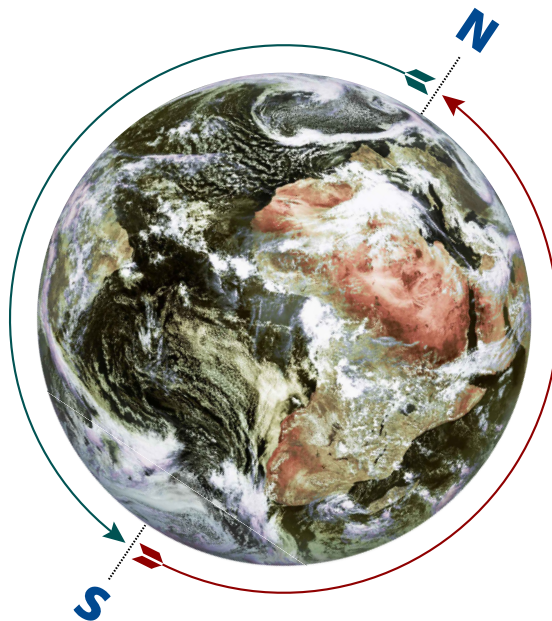


INSTITUTE OF TROPICAL MEDICINE ANTWERP
100 years 1906 2006



Centennial Colloquium

Tropical Medicine in the 21st century: switching the poles



Thursday 23 November 2006

Aula P.G. Janssens

In the new international ITM Campus "Rochus"
Sint Rochusstraat, Antwerp, Belgium

Co-sponsored by DGDC, the Belgian Development Cooperation



TABLE OF CONTENT

- The occasion
- Background
- Objectives
- Organizing and Scientific Committee
- Abstracts:
 - **Bed-side infectious diseases research in Peru**
E. Gotuzzo, Director, ITM Alexander von Humboldt, Universidad Cayetano Heredia, Lima, Peru
 - **GCP trials of ACT's for malaria in sub-Saharan Africa**
Dr. Ambrose Talisuna, principal investigator EANMAT, East African Network for Monitoring Anti-Malarial Treatment, Entebbe, Uganda
 - **Clinical research and training on neglected diseases in Nepal**
Prof. Rupa Singh, Director, Koirala Institute of Health Sciences, Dharan, Nepal
 - **Establishing reference laboratories in Congo**
Prof. Jean-Jacques Muyembe, Directeur, Institut National de Recherche Biomédicale, Kinshasa, R.D. Congo
 - **Chagas disease in Bolivia**
Prof. Faustino Torrico, Director, Escuela de Graduados y Educacion continua, Facultad de Medicina, Universidad San Simon, Cochabamba, Bolivia
 - **HIV/AIDS in high-risk groups in Côte d'Ivoire**
Dr. Pierre Agbre Okobe, Directeur, Association de Soutien à l'Autopromotion Sanitaire Urbaine, Abidjan, Côte d'Ivoire
 - **Interfaces between people, livestock and game in southern Africa**
Prof J A W Coetzer Department of Veterinary Tropical Diseases, Faculty of Veterinary Science, University of Pretoria, Onderstepoort, South Africa
 - **The control of Buruli ulcer in Benin**
Prof. Sévérin Anagonou, Laboratoire de Microbiologie, Centre National Hôpitalier et Universitaire, Cotonou, Bénin
 - **Improving the efficiency of the Cuban health system**
Dr. Mariano Bonet, Vice-Director of INHEM, Instituto Nacional de Hygiene, Epidemiologia y Microbiologia
 - **Quality of health care in Morocco**
Prof. Abderrahmane Maaroufi, Directeur, INAS, Institut National d'Administration Sanitaire, Rabat, Maroc
 - **Community-based health financing in India**
Prof. Narayanan Devadasan, Director Community Health Insurance Network, Bangalore, India
- 100 year of ITM

THE OCCASION

In 2006, the Antwerp Institute of Tropical Medicine celebrates its 100th anniversary. With the opening of a splendid new international campus in a renovated 17th century monastery, adjacent to the main building, it also concludes an intense 10-year period of renewal, reforms and investments. The official celebration and inauguration will take place on 22 November, in the presence of H.R.H. Princess Astrid, national and international authorities, and partners and friends from around the world.

