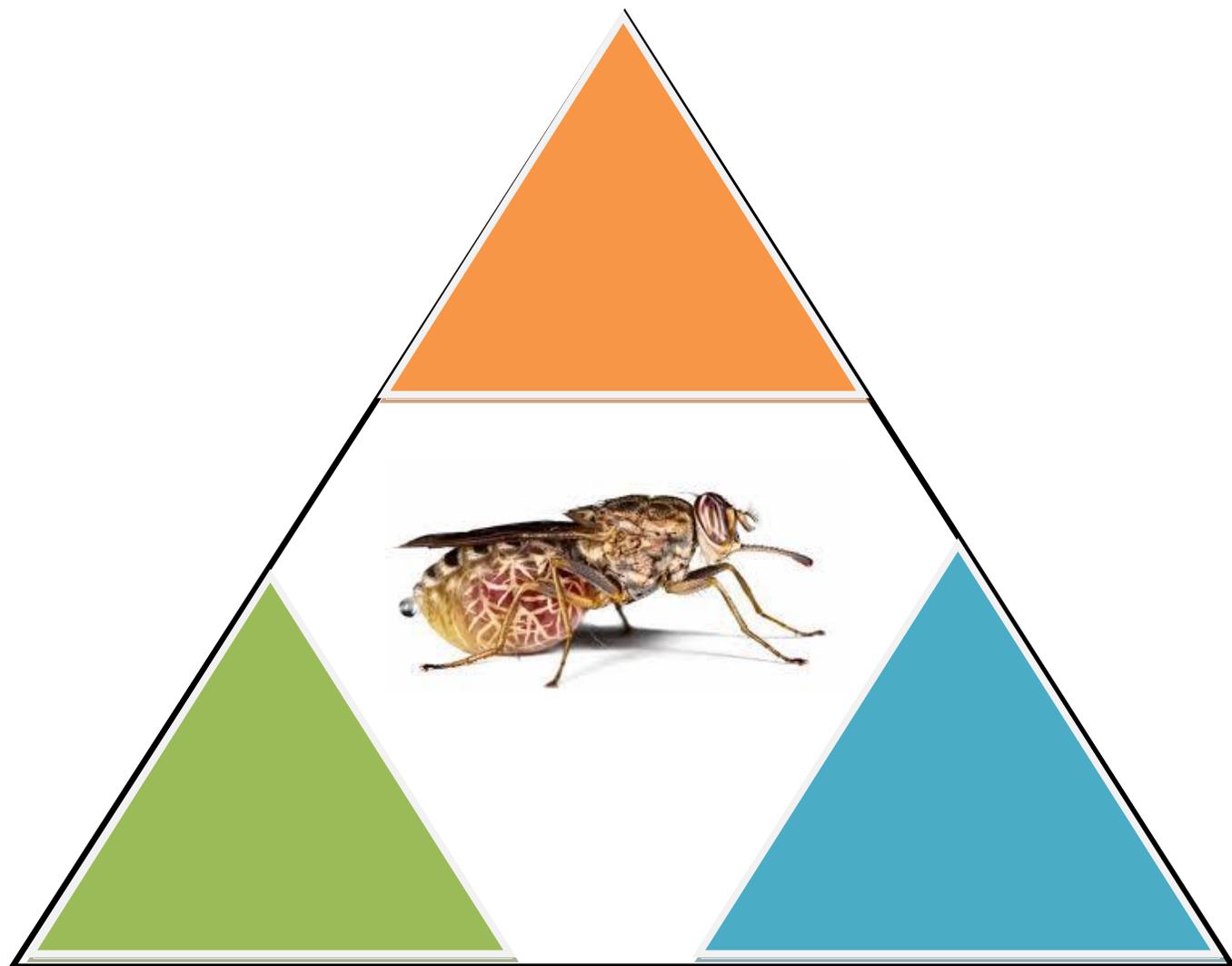


# ROUNDTABLE REPORT

Stakeholders meeting on Tsetse and Trypanosomiasis in Uganda

February, 2014



## **Uganda Trypanosomiasis Control Council (UTCC) SECRETARIAT**

Coordination Office for Control of Trypanosomiasis in Uganda (COCTU)

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## Pictorial highlights of the Roundtable





# Introduction

## Convening of the Round Table

The meeting was convened by the Uganda Trypanosomiasis Control Council (UTCC) through its Secretariat the **Coordinating Office for Control of Trypanosomiasis in Uganda (COCTU)**. Overtime, UTCC had observed that several interventions in the area of Tsetse and Trypanosomiasis were being implemented in Uganda with several groups working in the same area which led to duplication of effort while other areas ended up being unattended to. Also COCTU needed to understand the approach of the major players in Tsetse and Trypanosomiasis and to enlighten the meeting on its mandate of coordination of all tsetse and trypanosomiasis activities in Uganda.

