

Global burden of leishmaniases

WHO Product Development for Vaccines Advisory Committee (PDVAC)

6-7 October 2025

Saurabh Jain
Prevention, Diagnosis, Treatment and Care Unit,
Department of Malaria and Neglected Tropical
Diseases
jainsau@who.int



World Health
Organization

Outline

- World Health Assembly Resolution
- Global burden and endemicity maps of visceral and cutaneous leishmaniasis
- Burden and distribution of post-kala-azar dermal leishmaniasis



World Health Assembly resolution on the control of leishmaniasis, WHA60.13

SIXTIETH WORLD HEALTH ASSEMBLY

WHA60.13

Agenda item 12.3

21 May 2007

Control of leishmaniasis

3. CALLS ON partner bodies to maintain and expand their support for national leishmaniasis prevention and control programmes and, as appropriate, to accelerate research on, and development of, leishmaniasis vaccine;

4. REQUESTS the Director-General:

(1) to raise awareness of the global burden of leishmaniasis,

(5) to promote research pertaining to leishmaniasis control, including in the areas of safe, effective and affordable vaccines, diagnostic tools and medicines with less toxicity as well as dissemination of the findings of that research; notably thorough the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases;



Leishmaniases can be understood

- Old World and New World
- Anthroponotic and Zoonotic
- Clinical forms



Clinical forms of leishmaniases

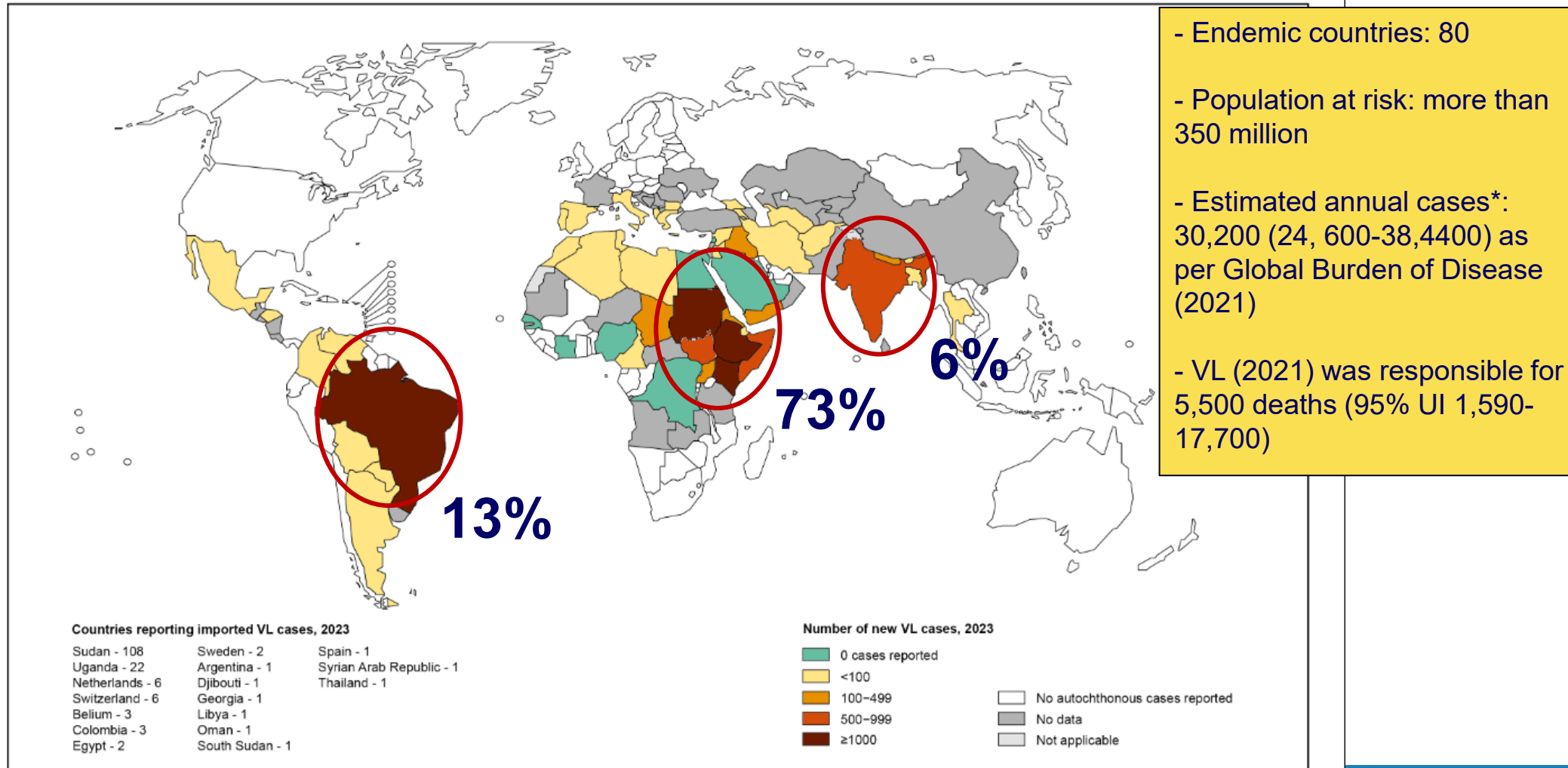


(1) Visceral leishmaniasis (2) Cutaneous leishmaniasis (3) Mucosal leishmaniasis (4) Post-kala-azar dermal leishmaniasis

Photo source: (1) Dhruv Pandey, WHO India, (2) Manual for CL in the WHO Eastern Mediterranean Region, (3) PKDL manual, WHO, (4) Dhruv Pandey, WHO India

