

REGIONAL COMMITTEE FOR AFRICA

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**CONTROL OF HUMAN AFRICAN TRYPANOSOMIASIS: STRATEGY FOR THE
AFRICAN REGION (document AFR/RC55/11)**

The Regional Committee,

Having carefully examined the regional strategy for the control of human African trypanosomiasis (HAT) during the next decade;

Deeply concerned about the resurgence of African trypanosomiasis and its devastating effect on human and livestock populations both of which contribute to poverty accentuation on the African continent;

Aware of the public health importance of human African trypanosomiasis, the epidemic potential, the high fatality rate and the socioeconomic impact of the disease;

Noting that a significant proportion of children are affected by the disease and many of them suffer considerable delay in their mental development which impacts negatively on their school performance and professional advancement;

Recalling Resolution AFR/RC32/R1 (1979) recommending to Member States to implement human African trypanosomiasis (HAT) control activities, which was later endorsed by the World Health Assembly resolutions WHA36.31 (1986), WHA50.36 (1997), WHA56.7 (2003) and WHA57.2 (2004);

Appreciating the commitment and efforts made so far by Member States and their partners to bring the resurgence of the disease under control;

Convinced that controlling human African trypanosomiasis will ultimately contribute to poverty alleviation in the affected rural communities;

1. APPROVES the proposed strategy which aims at strengthening the capacity of Member States to eliminate the disease as a public health problem by 2015;
2. URGES Member States of affected countries:
 - (a) to develop national policies, strategies and plans for the implementation of national control programmes for human African trypanosomiasis and tsetse control in line with the regional strategy;
 - (b) to provide sufficient financial and human resources for the implementation of national human African trypanosomiasis control programmes, including capacity strengthening through training of health workers;
 - (c) to ensure that active and passive case detection and treatment combined with targeted vector control in high prevalence areas and selective or mass treatment of livestock where appropriate are implemented for HAT control;
 - (d) to advocate for an increased awareness of the risks and consequences of HAT, with emphasis on community participation at all stages of the fight against this disease;
 - (e) to mobilize and coordinate national and international stakeholders involved in the fight against sleeping sickness, including local communities, public and private sectors, NGOs, and bilateral and multilateral organizations;
 - (f) to promote operational research as a tool for improved planning, implementation, monitoring, evaluation and integration of national HAT control programmes into the national health system;
 - (g) to develop standardized guidelines for the implementation, monitoring and evaluation of the Regional Strategy;
3. REQUESTS the Regional Director:
 - (a) to provide technical support to Member States for the development of national policies and strategic plans for HAT control;
 - (b) to advocate for additional resources at national and international levels for the implementation of HAT and tsetse control activities in endemic Member States;
 - (c) to report to the fifty-seventh session of the Regional Committee in 2007, and every three years thereafter, on the progress made in the implementation of the Regional Strategy for HAT control.