

5th Joint HAT platform – EANETT Scientific meeting « Research and control activities challenges in keeping HAT below the elimination threshold beyond 2020 »

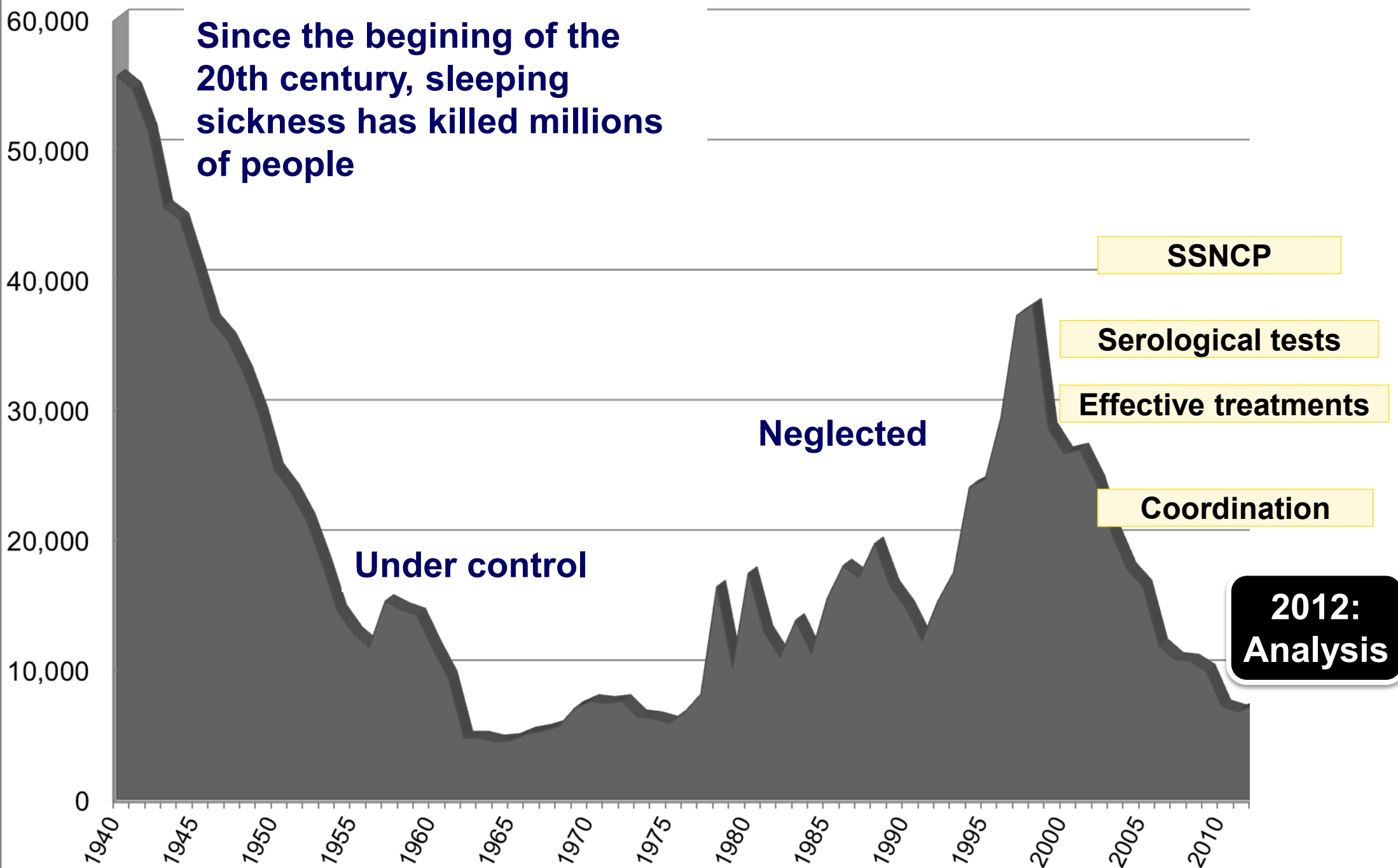
Kampala, 3-4 October 2018

How to keep HAT below elimination threshold 2020: A situational overview



**World Health
Organization**

Cases HAT, 1940-2012



WHO HAT CONTROL AND SURVEILLANCE PROGRAMME

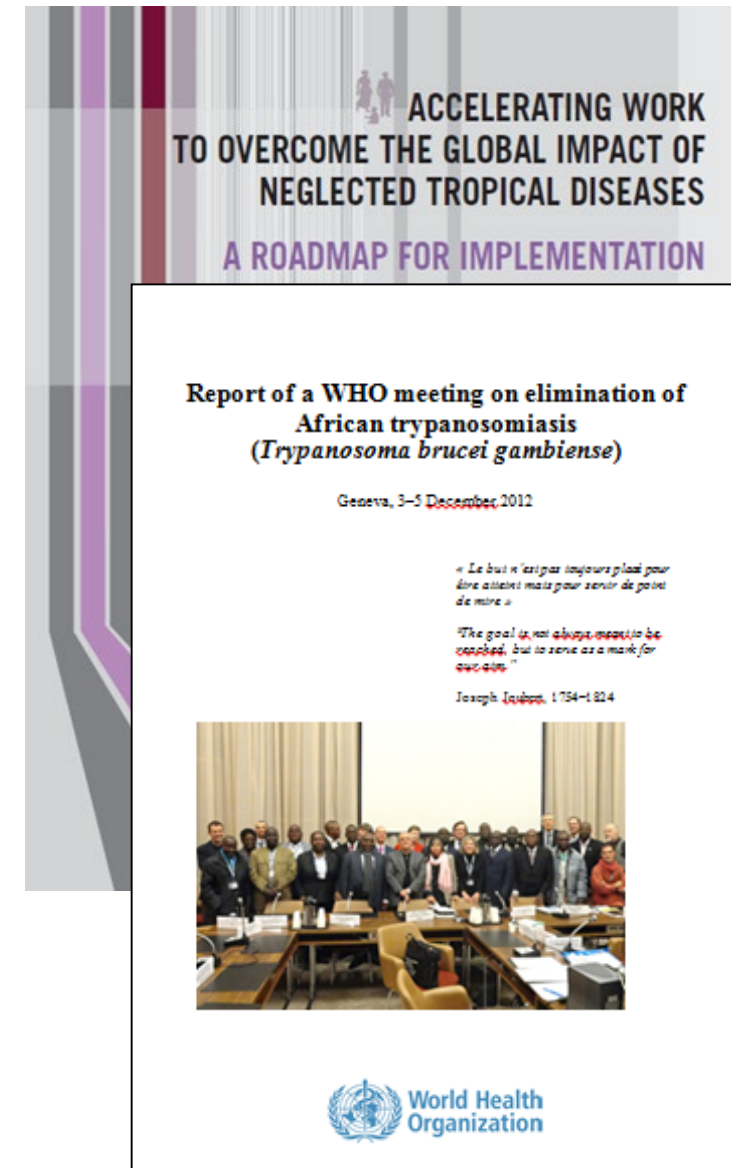
Objectives

- Current goal :

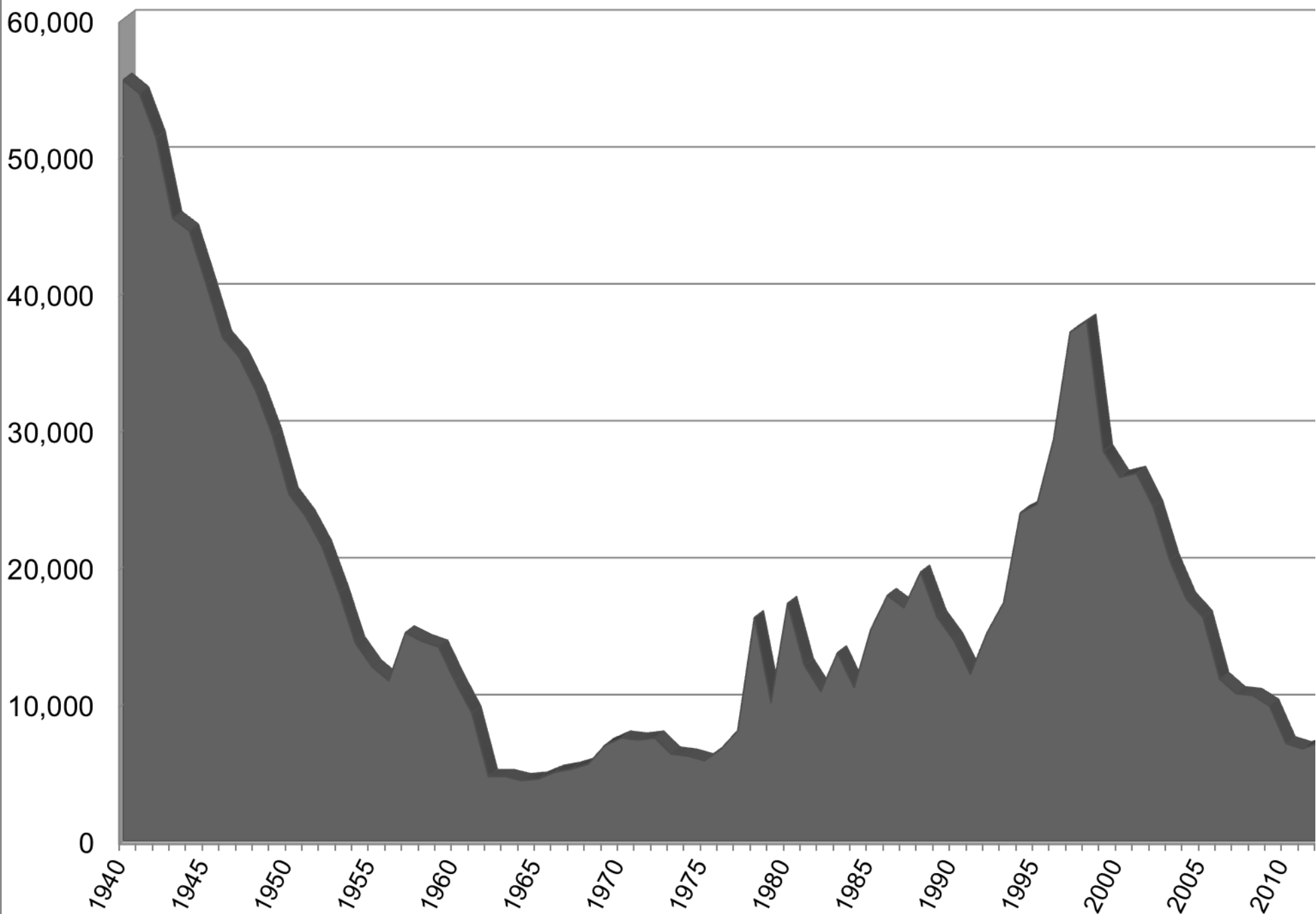
"To eliminate HAT as a public health problem by 2020".

