

SUMMARY OF THE THIRD MEETING OF THE ITFDE(II) October 18, 2002

This meeting of the International Task Force for Disease Eradication (ITFDE) was convened at The Carter Center from 9:00am to 4:00pm on October 18, 2002. The Task Force reviewed the status of global efforts to eliminate lymphatic filariasis, as well as the control of African trypanosomiasis. The names of members of the Task Force or their representatives who participated in the meeting, the presenters, and the other invited guests are included below. During a special recess, participants joined staff of The Carter Center in congratulating President Jimmy Carter on being awarded the 2002 Nobel Peace Prize.

The Task Force members are: Sir George Alleyne, Pan American Health Organization; Dr. Yves Bergevin, UNICEF; Dr. Mariam Claeson, The World Bank; Dr. Julie Gerberding, Centers for Disease Control and Prevention; Dr. David Heymann, World Health Organization; Dr. Donald Hopkins, The Carter Center; Dr. Adetokunbo Lucas, Nigeria; Professor David Molyneux, Liverpool School of Tropical Medicine; Dr. Mark Rosenberg, Task Force for Child Survival and Development; Dr. Harrison Spencer, Association of Schools of Public Health; Dr. Dyann Wirth, Harvard School of Public Health, and Dr. Yoichi Yamagata, Japan International Cooperation Agency. Six of the Task Force members (Heymann, Hopkins, Lucas, Molyneux, Rosenberg, Wirth) attended this meeting, and three others were represented by alternates (Dr. A. David Brandling-Bennett for Dr. Alleyne, Dr. Maria O. Costales for Dr. Bergevin, Dr. David W. Fleming for Dr. Gerberding).

Lymphatic Filariasis

The presentations on lymphatic filariasis were given by Prof. David Molyneux (in collaboration with WHO), and by Dr. Anne Haddix and Dr. Eric Ottesen of Emory University. Dr. David Addiss of CDC assisted in the prt 12 1Tj0.2538 Tllab1E/ CDC assisin

current global campaign against lymphatic filariasis. There have been several notable advances since then.

Technical advances include more effective tools for diagnosing and treating the disease. A new Immunochromatographic antigen card test (ICT) allows accurate rapid diagnosis based on a finger-stick sample of blood, which does not have to be taken at night. The safety and efficacy of two different two-dose drug combinations (Mectizan and albendazole; DEC and albendazole¹) suitable for annual mass treatment of at risk or infected populations have been well established. New antibacterial techniques for better home management of swollen limbs (daily washing of affected limbs with soap and water, thorough drying between digits, application of emollients, antibacterial/antifungal creams, limb elevation and appropriate exercise). Potentially powerful synergies in combining interventions against lymphatic filariasis with control measures against other infections (e.g., malaria, onchocerciasis, schistosomiasis, intestinal parasites) are also being recognized. More is now known about the successes of earlier efforts against the disease (e.g., in China, S96 D7a3604 Tm(easures2557 516.9606 Tm(the 0 8m(47.36aase (e.g.,4fecu T

drug regimen to reach at least 70% of all endemic populations for 4-6 years, in order to interrupt transmission of the inf

5. More information is needed on the socio-economic effects of lymphatic filariasis and the costs of interventions.

African Trypanosomiasis

The presentations on African trypanosomiasis were given by Dr. Anne Moore of the Centers for Disease Control and Prevention, Dr. Jean Jannin of the World Health Organization, and Dr. Christian Burri of the Swiss Tropical In

measures when conditions permit them to be applied. Access to affected areas is a major problem, but may improve with some of the recent improvements in security (political settlements of wars). WHO has led the assembling of enlarged partnerships, excellent networks, and much improved coordination aimed at controlling this disease. WHO's strategy emphasizes improving organizational aspects of the program, maximizing scarce human resources (for health care, laboratory services, research) in affected areas, and mobilizing sufficient resources. A WHO Sleeping Sickness Treatment and Drug Resistance Network was established in 1999 to improve access to treatment by the populations concerned. (Even when areas are not involved in conflict, treatment is often still unavailable to those who need it because of lack of drugs, inadequate infrastructure, personnel, need for training, transport, etc.) The g090vprn Tm(h 12 0 0 12 294.6599 T7)Tj6107 681

4. There is urgent need to extend access to existing diagnostic, treatment and other disease control methods to neglected populations who need them, in order to mitigate existing epidemics, and to prevent resurgence of the disease in other populations at risk in (currently) low prevalence areas.
5. The single greatest research goal for this disease is for better treatment; ideally, a drug that is effective against all stages of the infection, non-toxic, relatively inexpensive, and can be administered orally. Having all or most of such characteristics would allow rapid mass treatment of populations at risk even if the methodology for individual diagnosis and staging is not improved.
6. More sensitive, simpler tools for diagnosing and staging this infection are also needed.
7. WHO and interested researchers should develop more data on the cost effectiveness of interventions and promote good health systems research related to this disease.
8. Stronger, sustained advocacy is needed, both for peace in endemic areas, and for extension of effective preventive and curative services for this and other diseases to the neglected populations concerned.
9. The Task Force commends the excellent leadership that WHO is providing for this problem.

The Task Force also agreed unanimously that appropriate representative(s) of the Bill & Melinda Gates Foundation should be invited to each meeting of the Task Force, and that when a representative cannot attend, perhaps the final thirty minutes of the meeting could be set aside for the Task Force to provide a quick summary of its deliberations to Foundation staff by video conference or by conference telephone call.