

**DIVISION OF CONTROL
OF TROPICAL DISEASES
(CTD)**

**Report of the Technical
Advisory Group Meeting**

GENEVA 26-28 FEBRUARY 1997



WORLD HEALTH ORGANIZATION

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**WORLD HEALTH ORGANIZATION
CH-1211 GENEVA 27 - SWITZERLAND**

**DIVISION OF CONTROL OF TROPICAL DISEASES
(CTD)
REPORT OF THE TECHNICAL ADVISORY GROUP
26-28 FEBRUARY 1997**

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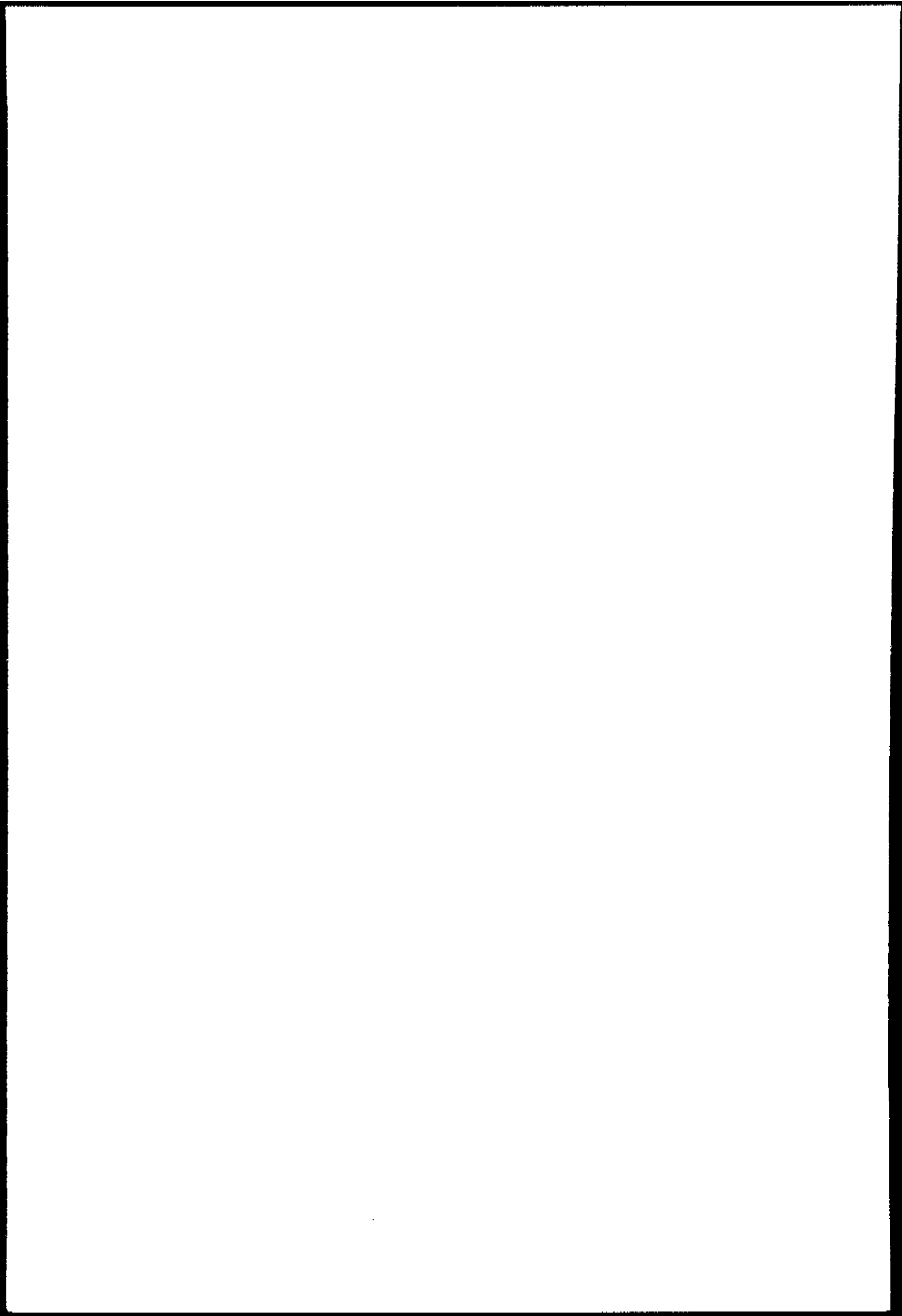
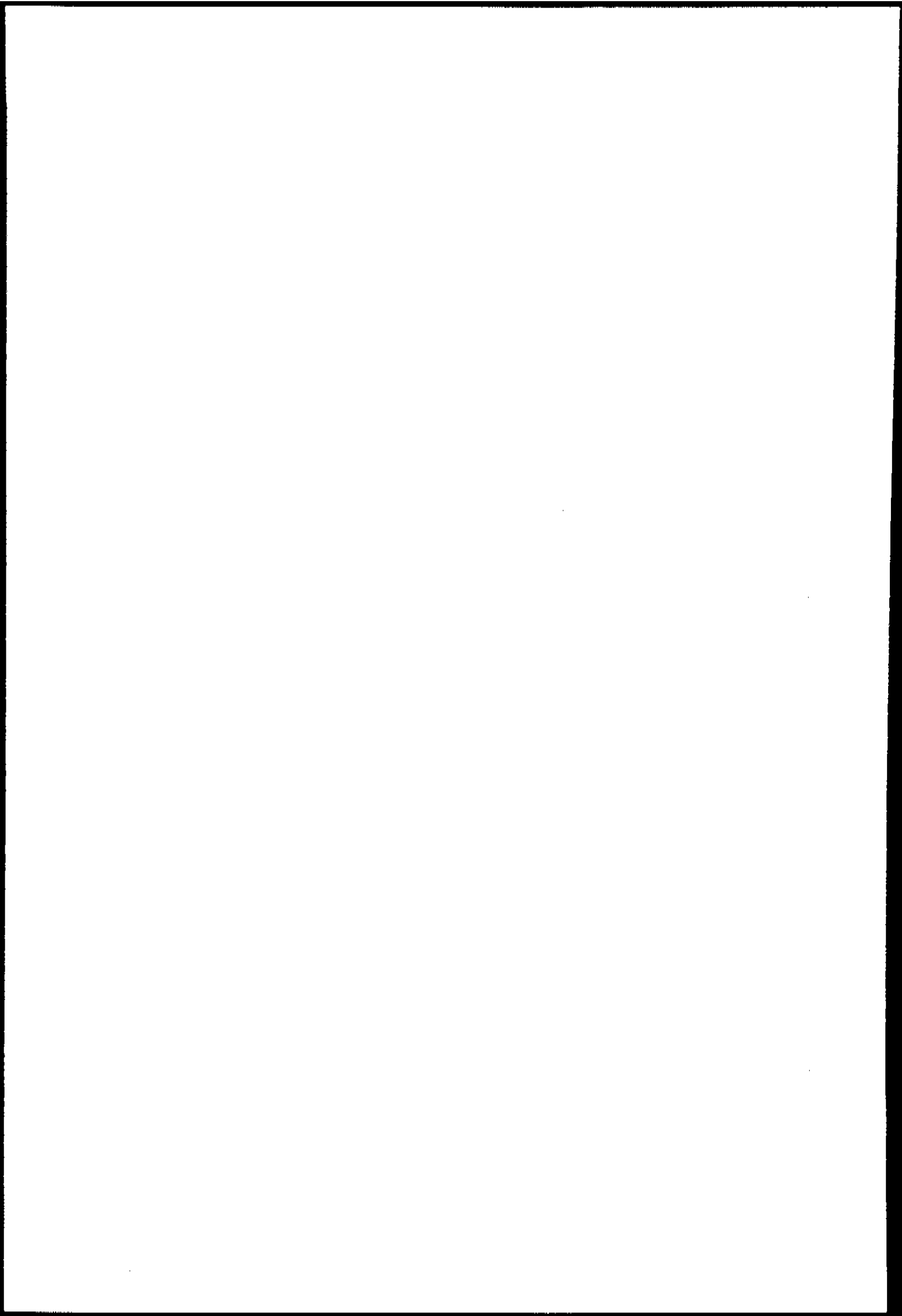