The meeting was attended by delegates from different partners from University of Edinburgh, Ceva Santé Animale, Veterinarians without Borders, Makerere University (College of Veterinary Medicine Animal Resources), *IK Investment Partners/IK Aid and Relief Enterprise*, Liverpool School of Tropical Medicine, and Ugandan participants.

## Mandate of UTCC

The Uganda Trypanosomiasis Control Council which is a body corporate is mandated among others to: -

- Ensure effective and efficient implementation of all Tsetse and Trypanosomiasis programs
- Formulate policies and determine priorities for Tsetse and Trypanosomiasis
- Advise Government and make recommendations for Financial , Human and other resource requirements
- In consultation with Uganda National Council for Science and Technology (UNCST) (Act Cap, 209) consider and approve research projects related to Tsetse and Trypanosomiasis and assign them to any institution within or outside the Council.
- Advise the Minister on management and coordination of Tsetse and Trypanosomiasis programs and establish units and technical services in relation to Tsetse and Trypanosomiasis activities

## Mandate of COCTU

For proper coordination of all Tsetse and Trypanosomiasis activities, UTCC operates through its Secretariat (COCTU) which is mandated to:-

- Supervise the implementation of Tsetse and Trypanosomiasis activities.
- Prescribe standard specifications and codes of practice.

- Submit proposals for policy formulation.
- Collate and disseminate reports and information.
- Coordinate and develop Human Resource for Tsetse and Trypanosomiasis programs.
- Initiate and organize seminars, conferences and workshops to promote Tsetse and Trypanosomiasis activities.
- Promote research and studies on Tsetse and Trypanosomiasis (T & T).
- Establish and coordinate national, regional and international relations among Tsetse and Trypanosomiasis actors in Uganda.
- Solicit and receive grants, donations, aid, gifts, and subscription fees for above purposes.

### **The objectives of the Round Table meeting-**

The objectives of the meeting were: -

- I. Introduction of various partners dealing with control of Tsetse and Trypanosomiasis.
- II. Sharing areas of focus and activities engaged in by the various stakeholders present.
- III. Highlight of mandates of UTCC/COCTUs.
- IV. Share key highlights and issues of concern raised at the Khartoum round table.
- V. Present a summary of the T & T policy draft.
- VI. Discuss and map a way forward with regard to partners engagement with COCTU and start development of Strategic Plan.
- VII. Getting a way forward for strengthening of COCTU/UTCC Coordination role.

### **Welcome Remarks by Chairman UTCC**

The Chairman, Uganda Trypanosomiasis Control Council welcomed all the participants for having taken time off their busy schedules to come and dedicate this day focusing on issues of trypanosomiasis elimination and tsetse eradication in Uganda. He informed the meeting that sleeping sickness is one of the diseases affecting vulnerable communities Worldwide including those people in Uganda. This round table presents an opportunity for the players working on the various aspects of trypanosomiasis, for example, improving diagnostics, drug discovery, and epidemiology operational issues to share recent developments and improvements over the past few years. He also informed the meeting that the UTCC urges them to take the roles of COCTU seriously in order to enable it monitor all interventions and to set up

committees to monitor tsetse and trypanosomiasis in the country as is mandated and guided by the UTCC Act (Ch 211), 1992. The Chairman thanked all the partners who turned up in big numbers for the meeting good deliberation and hoped the recommendations from the meeting will be taken seriously by all partners as we struggle to eradicate sleeping sickness and eliminate nagana from Africa.

The Chairman Uganda Trypanosomiasis Control Council welcomed the Minister, Hon. Minister of State for Animal Industry, Hon. Bright Rwamirama, in a special way and briefly introduces the Hon. Minister through the discussion.

