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## TDR's Role and Projects in the VL South Asia Consortium

In remote places such as Bihar, India, people with visceral leishmaniasis (VL) symptoms remain in the community for weeks or months before seeking medical care from a qualified practitioner. As a result, they can die from an opportunistic co-infection, internal bleeding or severe anemia. Although the best available treatments may be present at the primary health care centres only several kilometres away, this is of limited value if VL cases remain undiagnosed in the villages.

Consequently, TDR is working with multiple partners to study new ways to reach into the community to find potential VL cases in India, Bangladesh and Nepal, as part of the WHO programme to eliminate VL in those countries by 2015. Early diagnosis and treatment are essential for not only individual patients, but also for the community because it reduces VL transmission. Humans are the only reservoir in the Indian subcontinent, unlike other parts of the world where animals are reservoirs for the *Leishmania* parasite. If a community's overall level of infection is reduced, fewer cases can be transmitted by the sandflies that carry the parasite.

TDR has investigated several approaches to actively find cases in endemic villages and determined that training of village ASHAs (accredited social health activists) can be an effective and sustainable approach. ASHAs are women who live in the village, are literate and are the first point of call for any health needs, especially for women and children. A 'fever camp' is organized in a central place in an endemic village and the community is encouraged to actively participate through previous advertising, posters and coordination with the ASHAs. Patients with fever of more than two weeks or with skin lesions after past VL treatment will be invited for a simple medical check-up. Suspect cases will be transported to the closest participating primary health care centre where they will be evaluated by a physician and tested with a rapid diagnostic test.

TDR is also investigating whether a single dose of liposomal amphotericin B (manufactured as AmBisome®) can be provided at these primary health care centres. Previous studies have shown that it is deliverable at hospitals, but the majority of patients live too far away. If successful, the single intravenous drip that takes about 2 hours will be an important improvement over the current standard of miltefosine pills over a 28 day course. Many people do not finish this treatment because it requires such a long time period and there are toxic side effects. Health care providers are being trained to use a rapid diagnostic test from a drop of blood, and if found positive, to treat on the same day with the single dose of AmBisome®.

The preferential pricing agreement for developing countries secured by WHO in 2007 for the purchase of AmBisome® at 10% of its original price brings the cost for this treatment in line with previous treatments. Families of visceral leishmaniasis patients save even further because only a single visit to a primary health care centre would be needed.

**For more information:** <http://who.int/tdr/svc/research/visceral-leishmaniasis-elimination>