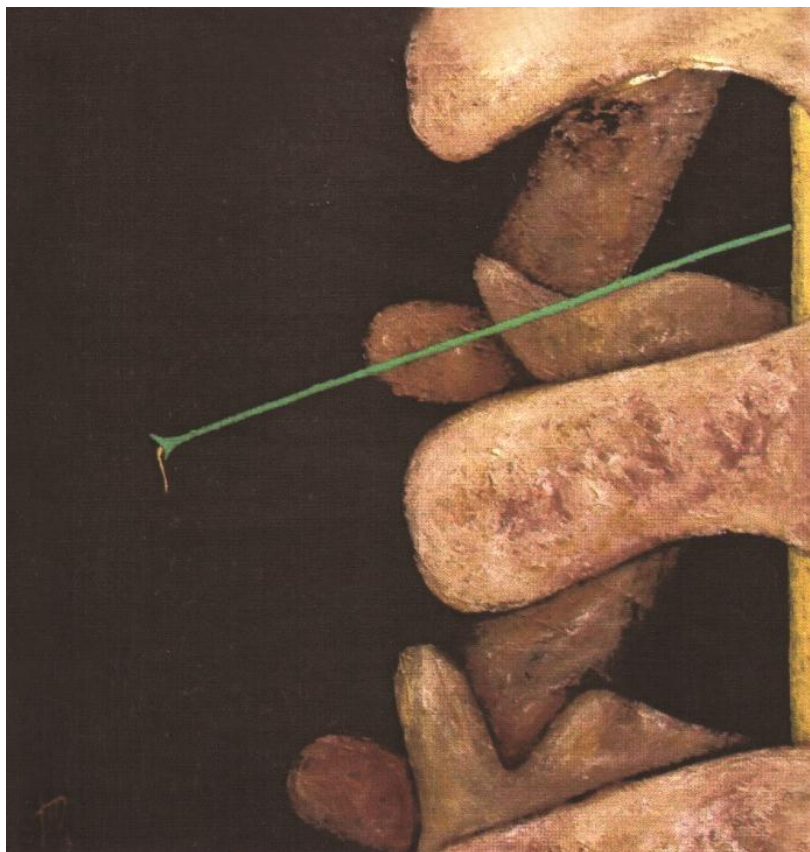


Report of the first WHO stakeholders meeting on gambiense human African trypanosomiasis elimination

Geneva, 25–27 March 2014



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Cover page :Illustration from the original donated painting "La ponction" from Nestor Favre

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1. Introduction

Following a dramatic resurgence of human African trypanosomiasis (HAT) in the 1980–1990s, joint efforts carried out since 2000 by the World Health Organization (WHO) and partners helped reverse the epidemic and led to a decline in the number of new cases reported annually.¹ These efforts led also to scientific and technical advances in several domains, including epidemiology, diagnostic and therapeutic tools, and vector control.

In 2007, in Geneva, representatives of HAT endemic countries endorsed the goal of elimination of the disease as a public health problem.² In 2011, the WHO Strategic and Technical Advisory Group (STAG) for neglected tropical diseases (NTDs) judged elimination to be technically feasible and HAT was included in the WHO Roadmap on NTDs with a target for elimination as a public health problem by 2020.³

In January 2012, in London, a number of partners from the public and private sectors launched the largest coordinated effort against NTDs and issued the *London Declaration on Neglected Tropical Diseases*⁴, a renewed, coordinated approach for accelerating the eradication, elimination or control of 10 NTDs by 2020. The partners pledged to work together to improve the lives of the 1.4 billion people affected by NTDs worldwide by enhancing the supply of existing medicines, stimulating collaborative research for new treatments and increasing funding for control and elimination activities. They targeted HAT for elimination alongside five other diseases, and endorsed the WHO Roadmap.