### **Official Opening of the Meeting**

The Hon. Minister of State for Animal Industry, Hon. Bright Rwamirama appreciated the presence of groups that are contributing to the fight against Tsetse and Trypanosomiasis. The Minister thanked Government officials and organizers of the round table for the work well done. The round table was assured that Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) and Government of Uganda gives total Governments support towards the initiative. The Minister thanked the partners for coming to support Uganda and asked other participants not to take their support for granted. This was also to thank their respective Governments for the support to Uganda.

Lastly, he welcomed all the participants and thanked them for sparing time to come and interface with each other and give an input on how best the activities of tsetse and trypanosomiasis interventions can be better coordinated. He thereafter declared the meeting open.

## **Presentations on status of Tsetse and Trypanosomiasis in Uganda**

### **EXPECTATIONS FROM THE ROUND TABLE MEETING (COCTU and Dr. Rose Azuba)**

Following the presentations several Participants took the opportunity to offer their own thoughts emphasizing the need to support COCTU and its mandate as guided by the UTCC Act and made input on the following: -

**(i) Policy Agenda and Guidelines**

- Policy agenda and how they are shaped by the available data (and how a lack thereof impacts on policy).
- Mandate of the Trypanosomiasis surveillance platform and how it can be developed/strengthened.
- Shared and discussed some of the most cost effective and environmentally friendly methods and drugs for eradication of tsetse and trypanosomiasis.
- Got an insight into policy initiatives aimed at T & T control in Uganda.

**(ii) Partnerships**

- Types of support from the partners in the effort to kick out tsetse and trypanosomiasis.
- Need for a global project for Trypanosomiasis which will include every major actors of Uganda
- Requirement for synchronization of action for a stronger action.
- Secure clarification on inclusion of other players under the label of SOS, meeting other stakeholders.
- Understanding of all the tsetse and trypanosomiasis control activities that are going in order to leverage and complement one.
- Know partners involved in tsetse and trypanosomiasis control and their role.
- Understand way stakeholders can support the coordination of tsetse and trypanosomiasis.
- To know more about the way to combine different institutions altogether in order to fight the trypanosomiasis in eastern Africa.

**(iii) Coordination Issues of COCTU**

COCTU should to take charge of HAT, AAT and develop an Integrated One Health Community Public Health programme: –

- Keep sleeping sickness forms control activities complementing each other apart.
- Build partnerships for sleeping sickness control and network with efforts to control other zoonoses.
- Need to manage drug/chemicals used for T & T activities.
- Need to introduce MARK for insecticides used in T & T.
- Align tsetse and trypanosomiasis activities into strategies for Uganda that can help overcome the T & T.

- Better coordination of multiple actors in tsetse control/trypanosomiasis control and to learn from experiences of all actors.
- The friends from outside Uganda to work together with UTCC & COCTU to enable each other achieve set goals in eradication of tsetse and elimination of Trypanosomiasis in Uganda.

**(iv) Operational Issues of Tsetse and Trypanosomiasis**

Uganda needs to urgently put in place: -

- Strategic plan for T & T interventions in Uganda for next five (5) years.
- Final National Policy Draft on T & T.
- Idea on these can be forwarded to the strategic planning to COCTU.
- The policy awaits cabinet approval and will be shared.

**(v) UTCC/COCTU Expectations from Round Table**

- Generate ideas for operational strategies for T & T control in Uganda.
- Build awareness of all initiatives on T & T in Uganda.
- Start Road Map for tsetse eradication and trypanosomiasis elimination as public health and economic constraint.
- Get information on projects or programmes being planned on T & T in Uganda.

**(vi) Sharing and learning from each other**

Meeting other stakeholders is always and will continue to be important as it will help: -

- To know the current research activities on tsetse and trypanosomiasis in Uganda and their contribution to solve the T & T problem.
- Understand the epidemiology and diagnostics of the disease to gain from the expertise of various carders including update on the upcoming tsetse and trypanosomiasis control options.
- To learn more about the efforts of zoonotic disease control in general and share experiences beyond T & T.
- Generate means of mitigating the costs in Trypanosomiasis, understanding of the current surveillance methods being implemented in Tsetse and Trypanosomiasis activities in Uganda.

Finally, it is the desire of the UTCC Secretariat to see increased support to T & T activities (Technical/Financial), proper map to tsetse eradication, including agreeing to work under one Coordination and increased transparency. The round table is expected to have concrete resolutions to guide COCTU in its coordination role.

