Frontieres distributed 35,700 bed nets to 155 Sudan villages that were greatly affected by visceral leishmaniasis (See Figure 4). Within twenty months of the distribution of bed nets, the clinical cases of the disease had dropped by 59%. From this intervention, it was estimated that 1,060 new cases were prevented. A study conducted in Nepal in 2001 also supports the use of insecticide treated bed nets as a protective factor for humans against infection. Furthermore, early diagnosis and treatment are critical to protect both individual patients and communities. Untreated VL patients act as a reservoir for parasites and help transmit anthropogenic VL. The detection of PKDL patients is also critical to reduce the spread of disease. While a vaccine is in development, the above described prevention measures are critical to implement in combination.

### Social Aspects

As a neglected tropical poverty disease, visceral leishmaniasis is the most devastating amongst the poorest of the poor. Of the 88 countries with VL, 72 are developing countries. Visceral leishmaniasis debilitates patients such that their ability to pursue work is impaired; if left untreated, the disease is fatal within two years of infection. Those affected by VL become poorer because of the high direct costs, such as diagnosis and treatment, and indirect costs, such as loss of household income. For those who do start treatment, they often cannot afford to complete it. Coupled with persistent outbreaks of VL, lack of accessible treatment creates a continuous spiral of illness and poverty from which victims are unable to recover from.

In Eastern Sudan, a study was conducted to analyze the socio-cultural aspects of visceral leishmaniasis among two tribes. The study observed 50 infected individuals, who were randomly selected from both tribes and interviewed. The majority of the respondents had an income of 500-7500 dinars (~19-29 USD). Only 62% of the respondents knew the name of the disease that inflicted them, and only 20% of the respondents knew the causative agent. The study also found that only 46% of the respondents sought medical treatment after 30 days of illness. 52% of respondents had trouble reaching a place of treatment due to lack of transportation, and 38.5% due to lack of money. When asked, 66% of respondents did not know the recommended methods of prevention. All of these findings point towards systemic flaws that contribute to high VL rates among the poorest individuals.

The poor must thus be empowered with information by small community programs that can be installed and implemented by agencies in accordance with national policy guidelines and WHO recommendations. In the case of guinea worm, another neglected tropical disease, behavior change programs were effective in remote rural areas. Vulnerable populations were given fine-mesh filter cloths to fit over clay pots they used to hold water, and nomadic groups were given