- Further goal :

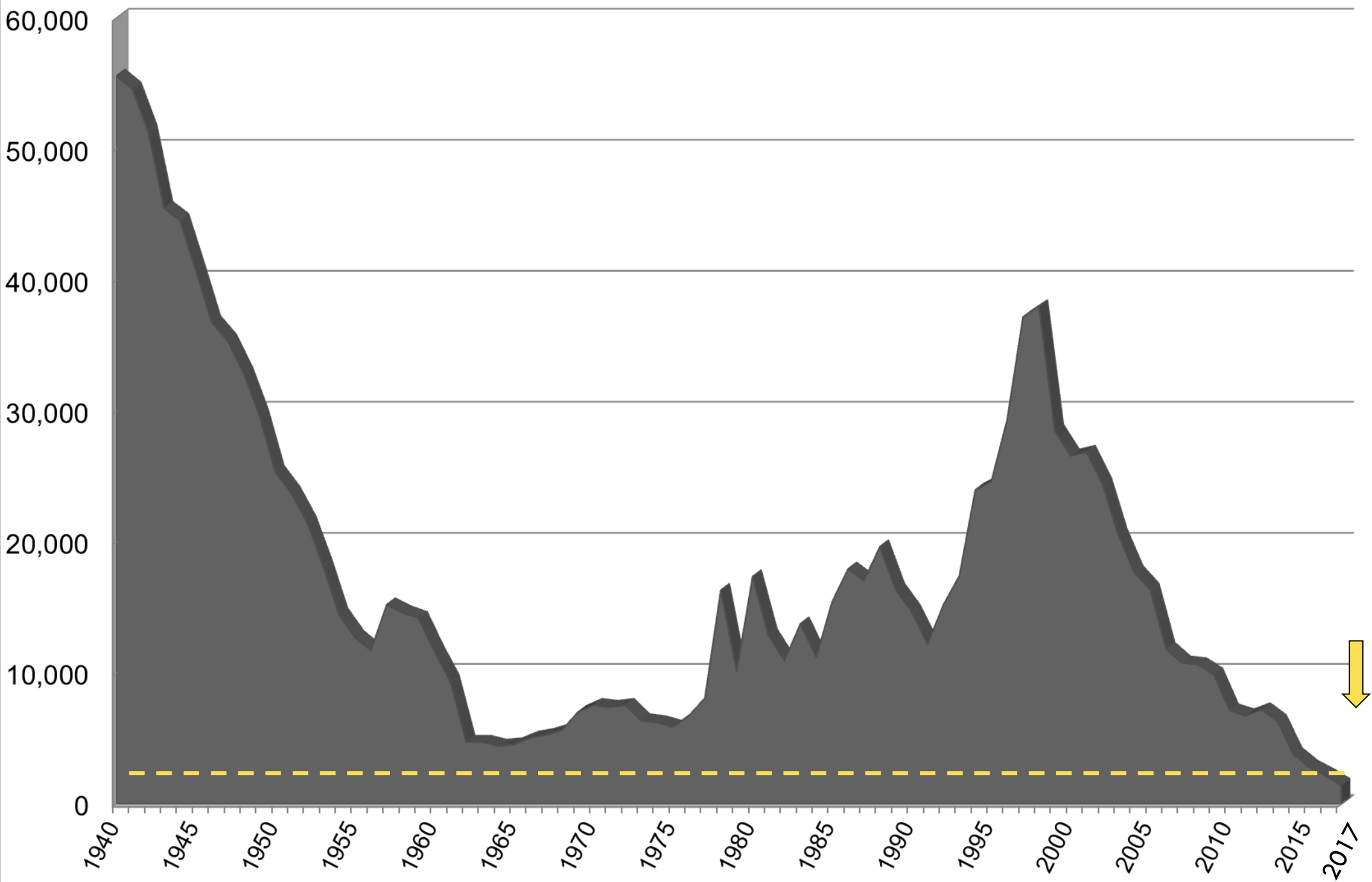
"To interrupt transmission of gambiense HAT (sustainable elimination) by 2030"



