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# **CONTROL AND SURVEILLANCE OF AFRICAN TRYPANOSOMIASIS**

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Report of a  
WHO Expert Committee



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Geneva, 21–27 November 1995

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## 1. Introduction

A WHO Expert Committee on the Control and Surveillance of African Trypanosomiasis met in Geneva from 21 to 27 November 1995. Dr R.H. Henderson, Assistant Director-General, opened the meeting on behalf of Dr H. Nakajima, Director-General of WHO.

Human African trypanosomiasis, or sleeping sickness, is caused by the parasitic protozoa *Trypanosoma brucei gambiense* and *T.b. rhodesiense*, which are transmitted to humans by the bite of various species of *Glossina* (tsetse fly). The disease is found only in sub-Saharan Africa between latitudes 14°N and 29°S, within the limits of the geographical distribution of the tsetse fly. There are around 200 discrete endemic foci<sup>1</sup> in 36 countries (Fig. 1). An estimated 60 million people are at risk with an estimated 300 000 new cases each year. However, current estimates indicate that less than 4 million people are under surveillance and fewer than 30 000 new cases are diagnosed and treated each year (Table 1).

Since 1962, various WHO expert committees have recommended that trypanosomiasis be accorded higher priority in national development plans and that WHO be involved in assisting countries where the disease is endemic to develop control programmes and to mobilize the resources required to implement such programmes. Moreover, it was suggested that preference be given to intercountry and interregional programmes. The expert committees also felt that vector control should be reinforced where needed, that drugs should always be available, that the importance of data collection should be stressed and that intercountry, regional and international coordination should be expanded under the auspices of WHO.

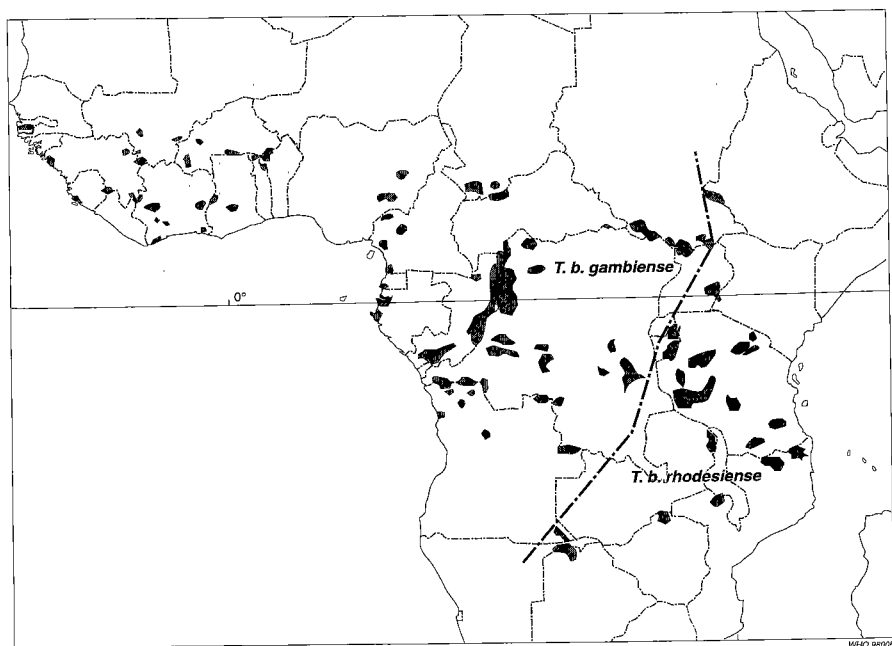
One recommendation made to WHO almost 30 years ago by a Joint FAO/WHO Expert Committee on African Trypanosomiasis (1) was that standard maps of the African countries affected by the disease should be prepared and distributed to national programmes to facilitate their understanding of the prevailing epidemiological situation in their country and to provide support for the planning and surveillance of control activities. Such maps should indicate endemic areas, the distribution of tsetse flies, areas where control and surveillance operations have been carried out, and any other useful information on the trypanosomiasis situation. In relation to this recommendation, powerful computers and elaborate software are now available that

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<sup>1</sup> For the purposes of this report, a focus is defined as a zone of transmission to which a geographical name is attached (e.g. a locality, region or river).

Figure 1

Geographical distribution of major endemic foci of sleeping sickness in Africa, 1995



provide an easy means of storing, manipulating and analysing spatially linked data obtained from the field.

WHO has strived to implement a strategy based on the recommendations of its expert committees. It is essential that recently adopted managerial tools are made available in the field to evaluate new approaches, elaborate plans and establish budgets. These should be used to develop and follow up programmes to ensure optimal efficiency and cost-effectiveness.

At the present meeting, the Committee noted the progress made in

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