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EXECUTIVE SUMMARY

The Division has now all the appropriate strategies defined to ensure implementation of control programmes for the diseases under its mandate, given adequate resources at the country level and government commitment. The major challenge to CTD is to identify the most appropriate system for implementation to achieve sustainability both in terms of actions and achievements and to ensure that the support links to Regional Offices are maximized. Implementation will be only possible with government and/or donor commitment, and recognition of both the benefits of control and the essential elements which contribute to successful programmes. These are well defined in the case of onchocerciasis and Chagas disease. CTD recognizes that implementation is not its prime responsibility. It is rather to help plan control programmes, to facilitate, motivate, coordinate, monitor and evaluate and to provide strategic thinking and, thereby, to support Member States optimally.

The Technical Advisory Group commended CTD on the quality, extent and form of the documentation provided. Over the last two years the Division has refocused on key issues within its mandate by a short- to medium-term planning process. During a difficult period, priorities have been identified, targets set and a plan of activities developed with appropriately budgeted components. The Division is undergoing a transition in management and should be congratulated on the progress achieved despite current constraints. It is providing WHO with value for money in a highly competitive environment. The Group congratulated CTD on several quality products that had been developed for distribution as guidelines and training materials i.e. manuals and bench aids. These should be more widely disseminated at country level by CTD through Regional Offices, WHO country representatives, collaborating agencies and NGOs, in addition to the government channels.

The Technical Advisory Group considered that the shortcomings identified in progress towards achieving objectives and targets were related to the shortage of financial and experienced human resources at both national and international levels and the priority given by donor agencies to tropical disease control. CTD has successfully initiated a process of active solicitation of external support and has achieved much in this domain over the past two years. However, this effort draws upon the already limited time available for the development of its technical mandate. The Group noted with some concern that human resources in key areas of the Division were depleted for various reasons. It was essential that constraints on these posts were addressed.

Considerable progress has been achieved over the last year in developing the WHO Pesticide Evaluation Scheme (WHOPES), which represents a cogent

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interaction with the private industry in ensuring appropriate pesticide development relevant to public health needs.

INTRODUCTION

The Meeting of Collaborating Partners (MOC) of the World Health Organization's Division of Control of Tropical Diseases (CTD), which met in June 1996 to review both technical and financial matters related to the Division's activities, recommended that in the future financial issues should continue to be addressed by the MOC but that a Technical Advisory Group should be established to review technical priorities and activities of the Division.

This present meeting was the first meeting of the Technical Advisory Group (TAG) to CTD. It was convened in Geneva from 26-28 February 1997, with the intention that its report would be presented to the next Meeting of Collaborators scheduled for 24-25 June 1997. Details of the Terms of Reference of TAG are given in Annex 1.

There were 14 members and one co-opted member of the Technical Advisory Group present (Annex 2). Professor David Molyneux was appointed Chairman of the meeting with the unanimous agreement of the members. In addition to the members, Mr A. Al-Mandhry, Director of Environmental Health and Malaria Eradication, Sultanate of Oman and Dr G. Hesse, Chairman, Insecticide Resistance Action Committee, Germany were invited speakers. Dr Carlos Morel, Chairman of the Scientific and Technical Advisory Committee of the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) and Professor O. Kale, Chairman of the TDR Applied Field Research Steering Committee, were also present. The Secretariat included representatives from the WHO African, Eastern Mediterranean and South-East Asia Regions.

The meeting was opened by Dr R.H. Henderson, Assistant Director-General, who welcomed the members of the Group on behalf of the Director-General, Dr Hiroshi Nakajima. The agenda given in Annex 3 was adopted.

PURPOSE

In his opening address, Dr Henderson recalled the importance of the establishment of the Technical Advisory Group whose functions were to:

- review technical progress and identify major constraints to CTD's activities in 1996;
- provide suggestions on how to improve the impact of the CTD's programme;
- assist the Division in identifying the opportunities for increased collaboration and translation of its priorities into effective and sustainable control programmes at the country level

He emphasized the challenges for the Division: *to control, eliminate or eradicate major tropical diseases which constitute public health problems and barriers to development, and to take the lead in the development of guidelines for the eradication and elimination of its mandated diseases.*

PLANNING PROGRAMME ACTIVITIES

The Division represents a vital global resource for Member States, addressing key issues towards the improvement of health status constrained by the burden of parasitic diseases.

The Group recognized that well-defined control strategies have been developed for all diseases under the responsibility of the Division and that a rational planning of global activities had taken place over the past two years with set priorities, clear cut targets and activities described for each component of the Division. Activities have been focused on providing technical support to Member States and adapting and fully implementing the strategies in accordance with local situations.

The Division, along with other WHO Divisions, continues to be subjected to severe budgetary constraints and, as a result, obtaining external funding has become crucial for the Division to fulfill its mandate. This has necessitated the refocusing of priority activities during 1996 and an intensification of efforts to raise funds with which to continue activities in 1997. This approach has been successful in that first priority activities have continued to be carried out in cooperation with other Divisions of WHO, as well as with, other international agencies, collaborating institutions, bilateral agencies, non-governmental organizations and the private sector.

CTD has set priorities, well-defined strategies, targets and activities

External funding is crucial to implementation of CTD activities

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Donors must be made aware of the threat of tropical diseases.

CTD has recognized the opportunities provided by such collaboration and partnership and will, therefore, use the Technical Advisory Group in a proactive way to strengthen this partnership.