Endemicity of visceral leishmaniasis, 2023

Status of endemicity of visceral leishmaniasis (VL) worldwide, 2023 (as reported by November 2024)



https://www.who.int/images/default-source/maps/leishmaniasis_vl_2023.png?sfvrsn=94205cef_4

*Visceral leishmaniasis - Level 4 cause | Institute for Health Metrics and Evaluation

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2024. All rights reserved

Data Source: World Health Organization
Map Production: Control of Neglected Tropical Diseases (NTD)
World Health Organization



World Health Organization

WHO Regional distribution and countries reporting >100 VL cases

WHO Regional distribution

Data aggregated at regional and global level	
Name	Value
Africa	4,319
Americas	1,604
Eastern Mediterranean	4,943
Europe	183
South-East Asia	744
Western Pacific	0
Global	11,793

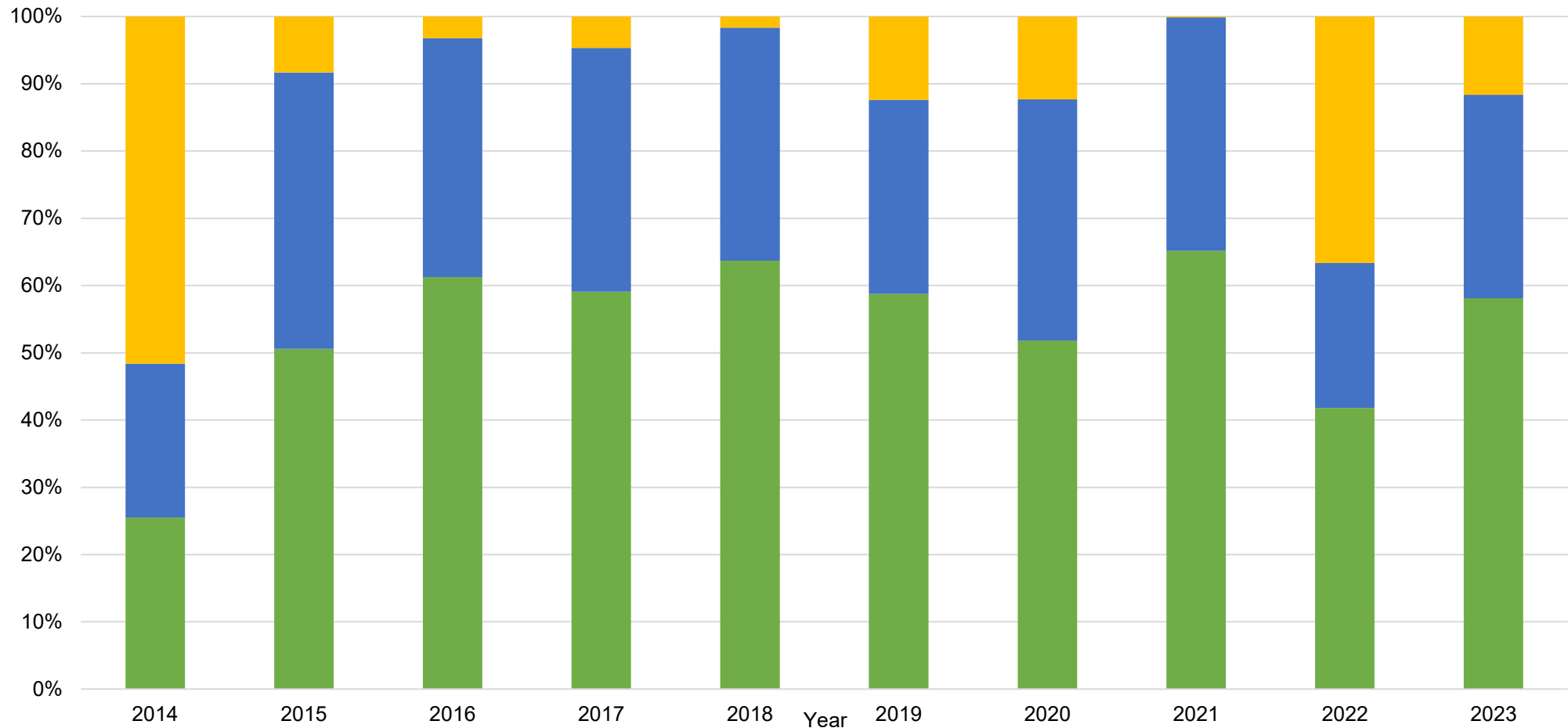
Countries reporting more than 100 cases

Data table	
Country or territory	Data
Sudan	3,571
Ethiopia	1,482
Brazil	1,461
Kenya	1,252
South Sudan	778
Somalia	712
India	538
Eritrea	376
Yemen	240
Uganda	195
Iraq	190
Chad	176
Nepal	168
Spain	36

<https://www.who.int/data/gho/data/themes/topics/gho-ntd-leishmaniasis>, accessed on 1 October, 2025



