pipe filters that are easy to carry around. Both methods were appropriate to their lifestyle and allowed people to drink water safely wherever they went. As a result, cases of guinea worm disease reduced more than 99 percent since 1986. Even among poor and illiterate populations, positive behavioral change is feasible and health education works.

Since visceral leishmaniasis does not have any easy fix, it is critical that simple interventions are carried out by non-specialists, such as schoolteachers, village heads, and local volunteers in community-based preventive action. This may be as simple as educating the poor to use insecticide treated bed nets.

The disease burden is made worse by stigma against VL in many affected societies. In India, the caste system prohibits the “untouchables,” the lowest caste, from being treated. In Pakistan and Afghanistan, infected children are isolated, infected women are considered unsuitable for marriage, and infected mothers are separated from their children upon infection. Other social factors such as ethnic clashes, disease ignorance and urbanization impede efforts to control VL. Due to the rapid growth of “mega-cities,” where facilities for housing and sanitation are inadequate, transmission of VL has also increased.

**Moving Forward**

As enumerated by Dr. Margaret Chan, Director-General of the WHO, the two major obstacles to eliminating visceral leishmaniasis are inefficient management of partnerships and limited health system capacity. In other words, efforts must be unified and the appropriate infrastructure must be in place.

In order to address these problems, the disease burden must first be defined by improved surveillance systems. As the leading technical authority on health, the WHO may best align the work of all partners with international standards, strategies, and recommended practices, in effect strengthening partnerships. The WHO-Southeast Asia Regional Office has prepared advocacy pamphlets and posters to endorse the elimination of visceral leishmaniasis to decision-makers in the endemic countries. The World Health Organization continues to compile, synthesize, and distribute information for the international community to keep up to date on progress.

Endemic countries lack the resources, trained personnel, and transport to get patients from their homes to health facilities. With the assistance of wealthier countries, NGO’s, and private organizations, new health facilities may be set up in endemic areas. Vector-control activities face challenges in terms of advocacy, human resources, logistics, and funds. Whether in the form of raising awareness, fundraising, promoting R&D, or jumpstarting programs towards prevention and control, activities should be rooted in national efforts and capacities.

Visceral leishmaniasis is a devastating disease that requires more attention from the international community. It has caused social and economic stress for