

Around 20 million Afghans in 21 provinces are at risk of cutaneous leishmaniasis, a tropical disease transmitted by the bite of a sandfly. The disease may lead to open lesions and disfigurement, usually on the exposed areas of the body, and is associated with severe social stigma, especially for women and girls.

Through this photo story, see how WHO supports the fight against this neglected tropical disease in Afghanistan.

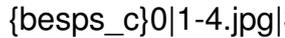
Photo credits: WHO Afghanistan/S.Ramo

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{besps_c}0|1-1.jpg|Parents of 5-month-old Maryam brought her to the WHO-supported leishmaniasis treatment centre at the National Malaria and Leishmaniasis Treatment Control Programme of the Ministry of Public Health in Afghanistan. Maryam had lesions on her face and arms, caused by the bite of a sandfly that spreads leishmaniasis. To cure her lesions, she received injections of sodium stibogluconate provided by WHO.{/besps_c}

{besps_c}0|1-2.jpg|In 2015, more than 25 000 new cases of cutaneous leishmaniasis were reported in Afghanistan, although the actual number is likely to be much higher. Kabul suffers from the highest cutaneous leishmaniasis burden in the world, with around 10 000 new cases reported every year. The leishmaniasis treatment centre run by the Ministry of Public Health with WHO support (pictured here) is the main centre where people affected by leishmaniasis seek help and treatment. Although leishmaniasis is curable, most health centres at the primary health care level lack medicines and the capacity to treat people.{/besps_c}

{besps_c}0|1-3.jpg|"This is the third time I am coming to this treatment centre to get my medicine injections," said Manizha, who is waiting for her turn in front of the leishmaniasis treatment centre in Kabul. "This place is very far from my home and it is not easy for me to come here. Many people in my neighbourhood have this same disease so we often come here together to get our medicines."

Leishmaniasis can affect people of all ages. The disease creates a heavier social burden particularly on younger women and girls due to the stigma associated with lesions and scarring caused by the sandfly bites. 

Sometimes, in the absence of treatment options, people rely on traditional healers who often make the scars and lesions worse by administering harmful chemicals on them. This happened to 10-year-old Noori who was carried by his brother to the treatment centre with painful open lesions on his foot. He stopped going to school a month ago because the burning lesions make it impossible for him to walk. Noori received treatment for his sore foot at this WHO-supported treatment facility and is now recovering well.

 Gulsum, 15, receives a sodium stibogluconate injection to treat the lesions on her face. “My mother and neighbours also had leishmaniasis. I worry about my face and I hope the scars won’t stay there permanently,” she said. This is the third injection Gulsum has received in this treatment centre and she needs one more to complete her treatment course.

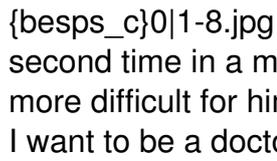
People’s awareness about the disease and the way it spreads is low in most communities. Although the open lesions and sores caused by leishmaniasis can be treated, the social stigma and shame associated with scars is long-lasting.

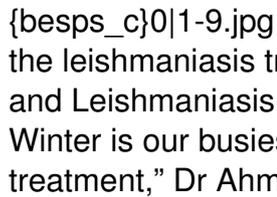
 Said Ghazanfar prepares a sodium stibogluconate injection at a Kabul leishmaniasis treatment centre where he has worked for the past 30 years.

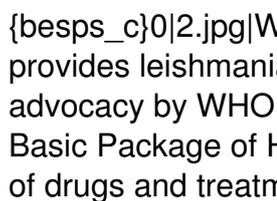
Leishmaniasis generally affects the poor and is associated with malnutrition, population displacement, poor housing and a weak immune system. Sandflies that spread the disease are often found in crowded areas with poor sanitation. Due to increasing population density, movements, displacement, crowded and poor living conditions in urban areas, more people are at risk of contracting leishmaniasis.

 Nasir Fazili is a teacher in a madrasa in the outskirts of Kabul. He came to the treatment centre to receive injections to treat his lesions. “I am very grateful for the free treatment I get here, this is the third time that I am coming to this place,” Nasir says.

Cutaneous leishmaniasis is the most common form of the disease, while around 15 cases of visceral leishmaniasis, a more serious and sometimes fatal form of the disease, are also being reported every year in Afghanistan.

 Said Ghazanfar injects sodium stibogluconate to Nader Ali's foot for the second time in a month. Nader Ali loves to play football but the painful lesions are making it more difficult for him. He is currently in 7th grade. "My favourite subject in school is science and I want to be a doctor when I grow up," Nader Ali says.

 For the past 10 years Dr Bashir Ahmad has worked as a medical officer at the leishmaniasis treatment centre operated by the Ministry of Public Health's National Malaria and Leishmaniasis Control Programme in Kabul. "We treat on average 40 or 50 patients a day. Winter is our busiest time when we can have even around 300 patients coming in every day for treatment," Dr Ahmad says as he fills in registration cards for new patients.

 WHO supports the diagnosis and treatment of affected communities and provides leishmaniasis drugs to treatment centres around the country. After longstanding advocacy by WHO and partners, leishmaniasis treatment was finally added to Afghanistan's Basic Package of Health Services in 2016. However, full integration that ensures the availability of drugs and treatment capacity in all health facilities is a lengthy process.

Strengthening the existing reporting system for leishmaniasis surveillance, building the capacity of healthcare workers to diagnose and treat leishmaniasis and integrating leishmaniasis treatment into all levels of Afghanistan's health system are among WHO's core priorities in the fight against this debilitating disease.

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