Gender wise distribution of VL cases in high burden countries, 2014-2023

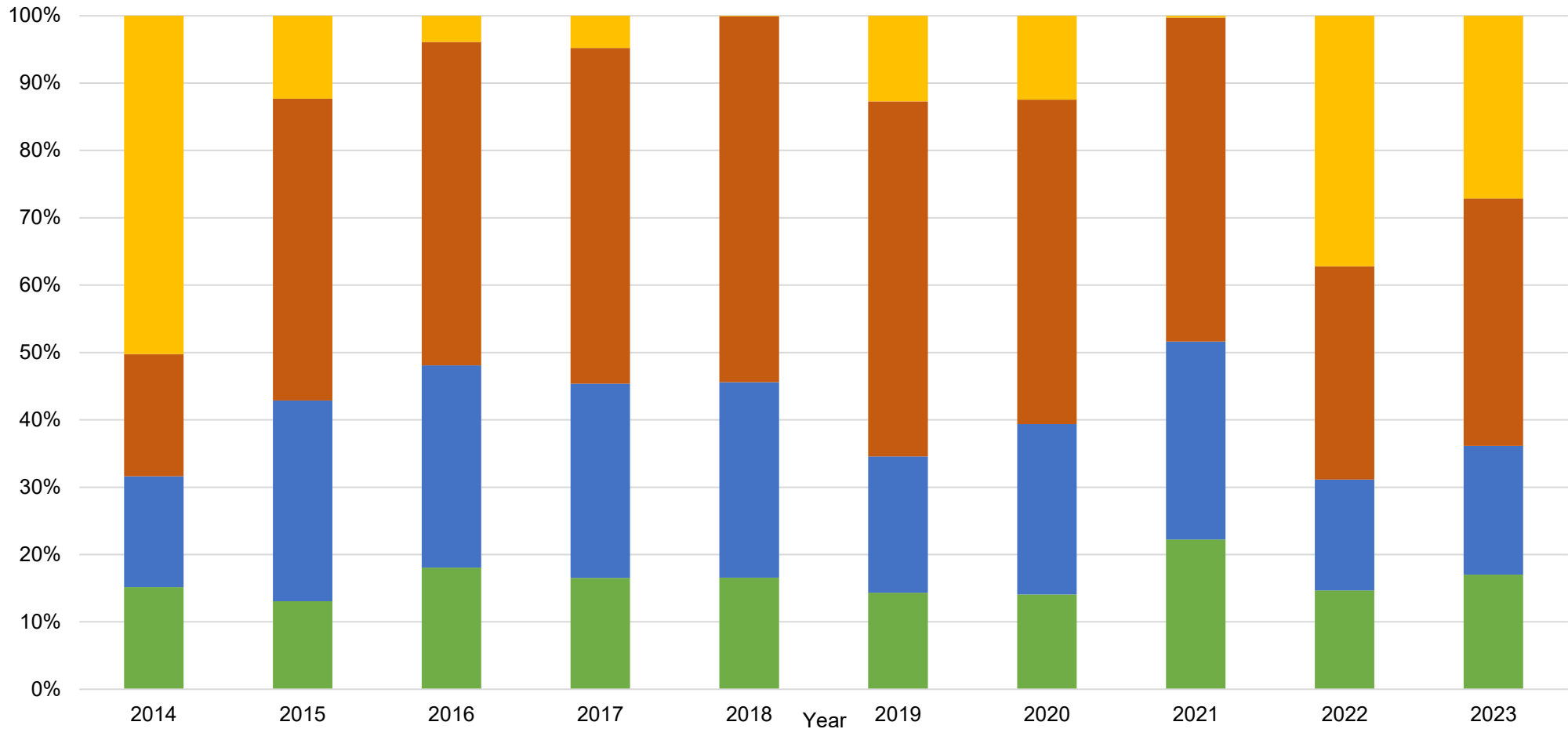


Source: WHO Integrated Data Platform, accessed on 1 October 2025

Male Female Gender unknown



Age wise distribution of VL cases in high burden countries, 2014-2023



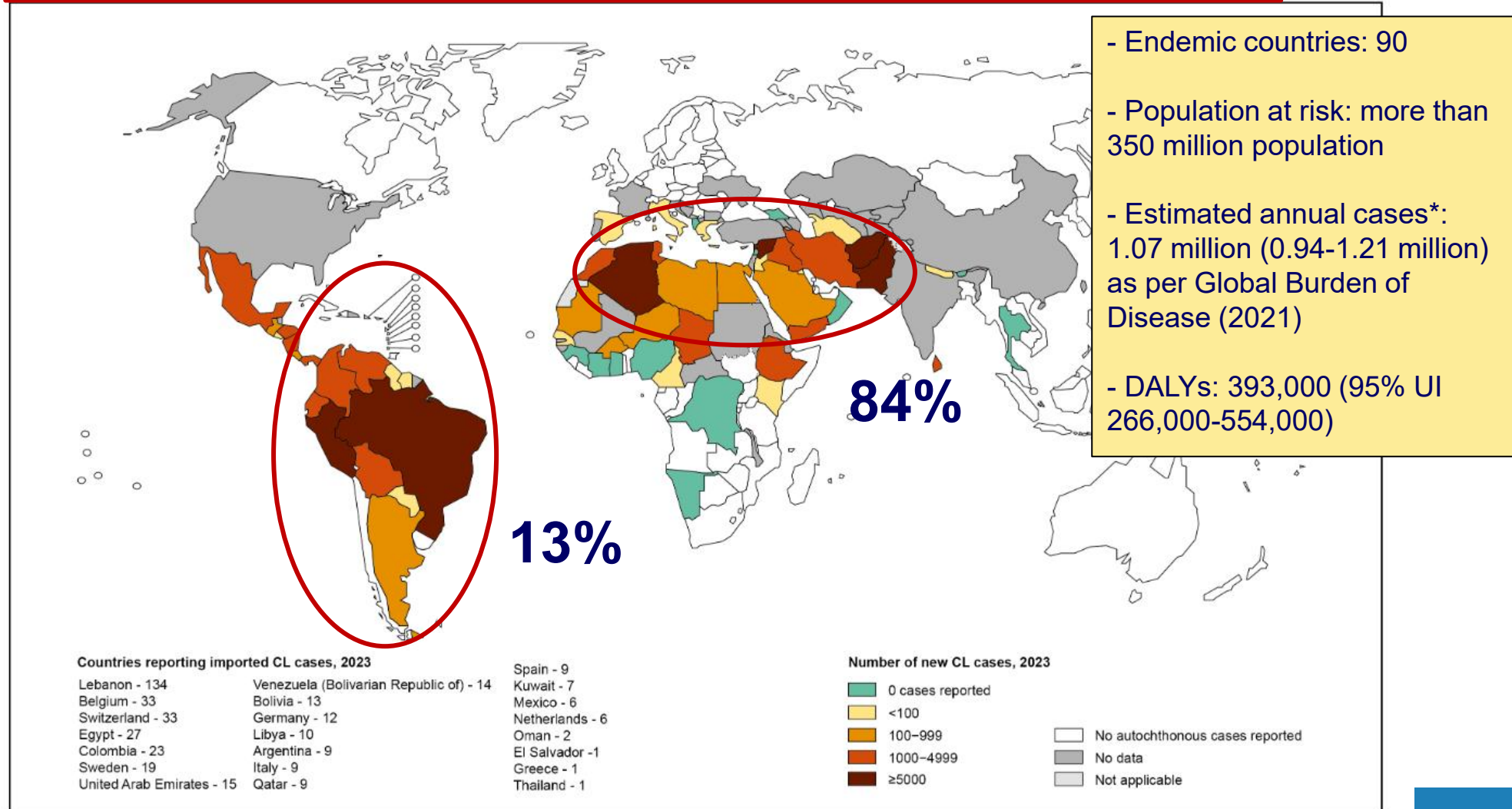
Source: WHO Integrated Data Platform, accessed on 1 October 2025