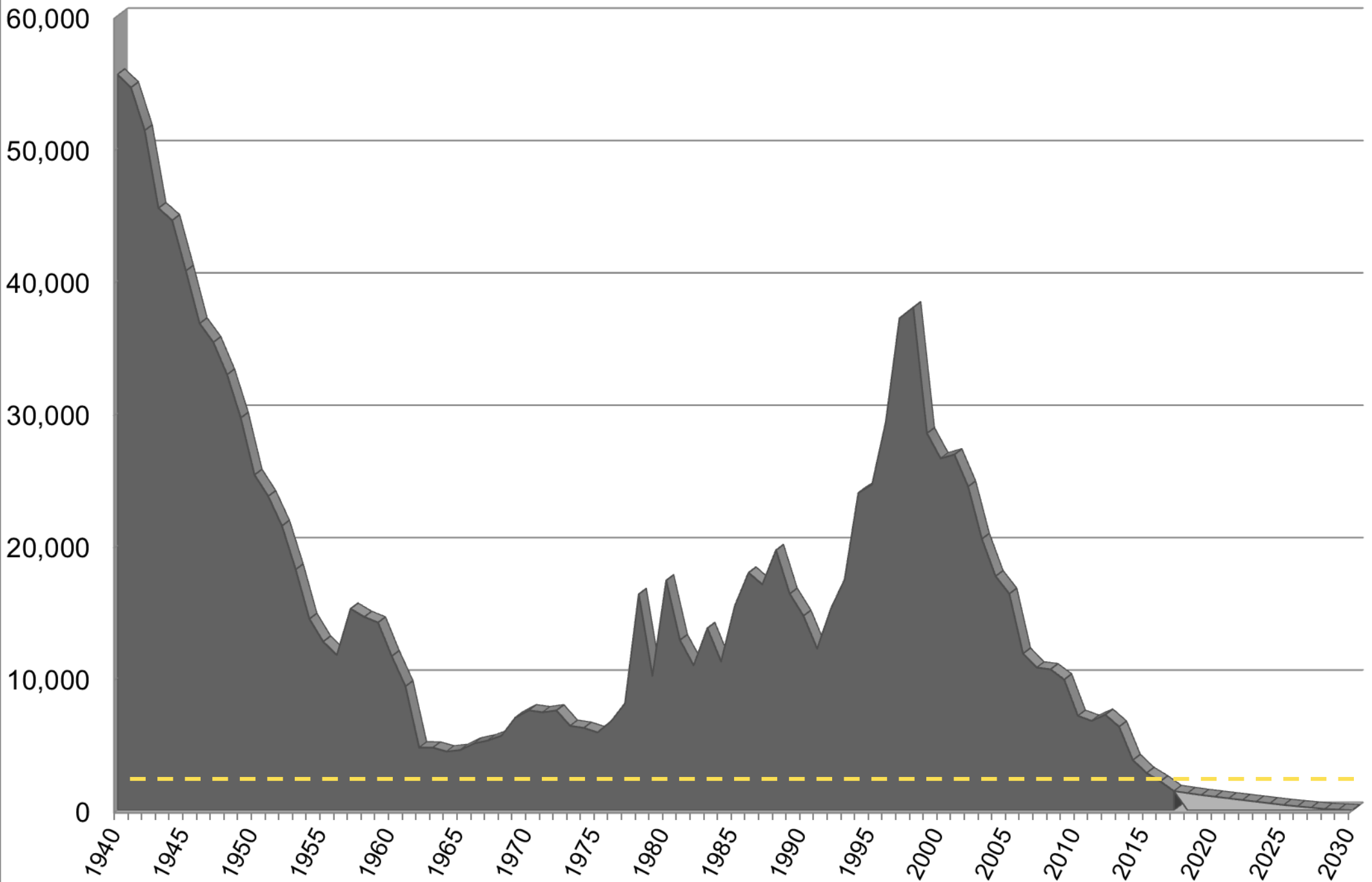
Cases HAT, 1940-2017



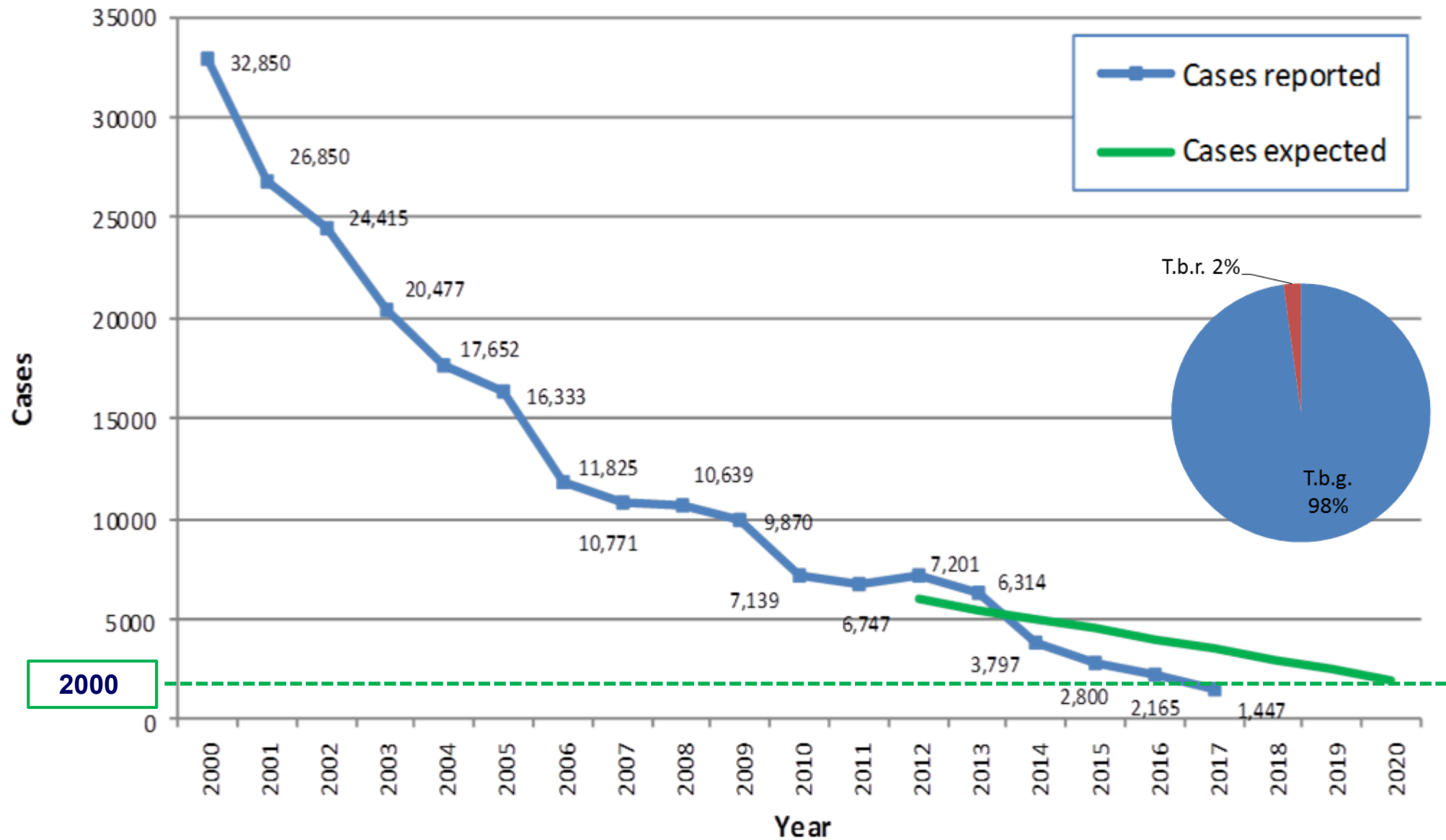
Cases HAT, 1940-2017



Cases HAT, 1940-2017



Active screening and cases reported



Distribution of cases, by village

The distribution of human African trypanosomiasis (2012-2016)

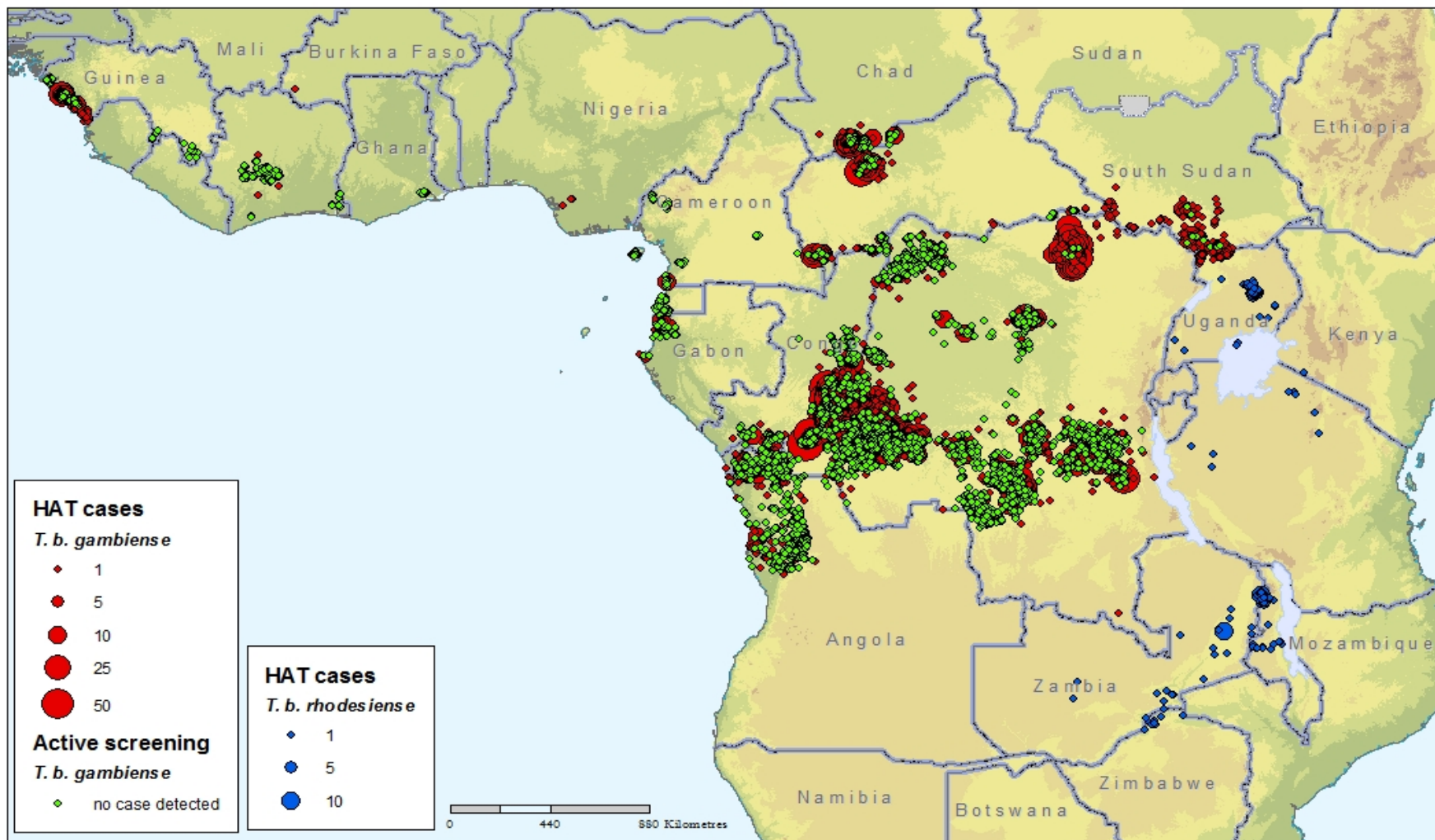
The Atlas of human African trypanosomiasis