The Members advised the Division to stress the importance and significance of the problem of parasitic diseases to the donor community. The majority of the world's population in tropical and subtropical areas are exposed to several vector-borne diseases and as well as multiple helminth infections. These contribute to a major and constant burden of morbidity, reducing cognitive performance and productivity, and impacting upon the household and national economies and increasing poverty. At the household and community level, such diseases are increasing nutritional deficiencies and, thereby, contributing to severe anaemia, particularly in pregnant women and children.

WHO provides US\$10 million for malaria control in Africa

Some diseases are invariably fatal, if untreated, whilst others cause severe disability. The world community has recognized the unacceptability of the high morbidity and mortality associated with malaria, particularly in Africa south of the Sahara. The Director-General of WHO has responded by providing in 1997 US\$10 million to address this problem and to accelerate malaria control in selected countries of Africa. CTD has collaborated with the Regional Offices for Africa and the Eastern Mediterranean to assist these selected countries to develop plans of action.

The Director General's World Health Report for 1996 "Fighting disease, Fostering development" identifies antimicrobial resistance, habitat, climate and ecological change, conflict and displaced populations, urbanization and water resource development, as major factors that have contributed significantly to increased transmission of vector-borne parasitic and viral diseases, adding to the burden on health systems and provided conditions for epidemic development.

CTD not only recognized these issues but is in a strong position to respond to the problems posed. It has developed new strategies, is increasingly involved in developing new techniques for targeting control, recognizes the need for and has actively developed and mobilized programmes for capacity building, and has recognized the effectiveness of the partnership approach for implementing control.

GLOBAL PRIORITIES IN DISEASE CONTROL

The Technical Advisory Group recognized that CTD was integral to WHO's role in the health agenda of the coming decades. Tropical diseases, particularly in Africa south of the Sahara, India and parts of South-East Asia contribute disproportionately to morbidity and mortality. The Group, therefore, wished to draw WHO's attention to the following:

- the need to re-emphasize the uniqueness of malaria as the major vector borne disease problem - unique because of its global distribution, its impact on impeding economic recovery and development in Africa, its complex biology making control difficult, the problems of drug resistance and the lack of resources that are presently committed to its control.
- the continuing "unseen" and under-reported epidemics of African trypanosomiasis and visceral leishmaniasis, the public health importance of which demands emergency attention by the donor community because of their effect on development. These epidemics are not only constraints to development, but also continue to eliminate whole communities on a large scale. The Technical Advisory Group considered WHO and its partners had an obligation to emphasize the importance of these chronic epidemics to the donor community.
- the dramatic resurgence, often of epidemic proportions, of dengue /dengue haemorrhagic fever over the past 15 years, resulting in a global public health problem.
- the need to view disease elimination over a long time-scale and to ensure that an appropriate level of investment is made and maintained during post-elimination surveillance to sustain the gains achieved. Already significant progress has been made towards the eradication of dracunculiasis and action taken for the elimination as public health problems of onchocerciasis, Chagas disease and lymphatic filariasis, for which there is national and international commitments and for which tools are available and strategies defined.
- that it is only through WHO Headquarters that issues, common to countries within different regions, can be coordinated. This is particularly relevant since a key function of CTD is its technical support through Regional Offices to sub-regional and country levels.

Emphasis to be placed on the unique problems of malaria control

Epidemics of African trypanosomiasis, visceral leishmaniasis and dengue need emergency action

Tropical disease elimination has a long time-scale

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Common approaches to tropical disease control should be implemented

CTD should continue to strengthen its partnerships in promoting disease control strategies in all the disease areas for which CTD is responsible.

- approaches to parasitic and vector-borne disease control can benefit from commonalities in intervention strategies thereby maximizing the cost effectiveness of interventions. The following are examples (not in order of priority) where a common approach to cross-disease implementation and strategic thinking is relevant:
 1. pesticide development for vector control through WHOPES;
 2. the use of impregnated mosquito nets/materials in malaria and leishmaniasis control, and in some areas, lymphatic filariasis;
 3. the control of leishmaniasis and African trypanosomiasis where field diagnostics and cheaper drugs need to be made available through national programmes, international agencies and NGOs;
 4. the control of malaria, dengue and other vector-borne diseases through community participation and partnerships with government agencies. This will require information on the social and behavioural aspects of disease and its control;
 5. the use of ivermectin, and, where appropriate with other tools (vector control, drug combinations), for the control of onchocerciasis, intestinal parasites and, particularly, lymphatic filariasis;
 6. the integration of tropical disease-specific control within other available health packages and programmes, such as Maternal and Newborn Health/Safe Motherhood (MSM), Expanded Programme on Immunization (EPI), Sick Child Initiative and School Child Health (CHD);
 7. antiparasitic drug resistance which requires careful monitoring and management as a result of the limited number of drugs currently available; the appropriate targeting of approaches to disease control based on epidemiological stratification and health mapping, taking full advantage of common characteristics of vector-borne diseases;