■ <5 years ■ 5 to 14 years ■ ≥15 years ■ Age unknown



Endemicity of cutaneous leishmaniasis, 2023

Status of endemicity of cutaneous leishmaniasis (CL) worldwide, 2023 (as reported by November 2024)



https://www.who.int/images/default-source/maps/leishmaniasis_cl_2023.png?sfvrsn=3b2bf98d_2

*Cutaneous and mucocutaneous leishmaniasis - Level 4 cause | Institute for Health Metrics and Evaluation

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2024. All rights reserved

Data Source: World Health Organization
Map Production: Control of Neglected Tropical Diseases (NTD)
World Health Organization



WHO Regional distribution and countries reporting >2500 CL cases

WHO Regional distribution

Data aggregated at regional and global level	
Name	Value
Africa	11,777
Americas	35,135
Eastern Mediterranean	220,317
Europe	187
South-East Asia	4,360
Western Pacific	0
Global	271,776

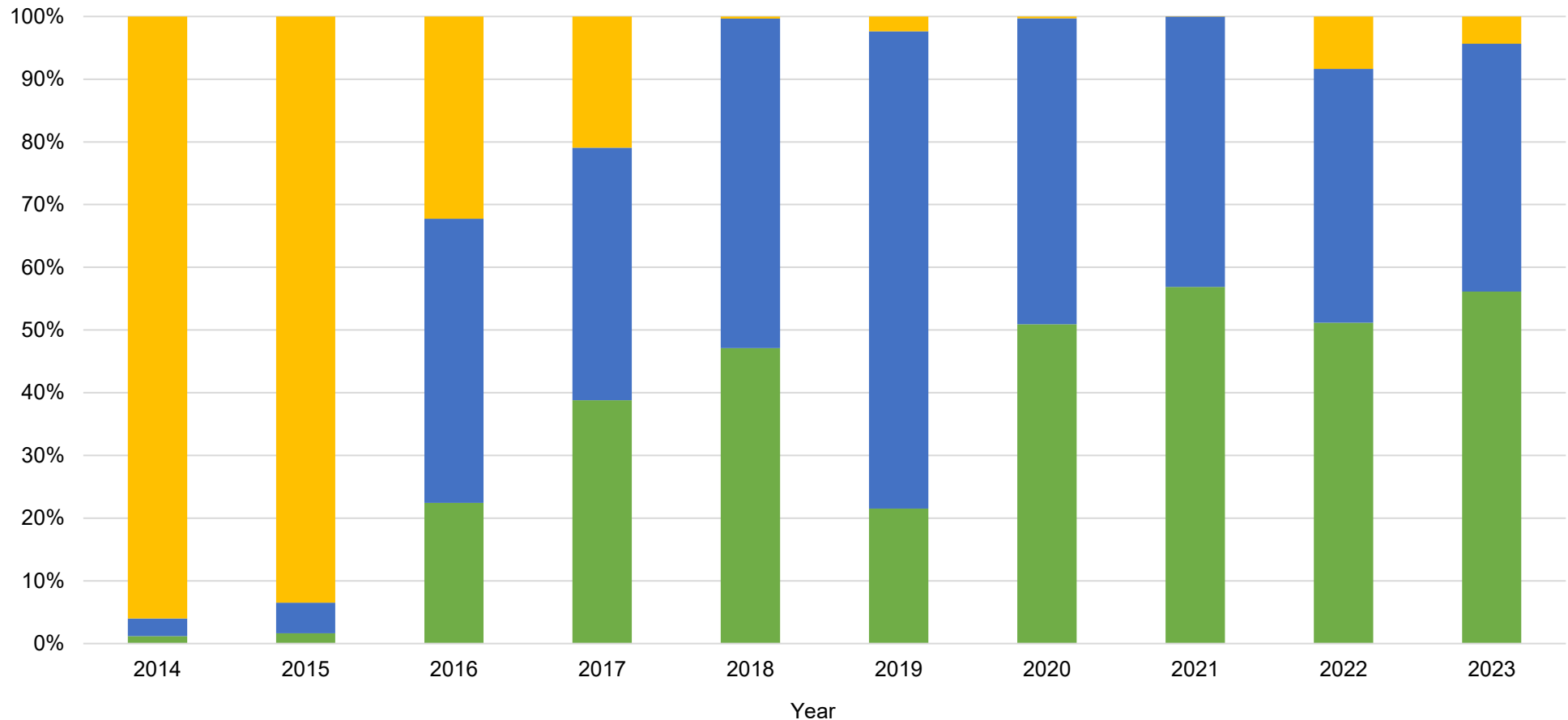
Countries reporting more than 2500 CL cases