World Health Organization



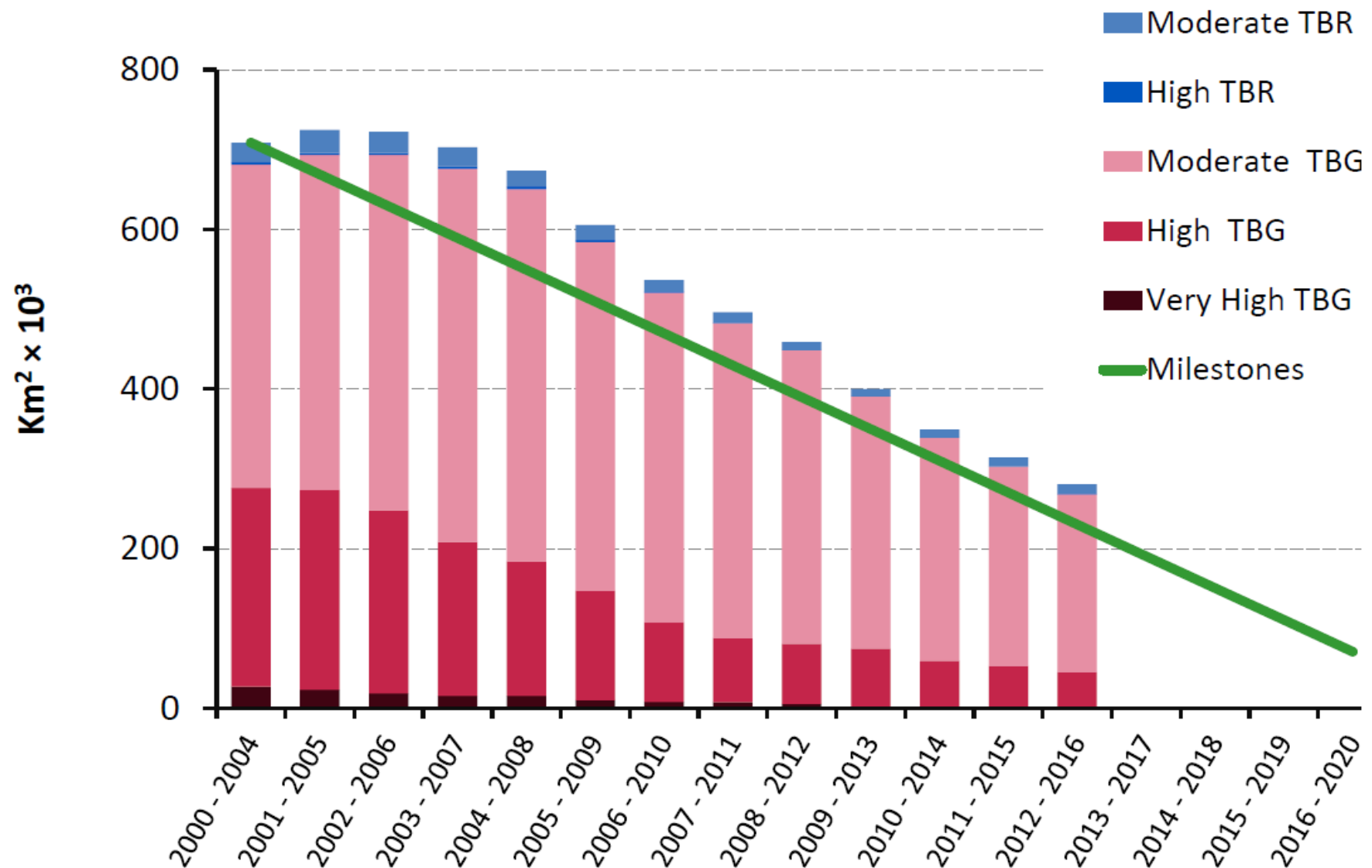
Food and Agriculture Organization of the United Nations



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of WHO and FAO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.



Area at risk reporting ≥ 1 case / 10,000 people / year)



Gambiense HAT elimination: Area at Risk

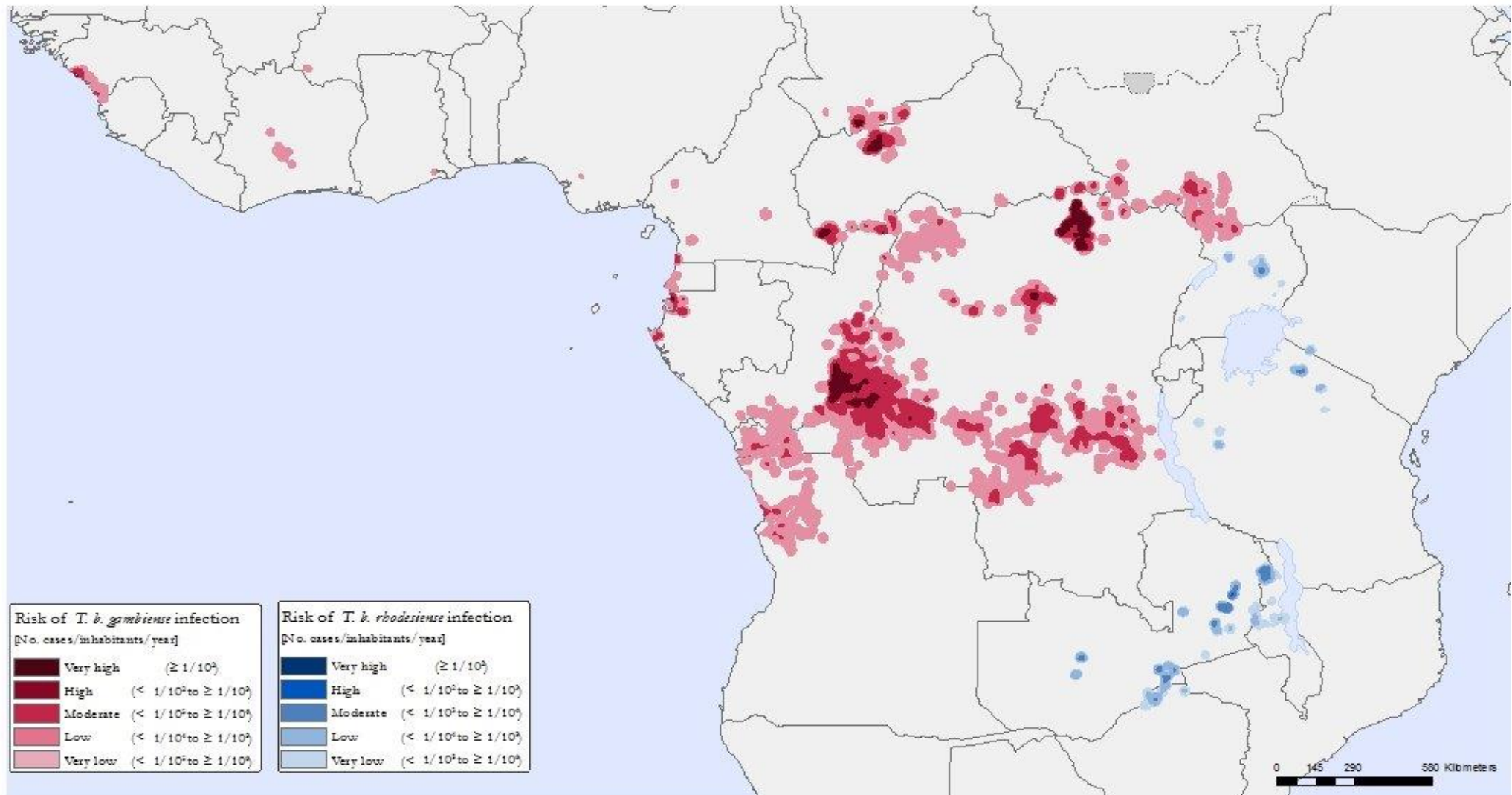
The risk of Human African trypanosomiasis (2012-2016)



World Health
Organization



Food and Agriculture
Organization of the
United Nations



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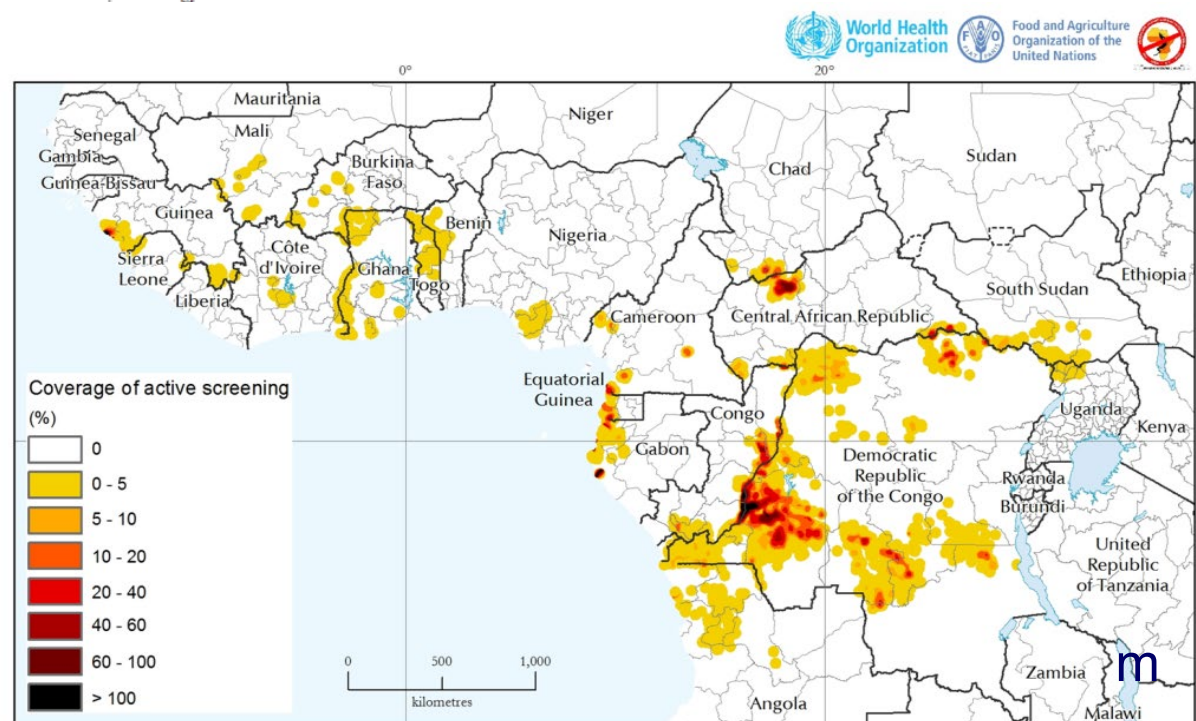
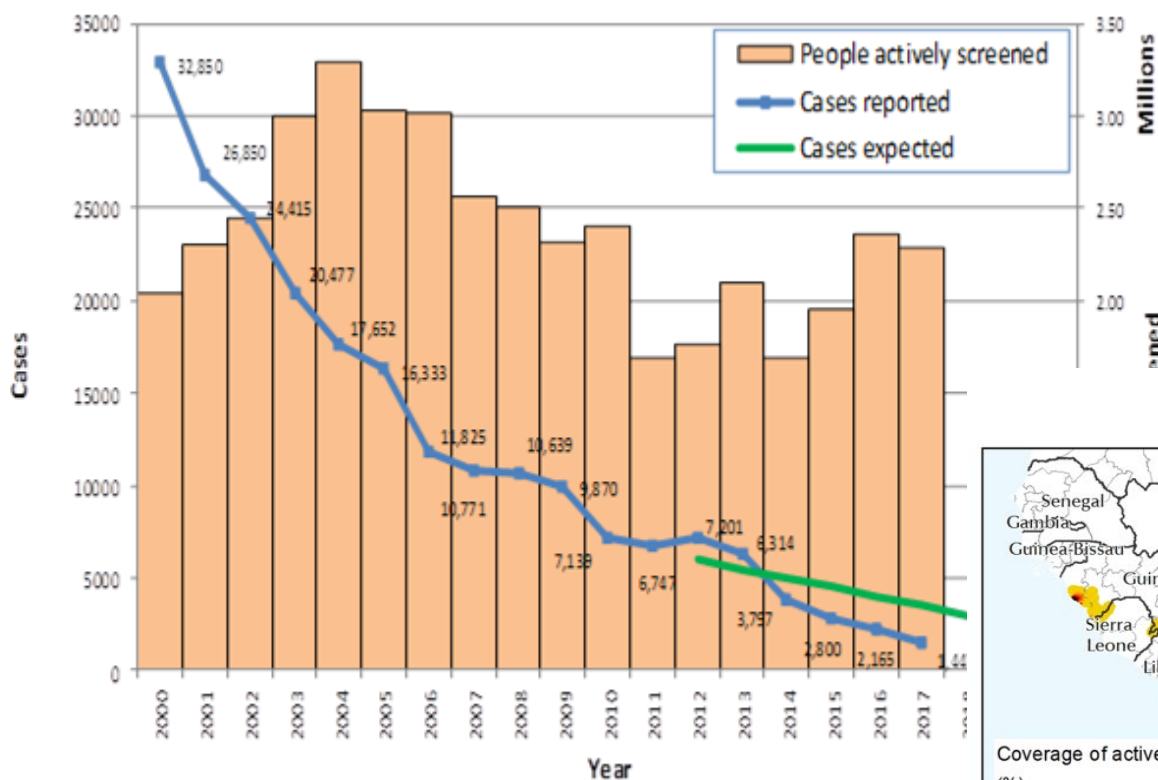
So ...