## Presentations from some projects

**SOS AND ICONZ IN UGANDA (Prof. S. Welburn, Prof. J.D. Kabasa & Prof. C. Waiswa)**

### ICONZ Themes

- Improving human health and animal production through scientific innovation and public engagement
- Build Evidence Base Underreporting – Value
- Find One Health Solutions
- Calculate Cost Effectiveness
- Promote Advocacy
- One Health Approach for NZDs = WHO BENEFITS AND WHO PAYS AND WHY?

### Overview of ICONZ

<b>Protozoan Infections</b> <ul style="list-style-type: none"> <li>▪ Leishmaniasis (VL, CL and MCL)</li> <li>▪ Human African Trypanosomiasis (sleeping sickness)</li> </ul>	<b>Viral Infections</b> <ul style="list-style-type: none"> <li>▪ Rabies</li> </ul>
<b>Helminth Infections</b> <ul style="list-style-type: none"> <li>▪ Cysticercosis</li> <li>▪ Hydatid</li> </ul>	<b>Bacterial Infections</b> <ul style="list-style-type: none"> <li>▪ Bovine TB</li> <li>▪ Brucellosis</li> <li>▪ Anthrax</li> </ul>

Several activities have been ongoing in trying to design intervention packages in partner countries in an attempt to define cost effective interventions.

### Cost-effective interventions?

Canning (2006) argues that the overall burden of disease should not be the criterion for priority setting, but that *cost-effective* interventions should be prioritized.

Such a cost-benefit approach, combining health and economic benefits, would allow the health sector to present arguments to policy makers based on the rate of return on investment rather than tables of DALYs. Many health interventions in low-income countries have exceptionally high rankings in terms of cost-benefit ratios.

Canning (2006) further suggests that interventions against 'neglected' tropical diseases should be viewed as investments in human capital and form an integral part of global poverty reduction.

### **ICONZ Outcomes/ targets**

- Cost-effectiveness of a number of control strategies from the point of view of human health in \$ / DALY averted
- A case study framework that can be rolled out to other setting to establish community burdens
- Better knowledge of costs to animal health to look at the benefit-cost to the livestock sector of control strategies
- Practical ways of combining these measures to look at the total societal cost and examine overall cost-effectiveness
- Recommendations on how veterinary and medical sectors could most effectively share costs
- Models for scale up of interventions
- Advocacy for Neglected Zoonoses

**Focus for Uganda has been on Work Package 8 that focused on the Control of Vector Borne diseases i.e.**

- Human African Trypanosomiasis
- Animal African Trypanosomiasis
- Collateral Tick damage
- Tick borne diseases – anaplasmosis, ECF, babesia

The current major observation from the data generated indicates that monthly use of deltamethrin by spraying 25% of the cattle in tsetse and Trypanosomiasis affected areas plus treatment of all cattle with diminazene aceturate at the beginning of the intervention can contribute greatly to the elimination of the disease. The final report on this will be highlighted in a thesis by a Makerere student that will be finalised by last quarter of 2014.

More about ICONZ can be got at: <http://www.iconzafrica.org/>

**Link of ICONZ to Stamp Out Sleeping Sickness (SOS)**

The insecticide restricted application technology (RAP) on cattle as live bait has been under evaluation under ICONZ and results will greatly inform the planned SOS interventions in Uganda and other areas affected by especially the zoonotic type of sleeping sickness and animal Trypanosomiasis.

## **COLLABORATIVE EFFORT TO ELIMINATE GAMBIENSE HAT FROM UGANDA (ISSEP) PROJECT ACTIVITIES (Dr. Charles Wamboga and Asso. Prof. Enock Matovu)**

### **Introduction and background vital information**

- T.b.g. HAT prevalence has generally been on the decline in Uganda and in other countries on the continent.
- However, given the severity and fatality associated with HAT, there is need to continue surveillance efforts though it is very expensive.
- In the recent years, there has been little support for HAT surveillance from partners since the classical surveillance (active) mechanisms are very expensive.
- The cases detected using active surveillance system is quite small compared to the amount of resources invested ( e.g. in 2010/2011 about 100,000 people were actively screened with only 24 confirmed cases).