Data table	
Country or territory	Data
● Afghanistan	82,742
● Pakistan	59,255
● Syrian Arab Republic	56,453
● Brazil	13,091
● Algeria	7,557
● Peru	5,204
● Colombia	4,898
● Iran (Islamic Republic of)	4,659
● Iraq	4,611
● Yemen	4,446
● Sri Lanka	4,300
● Tunisia	3,602

● Spain	34
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<https://www.who.int/data/gho/data/themes/topics/gho-ntd-leishmaniasis>,
accessed on 1 October, 2025

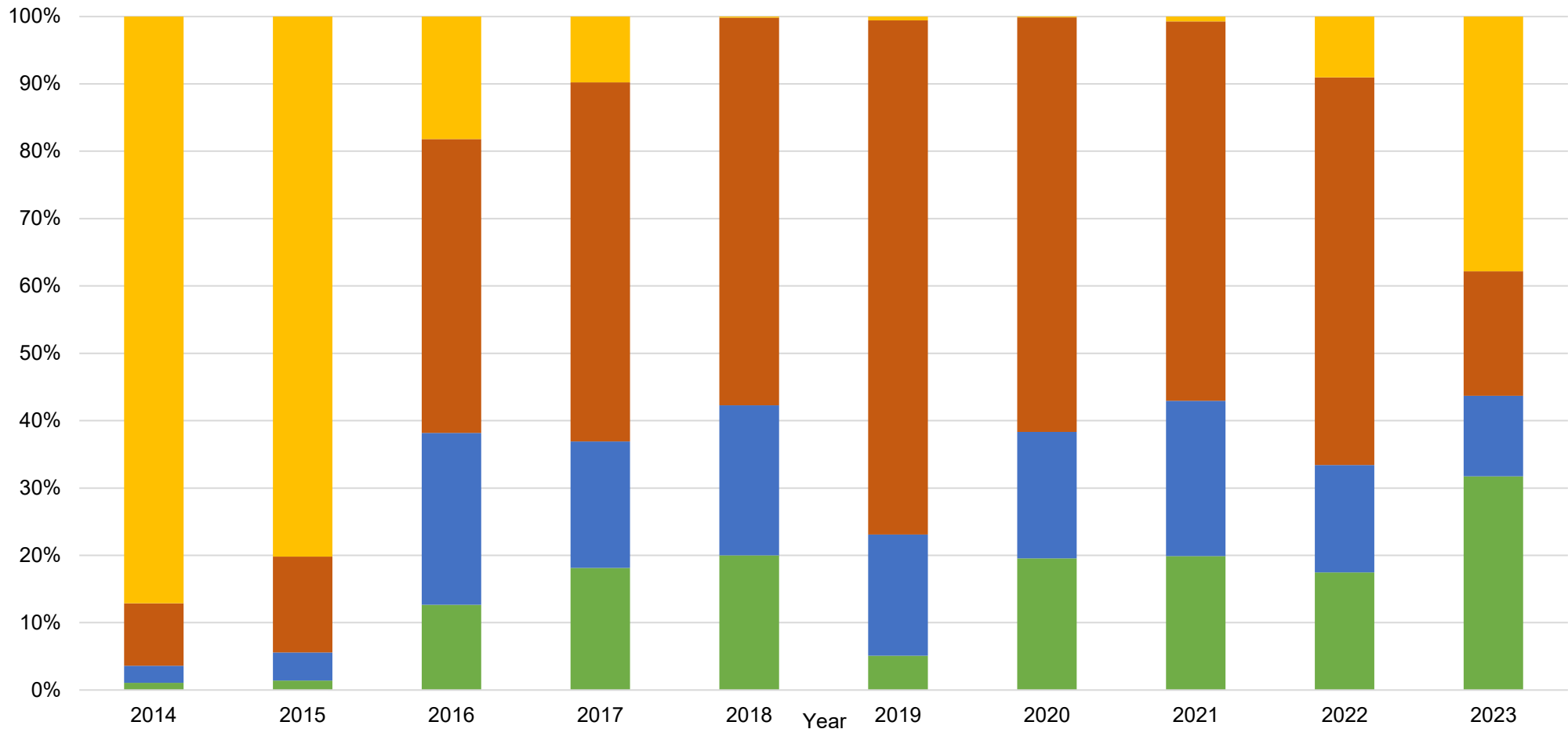
Gender wise distribution of CL cases in high burden countries, 2014-2023