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8. the need to facilitate access to communities and individuals who have a multiple role in health care, such as Village Health Workers involved in the case containment within the Guinea worm eradication programme, in the distribution of both ivermectin for onchocerciasis control and of bednets for malaria and leishmaniasis control;
 9. studies on the economic burden of disease and the cost-effectiveness of interventions aimed at its prevention and control to assist programmes to develop appropriate strategies and to provide policy makers with the data to evaluate the resources needed; and
 10. the promotion of interest of donors, academia, NGOs and other institutions in the development of partnerships for implementation of disease control and capacity building.
- The need to develop further efficient surveillance systems with an emphasis on monitoring and evaluation of control strategies and the cost-effective use of tools in the field. This is especially crucial as the Technical Advisory Group urged caution in the use of some new technologies as they may not maintain the expected effect and not be sustainable. Specifically, the Group was concerned that the use of insecticide impregnated mosquito nets in holoendemic areas of malaria in Africa south of the Sahara needed closer monitoring in relation to long-term changes in the immune response of different populations. This is notwithstanding the importance of such measures in reducing childhood mortality in recent large scale trials. The Group also recognized the importance of their use in epidemic situations and their contribution to malaria control in areas of less stable transmission such as countries of the Western Pacific Region of WHO, particularly China. Close monitoring and evaluation of large-scale chemotherapy based control programmes, especially in the case of malaria and intestinal helminths and schistosomiasis, was also necessary where drug resistance either poses or could pose a potential long-term threat.
 - The need for CTD to ensure, at the country level, that appropriate linkages are made to recognize the changes taking place in the health sector. In particular, the developing roles of UNICEF in programme implementation, and the role and policy of the World Bank in developing country health systems through Health Sector Investment Plans (SIPs), guided by the World Development Report and Better Health for Africa, should be taken into consideration. For example, when developing strategies and policies in disease control, CTD should be closely associated with Regional Offices and countries providing technical guidance as SIPs are developed, resourced and implemented. CTD recognizes the potential impact health sector reforms and decentralization

Efficient surveillance systems need to be developed

Need to recognise the changing roles in the health sector

may have in maintaining organizational structures which sustain effective surveillance and control.

RECOMMENDATIONS TO IMPROVE CONTROL STRATEGIES

The Technical Advisory Group recommended that CTD should consider the following to improve control strategies:

Collaboration/partnerships

Strengthening of collaborative partnerships with other UN Agencies, Organizations and the private sector

- The use of WHO Collaborating Centres in the light of the recommendations of the Executive Board EB99.R14, should be optimized. Collaboration and cooperative partnerships should be enhanced to facilitate interaction with other agencies and NGOs where they are key implementers, especially in support of epidemics of tropical diseases in unstable environments.
- The involvement of the respective Regional Offices in the development of appropriate country partnerships should be increased.
- The role of the private sector and the willingness of industry to be involved in appropriate partnerships must be recognized. Collaboration and cooperative partnerships similar to those developed with other agencies should be encouraged. The private sector has expertise in the distribution and marketing of supplies and equipment for disease control and in the establishment of "buffer" stocks for unforeseen demands. It was suggested that a partnership be established to provide a rapid response in the case of emergency situations and requests. WHOPES was recognized as an excellent example of collaboration between WHO, Member States and the private sector. Its role in promoting the development, the distribution and proper use of new, quality pesticides for public health was highlighted as was the medium term need for new pesticides. The new initiative, the Global Collaboration for the Development of Pesticides for Public health (GCDPP), which brings into partnership scientists and industry, was accepted as the main forum of cooperation.

Disease Prevention

The Group identified the need for CTD to define the appropriate strategy for the protection of pregnant women against malaria, particularly in primigravidae, taking into account (a) the potential benefits of intermittent treatment with antimalarial drugs such as sulfadoxine/pyrimethamine, that could be delivered during antenatal care; and (b) the appropriateness of targeting impregnated bednet use to primigravidae.

Protection for pregnant women against malaria

CTD was advised to recognize the need to closely monitor the long-term impact and potential constraints of insecticide impregnated bednets and materials (IIM), in relation to their efficacy, the development of insecticide resistance, and the effect on the immune response and status of populations in malaria holo- and hyperendemic areas of Africa south of the Sahara. Initial IIM promotion suggests this intervention may be more appropriate initially for the protection of pregnant women and for use in areas of less stable transmission.

