World Health Organization

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Contents

Abbreviations and acronyms

CATT	card agglutination test for trypanosomiasis
CIRAD	Centre de coopération internationale en recherche agronomique pour le développement (Agricultural Research Centre for International Development)
CIRDES	Centre International de Recherche-Développement sur l'Elevage en zone Subhumide (International Centre for Research and Development of Livestock in the subhumid zone)
COCTU	Coordinating Office for Control of Trypanosomiasis in Uganda
CSF	cerebrospinal fluid
DiTECT-HAT	diagnostic tools for human African trypanosomiasis elimination and clinical trials
DNDi	Drugs for Neglected Diseases initiative
FAO	Food and Agriculture Organization of the United Nations
FIND	Foundation for Innovative New Diagnostics
GE Healthcare	General Electric Healthcare
HAT	human African trypanosomiasis
HAT-e-TAG	Technical Advisory Group for HAT elimination
HAT MEPP	HAT Modelling and Economic Predictions for Policy
IAEA	International Atomic Energy Agency
INRB	Institut National de Recherche Biomédicale (National Institute for Biomedical Research)
IPR	L'Institut Pierre Richet
IRD	Institut de Recherche pour le Développement (National Research Institute for Development)
ITM	Institute of Tropical Medicine of Antwerp
LAMP	loop-mediated isothermal amplification
LSTM	Liverpool School of Tropical Medicine
mAECT	mini anion exchange centrifugation technique
MSF	Médecins Sans Frontières (Doctors Without Borders)
NECT	nifurtimox–eflornithine combination therapy
PAAT	Programme Against African Trypanosomiasis
PATTEC	Pan-African Tsetse and Trypanosomiasis Eradication Campaign
PNETHA	Programme National d'élimination de la trypanosomiasis humaine africaine (national HAT elimination programme)
PNLTHA	Programme National de lutte contre la trypanosomiasis humaine africaine (national HAT control programme)
RDT	rapid diagnostic test
SSNCP	sleeping sickness national control programme (PNLTHA in French)
WBC	white blood cell
WHO	World Health Organization

1 Introduction

Since 2000, concerted efforts by national programmes, supported by public–private partnerships, nongovernmental organizations, donors and academia under the auspices and coordination of the World Health Organization (WHO), have produced important achievements in the control of human African trypanosomiasis (HAT). As a consequence, the disease was listed as a neglected tropical disease targeted for elimination as a public health problem by 2020. The Sixty-sixth World Health Assembly endorsed this goal in resolution WHA66.12 on neglected tropical diseases, adopted in 2013.

National sleeping sickness control programmes (NSSCPs) are core to progressing control of the disease and in adapting to the different epidemiological situations. The support and trust of long-term donors has been crucial for these achievements. The 16 years of partnership among WHO, Sanofi and Bayer have enabled WHO to strengthen and sustain financial, technical and material support for the implementation of control activities in countries where HAT is endemic. The long-term support from the Government of Belgium in the Democratic Republic of the Congo has also been essential. Other donors have committed themselves to sustaining the elimination effort.

WHO has now convened three stakeholders meetings on the elimination of gambiense HAT (g-HAT). During the two previous meetings in 2014[1],[2] and 2016[3], commitment for HAT elimination was reinforced and structured mechanisms of collaboration were established in the network for g-HAT elimination. The network includes NSSCPs, groups developing new tools, international and nongovernmental organizations involved in disease control and donors. Meetings of the network are held biennially, and several specific working groups meet at other times to address the various aspects of elimination. A similar but simpler structure exists for rhodesiense HAT (r-HAT).[4],[5,6]

The third meeting of national programme coordinators and stakeholders discussed how to strengthen activities to achieve the elimination of HAT as a public health problem by 2020, how to achieve sustainable elimination of g-HAT by 2030 given the current challenges and how to renew commitment among stakeholders in order to plan beyond 2020.

1 Holmes P. First WHO meeting of stakeholders on elimination of gambiense human African trypanosomiasis. PLoS Negl Trop Dis. 2014 Oct; 8(10):e3244.