Source: WHO Integrated Data Platform, accessed on 1 October 2025

■ Male ■ Female ■ Gender unknown

Age distribution of CL cases in high burden countries, 2014-2023

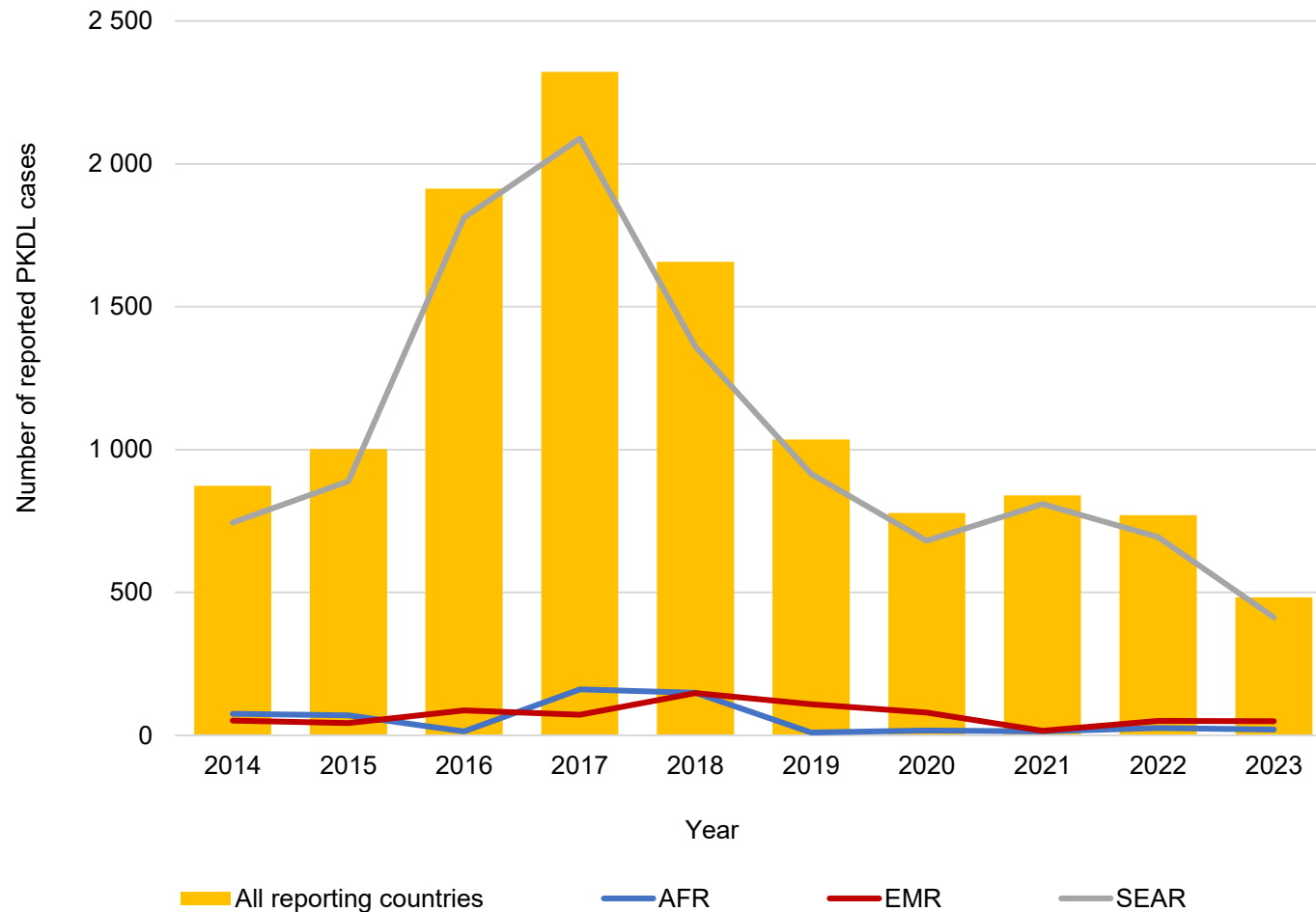


Source: WHO Integrated Data Platform, accessed on 1 October 2025

■ <5 years ■ 5 to 14 years ■ ≥15 years ■ Age unknown



Numbers of cases of post-kala-azar dermal leishmaniasis (PKDL), by WHO region, 2014–2023



