection globally
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**

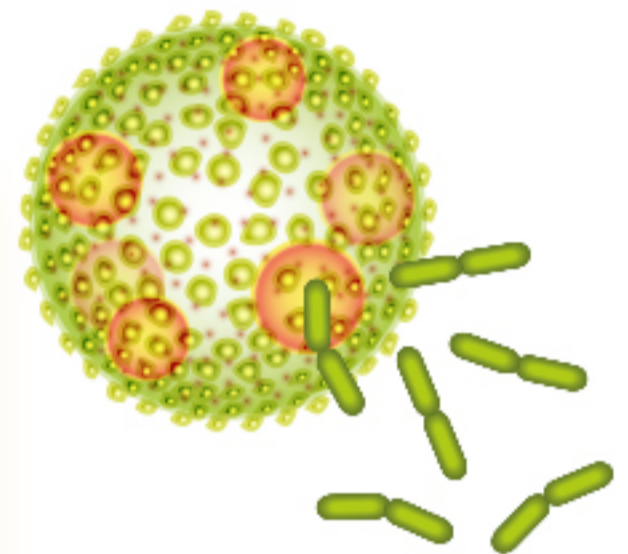
Psychological and social stigma can lead to **exclusion from society** due to the **mistaken belief** that the disease is contagious

- 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

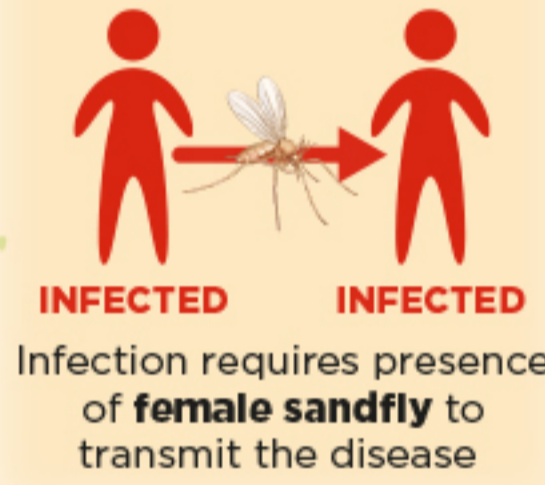
The disease is unlikely to spread to developed western countries which have healthy populations with **good sanitation and healthcare**

40,000 DEATHS

occur every year, making Visceral leishmaniasis the **2nd biggest** parasitic killer after **malaria**



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



INFECTED INFECTED
 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**

***Leishmaniasis Gap Analysis: key findings**

Albania
 In Albania, visceral leishmaniasis is predominantly a paediatric 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 resort to ineffective traditional remedies leading to delays in seeking medical treatment. This results in an increased risk of residual scarring and disfigurement. Jordan is at significant risk of anthroponotic cutaneous leishmaniasis (ACL) becoming established, firstly among the impoverished refugee populations and subsequently in host communities.

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 north-west Pakistan.

Major Barriers to Treatment

Leishmaniasis is a low priority for governments and health authorities with a limited budget 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 regulations to enable the registration and importation of anti-leishmanial drugs into their countries.

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-leishmania drugs at substantially discounted prices.

All three-project countries - Albania, Jordan and Pakistan should question their eligibility to ensure anti-leishmania 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 (Leishmanix.net) 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 co-ordinated 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.