Strategic framework for the elimination of visceral leishmaniasis as a public health problem in eastern Africa

2023–2030

Web Annex. The Nairobi Declaration
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on the elimination of visceral leishmaniasis as a public health problem in the eastern African* countries of the WHO African and Eastern Mediterranean regions

We, the representatives from the ministries of health of Chad, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda, and other participants in the Meeting of Stakeholders on Elimination of Visceral Leishmaniasis in Eastern Africa held in Nairobi on 24–27 January 2023,

Appreciating the initiative taken by the World Health Organization (WHO) in convening this important meeting;

Acknowledging that considerable progress has been achieved towards the control and elimination of neglected tropical diseases (NTDs) generally, and notably of visceral leishmaniasis, both globally and in WHO’s African and Eastern Mediterranean regions; and that these successes have been achieved through the implementation of effective strategies and tools by national governments, committed partners, nongovernmental organizations, civil society alliances and researchers, and thanks to the availability of donated or subsidized medicines and diagnostics.

Conveying our appreciation to the Regional Directors of WHO’s African and Eastern Mediterranean regions and to the African Union Commission for taking the initiative to eliminate visceral leishmaniasis as a public health problem in eastern Africa;

Recalling World Health Assembly decision WHA73(3) endorsing the road map for neglected tropical diseases 2021–2030, the African Union Continental Framework to Eliminate NTDs by 2030, the United Nations General Assembly resolution calling for stronger efforts to address NTDs as part of universal health coverage, as well as the World Health Assembly resolutions pertaining to the Global vector control response: an integrated approach for the control of vector-borne diseases (WHA70.16), Neglected tropical diseases (WHA66.12) and Control of leishmaniasis (WHA60.13), and the global strategies promoted by WHO; and noting that the control or elimination of these diseases with a focus on visceral leishmaniasis has been successful in many countries;

Welcoming the initiatives of the Regional Committee for Africa on the Framework for the integrated control, elimination and eradication of tropical and vector-borne diseases in the African region 2022–2030 (AFR/RC72/7), and of the Regional Committee for the Eastern Mediterranean on the resolution on Neglected tropical
diseases: an emerging public health problem in the Eastern Mediterranean Region (EM/RC54/R.3);

Taking cognizance of the pledges made through the Common African Position of Neglected Tropical Diseases and the vision enshrined in the Continental Framework to free Africa of all NTDs by 2030, under the auspices of the African Union and the Kigali summit on malaria and neglected tropical diseases;

Recognizing that visceral leishmaniasis has been historically neglected in terms of policy support, resources, research and implementation of cost–effective interventions; that the disease is poverty-related and is intricately associated with malnutrition, poor housing, conflict situations, population displacement, illiteracy, gender discrimination, weakness of the immune system and lack of resources; that visceral leishmaniasis disproportionately afflicts vulnerable groups such as children, women, migrants and the most marginalized populations; and that health costs in poorer communities are a primary driver of continued and chronic poverty;

Acknowledging that spread of visceral leishmaniasis is linked with environmental and climatic changes; that the disease has the potential to remain undetected for several years, with a profound unfolding impact on non-immune communities; and that it can cause deaths, has high outbreak potential, and exposes those affected to social and economic consequences;

Noting further that visceral leishmaniasis has compounding effects due to its overlapping endemicity with HIV/AIDS, tuberculosis and malaria in high-burden countries, with all three diseases acting synergistically and detrimentally; and that effective control and elimination of visceral leishmaniasis would reduce the risk of post-kala-azar dermal leishmaniasis and positively impact the control of HIV/AIDS, tuberculosis and malaria;

Recognizing the eco-epidemiological challenges to effective public health control of visceral leishmaniasis, and the uncertainties of estimates of disease burden in endemic countries;

Expressing concern that among the six WHO regions, the African and the Eastern Mediterranean regions combined account for 73% of the burden of visceral leishmaniasis globally;

Noting that effective tools and operationally feasible interventions are available, and that these interventions can be implemented even in resource-limited settings; and that Member States are committed to eliminating visceral leishmaniasis as a public health problem in line with the road map for neglected tropical diseases 2021–2030;

Expressing the conviction that the elimination of visceral leishmaniasis as a public health problem is technically feasible and achievable and would contribute significantly to reducing poverty and achieving the Sustainable Development Goals;

Confirming our commitment to the target for elimination of visceral leishmaniasis as a public health problem globally set by the road map 2021–2030, and to the proposed new sub-targets for elimination as a public health problem regionally and
nationally in eastern Africa, and affirming the importance of working together to enable reporting of progress towards the road map targets;

1. **Endorse and Recommend** the following strategies and directions in support of the elimination of visceral leishmaniasis as a public health problem in eastern Africa:

1. Advocate with national governments, national and international agencies involved in health, nongovernmental organizations and the private sector to assist and support initiatives and activities related to the elimination of visceral leishmaniasis as a public health problem;

2. Request the national governments and national and international agencies to accord high priority to including visceral leishmaniasis in their national health sector plans, in order to provide the required policy support and to mobilize and allocate adequate resources;

3. Include visceral leishmaniasis in national emergency and epidemic preparedness and response plans;

4. Encourage the participating agencies to collaborate with national governments, WHO and other interested parties in activities related to elimination of visceral leishmaniasis;

5. Consider including visceral leishmaniasis in the scope of work of all the agencies and other interested parties working in national and subnational areas endemic for visceral leishmaniasis;

6. Promote awareness of and information about the disease and available treatments and services, including issues related to health and human rights and community participation;

7. Integrate interventions against visceral leishmaniasis in those for control of vector-borne and other neglected tropical diseases, in essential packages of services in line with the principles of universal health coverage and the One Health approach, and into other relevant policies, programmes and projects, in order to ensure the meaningful, sustainable and equitable attainment of health standards by all sections of the population, particularly those living in poverty and at risk of infection;

8. Encourage and finance research and development (including implementation research contributing to the refinement of elimination strategies, to the design of high-performing, non-invasive rapid diagnostic tests and new, safer and more efficacious therapeutics, as well as to effective surveillance and prevention tools including vaccines); disseminate the information that visceral leishmaniasis may qualify for “orphan” drug financial incentives by regulatory authorities; and evaluate current vector control tools and generate evidence for more effective vector control interventions;

9. Form a WHO-led eastern Africa stakeholders’ forum in support of the elimination of visceral leishmaniasis as a public health problem in eastern Africa; and,
2. **Request World Health Organization**

1. To take note of this declaration and the proposed new sub-targets at the regional (eastern Africa) and country levels in the agendas of the African and the Eastern Mediterranean Regional Committees in 2023, to ensure political commitment and policy support;

2. To continue to provide leadership and technical assistance to Member States; facilitate the coordination of the stakeholders' forum and actively follow up on the Nairobi Declaration on the elimination of visceral leishmaniasis;

3. To constitute an eastern Africa technical advisory group to review progress and provide strategic directions for implementing public health interventions against visceral leishmaniasis in endemic countries in the WHO African and Eastern Mediterranean regions.

* In view of the shared epidemiology, burden of disease, risk factors for transmission and endemic occurrence of visceral leishmaniasis in Chad, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda, “eastern Africa” is used as an operational term to designate this group of countries. Given the potential of visceral leishmaniasis to transmit, manifest and be notified in other countries, the same term may be used in the future to include other countries of the African continent with a similar epidemiological pattern that wish to join this initiative.