Impact of insecticide impregnated materials to be monitored

Anti-vector measures are still of fundamental importance in control but any reduction of transmission must be accompanied by a reduction in disease. Such measures must be based on the concept of selective and cost-effective use. It is essential that the effectiveness of anti-vector measures should be projected against epidemiological/disease impact. Monitoring of vectors and their behavior, bio-assays, insecticide susceptibility/resistance status should also be an integral part of assessing the efficacy of vector control.

Vector control activities must be assessed by disease impact

Disease management

The role of laboratory diagnosis in support of clinical diagnosis needs to be strongly emphasized and the types of tests deployed, including new technologies such as dot-blot and dip-stick tests, should be reviewed for their potential as cost-effective tools for control.

CTD has already taken the initiative to educate the community and the private sector on the correct treatment regimens for uncomplicated malaria. This needs to be evaluated and expanded, bearing in mind the important role they play in the distribution of drugs.

CTD working towards improved quality control of drugs

Effective ways of overcoming the problem of counterfeit drugs need to be developed to ensure that quality drugs for treatment of tropical diseases are maintained in both the private and public sector market. This requires the collaboration of the Division of Drug Management and Policies, the Drug Action Programme, Regional Offices, WHO Representatives and national authorities.

CTD should pursue negotiations with industry to ensure the availability of quality drugs at affordable prices to populations in need.

Availability of drugs for control of African trypanosomiasis and leishmaniasis to be assured

The Group was concerned about the availability of drugs, particularly in epidemic situations, and emphasized the need for low cost antimonials and melarsopol to be made available. In the case of epidemics of anthroponotic visceral and cutaneous leishmaniasis, the availability of the appropriate serological tests needs to be assured at the periphery of health care, along with appropriate use of IIMs.

CRITICAL COMPONENTS FOR DISEASE PREVENTION AND CONTROL STRATEGIES

Characteristics of successful control programmes to be fully exploited

There are characteristic features of successful programmes that can be identified as essential components for long term success. These should be fully exploited. They may be exemplified by commonalties of the Onchocerciasis and Chagas disease control programmes and of Guinea worm eradication, where the role of communities in planning control and implementing surveillance has been stressed. Characteristic features of these programmes are:

- Clear objectives
- Realistic time frame
- Choice of most pertinent technology and, where appropriate, contracting out relevant tasks
- Priority to appropriate research, particularly the applied and operational aspects
- Long-term donor and participating country commitment
- Specified mid-term goals in medium term cycles with regular monitoring and evaluation
- Transparency and free flow of information amongst constituent bodies
- Relevant management structures, and high quality staff
- Ability to embrace new ideas whilst maintaining principles
- Adherence to control imperatives
- Strong scientific evaluation of outcome and impact
- Recognition of sustainability as a key need and incorporation of indicators of sustainability including capacity building

Interrelationship with other high priority disease programmes

CTD recognizes the need to collaborate and monitor the impact of HIV/AIDS on a range of parasitic infections in relation to diagnosis and treatment. The impact of HIV/AIDS on tropical parasitic infections is largely overshadowed by bacterial co-infections. However, co-infection of leishmaniasis and HIV/AIDS in East Africa and Southern Europe, as well as the effect of HIV infections on the efficacy of intermittent treatment with antimalarial drugs to protect pregnant women against malaria, emphasize that CTD should continue to strengthen its surveillance system based on a network of institutions and monitor the impact of HIV/AIDS on the epidemiology of parasitic infections. This has importance given the implications for diagnosis and treatment and the health sector policy issues for tropical disease control strategies.

The incorporation of screening for Chagas disease in blood banks, where screening for HIV is already carried out, has already played a major role in reducing transfusion transmission of Chagas disease.

Changing patterns of disease

The factors identified by WHO that cause changing patterns of tropical vector-borne diseases should be brought to the attention of Ministries of Health and through them, other governmental sectors. In particular issues related to: civil conflict and emergency situations, urbanization, environmental changes, water resources development and antimicrobial resistance.

Advocacy

The commitments to poverty alleviation, gender issues, children, emergency relief and environment of other UN agencies, multilateral and bilateral organizations and NGOs should be used as entry points for strategy implementation of parasitic disease control programmes and to target vulnerable groups in greatest need.

Surveillance

The maintenance of appropriate epidemiological and managerial information systems is essential for the monitoring and evaluation of disease control programmes. Such surveillance systems need to be developed for successful programme implementation, and are the key to improved information exchange. It will require the collaboration of the general health services and other sectors.

Impact of
HIV/AIDS on
tropical diseases
to be monitored

Issues relating to
changing patterns of
tropical vector-borne
diseases require
intersectoral action

Epidemiological and
managerial
information systems
to be developed

The essential needs for surveillance include:

- reliable morbidity and mortality data to target disease control and improve resource use;
- rapid assessment methods to determine disease distribution and to target cost-effective intervention;
- environmental, demographic and development data related to disease prediction, and intersectoral action;
- development of information systems for emergencies and epidemic preparedness;
- data on parasite drug resistance to develop effective drug policies;
- distribution of health services, including laboratory support.

