



Southeast European Center for Surveillance and Control of Infectious Diseases (SECID)

The road of the Southeast European Center for Surveillance and Control of Infectious Diseases towards One Health and associated challenges

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SEE Region, SEEHN and SECID

Southeast European Center for Surveillance and Control of Infectious Diseases

- A **Health Network** of South East European – SEEHN - countries following Dubrovnik pledge in 2001 to **cooperate and strengthen** public health systems in *Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Macedonia, Montenegro, Moldova, Romania and Serbia.*
- Every country **leading** one of public health regional priorities

SECID – Southeast European Center for Surveillance and Control of Infectious Diseases

- Albania - **leading** communicable surveillance and control in SEE Countries;
- **Regional Role** - From SEEHN network to Regional Development Centers- RDC. RDC – CDC **November 2010, SECID**;
- **Political Support** - South East European Center of Infectious Diseases Surveillance and Control (**Agreements with Ministries of Health of SEE countries**).

SECID – Network One Health Approach

- One Health Avian Influenza Meeting – Belgrade 2006
 - Preparing for Avian Influenza
- 
- Need for collaboration between different experts, different sectors
 - Need for cross- border coordination
 - One Health Table Top Exercise , Tirana 2008 supported by USAID, FAO, WHO, HPA

Expert Group Meeting “The Assessment and Mitigation of Zoonosis in Southeast Europe – One Health Approach”

- 14 - 15th of June 2013, Zagreb, Croatia
- To bring together all the SEE countries national experts in recognition of the importance of zoonotic diseases, having in focus One Health



Develop an engagement strategy for all key stakeholders to mitigate zoonotic diseases in SEE countries by One Health approach



One Health Virtual Group on Leishmaniasis

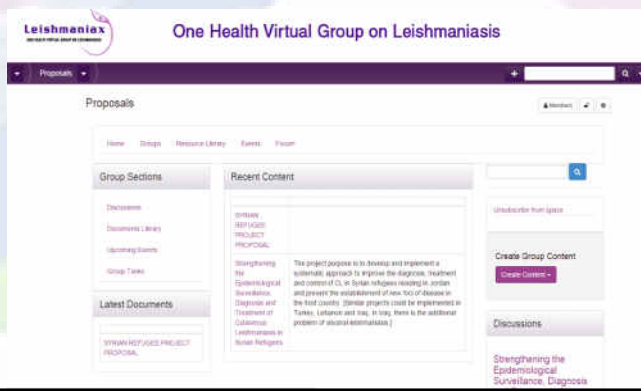
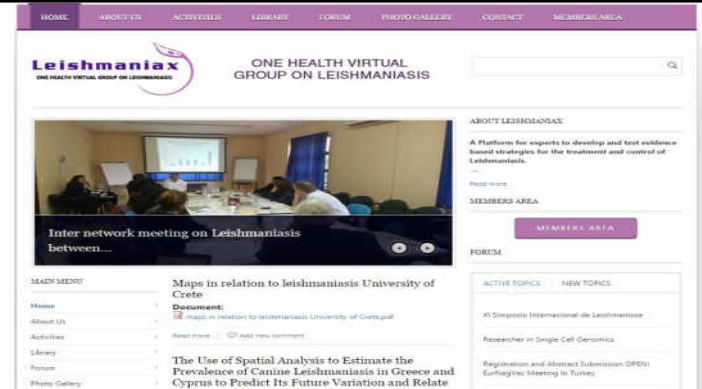
- Develop an operational research proposal on Leishmaniasis control and use it as a model for other vector borne diseases Nov,2013
- Strengthen Leishmaniasis control in region - establish jointly One Health Virtual Group for Leishmainiasis
- Establish an innovative way for knowledge sharing for capacity building and problem solving



Leishmanix.net

Novel Approach on Leishmaniasis

- A platform for Leishmaniasis expert from different sectors and countries
- Improve awareness, surveillance and control of VL and CL
- Promotes interaction between various experts in order to develop and test evidence based strategies for treatment ,surveillance and control of LV &CL



Groups focusing on specific aspects : vector control, epidemiology, project development, fund raising

'One Health' Leishmaniasis

29-30 October 2014, Tirana Albania



ONE HEALTH LEISHMANIASIS
29 - 30 October 2014, Paper Hotel Tirana - Tirana, Albania



Scope of the meeting:

To present a web based "One Health" Leishmaniasis, information and communication platform
Discuss further collaborative initiatives with partners, donors and stakeholders.

1. To increase the awareness of Leishmaniasis
2. To improve one health communication and cooperation within SECID
3. Use the web based platform to improve one health surveillance
4. To promote and discuss future one health "cross-network" initiatives.



