

# WHO Programme to Eliminate Sleeping Sickness

## *Building a Global Alliance*



World Health Organization



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Concept: CDS/COM - Layout: Bruno Duret

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# preface

*The signing on 3 May 2001 of a partnership agreement between WHO and Aventis\*, and the call by the Director-General of WHO to reinforce control measures against sleeping sickness, have heralded the dawn of a new era in the struggle to eliminate this scourge of Africa. Private partners, NGOs and institutional partners such as the governments of Belgium and France are already mobilized together with relevant UN organizations (FAO, IAEA, WHO), and it is hoped that new partners will join soon. It is also of great significance that the Organization of African Unity, at its meeting of Heads of State held in Lomé (Togo) in June 2000, created the Pan African Tsetse and Trypanosomiasis Eradication Campaign (PATTEC) and declared 2001 as the year of eradication of the tsetse fly.*

*In order to implement this ambitious programme and spare no efforts to safeguard the welfare of the population of Africa, WHO is mobilizing all its forces and streamlining its activities in this area. The key to success is to make the best possible use of all capacity within the Organization.*

*The WHO Regional Office for Africa and WHO headquarters have joined together to create an office in Yaoundé (Cameroon) to support surveillance and control of sleeping sickness, in order to enhance activities as close as possible to the field, and more especially in the countries most severely affected.*

*An action plan is currently being drawn up by the Regional Office and headquarters, in order to establish a programme which will be implemented in complete collaboration. Absolute priority is being given to case detection and patient treatment, in order to relieve the suffering of rural populations. The vast majority of available and future resources will thus be directly used in countries.*

*I am convinced that the establishment of a private-public partnership, effectively*

*implemented thanks to exemplary collaboration between all actors in WHO and in the field, will enable us to demonstrate to the world that a disease which was hitherto "neglected" can be vanquished at last.*



**Dr Ebrahim Samba,**  
Regional Director, WHO Regional Office for Africa



Photo credit: Patrick Robert, Sygma/Corbis

# ***WHO Programme to Eliminate Sleeping Sickness***

## ***Preamble***

*The Pan African Tsetse and Trypanosomiasis Eradication Campaign (PATTEC) was established in June 2000 by the Heads of State of the Organization of African Unity (OAU) and launched on 5 October 2001, calling for the mobilization of the international community and African countries to combat sleeping sickness;*

*In a statement on 3 May 2001, the Director-General of the World Health Organization (WHO) declared: "We can now look forward to halting the spread of sleeping sickness... As we increase surveillance, treatment and research, there is now reason to hope that we can better control this disease. We hope that others inspired by our work will join us as much remains to be done";*

*National authorities have expressed their willingness to coordinate action;*

*WHO has decided to merge all its efforts to combat the disease;*

*A public-private partnership has been established to support WHO efforts against human African trypanosomiasis (HAT);*

*Inter-agency collaboration in this field has been implemented since 1995 through the joint Programme Against African Trypanosomiasis (PAAT) supported by WHO, the Food and Agriculture Organization of the United Nations (FAO), the International Atomic Energy Agency (IAEA) and the OAU;*

*The involvement of nongovernmental organizations in related programmes has increased;*

*As a concrete expression of the international commitment noted above and recent successes achieved*

***WHO now proposes to launch a  
Programme to Eliminate Sleeping Sickness.***

*Human African trypanosomiasis, or sleeping sickness, is one of the world's most neglected diseases, affecting poor populations in remote rural areas of Africa. It is also one of the most pernicious infectious diseases to have re-emerged in recent years. Brought close to elimination in the 1960s, the disease resurged dramatically as health systems deteriorated and control programmes were either abandoned or weakened by political instability and war. Today some 60 million people are at risk.*

# Overview

*The disease is difficult to prevent and treat. Detection of infection and subsequent patient care require well-trained staff, sophisticated technical resources, a reliable supply of drugs, and well-equipped health centres – all extremely rare in the most affected areas. Without treatment, infected people invariably die. Prevention has been greatly hampered by the collapse of programmes for vector control. Research to find better control tools is yet another area of neglect.*





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*Today, this bleak outlook is poised to change. After 40 years of neglect, sleeping sickness is now the focus of a new World Health Organization programme established*

*to steer, implement and coordinate a renewed attack on this little-known yet dreaded disease. A global alliance of partners, led by WHO, is providing the momentum, commitment and means not only to bring the disease under control, but eventually to eliminate it.*

## ***The scourge of Africa – once again***

Elimination is feasible. Systematic and thorough prevention and control activities brought sleeping sickness close to elimination in the 1960s. In the ensuing years, however, control activities deteriorated and the disease steadily rose in prevalence, becoming – once again – the scourge of Africa. WHO estimates that some 300 000 to 500 000 people are now affected, while up to 60 million people in 36 countries are at risk of contracting the disease. Sleeping sickness now ranks 7<sup>th</sup> in sub-Saharan Africa in terms of disability adjusted life years, and is second only to malaria in the global ranking of parasitic diseases.

As the disease occurs in the poorest areas of some of the world's least developed countries, the establishment and implementation of effective

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