GIS - an
invaluable tool in
disease control
surveillance

Geographical information systems, remote sensing and linkage with meteorological information systems will facilitate the targeting of control measures and require developing within control programmes, particularly for malaria, to support the mapping of risk areas, stratification, epidemic forecasting, and monitoring of control programmes.

OTHER ISSUES

Tropical disease
information under
dissemination

CTD, in collaboration with TDR, should make an inventory of a number of useful and valuable reagents (such as monoclonal antibodies, primers) which have been developed, often with the collaboration of WHO, by various laboratories and research centres. Their availability should be publicized to the scientific community and to people involved in the field in control and surveillance activities.

The dissemination of tropical disease information is important for CTD, and the Division should continue its efforts to have high visibility on the Internet World Wide Web and provide regular updates including recent developments in control/eradication strategies, activities and achievements.

THE WHO EXPERT COMMITTEE ON MALARIA

The Technical Advisory Group considered the arrangements for the 20th WHO Expert Committee on Malaria, scheduled to take place in October 1997. It was agreed that the Expert Committee should concentrate its attention on a few key issues, rather than covering the whole area of malariology. For example:

- Prevention and control of epidemics
- Epidemiology and management of severe malaria
- The impact of drug resistance on malaria control and its containment
- Analysis of successful cases of malaria control, both within and outside Africa.

WHO Expert
Committee to be
held in 1998

However, as the planned date for the next Expert Committee meeting did not leave sufficient time for thorough preparation, it was recommended that CTD should determine a suitable date in the second half of 1998.

CONCLUDING REMARKS

Dr Kazem Behbehani, Director CTD closed the meeting. He thanked all the members of the Task Force for their valuable contributions and advice, and hoped that they would be prepared to continue their collaboration with CTD in the future.

NEXT MEETING OF TECHNICAL ADVISORY GROUP

It was proposed that the next meeting of the Technical Advisory Group will take place 9-11 March 1998 at WHO Headquarters, Geneva.



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TERMS OF REFERENCE

- To review progress on the implementation of strategies for the global control of tropical diseases.
- To review the resource utilization in 1996 and planned activities in 1997 including research requirements.
- To identify major constraints to programme implementation in 1996.
- To elaborate key issues relevant to improving the impact of control strategies.
- To agree upon a long-term framework for action to be implemented with support from collaborating partners, to ensure continuity.
- To make practical recommendations to enhance the impact of WHO's programme for control of tropical diseases.



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Mr Abdullah bin Rashid Al-Mandhry, Director of Environmental Health and Malaria Eradication Ministry of Health, P.O. Box 393, Muscat, Sultanate of Oman

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WHO SECRETARIAT

Dr R. H. Henderson, Assistant Director-General, WHO
Dr T. Godal, Director TDR, WHO
Dr S. K. Noordeen, Director LEP, WHO
Dr D.L. Heymann, Director EMC, WHO
Dr G.L. Dorros, OHS, WHO
Dr I. Sow, ESC/AFU, WHO
Dr J.H.F. Remme AFR/TDR, WHO
Dr M. Couper, DMP, WHO
Dr J.D. Quick, DAP, WHO
Dr R. Arthur, EMC, WHO
Mr J.A. Hazbun, EHA, WHO
Mr C. Sandstrom, BUD, WHO
Dr D. Benbouzid FNU/NUT, WHO
Dr R.J. Guidotti RHT/MSM, WHO

CTD SECRETARIAT

Dr K. Behbehani, Director
Dr A. Bosman, Medical Officer, MAL
Mr P. Cattand, Scientist, TRY
Dr C. Delacollette, Medical Officer, MAL
Dr P. Desjeux, Medical Officer, TRY
Dr P. Herath, Scientist, MAL
Dr M. Karam, Medical Officer, Office of Director
Dr A. Kondrachine, Chief MAL
Dr B. Knudsen, Scientist, FIL
Mr J.-P. Meert, Programme Manager, Healthmap
Dr A. Moncayo, Chief TRY
Dr A. Montresor, Medical Officer, SIP
Dr I. Nuttall, Medical Officer, HealthMap
Dr E. Ottesen, Acting Chief FIL
Ms K. O'Neill, Technical Officer, HealthMap
Dr P. Ranque, Chief DRA
Dr A. Rietveld, Medical Officer, MAL
Dr F. Rio, Medical Officer, TDT
Dr L. Savioli, Medical Officer, SIP
Dr A. Seim, Medical Officer, DRA
Dr A. Teklehaimanot, Scientist, MAL
Dr P. Trigg, Scientist, MAL
Dr M. Zaim, WHOPEs



