PROGRAMME AGAINST AFRICAN TRYPANOSOMIASIS

7th MEETING OF THE PROGRAMME COMMITTEE

SUMMARY REPORT

Geneva, Switzerland

25 – 26 November 2002

Food and Agriculture Organization of the United Nations
Inter-Africa Bureau for Animal Resources of the Organization for African Unity
International Atomic Energy Agency of the United Nations
World Health Organization of the United Nations
<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Description</th>
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<tr>
<td>AAT</td>
<td>Animal African Trypanosomiasis</td>
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<tr>
<td>AU</td>
<td>African Union</td>
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<tr>
<td>CIRAD</td>
<td>Centre de Coopération Internationale en Recherche Agronomique pour le Développement</td>
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<td>DFID</td>
<td>Department for International Development (UK)</td>
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<td>DNDi</td>
<td>Drug for Neglected Disease initiative</td>
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<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>FAO/IAEA</td>
<td>Joint FAO/IAEA Division of Nuclear Applications in Food and Agriculture</td>
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<td>FITCA</td>
<td>Farming in Tsetse Control Areas of Eastern Africa</td>
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<tr>
<td>GFAR</td>
<td>Global Forum on Agricultural Research</td>
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<td>GPP</td>
<td>Global Partnership Programmes</td>
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<td>HAT</td>
<td>Human African Trypanosomiasis</td>
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<td>IAEA</td>
<td>International Atomic Energy Agency</td>
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<td>IBAR</td>
<td>Interafrican Bureau for Animal Resources</td>
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<td>ICIPE</td>
<td>International Centre of Insect Physiology and Ecology</td>
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<td>IFAD</td>
<td>International Fund for Agricultural Development</td>
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<td>IFAH</td>
<td>International Federation for Animal Health</td>
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<td>ILRI</td>
<td>International Livestock Research Institute</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>PAAT</td>
<td>Programme against African Trypanosomiasis</td>
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<td>PAAT IS</td>
<td>Programme against African Trypanosomiasis Information System</td>
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<td>PAG</td>
<td>PAAT Advisory Group Coordinators</td>
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<td>PATTEC</td>
<td>Pan-African Tsetse and Trypanosomiasis Eradication Campaign</td>
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<td>SARD</td>
<td>Sustainable Agricultural and Rural Development</td>
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<td>SIT</td>
<td>Sterile Insect Technique</td>
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<td>TCP</td>
<td>Technical Cooperation Programme</td>
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<td>T&amp;T</td>
<td>Tsetse and Trypanosomiasis</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WHO/TDR</td>
<td>World Health Organization/Special Programme for Research and Training in Tropical Diseases</td>
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The seventh meeting of the PAAT Programme Committee was convened at the Headquarters of the World Health Organization (WHO), Geneva, Switzerland, 25-26 November 2002. The meeting focused on (i) progress and achievements of the four PAAT mandated organizations (AU/IBAR, FAO, IAEA, WHO), field programme proposals for tsetse and trypanosomiasis (T&T) interventions in the PAAT-PATTEC agreed priority areas, i.e. the Southern Rift Valley of Ethiopia and the border area of the “cotton-belt” zone between Burkina Faso and Mali, (iii) building a common strategy and priorities of the four PAAT mandated organizations for concerted T&T activities, and (iv) increased involvement of strategic partners (e.g. NGOs and the private sector).

The meeting was officially opened by Dr D. Heymann, Executive Director of Communicable Disease Cluster – WHO, who on behalf of WHO welcomed the participants. He stressed the need for enhanced attention to neglected diseases as *inter alia* African trypanosomiasis. He also underpinned that objectives of intervention campaigns need to be carefully defined according to internationally agreed criteria (i.e. eradication, elimination, control).