Source: WHO Integrated Data Platform, accessed on 01 October 2025



Global Health Observatory



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Leishmaniasis

Number of cases of visceral leishmaniasis reported: 2023

View more indicators/years ▾

Filter by WHO region ▾

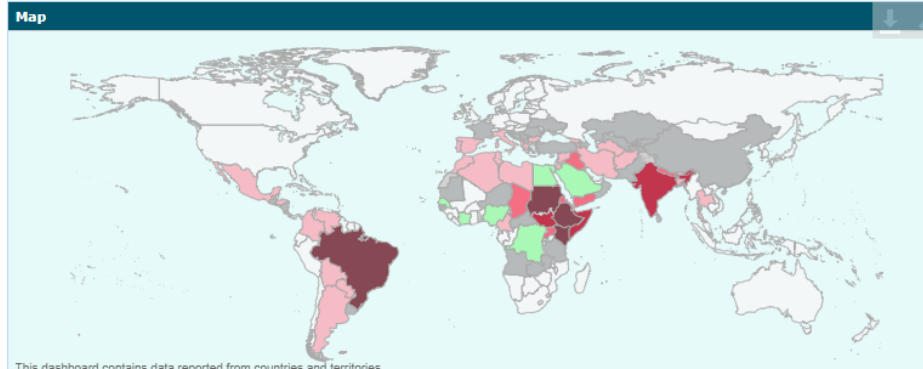
Data repository

Static maps

Help

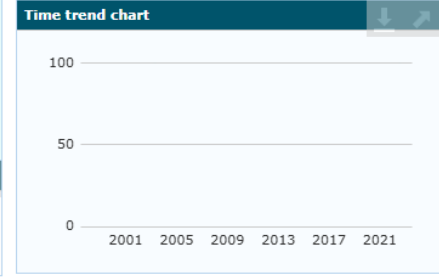
Print

Country or territory	Data
<input checked="" type="radio"/> Egypt	0
<input checked="" type="radio"/> Lebanon	0
<input checked="" type="radio"/> Nigeria	0
<input checked="" type="radio"/> Saudi Arabia	0
<input checked="" type="radio"/> Senegal	0
<input type="radio"/> Andorra	No autochthonous cases reported
<input type="radio"/> Angola	No data
<input type="radio"/> Antigua and Barbuda	No autochthonous cases reported
<input type="radio"/> Australia	No autochthonous cases reported
<input type="radio"/> Austria	No autochthonous cases reported
<input checked="" type="radio"/> Azerbaijan	No data
<input type="radio"/> Bahamas	No autochthonous cases reported
<input type="radio"/> Bahrain	No autochthonous cases reported
<input type="radio"/> Barbados	No autochthonous cases reported
<input type="radio"/> Belarus	No autochthonous cases reported
<input type="radio"/> Belgium	No autochthonous cases reported



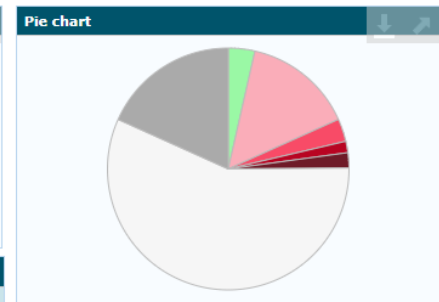
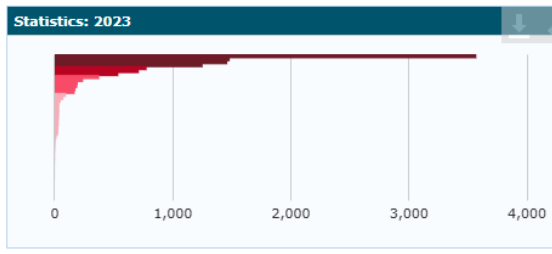
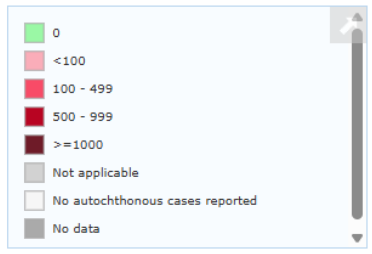
Map disclaimer
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. The borders of the map provided reflect the current political geographic status as of the date of publication (2024). However, the technical health information is based on data accurate with respect to the year indicated (2023). The disconnect in this arrangement should be noted but no implications regarding political or terminological status should be drawn from this arrangement as it is purely a function of technical and graphical limitations.

Name	Value
Americas	1,604
Eastern Mediterranean	4,943
Europe	183
South-East Asia	744
Western Pacific	0
Global	11,793



Selected data: 2023 [Select country or territory]

Country or territory	Value
Egypt	0
Lebanon	0
Nigeria	0
Saudi Arabia	0
Senegal	0
Andorra	No autochthonous cases reported
Angola	No data
Antigua and Barbuda	No autochthonous cases reported
Australia	No autochthonous cases reported
Austria	No autochthonous cases reported
Azerbaijan	No data
Bahamas	No autochthonous cases reported
Bahrain	No autochthonous cases reported
Barbados	No autochthonous cases reported
Belarus	No autochthonous cases reported
Belgium	No autochthonous cases reported



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<https://www.who.int/data/gho/data/themes/topics/gho-ntd-leishmaniasis>





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Global leishmaniasis surveillance updates 2023: 3 years of the NTD road map

Saurabh Jain,^a Serge Madjou,^a Junerlyn Farah Virrey Agua,^a Ana Nilce Maia-Elkhoury,^b Samantha Valadas,^b Supriya Warusavithana,^c Mona Osman,^c Aya Yajima,^d Abate Beshah^e and José Antonio Ruiz-Postigo^a

Leishmaniasis continues to be a major health problem in 4 eco-epidemiological regions of the world: the Americas, East Africa, North Africa and West and South-East Asia.¹

This report on global leishmaniasis surveillance follows those published in 2016–2023.^{2–6} Six indicators of leishmaniasis are publicly available from the Global Health Observatory (GHO).⁷ In addition to the GHO, country profiles with up to

Surveillance mondiale de la leishmaniose, 2023: la feuille de route pour les MTN à 3 ans

Saurabh Jain,^a Serge Madjou,^a Junerlyn Farah Virrey Agua,^a Ana Nilce Maia-Elkhoury,^b Samantha Valadas,^b Supriya Warusavithana,^c Mona Osman,^c Aya Yajima,^d Abate Beshah^e et José Antonio Ruiz-Postigo^a

La leishmaniose demeure un problème de santé majeur dans 4 régions éco-épidémiologiques du monde: l'Afrique de l'Est, l'Afrique du Nord, les Amériques et l'Asie de l'Ouest et du Sud-Est.¹

Le présent rapport sur la surveillance mondiale de la leishmaniose fait suite à ceux déjà publiés entre 2016 et 2023.^{2–6} Six indicateurs relatifs à la leishmaniose sont accessibles au public sur le site de l'Observatoire mondial de la santé.⁷ En outre, des profils de pays contenant jusqu'à

