

# VL South Asia Consortium: OneWorld Health's Role

## Background

Visceral Leishmaniasis (VL or kala-azar) is a potentially fatal infectious disease that is transmitted through the bite of a sandfly and affects the visceral organs (e.g., enlargement of spleen and liver), causing chronic fever, weight loss and anemia. VL is endemic in 65 countries, primarily in the developing world, and the population at risk is estimated at 200 million. The disease often strikes impoverished populations living in rural villages that may not be able to afford the treatments currently available. If left untreated, VL is nearly always fatal.

OneWorld Health developed Paromomycin Intramuscular Injection (PMIM) as an effective, inexpensive and safe treatment for VL, and worked with the Indian Government and Indian pharmaceutical company Gland Pharma to manufacture and distribute the treatment. PMIM received regulatory approval by the Drug Controller General in India, was designated for the WHO's Model List of Essential Medicines, and was included in Essential Drug Lists of Nepal and Bangladesh.

## Collaboration Project

Led by Drugs for Neglected Diseases Initiative (DNDi), in collaboration with OneWorld Health (OWH), and Special Programme for Research Training in Tropical Diseases (TDR), the Project aims at establishing and implementing new treatment modalities as successful tools to control and support the elimination of VL in most endemic regions of South Asia.

This four-year international consortium, established in October 2011, will generate the data necessary for Indian and Bangladeshi Ministries of Health to select, adopt and implement the best case management strategies to boost control and elimination of this deadly disease.

## OneWorld Health's Role

OneWorld Health will investigate the rationale for use of combination therapies with miltefosine, paromomycin and AmBisome® in the private sector in India as tools to control and support the elimination of VL.

Project activities include pilot implementation of VL combination treatments at selected private sector clinics in India (target: 2,500 patients). In addition to development of the combination kits, this will include working on drug inventory management and supply, site selection, site initiation (practicum and training), tracking of patients for compliance and pharmacovigilance, establishing adequate safe waste disposal methods and establishing passive disease surveillance by the end of the project period.

After completing the study, a feasibility report will be published. It will include recommendations for the private sector engagement in using new treatment modalities.

For more info on this project, visit  
<http://dndi.org/component/content/article/1001.html>.