### **Rationale for elimination efforts**

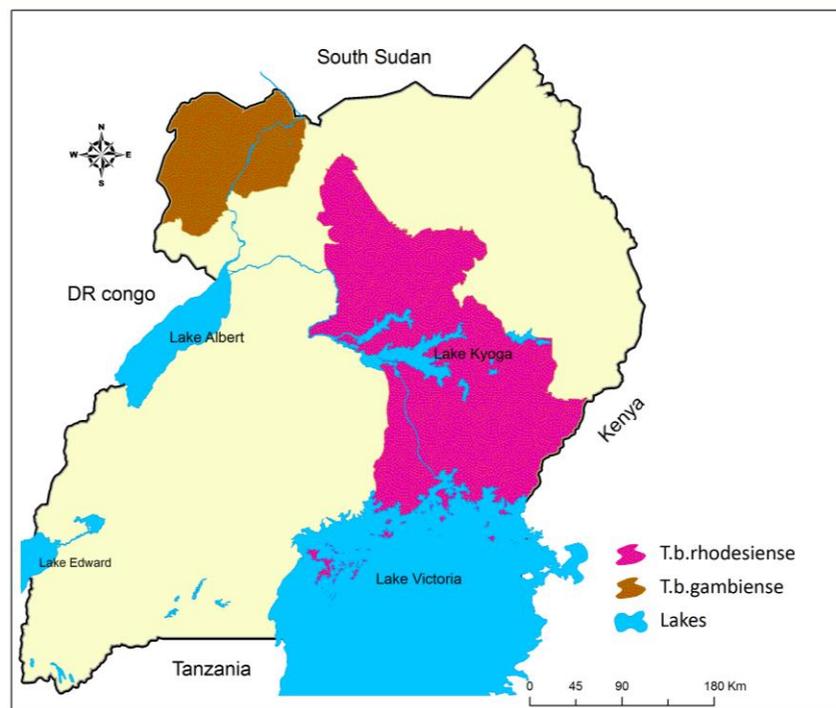
- It is well known that humans are the principal reservoirs for *T.b.g.*HAT making it epidemiologically vulnerable for elimination.
- Political will exists (PATTEC 2000 Lome, Togo, WHA 56.7 2003 Resolution: member states to implement elimination programme., AFR/RC55/R3 55<sup>th</sup> WHO Regional Committee and ISCTRC endorsed elimination 2005. In 2011 WHO included Gambian HAT on its Roadmap on NTDs, 2012 London declaration endorsed by WHO).
- Well defined geographical distribution of the disease.

### **Collaborative effort**

- Between government of Uganda (MoH, Makerere, COCTU) and FIND.
- FIND is the sponsor and responsible for overall coordination of the effort.
- COCTU represents GOU and deals with administrative issues for ISSEP.
- Aim is carrying out intensified control that could lead to elimination of *T.b.g.* HAT.
- Working within existing health systems by strengthening their capacity for diagnosis and referral of suspects and cases.

## Strategy

- Involves initial mapping of all health facilities (health facility characterization).
- Then implement a strategy that combines use of HAT RDTs, iLED microscopy and LAMP.
- This approach is aimed at improving case detection through strengthening passive surveillance.
- It is also intended to shorten the distance that a sick person has to travel to seek diagnosis for HAT.



Sleeping Sickness situation in Uganda (2000–2012)

## Progress

- Implementing in 197 health facilities in 7 districts (Arua, Maracha, Koboko, Yumbe, Moyo, Adjumani and Amuru).
- 3 health facilities equipped with LAMP, iLED Microscopes, RDTs for HAT and solar power.
- 9 health facilities equipped with iLED microscopes, RDTs for HAT and solar power.
- 185 facilities equipped with HAT RDTs only.
- Trained 465 health workers (clinicians & lab).
- CMEs or CPDs are on going in all districts.
- Study monitor is in place who reports directly to sponsors.
- Makerere University carrying out quality control.

## Conclusion

Elimination of *T.b.g* HAT is feasible however, it requires national ownership, effective communication and transparency, strong partnerships and deliberate efforts taken to incorporate HAT activities in routine health care delivery for sustainability. **Also see:** <http://www.newvision.co.ug/news/653719-less-sleeping-sickness-cases-reduced-merger-threat.html>

**Acknowledgements:** FIND (for Funding, logistical support & ready availability, Makerere university (availability, training, Quality control & supervision, COCTU (support, guidance and timely handling of administrative issues).

## Field Evaluation of the use of Insecticide Treated Tiny Targets in the Control Of Tsetse Flies In The T. B. Gambiense Region (Moyo) District (Ambrose Gidudu)

A Memorandum of Understanding has been signed between Ministry of Agriculture, Animal Industry and Fisheries represented by COCTU and Liverpool School of Tropical Medicine to undertake this project.