The meeting was chaired by Prof. P.H. Holmes. WHO provided secretarial assistance. The meeting’s Agenda and list of participants are included in annex.
1. **MINUTES OF THE LAST MEETING**

1.1. The report and recommendations of the 6th were revised and endorsed. The positive outcomes of the PAAT-PATTEC (Pan-African Tsetse and Trypanosomiasis Eradication Campaign) harmonization workshop (held at FAO Rome, May 2002) were emphasised. Welcomed was also the joint press release by the four mandated organization (AU, FAO, IAEA and WHO) on the joint battle against T&T, as well as the statement of the PAAT community issued at the 8th meeting of the PAAT Advisory Group (PAG) Coordinators meeting, Nairobi, September 2002. The statement highlights the broad consensus reached within the PAAT community and other relevant stakeholders (e.g. IFAD, ICIPE, ILRI, and CIRAD) on the policy and strategy to tackle the T&T problem.

2. **MINUTES OF THE 8TH PAG MEETING**

2.1. The participants approved the recommendations of the 8th PAG meeting, Nairobi, September 2002.

3. **SUMMARY OF THE 7th PAAT-PROGRAMME COMMITTEE MEETING OUTCOME**

3.1. Representatives of AU, FAO, IAEA and WHO reported on progress, priorities and planned activities of their respective organizations and support to PATTEC.

3.2. The presentation of **AU/IBAR** concentrated on the achievements of the FITCA (Farming in Tsetse Controlled Areas) project and its implementation strategy. Acquired experience showed that participation and contribution of communities, government extension service networks, public and private sectors need to be strategically integrated. The role of each of these players has to be defined in detail in the programme document and individual country logical frameworks, after a systematic stakeholder’s analysis that identifies strengths, weakness and anticipated contributions. It was also mentioned the political and technical support of IBAR to the implementation of PATTEC Plan of Action and the role played by IBAR and AU in convening and sponsoring the International Scientific Council for Trypanosomiasis Research and Control.

3.3. **FAO and IAEA** reported on normative issues concerning selection of priority areas, criteria and guidelines for joint international effort against T&T in the context of Sustainable Agriculture and Rural Development (SARD), and strategic planning and programming field interventions. Highlighted was the relationship between the presence of T&T, poverty, food insecurity and rural livelihood vulnerability. In relation to these and other more technical criteria, consensus was reached on two priority areas for intervention: (i) the Southern Rift Valley in Ethiopia and (ii) the ‘cotton-belt’ zone between Burkina Faso and Mali. FAO/PAAT and IAEA have worked together to create multidisciplinary capacity at national and regional level for the development of field integrated area-wide intervention programmes which contribute to poverty reduction and increased...
food security. In this regard, it is essential that actions directed to remove the T&T problem are recognized as priority and properly inserted in the national Poverty Reduction Strategy Papers. In addition, the commitment and contribution of the concerned countries and the support of the rural communities are key elements for the implementation of field programmes. FAO has promoted a strategic collaboration with the private sector (IFAH, International Federation for Animal Health) for developing standard operating protocols for quality control/quality assurance of trypanocidal drugs. The main contribution of FAO and IAEA – through PAAT – to the PATTEC initiative concerns technical and scientific support. FAO organizes annual meetings of the Panel of PAAT Advisory Group Coordinators comprising senior technical advisers, representatives of affected countries, donors and international research institutions. In addition, both FAO and IAEA convene international workshops, prepare internationally recognized guidelines and assist Member Nations and PATTEC in the process of priority setting in T&T interventions. Also, FAO hosts and runs the PAAT Information System (PAAT IS) which allows PAAT and PATTEC partners to interact and communicate with the scientific and technical community, policy makers, donors and planners.

3.4. **WHO** reported about a contractual arrangement with the private sector allowing the provision of cost free drugs for sleeping sickness treatments for the next five years. The grant provided by the private sector serves also for the monitoring and surveillance of sleeping sickness and related research activities. An important initiative related to the availability of drugs for sleeping sickness was provided by **DNDi** (Drugs for Neglected Diseases initiative) which studies the lack of affordable drugs available to patients suffering from neglected diseases. The DNDi vision is ‘to improve the quality of life and health of people suffering from neglected diseases by using an alternative model to develop drugs for these diseases. In this model, driven by the public sector, a variety of players will collaborate to raise awareness of the need to research and develop drugs for neglected diseases, and build capacity in the endemic countries’. DNDi works in close collaboration with WHO/TDR.

