



**COR-NTD 2015**

**Philadelphia, PA, October 22-23**

### **Breakout Group Summary Report**

This document is intended to capture the key outputs of your breakout discussion, and to be representative of the group as a whole. Please denote your group's topic, presentations and research priorities before the start of the session, and dedicate the latter portion of your session to determining the key discussion points, knowledge gaps and recommended steps. Also, please indicate whether your group's recommendations align with the specified initial priority target. Your report will be shared on the NTD-SC website, and will inform future advisory panel discussions and donor priorities.

#### **Section I**

*To be filled out before the session begins.*

#### **Breakout Topic:**

2C: HAT: What PC-NTD Programs Can Learn from Community Test-and-Treat Strategy

#### **Presentations:**

- 1) BMGF HAT Strategy: Tools, data, and field operations (Dr. Matt Steele)
- 2) AFRO Agenda for HAT: Status of HAT elimination and prospects (Dr. Adiele Onyeze)
- 3) Mathematical modelling of HAT transmission and implications for future interventions (Dr. Kat Rock)
- 4) The Uganda success story of Human African Trypanosomiasis (HAT): (Dr. Edridah Muheki Tukahebwa)

#### **Research priorities to be discussed:**

Objective:

Goals of the session include identifying operational research needed to target the remaining foci of disease and sharing information with teams targeting other NTDs

Impact Pathway for NTDs (interrupting transmission in geographic focal regions i.e. rural areas)

Investment in RDT, killing tsetse fly, and oral treatment

Measuring DALY impact and costs

HAT (tbg) Elimination as a public health problem (by year 2020)

Interrupting transmission (by year 2030): identifying an elimination strategy

Identifying surveillance gaps by intensifying sentinel site surveillance (i.e. identifying hotspots)

-New diagnostic tests and medicines

-Vector control

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## **Section II**

*To be filled out as the session concludes.*

### **What were your group's key discussion points?**

Questions and Answers:

What about including zoonotic HAT (livestock)?

-Livestock is important because it is linked to GDP. It could also present as a reservoir and that complicates elimination. Serves as an unknown element.

BMGF is providing more funding for community awareness/mobilization in the near future.

Understanding and measuring the level of risk in Africa (i.e. Uganda with combination of several diseases)

Differences in serology vs. presence of parasites (i.e. asymptomatic cases)

-Case detection is completed by trained technicians in hotspots. Other areas implement passive detection and treatment.

-Anyone who screens positive are retested (opportunity costs are very expensive).

Preliminary model: next steps to increased screening

Campaign to increase population participation.

Question: Does modelling account for aggregate risk based on urbanization? (i.e. change of tati habitat).

Answer: Yes.

Question: Is it possible political will as a part of the model?

Answer: Disruptions in the system can be included as a scenario in the model, but strategies for certain disruptions should be feasible and cost effective.

Question: DFID investment bond in livestock industry in Uganda (brucii), what happened?

Answer: Not aware of what is happening with the project. Ministry of Agriculture has been focused on working with animals

Question: Are there policy questions that you would be interested in using modeling as a way to determine transmission elimination?

Response: The forms of transmission involved with the merging of T. gambiense HAT and r. HAT, can modeling determine the time it would take (i.e. the risk)?

Answer: That would be dependent on the available data.

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### **What knowledge gaps (if any) did your group identify?**

"HAT Advocacy" (opportunities for linking to other NTDs), funding, reach and coverage (rural areas), community awareness, and technology involved testing.

-Considering cross over options (i.e. endemicity with LF)

Research methods: how to determine the endpoint for elimination certification.

Lack of diagnostic/surveillance tools (i.e. individuals living with gambian HAT for years without diagnosis (etiology 3 + years asymptomatic).

Information about zoonotic HAT (livestock)

Transmission and disease progression

Sensitivity/Specificity of diagnostic tools-active screening reduces incidence

-Human heterogeneity, animal reservoirs, and underreporting of stage 2

Uncertainty of consequences if both forms of HAT merge (geographical overlap)

Inadequate community awareness

Lack of surveillance system (community level and referrals)

Inadequate human resources (local and district levels)

Lack of alternative drug treatments (Melarsoprol failure r. HAT)

Lack of border joint interventions

Low support for operational research

### **What next steps does your group recommend?**

Supporting implementation (data and country based teams)

Integrate a sentinel system at earlier sessions

Integrate HAT with other disease programs to increase coverage, resources and community awareness

Implement alternative strategies for targeting people, targeting people using active detection and treatment interventions, and linking HAT disease programs with other disease programs

Modelling could be used as a way to predict where cases will emerge

Identifying the best way to identify cases early (explore more cases, learning the extent of the problem)

Sensitizing the community to HAT (i.e. awareness campaigns and asking questions)

Informing political leaders and integrating community programs

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**What next steps does your group recommend? (cont.)**

Massive surveying blood samples biannually to assess the level of disease in an area

HAT people should be included during the planning stages

Plan on using vaccination and when people are visiting health clinics as opportunities to assess HAT

-Linking of programs must provide benefits for both programs, not just HAT.

Must consider the most efficiency way of adding another assessment during a vaccination opportunity (consider that population may spend an entire day waiting to be vaccinated)

**Do your recommended steps align with the research priorities identified on page 1?**

Yes  No