## Background information

There are two Human African Trypanosomiasis (HAT) forms in Uganda, namely;

- ◆ *T. brucei gambiense* (chronic form) in North West Uganda: without treatment = death in 1-6 years.
- ◆ *T. b. rhodesiense* (acute form) in south east Uganda: without treatment = death in 1-8 months.

## Activities

- a. 1500 targets deployed between November 2011 and January 2012, along c. 50km of rivers and major tributaries. Density of 4-8 targets/km<sup>2</sup>.
- b. Training in tsetse fly survey and monitoring methodology.
- c. Training in tsetse sampling devices: traps, others; efficiency of devices; site selection and deployment; data management; quality control; etc.
- d. Training in tsetse fly control with tiny targets. Technology, requirements, site selection, deployment, data recording, maintenance, quality control

## Why Tiny Targets should be promoted

- a. Tiny targets are efficient in significantly reducing populations of *G. f. fuscipes*, and maintaining them at very low/zero levels.
- b. 8–20 times more cost-efficient than conventional traps and targets.
- c. Likely to reduce material costs by 90% and logistical costs by 50% in large-scale control operations.
- d. Most promising advance in HAT vector control in >3 decades.

## Achievements

- After six months, tsetse catches have declined by 90% in all blocks with targets.
- Increase trial area from 250km<sup>2</sup> to 500km<sup>2</sup>. Dec2012–present

## Conclusion

- Tiny targets are efficient in significantly reducing populations of *G.f.fuscipes*, and maintaining them at very low/zero levels.
- Now, next step is expansion into rest of West Nile, led by MAAIF and district technical staff who will start with training.

## Stamp Out Sleeping Sickness (SOS)–Building Sustainability (Anne Holm Rannaleet)

**Theme:** Building on investments, efforts and experiences to go the last mile

### Evolution of SOS and challenges encountered

**2006/07:** Emergency intervention + follow-up treatments in 5 districts (now split and 9 districts)

#### Emergency intervention achievements

- Approximately 250,000 cattle treated in 5 districts
- 70% reduction of trypanosomes in cattle
- Fewer sleeping sickness cases noted in 2007 after rains
- First time students seriously exposed to in-field experience/community service = made them “more employable”
- Empowering + Engaging Communities Laying the Foundations for Sustainability



■ SOS Phase 1a&b area covered

## Some Intervention challenges

- Challenge of spreading SOS message underestimated
- Some community level resistance due to lack of prior communication
- Farmers sometimes confused as also other activities ongoing
- Difficulties in ensuring continuous product supply, also into remote areas
- Treatment at point of sale not undertaken – continued re-infections

## Critical Components for Sustainability

Two Critical Components for Sustainability identified

- Empowered and Engaged Communities
- Enabling Infrastructure for delivery(logistics, policy, transport, power etc.)

## 3V Vet Initiative – Addressing the challenges

3 V Vet Initiative was launched to identify and map the gaps

- 5 young graduate vets recruited by High Heights Services (HHS) with IKARE/CEVA support
- Each allocated a district/area code named Territory
- Job descriptions and clear work agenda put in place
- TASK – Map activities and actors in area – establish contacts – build trust
- Ability to move about and reach all corners of territory – motorcycle key

## 3V Vet Initiative Establishment Strategy

- Establishing 3 V Vet practices in previously unserved areas
- Self-employed spray persons providing commercial spraying
- Spray people Approx. 80 in phase I
- Spray person network ensures regular spraying in SOS area

## Conclusions

Achievements to date imply there is a road to sustainability

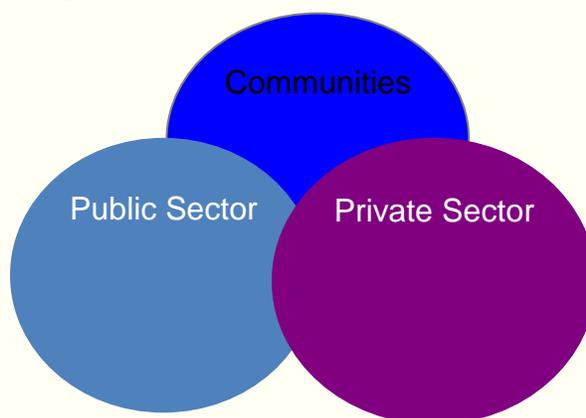
- 400,000+ cattle emergency treated across 7 districts (now 10 districts) in Northern and North Eastern Uganda
- Makerere Veterinary College has changed curriculum to allow in-field practice
- 3 V Vet activities have created awareness, pull for products and spray demand