3.5. Representative of **DFID** stressed the relevance of PAAT activities and statements as useful guidance for donors.

3.6. **IFAH** and its associated members expressed their agreement and support to the policy strategy and methodological approach developed by PAAT. They confirmed their willingness to contribute to T&T intervention projects. In addition, it was highlighted that PATTEC project counterparts should not consider only the donation of drugs or other chemicals (like insecticides) but explore broader options for public-private sector partnership. It was also emphasised that joint actions against T&T should reflect successes and failures experienced with other larger scale vector and disease interventions, such as the roll-back-malaria programme.

3.7. Notes of support to PAAT were received also from the **European Union** and **IFAD**.
3.8. At the PAAT-PATTEC harmonisation workshop (Rome, May 2002), criteria and guidelines for selection of priority areas for T&T intervention, in the context of SARD, were developed and agreed. Two areas, one transboundary in Burkina Faso and Mali and the other in the Southern Rift Valley of Ethiopia, were assessed with respect to the agreed criteria. The strategic approach foresees, that in the case of Ethiopia, an area of 10,500 km² a short temporary barrier of 8 km x 8 km will be required. In Burkina Faso-Mali, natural barriers formed by the watersheds, will be reinforced by extending farming practices, coupled where necessary with temporary artificial barriers.

4. PRIORITIES AND TASKS AHEAD

4.1. In terms of priorities and tasks ahead the following points were highlighted:
- advance in field programme development in the agreed PAAT-PATTEC selected areas (Burkina Faso-Mali and Ethiopia) for integrated area-wide T&T interventions through (i) securing infrastructural requirements and capabilities for national/regional staff to advance the strategic planning, and (ii) supporting international concertation and streamlining of efforts to secure funds and start implementation
- create an effective virtual environment to share information and enhance communication by means of PAAT-IS and PAAT website;
- refine criteria and guidelines for the methodological approach for the development of SARD dimensions of integrated area-wide field T&T intervention programmes;
- produce and publish PAAT Position Papers and T&T related documentation which should serve as guidelines for strategic planning;
- develop a novel approach and training module integrating economic analysis with environmental and risk mapping and production of system analysis; and
- enhance synergies and complementarities among concerned international agencies, governments, donors and the private sector.
5. CONCLUSIONS AND RECOMMENDATIONS

5.1. The following conclusions and recommendations were formulated.

CONCLUSIONS

A. The case for urgent action towards more productive agriculture and livestock systems is underscored by the projected need to import up to 50 percent of the required food in sub-Saharan Africa by 2025.

B. The meeting endorsed the outcomes of the PAAT-PATTEC harmonisation workshop (Rome, May 2002), the associated press release and the statement issued by the PAAT community of the 8th PAG meeting (Nairobi, September 2002).

C. Tsetse and trypanosomiasis intervention must be part of an overall package of SARD and poverty reduction. In this regard, the potential impact of investing in T&T intervention must be made obvious to donors.

D. The absence of adequate numbers of trained personnel is emerging as a constraint to the successful implementation of intervention strategies.

E. The four mandated organizations encourage – through PAAT – PATTEC to use its political role in Africa to promote T&T interventions.

F. In order to avoid further controversy, early clarification by PATTEC over the terminology and immediate and ultimate objectives of intervention against T&T would be beneficial. This would facilitate more effective public relations by the mandated organizations.

G. The Programme Committee commends WHO for entering public/private partnerships and welcomes the links with Aventis and Bayer. PAAT also commends MSF for its DNDi and encourages partners to provide support wherever possible.

H. The Programme Committee welcomes the initiative by IFAH to support PAAT in conducting investigations about the quality of trypanocides and by making recommendations towards the use of established standards products.

I. The development of new drugs does not constitute a complete solution to HAT, but there is a need to ensure that infrastructure is available for accurate diagnosis and access treatments.

J. Strong links between research and development and control activities are essential, as demonstrated by WHO and TDR.

K. The Programme Committee welcomed the recent involvement of PAAT in the GFAR/GPP Tryps Initiative.
RECOMMENDATIONS

A. Countries affected by the T&T problem should recognise the impact of the disease and priority areas for national and regional intervention. In addition, T&T interventions need to be included in the national Poverty Reduction Strategy Papers, as emphasised by the AU Council of Ministers at its 76th Ordinary Session, Durban, July 2002 (CM/Dec.661).