1. Real decreasing number of cases reaching milestones defined
2. Shrinking of the area affected

Is it real?

What is the coverage of the population at risk?

Coverage of population at risk: Active screening



Passive screening: Health facilities providing HAT diagnosis and treatment

2013

732 fixed health facilities provide any diagnosis of HAT.

530 fixed health facilities provide any treatment of HAT. (180 NECT)

2015

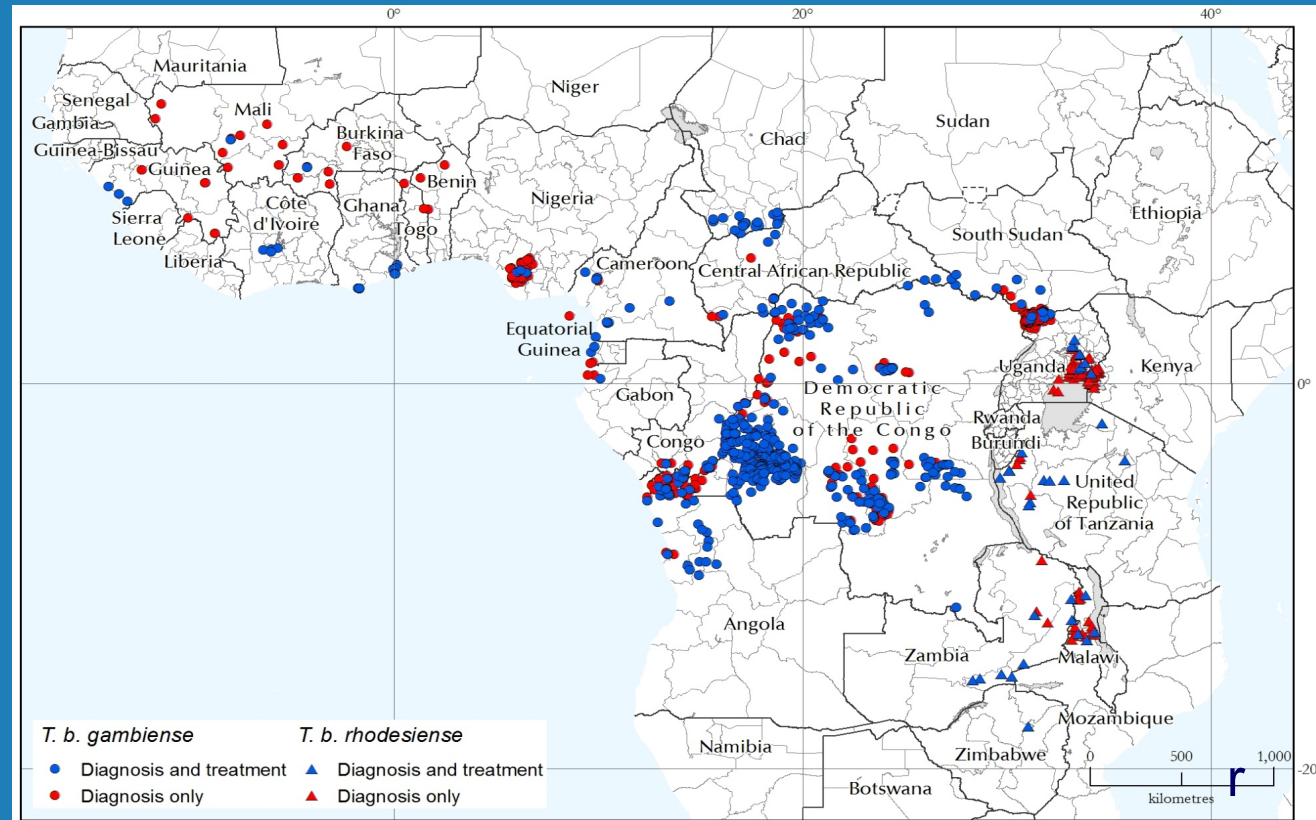
993 fixed health facilities provide any diagnosis of HAT.

548 fixed health facilities provide any treatment of HAT. (224 NECT)