In December 2012, in Geneva, national sleeping sickness control programmes (NSSCPs), experts from WHO collaborating centres and the STAG-NTDs formulated the strategies, tools, monitoring indicators and milestones for the process of eliminating gambiense HAT (g-HAT). They considered elimination of g-HAT as public health problem as an intermediate objective that should be followed by the elimination of the disease, defined as absence of transmission resulting in zero cases reported in all foci, and proposed 2030 as the deadline for this new outcome of elimination.⁵

In 2013, a WHO Expert Committee report was published, which provides a comprehensive update on new diagnostic tools, new therapeutic regimens and on the distribution of the disease with high-quality mapping. New information on the roles of human and animal reservoirs and the tsetse fly vectors is included as well. The report also contains recommendations on approaches for the elimination of g-HAT.⁶

Considering the current situation of the disease, WHO convened a meeting of the main stakeholders working to fight g-HAT to analyse the current situation, the challenges to elimination and the needs for research in order to reinforce commitment to elimination and strengthen the mechanisms of collaboration through a structured network of stakeholders (see Agenda in Annex 1). The meeting focused on g-HAT caused by the parasite *Trypanosoma brucei gambiense*, prevalent in West and

¹ Simarro PP et al. The Human African Trypanosomiasis Control and Surveillance Programme of the World Health Organization 2000–2009: the way forward. PLoS Negl Trop Dis. 2011;5:e1007.

² Report of a WHO informal consultation on sustainable control of human African Trypanosomiasis. Geneva, 1–3 May 2007. Geneva: World Health Organization; 2007 (WHO/CDS/NTD/IDM/2007.6; also available at http://whqlibdoc.who.int/hq/2007/WHO_CDS_NTD_IDM_2007.6_eng.pdf; accessed 28 February 2013).

³ Accelerating work to overcome the global impact of neglected tropical diseases: a roadmap for implementation. Geneva: World Health Organization; 2012 (WHO/HTM/NTD/2012.1; also available at http://www.who.int/neglected_diseases/NTD_RoadMap_2012_Fullversion.pdf; accessed 28 February 2013).

⁴ The London Declaration on Neglected Tropical Diseases (available at http://www.unitingtocombatntds.org/downloads/press/london_declaration_on_ntds.pdf).

⁵ Report of a WHO meeting on elimination of African trypanosomiasis (*Trypanosoma brucei gambiense*). Geneva, 3–5 December 2012. Geneva: World Health Organization; 2013 (WHO/HTM/NTD/IDM/2013.4) (http://apps.who.int/iris/bitstream/10665/79689/1/WHO_HTM_NTD_IDM_2013.4_eng.pdf).

⁶ Control and surveillance of human African trypanosomiasis: report of a WHO Expert Committee. Geneva: World Health Organization; 2013 (WHO Technical Report Series, No. 984).

Central Africa, which accounts for around 98% of all reported cases of HAT.

As rhodesiense HAT (r-HAT) is a zoonosis with both domestic and wild hosts, its elimination as total interruption of transmission is not considered technically feasible at this time. Elimination of r-HAT requires a tailored and multisectoral approach not necessarily the same as that developed for g-HAT. A meeting is planned in October 2014 to formulate objectives for control of r-HAT, identify gaps in operational research, select partners and stakeholders, and set up a coordination network.

2. Objectives

The objectives of the meeting were:

1. To step up the commitment of national authorities and technical and financial partners to WHO's elimination objective for g-HAT.
2. To share achievements, challenges and views on the elimination goal among countries and implementing partners.
3. To assess the status of critical technical aspects to be solved in research and development of drugs and diagnostic tools, epidemiology, vector control and animal reservoirs.
4. To define the mechanisms for strengthening and organizing collaboration and coordination among stakeholders.

3. Opening remarks

Dr Hiroki Nakatani, Assistant-Director General, HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases, opened the meeting, remarking on the special opportunity and momentum for the elimination and eradication of NTDs as partners from the public and private sectors aligned with unprecedented strength.

Dr Dirk Engels, Director, WHO Department of Control of Neglected Tropical Diseases, stressed the fact that even with imperfect tools, advance in HAT control and elimination is possible via a coordinated and systematic approach.

Dr Jean Jannin, Coordinator, Innovative and Intensified Disease Management unit, NTD Department, recalled the partnership-building efforts of the past two decades that had paved the way for the current success in curbing the disease, and the strong commitment of donors, scientists, manufacturers of drugs and diagnostic tools, and nongovernmental organizations (NGOs) in supporting NSSCPs to eliminate g-HAT. The deliberations of the meeting would be key to solidifying this commitment into a structured coordination mechanism to work towards the 2020 elimination goal.

A minute of silence was held to mark the passing of Dr Constantin Miaka Mia Bilengue, a prominent leader for many years in the fight against HAT in the Democratic Republic of the Congo.

Professor Peter Holmes, who is currently chairing the STAG-NTD, was elected as the Chair.

4. Open floor for stakeholders

The meeting was attended by high-level representatives of most of the stakeholders involved in the fight against g-HAT in different ways (see List of participants in Annex 2). The meeting included an open session during which stakeholders delivered the following key messages:

- Sanofi will continue accompanying the process until elimination.