2 Report of the first WHO stakeholders meeting on gambiense human African trypanosomiasis elimination. Geneva, 25–27 March 2014. Geneva: World Health Organization; 2014; WHO/HTM/NTD/IDM/2014.4 https://who.int/neglected_diseases/resources/9789241508070/en/

3 Report of the second WHO stakeholders meeting on gambiense human African trypanosomiasis elimination. Geneva, 21–23 March 2016. Geneva: World Health Organization; 2016; WHO/HTM/NTD/IDM/2016.4 https://who.int/trypanosomiasis_african/resources/9789241511520/en/

4 Holmes P. On the road to elimination of rhodesiense human African trypanosomiasis: first WHO meeting of stakeholders. PLoS Negl Trop Dis. 2015 Apr; 9(4):e0003571.

5 Report of the first WHO stakeholders meeting on rhodesiense human African trypanosomiasis. Geneva, 20–22 October 2014. Geneva: World Health Organization; 2015; WHO/HTM/NTD/IDM/2015.2 http://who.int/trypanosomiasis_african/resources/9789241508650/en/

6 Report of the second WHO stakeholders meeting on rhodesiense human African trypanosomiasis. Geneva, 26–28 April 2017. Geneva: World Health Organization; 2017; WHO/HTM/NTD/IDM/2017.04 https://who.int/trypanosomiasis_african/resources/WHO_HTM_NTD_IDM_2017.04/en/

2 Meeting objectives

The objectives of the meeting were:

- to keep up the commitment of national authorities and technical and financial partners to WHO's objectives for g-HAT;
- to review progress towards the elimination of HAT and share achievements, challenges and perspectives on the goal of elimination as a public health problem and beyond among countries and implementing partners;
- to discuss strategies for reinforcing control and surveillance of g-HAT;
- to assess the status of critical technical aspects in research, development and implementation of therapeutic and diagnostic tools, epidemiology and vector control; and
- to sustain and strengthen the network for collaboration and coordination among stakeholders.

3 Opening remarks

Dr Gautam Biswas, Acting Director, WHO Department of Control of Neglected Tropical Diseases, opened the meeting by thanking the various partners present for their commitment to fighting HAT. He recalled the significant progress that has been made towards eliminating HAT as a public health problem. He noted that some countries are eligible for validation of elimination while others still require additional efforts to reach the elimination goals. He stressed the challenges of the elimination process and the post-validation period. WHO's new leadership is focused on the Sustainable Development Goals, including universal health coverage, and the elimination of HAT will contribute to achieving these goals.

Dr Didier Bakajika, on behalf of Dr Magda Robalo, Director, Communicable Diseases and Surveillance, WHO Regional Office for Africa, emphasized the importance of the meeting in creating and advancing solutions towards the elimination of HAT as a public health problem. He recalled the high-level commitment of African States to the Pan-African Tsetse and Trypanosomiasis Eradication Campaign (PATTEC), as well as all the efforts made regionally to adopt HAT control strategies. Despite the important progress achieved, persistent challenges remain, including endemic foci that are difficult to access and inadequate financial and human resources for good coordination.

The meeting was chaired by Professor Michael Barrett, University of Glasgow. The meeting agenda is attached as Annex 1 and the list of participants as Annex 2.

4 Progress towards the elimination of gambiense human African trypanosomiasis

In 2012, WHO established the goal to eliminate HAT (g-HAT and r-HAT) as a public health problem by 2020. Beyond that, the goal for g-HAT is to interrupt transmission (sustainable elimination) by 2030.

The **primary indicators** are:

- the number of cases reported per year; and
- the area at risk reporting < 1 case/10 000 people per year.

The HAT elimination Technical Advisory Group (HAT-e-TAG) refined the original primary indicator of "number of foci reporting < 1 case/10 000 people per year" to "area at risk reporting < 1 case/10 000 people per year". Foci are not objectively measurable, whereas the area at risk of HAT can be better measured in a standardized way.

The **secondary indicators** are to assess other aspects including the quality and intensity of activities, namely:

- the geographical extent of the disease;
- the populations at different levels of risk; and
- the proportion of the population at risk covered by control and surveillance.

4.1 Reported cases

The number of HAT cases reported annually reduced significantly from 26 872 in 2001 to 2164 cases in 2016 (Figure 1). In 2017, for the first time, fewer than 2000 cases were reported (the data for 2017 were under validation at the time of this meeting), most of which (98%) were g-HAT (r-HAT 2%).

Importantly, the sustained decrease in the numbers of reported cases is not a consequence of decreasing surveillance activities: rather, the numbers of people screened have been maintained at high levels (Figure 2). The numbers of health facilities with capacity to screen, diagnose and treat HAT have increased annually, improving access to diagnosis and treatment (see section 4.5).