B. Commitment towards T&T intervention should extend beyond governments and include local organizations and stakeholders.

C. The four PAAT mandated organizations should set in motion necessary concrete field action programmes in the agreed priority areas for HAT and AAT intervention. In addition, opportunities for synergies in vector control and implementation of concerted actions against HAT and AAT should be exploited.

D. PAAT should emphasise the complexity of the T&T problem and the need for integrated intervention packages tailored to the local situation and taking into consideration the predicted benefit/cost scenario.

E. High priority should be given to capacity building and linkages with ongoing intervention campaigns against HAT and AAT. The capacity building should also address the need of rural service building.

F. PAAT should make an effort to present the T&T problem and the harmonised international approach to the next EU Livestock Policy meeting.

G. The Programme Committee encourages PAAT and other organizations and partners to develop public/private partnerships. It also encourages the public and private sectors to make contributions to the international efforts against T&T.

H. Pharmaceutical companies are encouraged to assay new compounds for trypanocidal activity for potential use in HAT and AAT control/treatment and pursue their development.

I. Activities carried out by the private sector should include technical and environmental feasibility assessments on the SAT, better formulations and presentations of ULV insecticides and different formulations of insecticides.

J. Efforts should be pursued in the development of updated tsetse maps for facilitated strategic planning.
6.  **NEW CHAIRMAN AND SENIOR PROGRAMME ADVISOR OF PAAT**

6.1. The Programme Committee of PAAT elected unanimously Professor Albert Ilemobade as the new Chairman. Professor Peter Holmes, the previous Chairman, remains on PAAT as Senior Programme Advisor.

The PAAT Programme Committee, the PAAT Advisory Group Coordinators and all the PAAT community wish them every success in their new roles.
7th Meeting of the PAAT Programme Committee


Tentative agenda

Monday, 25 November 2002

09:00-09:20
Opening address – D.L. Heymann
Introduction and objectives of the meeting – P. Holmes

09:20-09:30
Adoption of minutes of 6th Programme Committee meeting (P. Holmes)

09:30-10:15

10.00 - 10.15
Discussion

10:15-10:30
Coffee break

10:30-10:45

10:45-11:00
FAO Technical Co-operation Programme (TCP) in support of PATTEC (A.A. Ilemobade)

11:00-11:15
11:15-11:30
Report on proposal for tsetse-trypanosomiasis intervention in the Southern Rift Valley of Ethiopia (Assefa Mebrate)

11:30-11:55
Report on proposal for tsetse-trypanosomiasis intervention in the border area Burkina Faso-Mali cotton belt zone (U. Feldmann and R. Mattioli)

11:55-12:15
Perspectives for concerted actions in central Africa (R. Saini and J. Jannin)

12:15-12:45
Discussions and reports

12:45-14:00
Lunch

14:00-15:00
Common strategy and priorities of the four mandated international organizations (AU/IBAR, FAO, IAEA, WHO) for T&T activities (a concerted joint presentation and discussion led by P. Holmes)

15:00 - 15:15
Presentation of the MSF "Drug for Neglected Diseases Initiative" (B. Pecoul)

15:15 - 15:30
Building communication messages for partnerships (X. Legrand du Laurens)

15:30-16:00 Coffee break

16:00-17:00
Presentation by the private sector: key points of partnerships (IFAH, Aventis, Bayer, CEVA, Merial, Virbac) (discussion led by G. Hesse)

17:00 -17:30 The role of institutional donors in partnerships. (France, Italy, UK) (discussion led by P. Holmes)

17:30 - 18:30
Round table discussion: PAAT from the donors’ perspective, including the private sector (led by I. Maudlin)

19:30 Dinner Edelweiss restaurant - Geneva
Tuesday, 26 November 2002

09:00-10:00
Focus on PAAT future programme (P. Holmes)

10:00-10:30
Coffee break

10:30-12:00
Discussion, conclusions and recommendations

12:00
Appointment of a new PAAT chairman

12:15
Closing (P. Holmes and WHO)
7th Meeting of the PAAT Programme Committee


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