

India to seek certification from WHO for eliminating

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Why in news?

India could be at the threshold of eliminating Kala-azar as a public health problem with the country having managed to keep the number of cases under one in 10,000 people for two consecutive years now as required by World Health Organization (WHO) parameters for elimination certification.

At the threshold

India has managed to keep the number of cases under one in 10,000 for two consecutive years now

- Kala-azar is a slow progressing indigenous disease caused by a protozoan parasite of genus *Leishmania*
- In India, *Leishmania donovani* is the only parasite causing this disease
- The parasite primarily infects the reticuloendothelial system and may be found in abundance in bone marrow, spleen and liver
- Post Kala-azar Dermal Leishmaniasis (PKDL) is a condition when *Leishmania donovani* invades skin cells, resides and develops there and manifests as dermal lesions
- Some of the Kala-azar cases manifests PKDL after a few years of treatment



Some sandfly species are vectors of Kala-azar

Source: Health Ministry, National Centre for Vector-Borne Diseases Control

About Kala-azar

- Kala-azar is a slow progressing indigenous disease caused by a protozoa parasite that is transmitted by the bite of an infected female sandfly
- Kala-azar, also known as **visceral leishmaniasis**, is the **second deadliest parasitic disease after malaria in India**.
- In India ***Leishmania donovani*** is the only parasite causing this disease
- The parasite primarily infects reticuloendothelial system and may be found in abundance in bone marrow, spleen and liver.
- Kala-azar is fatal if left untreated in more than 95% of cases. India's National Health Policy (2002) initially set a target of eliminating Kala-azar by 2010, but this was later revised to 2015, 2017, and then 2020.
- Figures released by the Health Ministry show that India registered 595 cases and four deaths in 2023 and this year, it has recorded 339 cases and one death so far.

Symptoms

- Symptoms of the disease include ***irregular fevers, weight loss, enlarged spleen and liver, and anaemia***.

Root Causes:

- “India is moving closer to Kala-azar elimination. It’s also important to address the root causes, like **poverty and inadequate sanitation**, that allow diseases like Kala azar to spread,”

Vulnerable States:

- **Bihar, Jharkhand, West Bengal, and parts of Uttar Pradesh** have seen the highest number of Kala azar cases, with **Bihar alone accounting for over 70% of India’s cases**.
- These areas offer ideal sandfly breeding conditions due to poor sanitation and climate factors.
- Despite this, these regions have made huge progress in recent years by increasing awareness, controlling vectors, and ensuring quick diagnosis and treatment.

How a disease is certified eliminated?

- A disease is certified as eliminated as a public health issue when a country can prove that local transmission has been interrupted for a set period, and that there is a system to prevent the disease from re-emerging.
- The WHO assesses countries’ submissions to determine if they meet the criteria for elimination
- If it can maintain the declining trend for another year, India will become eligible to seek the elimination certificate from the WHO, **making it the second country in the world after Bangladesh** which in October became the only country to have eliminated Kala-azar as a public health problem.
- The WHO validated this status after Bangladesh reported fewer than one case per 10,000 people in each of its sub districts for three consecutive years.

Kala-Azar Elimination in India:

- India’s Kala-azar programme focuses on active case detection, effective vector control, and raising community awareness.
- India must keep improving surveillance, expanding access to rapid diagnostic tools, and making treatments readily available to sustain these gains.
- For a long term solution, India should focus on better vector control, address social and economic conditions, and invest in research for vaccines and new treatments.
- The Health Ministry had adopted strategies such as early diagnosis and complete case management, integrated vector management and vector surveillance, supervision, monitoring, surveillance, evaluation, and advocacy, communication and social mobilisation for behavioural impact and inter-sectoral convergence

The WHO’s goal of eliminating Kala-azar by 2020

- The WHO’s Neglected Tropical Disease road map set a goal of eliminating Kala-azar by 2020, but the target was not achieved.
- The WHO is now accelerating work to achieve the target by 2030