**MEETING OF THE
TECHNICAL ADVISORY GROUP
Geneva, 26 - 28 February 1997**

WORKING TIMETABLE

Wednesday 26 February 1997

09.00 - 09.10	Opening Address	Dr R.Henderson
	Nomination of Chairman	
09.10-09.30	Overview of the Division's activities	Dr Marc Karam
09.30 - 10.10	Control of Malaria epidemics	Dr A. Kondrachine Dr S. Murugasampillay Dr S. Lal, Dr M. Suzuki
10.10 - 10.30	Disease management	Dr C. Delacollette Prof. L. A. Salako
10.30 - 11.00	Coffee	
11.00 -11.30	Monitoring Therapeutic Efficacy of Antimalarial Drugs Against Plasmodium Falciparum	Dr P. Trigg Prof. L. A. Salako Dr M. Suzuki
11.30 - 11.40	Regional Presentation - AFRO	Dr Y. Kassankogno
11.40 - 12.30	Discussion on major constraints; key issues to improve impact of control strategies; long term framework for action and recommendations	Chairman
12.30 - 14.00	Lunch	
14.00 - 14.40	Management of malaria and the sick child	Dr A. Bosman Prof. L.A. Salako Dr S. Murugasampillay Prof. M. Aikawa
14.40 - 15.10	Protection for pregnant women	Dr A. Rietveld Professor L. A. Salako
15.10 - 15.30	Coffee	

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15.30 - 16.00	Use of insecticide impregnated materials in Africa	Dr A. Teklehaimanot Dr P. Herath Prof. M. Coluzzi
16.00 - 16.10	Regional Presentation, SEARO	Dr V.S. Orlov
16.10 - 16.20	Malaria elimination in Oman	Mr A. Al-Mandhry
16.20 - 17.30	Discussion and recommendations	Chairman

Thursday 27 February 1997

09.00 - 09.15	Chagas disease elimination	Dr A. Moncayo Dr C. Morel
09.15 - 09.45	Leishmaniasis control Control of Visceral Leishmaniasis epidemics in Sudan	Dr P. Desjeux, Dr J. Seaman Dr P.R. Hira
09.45 - 10.05	African Trypanosomiasis control	Mr P. Cattand Dr P. Truc
10.05 - 10.15	Regional Presentation - EMRO	Dr N. I. Neouimine
10.15 - 10.45	Coffee	
10.45 - 12.30	Discussion: major constraints; key issues to improve impact of control strategies; long term framework for action and recommendations	Chairman
12.30 - 14.00	Lunch	
14.00 - 14.30	Lymphatic Filariasis control	Dr E. Ottesen, Dr Z. Hui-jun, Prof H.-J. Rim
14.30 - 14.50	Dracunculiasis eradication/certification	Dr A. Seim Prof. D.Molyneux
14.50 - 15.10	Dengue & DHF control	Dr B. Knudsen Dr D. Gubler
15.10 - 15.40	Coffee	
15.40 - 17.30	Discussion - major constraints; key issues to improve impact of control strategies; long term framework for action and recommendations	Chairman

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Friday 28 February 1997

09.00 - 09.15	The Report of the 1997 Applied Field Research Steering Committee Meeting	Prof. O. Kale
09.15 - 09.35	Schistosomiasis & Intestinal Parasites control	Dr L. Savioli Prof H.-J.Rim
09.35 - 09.55	Integrated control of tropical diseases	Dr L. Savioli Dr A. Montresor
09.55 - 10.15	The WHO Pesticide Evaluation Scheme	Dr M. Zaim Dr G. Hesse
10.15 - 10.45	Coffee	
10.45 - 11.05	HealthMap	Mr J.-P. Meert Ms K. O'Neill Dr I. Nuttall
11.05 - 11.25	Human Resources development	Dr F. Rio Dr S. Murugasampillay
11.25 - 12.30	Discussion on major constraints; key issues to improve impact of control strategies; long term framework for action and recommendations.	Chairman
12.30 - 14.00	Lunch	
14.00 - 15.00	First reading and discussion of draft recommendations	
15.00 - 15.30	Programme implementation - Resource utilization in 1996 and resource requirements for 1997	Dr M. Karam
15.30 - 16.00	Coffee	
16.00 - 16.30	General discussion and finalization of recommendations	Chairman
16.30 - 17.00	Conclusions and adoption of recommendations to include issues to be addressed by the next meeting of the WHO Expert Committee on Malaria.	Chairman