- Bayer announced that in addition to the renewable drug donation, a 3-year pilot project (2013–2015) has been added to support active case-finding activities.
- The Bill & Melinda Gates Foundation reaffirmed its intention to maintain the support to developing control tools (diagnostics, treatment and vector control) that is channeled mainly through research and development partners.
- The Institute of Tropical Medicine (ITM) will assume for 3 years the former role of the Belgian Development Agency of support to the NSSCP in the Democratic Republic of the Congo. Although support to the medical sector was not included in the bilateral agreement with Belgium and the Democratic Republic of the Congo, HAT was considered an exception because of the long history of support and the elimination goal. It was considered that a “diagnostics donation programme” is needed to address the chronic limitations in the availability of diagnostic tools.
- The African Union/PATTEC (Pan African Tsetse and Trypanosomiasis Eradication Campaign) stressed the crucial need for support to national programmes.
- The Food and Agriculture Organization of the United Nations (FAO) and the International Atomic Energy Agency (IAEA) confirmed their continued commitment to and alignment with WHO on the elimination of HAT; both organizations are involved in HAT control in the framework of the Programme Against African Trypanosomiasis (PAAT)
- The portfolio of the Drugs for Neglected Diseases initiative (DNDi) is in line with and framed on the elimination of HAT. Synergy among stakeholders conducting control, surveillance and research activities is needed.
- The Foundation for Innovative New Diagnostics (FIND) reaffirmed its commitment to the collaboration with WHO that began in 2006 and supports the call by the ITM for a “diagnostics coalition” to ensure access to diagnostic tests for all.
- Médecins Sans Frontières (MSF) renewed its commitment to fighting HAT as pledged in 2013 but warned of the difficulties in practice of reconciling HAT with competing priorities within MSF.
- The Liverpool School of Tropical Medicine issued a call for increased financial support for vector control activities in support of the WHO HAT elimination target.
- IRD has secured the HAT research team for the period 2015–2019.
- Focal points from NSSCPs reiterated the need for better communication among countries and strong coordination by WHO in leading the elimination of HAT.

The stakeholders agreed to issue a declaration from the meeting to appeal for strengthened international support to g-HAT elimination.

5. Country and NGO reports

Country reports

Representatives of Angola, Cameroon, the Central African Republic, Chad, Côte d’Ivoire, the Democratic Republic of the Congo, Guinea, South Sudan and Uganda presented the disease situation in their countries. The main topics are presented in Annex 3, country by country, including the geographical distribution of the disease, capacities for g-HAT control and surveillance, and scores on progress towards g-HAT elimination. The following issues were addressed:

The epidemic curves for the decade 2004–2013 had an overall downward trend in all countries (see

Annex 3). The peaks of some years in the Central African Republic, Chad and Guinea were explained by more intensive screening being carried out. Conversely, some of the deep valleys were explained by interruption of activities due to lack of funding or civil unrest.

Among the strengths most often pointed out by countries was the success in decreasing the number of cases and the availability of medicines.

The weak points cited were more numerous and differed by country, but converged among several countries on:

- lack of ownership by national authorities
- lack of integration in the health system
- poor health system with discouraged staff
- gradual retirement of skilled staff and lack of appropriate staff
- weak knowledge of HAT among health staff
- low level of community awareness
- difficult access to affected populations
- social instability and population displacements
- insufficient funding, with demobilization of key actors supporting HAT control because of decreasing disease prevalence
- low investment in vector control.

NGO reports

MSF is practically the only NGO currently active in the field. It focuses on remote and politically unstable areas such as the northern Orientale Province (Democratic Republic of the Congo) and Batangafo (north-west Central African Republic), where 1371 and 65 cases were detected and treated in 2013, respectively. An MSF international mobile team carries out short-term interventions in foci without appropriate surveillance where disease transmission is suspected (“blind spots”) in several countries, having screened 94.359 people with 49 cases detected and treated for the period 2011–2013.

MSF programmes act as research sites for ongoing studies on new diagnostic tools (pilot implementation of individual serological tests) and new treatments (fexinidazole), while continuing to advocate sustained funding for research and disease control. MSF-Logistics provides services for the conditioning, storage and shipment of antitrypanosomal drugs, including nifurtimox–eflornithine combination therapy (NECT) kits, always under the instructions of WHO.

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