One Health Cross Border Workshop

13 March 2015-Prizren, Kosovo*
(Albania, Kosovo*)



Cross country

23 & 25 April 2015 in
Bansko, Bulgaria
(Macedonia, Bulgaria)



29-30 June 2015, Zagreb ,
Croatia (Croatia, BIH, Serbia)

Inter Sectorial



Cross network

SECID-MECID Exchange Visit

Lab specialist/ Entomologist has concluded the laboratory work in Israel, (two weeks visit)

Koret School of Veterinary Medicine of Rehovot, Israel



One Health-Novel Approach Leishmania Gap Analyses

June - October 2015



Strengthening the Epidemiological Surveillance, Diagnosis and Treatment of Leishmaniasis in Syrian and Afghan Refugees and general population in Jordan, Pakistan and Albania


The project is implemented by SECID, MECIDS and Pakistan supported by CORDS and Bill and Melinda Gates Foundation.

Programme management
Disease surveillance and epidemic preparedness and response
Case detection and management
Control of reservoir hosts
Phlebotomine sand flies Surveillance and Control
Operational research
Capacity building
Community participation and health education
Cross border collaboration



International info graphic

One of the world's oldest recorded diseases dating back to the 7th century



Leishmaniasis


Is an entirely treatable parasitic disease spread by sandflies.

310,000,000
at risk of infection globally

1,600,000
new cases every year

40,000 DEATHS
occur every year, making Visceral leishmaniasis the 2nd biggest parasitic killer after malaria

Cutaneous leishmaniasis can lead to distressing and disfiguring skin ulcers and scarring



Psychological and social stigma can lead to exclusion from society due to the mistaken belief that the disease is contagious


Mothers stopped from touching their children

Children stopped from going to school

Disfigured women considered unsuitable for marriage

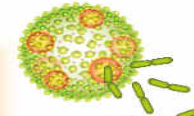
Disease used as pretext for a husband to leave his wife

Visceral leishmaniasis affects the liver and spleen and if untreated is fatal

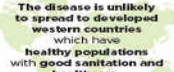


The Leishmaniasis Gap Analysis (www.confnetnetwork.org) found leishmaniasis is an emerging, yet largely neglected disease... mainly affecting impoverished communities living in poor conditions with low immune systems and without access to proper healthcare

INFECTION requires presence of female sandfly to transmit the disease



The disease is unlikely to spread to developed western countries which have healthy populations with good sanitation and healthcare



Leishmaniasis Gap Analysis: key findings

Albania: In Albania, visceral leishmaniasis is predominantly a paediatric disease in impoverished communities with 50% of new cases being detected in children. It remains the country with the highest number of cases in Europe.

Jordan: Patients often initially resort to ineffective traditional remedies leading to delays in seeking medical treatment. This results in an increased risk of residual scarring and disfigurement. Jordan is a significant risk of antihypertensive cutaneous leishmaniasis (ACL) threatening established livelihoods among the impoverished refugee populations and subsequently in host communities.

Pakistan: There are an estimated 50,000 new cases of cutaneous leishmaniasis (CL) each year. It is mainly present in remote communities from Afghanistan, it has also become established in host communities in Balochistan and elsewhere in north-west Pakistan.

Major Barriers to Treatment

Leishmaniasis is a low priority for governments and health authorities with a limited budget and resources allocated to communities in areas where it is prevalent. One area that urgently needs to be addressed is for governments in Albania, Pakistan, Jordan and other affected countries to change their regulations to enable the registration and importation of anti-leishmania drugs into countries.

Recommendations from Leishmaniasis Gap Analysis for Albania, Jordan and Pakistan

Sustained resources: improving access to lower cost treatments. WHO has negotiated for the purchase of anti-leishmania drugs at substantially discounted prices.

All three project countries - Albania, Jordan and Pakistan should question their eligibility where anti-leishmania drugs are available for those who cannot afford to pay for them, without putting an unsustainable financial burden on the public health budget.

Real-time, open-access data: significant investments of time, human and financial resources are required to support open-source data exchange protocols between network partners. The Leishmaniasis Virtual Group (Leishmaniasis.org) has been created to collect this data. It is a platform in which research findings and epidemiological surveillance data can be shared in real time between countries, networks, and Ministries of Health across geographical borders.

Integrating One Health principles into the agenda of existing coalitions. A coordinated multi-sectoral "One Health" approach for the control of leishmaniasis is needed in areas where the disease is prevalent.

Policy change: Due to a lack of awareness of leishmaniasis and its impact, none of the project countries have a clear national policy, or a dedicated budget for leishmaniasis. This was identified as a major constraint requiring advocacy and commitment at the highest level of government to bring about change.



Future Steps

- One Health Strategy zoonotic Disease
- Cross Border one health outbreak response plan according to diseases
- Maintaining and improving Leishmaniasis web site
- Create a Dashboard for published and unpublished data
- One Health dashboard for different zoonotic and vector born diseases to improve time to detect and time to respond.

Excising & Future Partners



Network
for Evaluation
of One Health



- Universities
- Vet Institutions
- Public Health Institutes

Thank you !

Please visit our website:

[*www.secids.com*](http://www.secids.com)

