



Report of a WHO Informal Consultation on sustainable control of human African trypanosomiasis

1–3 May 2007
Geneva, Switzerland



**World Health
Organization**



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1. Introduction

In 1996, the World Health Organization (WHO) held a meeting of managers of human African trypanosomiasis national control programmes (HATNCPs) in Abidjan, Côte d'Ivoire, to establish a coordinating network that would enable the Organization to develop a strong advocacy and awareness campaign and obtain the support of private partners for the surveillance and control programme. Since then, impressive progress has been made in controlling human African trypanosomiasis (HAT, or sleeping sickness), transforming the epidemiology of the disease described in 1996.

WHO held an informal consultation on sustainable sleeping sickness control in Geneva, Switzerland, on 1–3 May 2007. A total of 37 participants from WHO headquarters, the WHO African Region, the WHO Eastern Mediterranean Region and HATNCP programme managers attended the meeting (Annex 1). The three-day meeting was divided into three parts: the presentation of (i) country reports; (ii) working groups; (iii) general conclusions of the meeting (Annex 2).

2. Aim and objectives of the meeting

The aim of the informal consultation was to establish an accurate assessment of the current epidemiological status of sleeping sickness and levels of endemicity in WHO regions. The conclusions of this meeting will permit WHO to develop a methodology to guide appropriate assistance to each endemic country in order to fight the disease.

The three objectives of the meeting were:

- to obtain epidemiological updates on HAT;
- to discuss appropriate control measures for each epidemiological status;
- to define priorities and approaches for achieving sustainable control of HAT.

3. Country reports

Country reports were presented according to the following regional and epidemiological criteria: West African countries (*T.b. gambiense*); east African countries (*T.b. rhodesiense*); central African countries (*T.b. gambiense*); and major endemic countries (*T.b. gambiense*).

Guidance on presentations was circulated by WHO to participants before the meeting in order to guide the preparation of country reports. The following information was requested:

1. **Evolution of HAT during the past 10 years in the country.** Description of control measures carried out, (number of) screened persons, (number of) cases by focus.
2. **Current situation.** Analysis of geographical distribution and intensity of HAT prevalence in the light of the activities carried out during the past 10 years.
3. **Challenges and outlook for surveillance and control.** Description of strengths and weaknesses that could improve or weaken current progress to control HAT in the country.

WHO also requested in advance specific information by focus (country sheet):

- Update of map of each focus, showing current HAT situation classified by the following criteria:
 - foci where the last case was reported in 1990 or before;
 - foci where the last case was reported between 1991 and 2000;
 - foci where the last case was reported between 2001 and 2006.
- Active screening activities for each focus:
 - foci that received active control measures by mobile teams at least once during the past six years (2001–2006);
 - foci that received active control measures by mobile teams at least once during the period 1991–2000;
 - foci that did not receive active control measures by mobile teams in the past 16 years (1991–2006).
- Estimated population at risk in each focus.

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