Strengthening surveillance to assess the burden of leishmaniasis in Afghanistan

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Background: Cutaneous Leishmaniasis (CL) in Afghanistan is endemic. Kabul is the world capital of this disease, reporting more than 40% of the total annual incidence. However, under-reporting misleads the real burden: for each detected case, the primary healthcare system misses 3-5 cases. This NTD has the following main impacts: i) stigma and marginalization due to the permanent disabilities (particularly facial disfiguration); ii) quality of life, as the duration of CL is not just limited to the period of the active infection, but can have a life long effect as for disfiguration and disabilities. Injections of antimonite (SSG) remain the first line drug available in Afghanistan. The national leishmaniasis control program is integrated with malaria and WHO is the only partner supporting the strategic and operational needs. The proposed presentation illustrates the impact generated upon a 2-year intervention in southern region and Kabul city, with the aim to strengthen the surveillance system.

Methods: Intervention project to increase and strengthen the CL surveillance system, based on the past epidemiological trends and endemicity levels. Applied interventions:

1) Inter-program integration for surveillance with the national malaria program.
2) Design and application for the first time ever in Afghanistan of data reporting forms illustrating treatment outcomes. These forms have been distributed through the public health facilities operating at the primary health level in Afghanistan (Basic Package of Health Services - BPHS implementers) over one year and half, for pilot and first assessment.
3) Capacity building of approximately 120 national health workers at BPHS level about correct case detection, diagnosis and reporting.

Results:

1) Increased by 50% the detection rate.
2) Detected the number of failure and relapses cases, standing as approx 30% of the covered population.
3) 50% increase of detected VL cases.

Conclusion: The introduction of the revised reporting forms, combined with the expansion of the CL and VL program coverage, overall, resulted into: i) increasing the accessibility to effective diagnosis and treatment; ii) reducing the number of cases misdiagnosed; iii) rationalizing the use of leishmaniasis treatment drugs.

The integration with the malaria program enabled to establish economies of scale, thus resulting into cost-effective interventions.

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