

# SPEAK India (Setting the Post-Elimination Agenda for Kala-azar in India)

## PROGRAMME

**Timeline:** November 2016–2018



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**“The challenges are how to maintain low Kala-azar transmission without a vaccine and how to design a surveillance system post elimination.”**

As vectors and human reservoirs will always exist, there is always a potential for the number of cases to resurge. Therefore, I am delighted to launch and lead this consortium of experts involved on the ground and researchers from different backgrounds who can design new approaches and predict which strategies will directly improve the programme in its aim to ensure that VL is no longer a Public health problem in India.

## Programme description

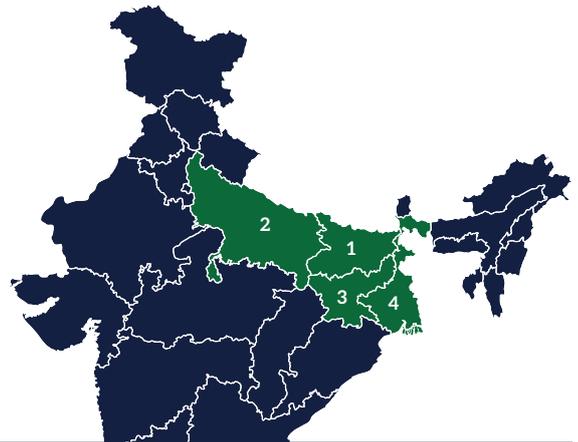
Visceral leishmaniasis (VL), or Kala-azar, has been an important disease on the Indian subcontinent, but is becoming controlled. Many regions have already achieved the target incidence, <1/10,000 people/year at block level, defined as elimination as a public health problem. However, approximately 20% of blocks, particularly in India’s Bihar state, have not.

The Setting the Post-Elimination Agenda for Kala-azar in India (SPEAK India) consortium aims to bring together researchers and technical experts to develop a consensus on the additional knowledge required to ensure VL remains eliminated as a public health problem, and that elimination is sustained into the future. Additionally, it will provide a forum to discuss the transmission dynamics of kala-azar, develop protocols for further fieldwork to address current knowledge gaps, and initiate operational research.

## Programme map

### Incident cases of VL:

- 1 Bihar
- 2 Uttar Pradesh
- 3 Jharkhand
- 4 West Bengal



## Poverty Focus



**VL disproportionately affects individuals in the lowest socio-economic classes.** Through research into the disease’s vector, *Phlebotomus argentipes*, SPEAK aims to develop protocols for preventing transmission in impoverished communities.

## Gender Focus



**VL is more frequently diagnosed in men than women.** This is likely due to women facing barriers in health centre access. By strengthening India’s health system and working to shorten delays between symptom and treatment onset, SPEAK India will contribute to more equitable health care access

## Health Systems Strengthening Focus



**There are poor communication and resource sharing links between VL and other disease control programmes in India’s health care system.** Additionally, while diagnostic and treatment options have been improved in public health facilities, private practitioners with poor training remain popular, resulting in delays between the onset of symptoms and treatment beginning. SPEAK aims to strengthen India’s health system by promoting synergies between VL and other disease control programmes, and investigating private practitioners’ diagnosis and management practices.