<https://www.who.int/publications/i/item/who-wer-9945-653-669>

Previous years

No. 25, 2020, pp. 265–279 <https://iris.who.int/bitstream/handle/10665/332487/WER9525-265-279-eng-fre.pdf>

No. 35, 2021, pp. 401–419 <https://www.who.int/publications/i/item/who-wer9635-401-419>

No. 45, 2022, pp. 575–590 <https://www.who.int/publications/i/item/who-wer9745-575-590>

No. 40, 2023, pp. 471–487 <https://www.who.int/publications/i/item/who-wer9840-471-487>



Country profiles

Leishmaniasis country profile — 2022

Published in March 2024

Uganda



World Health Organization

COUNTRY GENERAL INFORMATION

Total population:	47,249,577
Gender F/M (%):	50.5 / 49.5
Population, age group <15 / ≥ 15 years (%):	45 / 55
Life expectancy at birth (F/M, years)(2020):	70 / 63
GDP (PPP int \$)(2020):	2284
Income status:	Low income
Administrative level, number of divisions:	2 nd sub-national administrative level, 128

EPIDEMIOLOGY

	VL	CL	PKDL
Endemicity status:	Endemic	Non endemic	Endemic
Number of new cases (incidence):	307	No data	3
Number of relapses: ¹	60	No data	N/A
Total number of cases:	370	No data	3
Imported cases (#, %):	52, 14%	No data	N/A
Gender distribution (% F):	24	N/A	33
Age group distribution (% <5 / 5-14 / >14):	19 / 68 / 13	N/A	0 / 33 / 67
Incidence rate (cases/10,000 population in endemic areas):	2.57	No data	N/A
Number of endemic 2 nd sub-national administrative level divisions:	8	No data	N/A
Population at risk (% # at risk / total population): ²	3% 1 205 100 / 47 249 577	0% 0 / 47 249 577	N/A
Was there any outbreak?	No	No data	N/A
Number of new foci: ³	0	No data	N/A

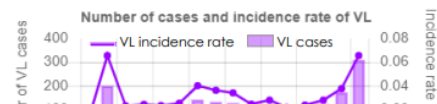
Monthly distribution of new cases (January-December)

2022	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
VL ⁴	7	16	66	15	30	33	40	24	51	19	22	47

N/A not applicable; VL = visceral leishmaniasis; CL = cutaneous leishmaniasis; PKDL = post-kala-azar dermal leishmaniasis



Number of new cases and incidence rate/10,000 at the national level from 2007 to 2022



Country Profiles – LeishinfoWHO-CC55

Leishmaniasis country profile — 2018

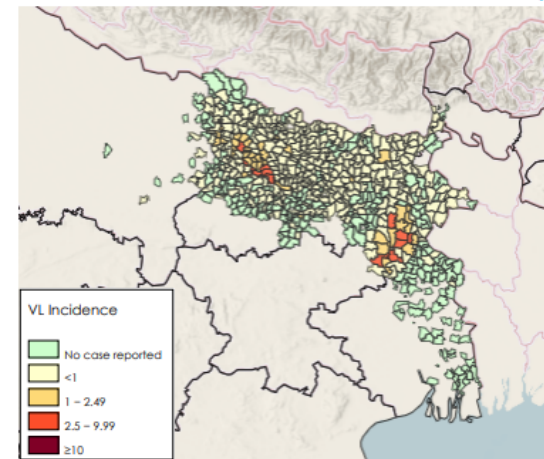
Published in October 2021

India



World Health Organization

Disease distribution of new VL cases at block level per 10,000 population (2018)



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Map production: WHO/UCN/NTD

CONTROL AND SURVEILLANCE

Year Leishmaniasis National Control Programme (LNCP) was established:	1991
Type of surveillance (CL / VL):	No data / Integrated
Is there a vector control programme?	Yes
Type of insecticide used for Indoor residual Spraying (IRS):	5% alpha cypermethrin
Year latest national guidelines (CL / VL):	No data / 2017
Is leishmaniasis notifiable (mandatory report)? (CL / VL):	No data / Yes
Is there a reservoir host control programme?	Yes
Number of leishmaniasis health facilities (CL / VL):	No data / 645

DIAGNOSIS

	VL	CL	PKDL	MCL
Number of people screened actively for:	7,998	No data	N/A	N/A
Number of people screened passively for:	55,378	No data	N/A	N/A
VL cases diagnosed by RDT (% # RDT+ / new VL cases):	83% (3,638/4,360)	N/A	N/A	N/A
Proportion of positive RDT (% # RDT+ / total RDT):	7% (3,638/55,378)	N/A	N/A	N/A
Cases diagnosed by direct exam (parasitology) (% # slides + / total cases):	10% (427/4,360)	No data	N/A	N/A
Proportion of positive slides (% # slides + / total slides):	No data (427/0)	No data	N/A	N/A
Cases diagnosed clinically (% # clinical cases / total cases):	0% (0/4,380)	N/A	N/A	N/A
Percentage of cases with HIV-VL coinfection:	3% (148/4,380)	N/A	N/A	N/A

N/A not applicable; RDT = rapid diagnostic test; HIV = human immunodeficiency virus

TREATMENT AND MEDICINES

- ▶ Is treatment provided for free in the public sector? (CL / VL): No data / Yes
- ▶ Antileishmanial medicines included in the National Medicine List: Amphotericin B deoxycholate, Liposomal amphotericin B.

Thank you