- 5 out of 11 vet shops still standing and operating on purely commercial basis
- 150+ self-employed spray people businesses set up with help of micro-financing + mentoring by 3 Vs
- Approximately 20% of cattle in the area now sprayed on a regular basis
- Reduction of Rhodesiense sleeping sickness cases from 257 (2005) to 64 (2012) implying 1,175 cases averted (400,000 USD in treatment savings).  $1,175 \text{ cases} \times 25 \text{ DALYs} \times 365 \text{ USD} = 10.7 \text{ MUSD}$  of additional potential GDP contribution. Add in the estimated 10:1 undetected cases.
- Assuming 5 % lower fatalities to Nagana among cattle in area gives additional 5 MUSD in savings

**BUT challenges remain AND require Public Private Partnership**

- Commercial distribution of sleeping sickness control products all the way to end-user not viable on its own due to low volumes and not enough margin to cover “the last mile”
- Delivery of sleeping sickness control has to be bundled with delivery of broad scale veterinary services – more value added to farmers/communities as well
- BUT also entails a risk of vets concentrating their efforts more on the higher volume and margin products in order to survive as businesses
- Public Sector could mitigate this risk by contracting 3 Vs and Spray Persons to undertake sensitizing, treatment and surveillance
- Public Sector also has a role in enabling and enforcing policy

Sustainability will require a holistic approach across sectors – there is a limit to what the private sector can achieve alone



## PATTEC INITIATIVES ( Mr. Fred Luyimbazi and Dr. Herbert Mutumba )

### Do We Need To Participate In The Pattec Initiatives In Uganda? Yes

- 70% of the Land mass is tsetse infested
- 11 million people at risk of contracting sleeping sickness
- Approx 8 million(70%) cattle at risk of contracting Nagana
- Also, there are socio-economic benefits as evidenced by the Buikwe case study

### Buikwe Case Study: Estimated Socio-Economic (Milk & Beef) Benefit due to Tsetse Suppression in Buikwe District

#### Background

In this brief, unless mentioned, all figures are as reported in the National livestock census Report (2008). Also, it is assumed that any National tsetse suppression mainly benefits indigenous cattle (93.6%) as owners of high grade cattle undertake private initiatives to control the tsetse flies.

Buikwe District Herd = Approx 50,000 Head of Cattle

- a) Indigenous (93.6%)= 46,800 H/C
- b) 14.2% of indigenous are adult males= 6,645H/C
- c) 40.5% of indigenous are adult females=18,954H/C
- d) Total indigenous adults =(b+ c)= 25,559 H/C

#### Milk Benefits

Average milk increase of 1.5 litres per animal per day was observed following tsetse suppression during STATFA project.

Ref. 13% of the herd are under lactation(UBOS)

i.e 13% of 46,800h/c(indig) = 6,084 lactating

- Increase in milk production/day = $6084 \times 1.5 = 9,126\text{lt}$

-Annual increase in milk production  $9126 \times 300\text{days} = 2,737,800\text{lt}$

Annual income from increased milk production  $2,737,800\text{lt} \times \text{UGX } 600$  ( Farm Gate Price) = UGX 1,642,680,000/= ( USD 670,482)

#### Increase in Beef benefits

Recall total indigenous adults =(b+ c)=25,559 H/C

Taking an average culling rate of 20% per year

20% of 25,559H/C to be culled annually = 5,111H/C

Average carcass weight increase of 30Kgs per adult animal is deemed possible in Buikwe following tsetse suppression after one year.

Total estimated beef increase  $30\text{Kgs} \times 5111\text{H/C} = 153,330 \text{ Kg}$

Annual income from increased beef production 153,330 Kg x UGX 5,000/= (Farm Gate Price) = UGX 766,650,000/= (USD 312,918)

#### **Total Beef and Milk Benefits**

- Milk UGX 1,642,680,000/= ( USD 670,482
  - Beef UGX 766,650,000/=) = (USD 312,918)
- TOTAL =UGX 2,409,330,000/= (USD 983,400)**

This would be the minimum benefit for intervention thus the need to participate in the PATTEC INITIATIVES

#### **Successful tsetse control efforts, have always been reversed because**

- They were not sustainable due to resource constraints,
- They were not addressing the problem area-wide but only small pockets.
- They were addressing tsetse control rather than tsetse eradication.
- Thus, we should not repeat mistakes of the past

Highlights were then made on the Uganda Tsetse and Trypanosomiasis Eradication Project (**UTTEP**) with extensive presentation on the different project areas plus the level of funding needed.