2017

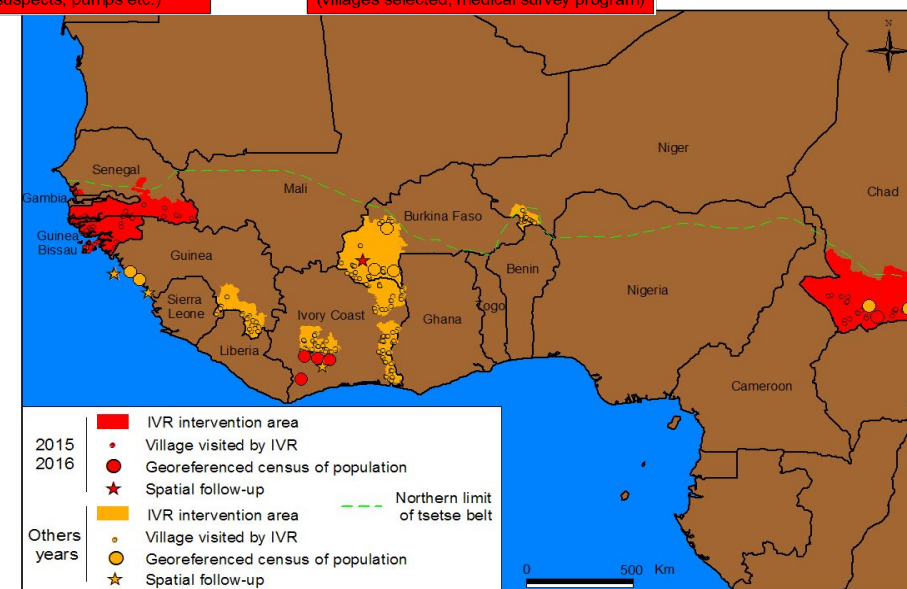
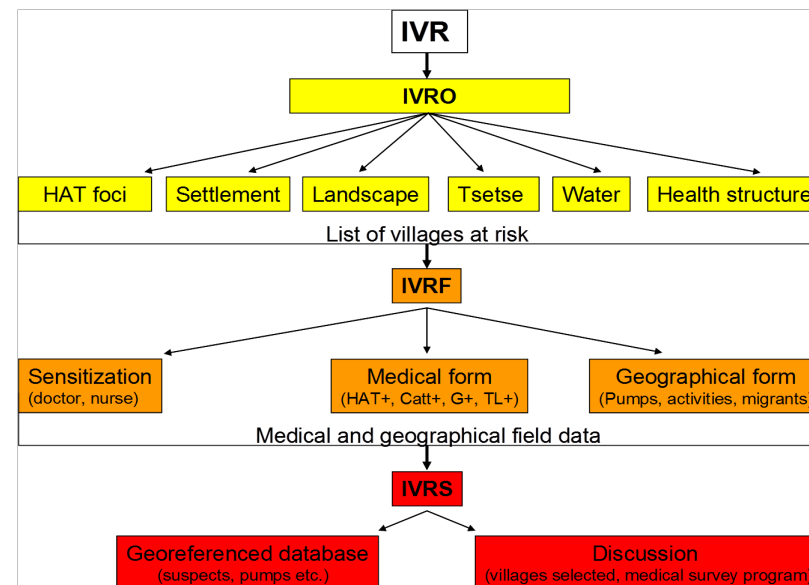
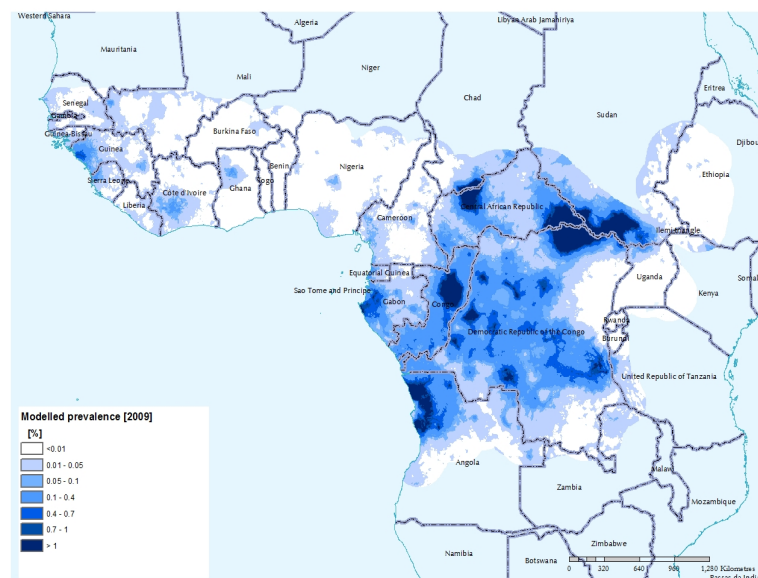
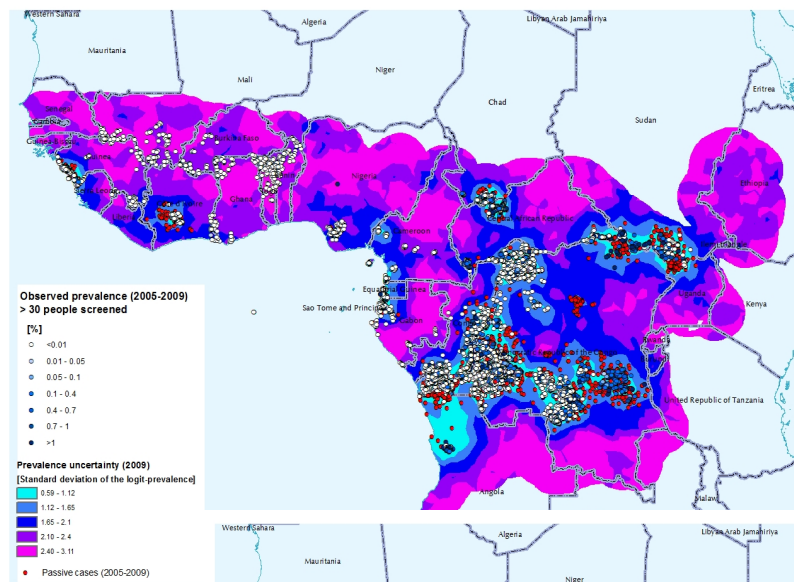
1 370 fixed health facilities provide any diagnosis of HAT.

686 fixed health facilities provide any treatment of HAT. (252 NECT)

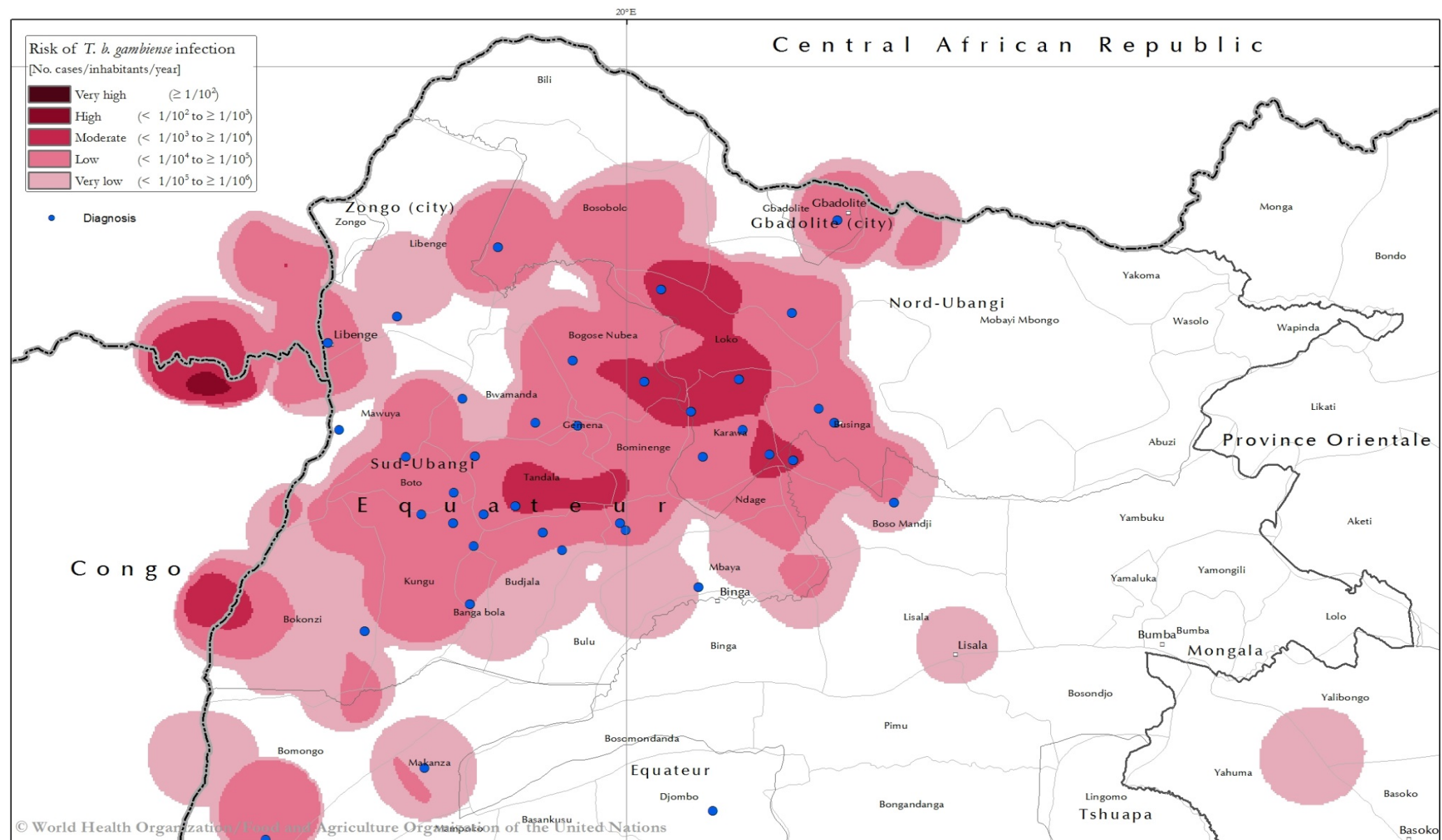


But there is a certain underdiagnosis ...

1. Areas with epidemiological situation not well known: Accessibility problem
 - a) Geographical
 - b) Security
2. Areas not well covered by activities
 - a) Lack of resources
 - b) Inadequate organization and management (community, SSNCP, others)