#### **Summary of Round Table Meeting on Tsetse and Trypanosomiasis activities in Uganda in Khartoum, Sudan, 11.9. 2013 (Dr. Hassane H. Mahamat, AU-PATTEC Coordinator )**

Highlights and objectives of the roundtable meeting held in Khartoum

- a. AU-PATTEC Coordinator invited partners and expressed concerns on uncoordinated manner in which Tsetse and Trypanosomiasis activities are handled in Uganda.
- b. There was need for support of Government of Uganda decision makers to ensure that an integrated approach is being used:
- c. **Merial / sonofi** had interest in undertaking activities similar to SOS and they did not receive the guidance they needed.
- d. Find and Makerere University are working in one of the district close to where the SOS was operating
- e. Liverpool school of tropical medicine have activities in country
- f. PATTEC Uganda and others and many others also have plans

- g. All these need efficient coordination and Government should know through COCTU which is the coordination Agency for Tsetse and Trypanosomiasis activities

### Recommendations at the Khartoum Round table meeting

- Activities should be synchronized to show result
- SOS Programme moved out to other districts
- Government to spearhead the development of proposal for next phase of SOS and must ensure that key players are involved in its development (basic information e.g. livestock number of the target districts to be submitted to AU/PATTEC for decision Support);
- The role of COCTU should be visible.

## Roundtable discussions and Observations

### COCTU's role

1. COCTU should take its center role in the coordination, harmonization and be able to streamline all work being undertaken by all stakeholders effectively in the country.
2. Partners to ensure that they send regular information to COCTU to form the quarterly bulletin.
3. COCTU as Coordinator should immediately start producing regular newsletters mentioning all stakeholders and their activities in Tsetse and Trypanosomiasis.

- ◆ All partners dealing with Tsetse and Trypanosomiasis must respect the mandate of COCTU.
- ◆ Policies need to be supported by science.
- ◆ The strategic plan should be in line with the Millennium Development Goals and the Vision 2040 for Uganda

## **Strategic Plan and Policy Planning**

- Expedite the strategic Plan so that it is not overtaken before it is operationalised,
- Ensure that all relevant partners are part of the Strategic planning process.
- You may benchmark the PATEC Strategic Plan and have some harmonized planning.
- Include farmers and community as key stakeholders.
- Bring on board medical practitioners.

## **Information dissemination and platform for sharing**

- Hold more regular round tables for partners within and without.
- Share transparently what everybody is doing.
- Regularly air the successes to show case the achievements both locally and internationally to also allow learning by others.
- Harmonize approaches with the communities and disseminate information and programs widely to avoid duplication

## **Governance, Management and Operationalisation**

- That COCTU management team be expanded beyond the Director and Deputy Director.
- Establish official implementing units which will have MoU's with COCTU and each unit presents a focal person as part of the COCTU team.
- Visit options for official membership with established outcomes
- Establish a working consortium which can receive accountability and has among other things ability to publish and add value

## **Financing**

- The government should find funds to support the work of COCTU as a matter of principle especially in monitoring
- COCTU on behalf of UTCC should work closely with development partners and the different Institutions in the area of resource mobilization to enable it effectively monitor and evaluate the different tsetse and Trypanosomiasis activities in the country.

## Resolutions

1. Government should operationalize the current structure of UTCC /COCTU and routinely update it to enable it take its center role in coordination and harmonization of Tsetse and Trypanosomiasis activities
2. Government should increase its budgetary allocation for COCTU to enable it execute its mandate efficiently
3. All partners and stakeholders participating in Tsetse and Trypanosomiasis activities should send regular information to COCTU regarding their programs, projects and work plans for information sharing and consolidated planning
4. COCTU should liaise with the implementing institutions and organizations to ensure that the Tsetse and Trypanosomiasis programs are aligned to the PATTEC initiative
5. COCTU should organize regular platforms for sharing and dissemination of Tsetse and Trypanosomiasis information

## Acknowledgements

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