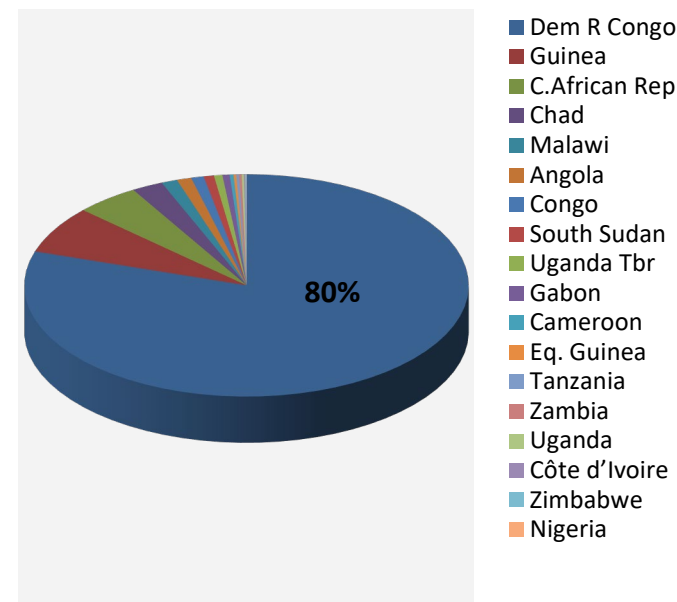
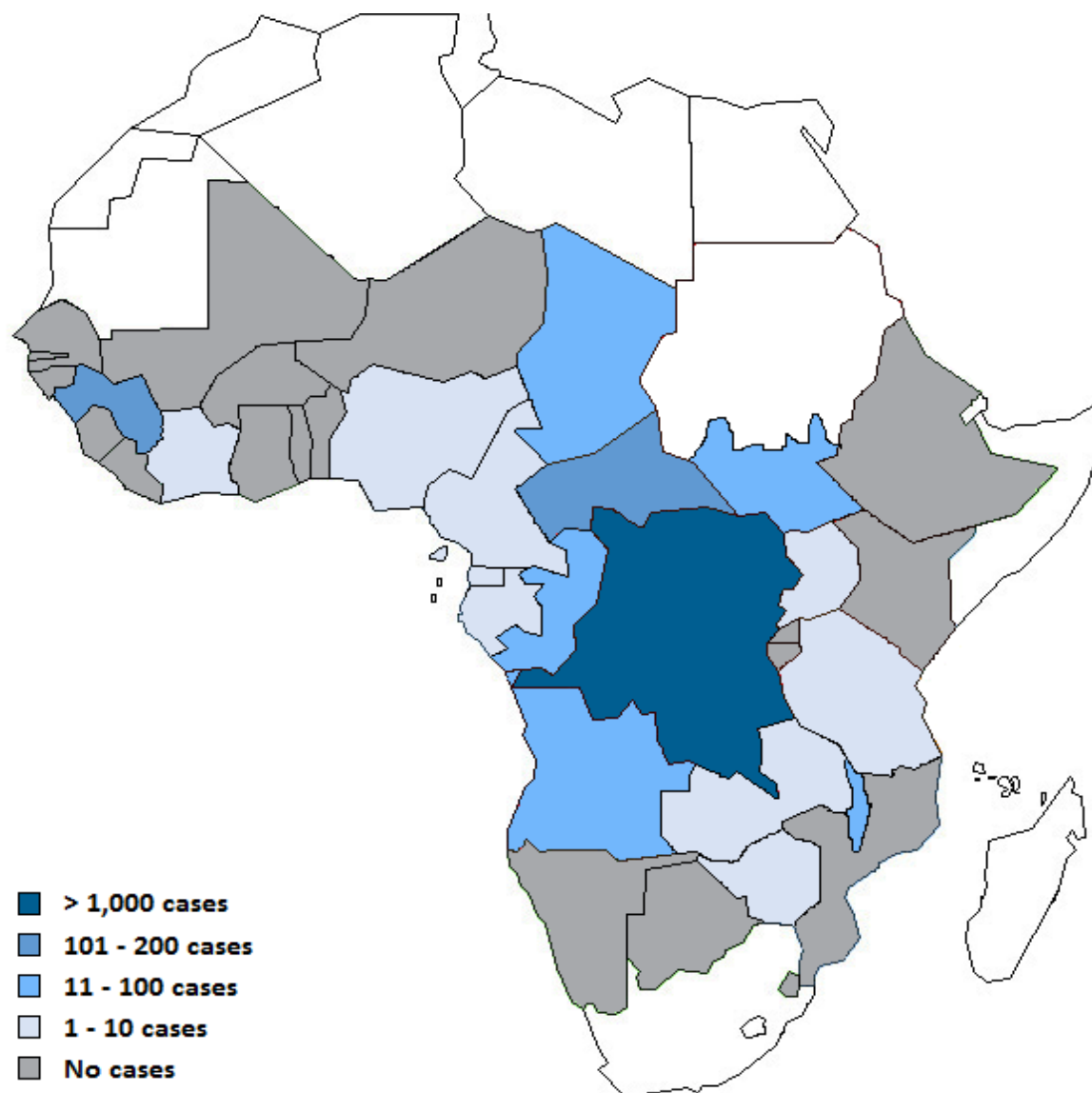
Équateur Nord - The risk of human African trypanosomiasis in the Democratic Republic of the Congo (2010 - 2014)



Kilometres 0 25 50 75 100

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Endemic countries according to cases, 2016-2017



In 2016-2017, 17 endemic countries reported cases:
Angola, Cameroon, Central African Republic, Chad, Congo, Cote d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Guinea, Malawi, Nigeria, South Sudan, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

My country has eliminated HAT as a public health problem

Validation Dossier

**Information and requirements
necessary to give proof of the
absence of (or low) transmission** ✓

**The key elements assuring the
presence of a functional
surveillance system able to detect
possible cases** ✓



Canevas du dossier documentant l'élimination de la trypanosomiose humaine africaine comme problème de santé publique

- THA à T.b. gambiense -

Ce canevas a été conçu pour aider les programmes nationaux de lutte contre la THA à préparer un dossier avec les pièces d'évidence essentielles soutenant leur demande à l'OMS de valider leur statut d'élimination de la THA comme problème de santé publique. L'information présentée dans ce dossier aidera les évaluateurs à comprendre les réalisations du programme national, le contexte spécifique, et les données épidémiologiques.

Le dossier doit être organisé selon le plan suivant :

1. Description du pays et des capacités
2. Données historiques et délimitation des zones endémiques
3. Activités de lutte et surveillance de la THA
4. Données épidémiologiques de la THA
5. Lutte antivectorielle (LAV)
6. Trypanosomose animale africaine (TAA)
7. Plan de surveillance post-validation

1 Description du pays et des capacités

1.1 Information générale du pays

Résumer (1 à 3 pages) les caractéristiques géographiques, démographiques et économiques du pays, en faisant référence aux documents pertinents. Si possible, fournir des indicateurs et/ou des cartes.

Inclure les informations suivantes :

- Superficie totale, caractéristiques hydro-géographiques, zones protégées (type, nombre). Économie du pays: PNB, dépenses de santé.
- Population totale et densité, espérance de vie.
- Définir et lister les unités administratives dans le pays et les divisions du système sanitaire. (nombre total de régions, de districts, etc.).
- Mouvements de populations touchant les zones affectées par la THA: réfugiés / déplacés / nomadisme / transhumance / travailleurs saisonniers

1.2 Système de santé du pays

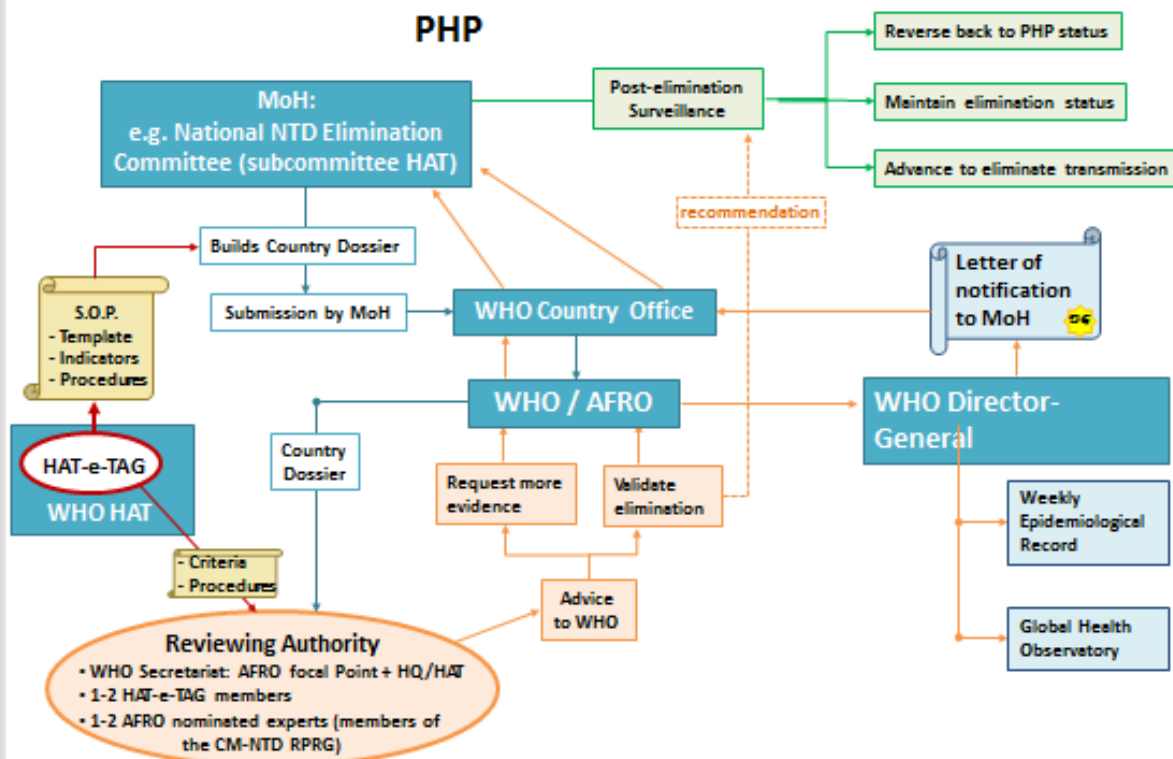
Sous forme narrative, fournissez un bref aperçu du système de santé, en incluant :

- Description de base, des structures et leurs capacités.
- Système d'information, traitement des données, capacités d'analyse des données de surveillance des maladies.
- Personnel de santé: type et nombre moyen / habitants, nombre moyen par type de structure de santé.
- Utilisation du système de santé. Taux de fréquentation.

Canevas Dossier Pays EJT THA – version 2018.03.28

A country could be considered as having eliminated HAT as PHP when dedicated medical activities have shown that there are **<1 case / 10,000 people, in all the health districts of the country over the previous 5 years.**

Pathway for validation of HAT elimination as PHP



It is a reversible status

Criteria for requesting WHO validation of the elimination of gambiense HAT as a public health problem

<p>Two criteria</p> <p>→</p> <p>↓</p>	<p>Epidemiological situation (National Indicator for Elimination)</p> <p><1 case / 10,000 persons / year, per health district, averaged over the previous 5-year period</p>	
Activities of control and surveillance	True in all districts	Not true in one or more districts
adequate	Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Ghana, Togo, Uganda	Angola, Chad, Congo, Equatorial Guinea, Guinea
insufficient	Mali, Nigeria	CAR, DRC, Gabon, South Sudan
absent	Gambia, Guinea Bissau, Liberia, Niger, Senegal, Sierra Leona	



Eligible for claiming the validation



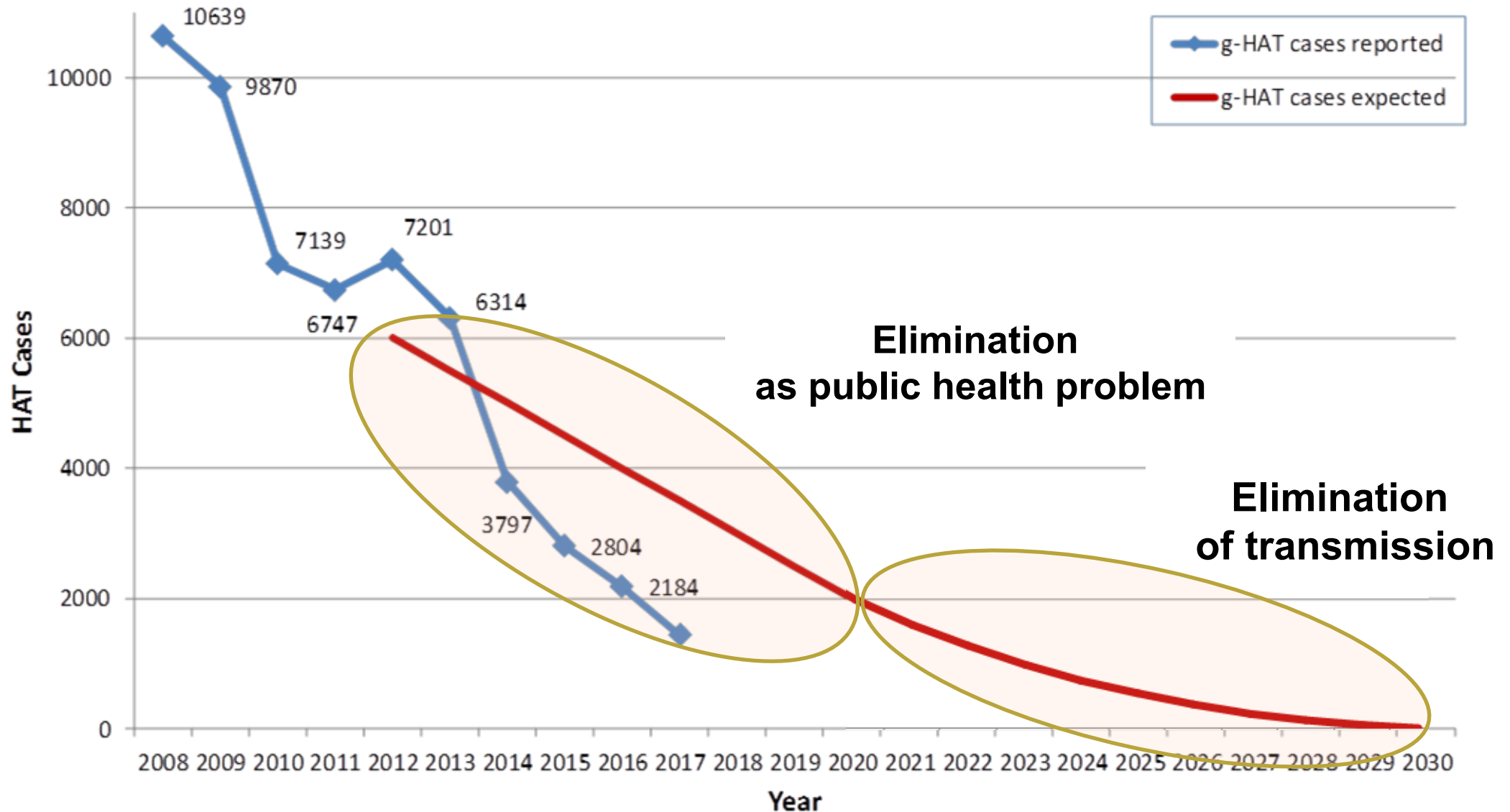
Need to reinforce the surveillance before claiming the validation



Non eligible for claiming the validation



Progression number of cases of HAT: perspectives



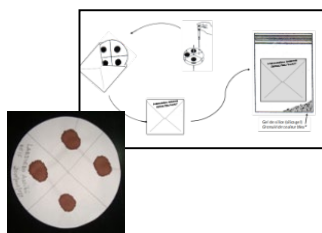
Strategy of HAT elimination

Passive Surveillance

Active case detection

Vector control

Case management



Challenges for the elimination of HAT



Challenges and obstacles for elimination (1)

- **Sociopolitical instability and insecurity context** in certain areas hampering control and surveillance activities (e.g. **South Sudan, CAR, Kasai in DRC**)



How to run and maintain control and surveillance activities in insecure areas ?

Challenges and obstacles for elimination (2)

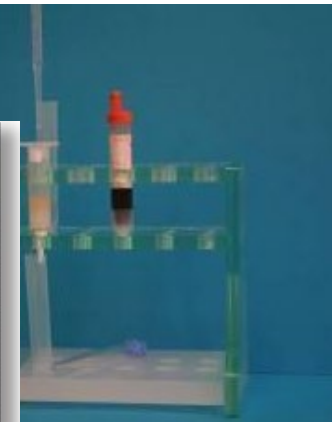
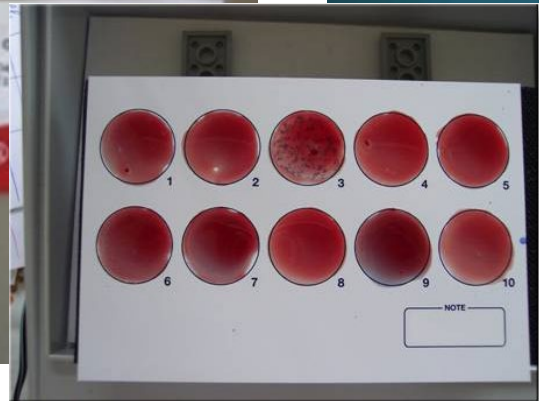
- **HAT control and surveillance activities should be sustainably integrated** in the weak general health services with unskilled staff, lack of resource and low attendance rates.
- Progressive loss of expertise in NSSCPs, with lack of replacement. Simpler screening, diagnostic and treatment tools are needed



The reinforcement of health services is a task going beyond HAT control programs

Challenges and obstacles for elimination (3)

- Access to treatment is guaranteed, but it is needed to ensure the sustainable **access to screening and diagnostic tools** for the population at risk. There is a worrisome lack of funding mechanisms to support availability of diagnostic tools.
- The **funding** available to implement HAT elimination activities is far from being sufficient and sustainability of this support needs to be ensured.
- Are the funds available invested in the best way?



How to ensure access to diagnostics tools ?

How to ensure the needed funding to move towards the elimination of HAT transmission in 2030 ?

Challenges and obstacles for elimination (4)

- **Ownership and commitment of national authorities** from endemic countries of the elimination drive.
- When HAT is not any more a health problem, it is difficult keep the sensitization in the communities
- Coordination between stakeholders with different agendas, in order to avoid overlapping and disruption in the way to sustainable elimination.



How to maintain the commitment of national authorities and stakeholders beyond 2020?

Technical questions pending for elimination

- To improve diagnostic tools
 - To get **better and simpler confirmatory** tests and more performant screening tools.
 - To develop **tools for surveillance** of elimination of HAT, able to detect a disease reemergence/reintroduction (sustainability) and to monitor the elimination of HAT transmission.
- To develop methods able to estimate the proportion and location of **undetected cases**
- To clarify the epidemiological role played by **human carriers and animal reservoirs** in maintaining transmission and re-emergence of gambiense HAT
- To improve the treatment tools to facilitate the management of patients

Conclusions

- Important progress has been done in the HAT control and today we are closer than ever to reach the elimination of this disease.
- But we need to avoid triumphalism and keep a long term view. Challenges are many and not negligible
- To reach the elimination, it would be needed

SECURITY

Conclusions

- Important progress has been done in the HAT control and today we are closer than ever to reach the elimination of this disease.
- But we need to avoid triumphalism and keep a long term view. Challenges are many and not negligible
- To reach the elimination, it would be needed
 - To integrate HAT control in the existing health system reinforcing the integrated and reactive surveillance system.
 - To reinforce leadership and ownership of SSNCP and health authorities in the process of HAT elimination
 - To maintain a coordination with the different partners
 - To ensure availability of diagnostic and therapeutic tools
 - To ensure a sustainable financial support
- To be open to adapt to the changes in the epidemiological situation and to the progress in the development of new tools.



- Thanks for your attention