On 23 November, the ITM organizes a special edition of its annual colloquium series for the scientific invitees to the celebration as well as for other interested parties. This Centennial Colloquium will thus gather an international and interdisciplinary body of top scientists, experts and policy makers. Together they will explore the face of tropical medicine in the 21st century, and particularly the challenge of “switching the poles”: how can scientists and institutes in the south truly take the lead in the international efforts to improve the health situation in their countries through research, training and policy support?

BACKGROUND

In this 21st century, “tropical medicine” as in ITM’s name covers a wide range of disciplines, from basic biology over tool development to intervention research and global health policies. In the North, the “historical” tropical institutes have been joined by other players such as university departments, science-driven development organisations and product-oriented public-private partnerships. In the South, the centres of excellence are still too scarce and unevenly distributed. Many scientists and groups cannot compete or even function without earmarked financial and scientific support from abroad. The institutional capacity to perform autonomous research, organise training and provide technical assistance remains far stronger in the North than in the South.

Partly as a consequence, health development policies are still largely defined in the North. The many new global health initiatives have their seat and power base in Europe or the US. The scientific literature and policy guidelines on disease control in developing countries are still heavily dominated by the North. Health authorities often have to satisfy foreign donors and experts, but not necessarily the real needs of local health systems and populations.

This is no reason to reduce tropical medicine capacity in the North. Yet, resetting the balance is in the interest of all stakeholders, in the first place the populations that have to benefit from health research. North-South partnerships, while maintaining their scientific objectives, should give much greater prominence to this part of their agenda.

OBJECTIVES

The ITM Centennial Colloquium will confront this challenge through concrete case studies rather than global theorems. Directors, scientists and experts from developing countries will present their work in its institutional, national and international context. They will provide the audience with a wide scientific and geographic range of top-level research with great societal impact. While amply demonstrating the scientific capacities in developing countries, they will seam common threads relating to the meetings' objectives, such as:

- Autonomy in formulating and negotiating scientific projects
- Institutional capacity to manage research and training programmes
- Leadership and coordination of donors, networks and partners
- Sustainability of scientific institutes and career structures
- Translation of research in policies and practices, and vice versa
- Adhering to scientific and ethical normative standards
- . . .

These and other issues will be further analysed in panel discussions and plenary debates. The exercise will not be limited to the obvious responsibilities of politicians and sponsors, but also critically analyse whether and how the scientific community in the North itself can contribute more forcefully to the empowerment of their colleagues in the South.

ORGANIZING AND SCIENTIFIC COMMITTEE

Organizing Committee

Dr. Jan Coenen

Her Excellency Dr. Flore Agmande Gangbo, Minister of Health, Benin

Prof. Dr. Bruno Gryseels

Dr. Dirk Van der Roost

Dr. Govert Van Heusden

Scientific Committee

Prof. Dr. Marleen Boelaert, ITM, Antwerp, Belgium

Prof. Dr. Serge Diagbouga, Centre Muraz, Burkina Faso

Prof. Dr. Bruno Gryseels, Director, ITM, Antwerp, Belgium

Dr. Chhi Vun Mean, Director, National Centre for HIV/AIDS, Phnom Phen, Cambodia

Dr. Françoise Portaels, ITM, Antwerp, Belgium

Prof. Dr. Goran Tomson, Karolinska Institute, Stockholm, Sweden

Prof. Dr. Wim Van Damme, ITM, Antwerp, Belgium

Dr. Monique Van Dormael, ITM, Antwerp, Belgium

Co-ordination

Daphne Vleeschouwer

Kristien Wynants

Andrea Zavala

ITM Centennial Colloquium

Tropical Medicine in the 21st century: switching the poles

Preliminary programme

Venue: Thursday 23 November 2006, Rochus Campus, ITM, Antwerp.

Languages: English and French (with simultaneous translation)

Meeting chair: Her Excellency Dr. Flore Armande Gangbo - Minister of Health, Bénin

08.45 - 09.00 WELCOME BY ORGANIZERS

09.00 - 10.30 SESSION 1: BIOMEDICAL AND CLINICAL RESEARCH

Moderators: Serge Diabougoua & Françoise Portaels

Bed-side infectious diseases research in Peru

Prof. Eduardo Gotuzzo

Director, Institute of Tropical Medicine, Lima, Peru

GCP trials of ACT's for malaria in sub-Saharan Africa

Dr. Ambrose Talisuna

Principal Investigator, East African Network for Monitoring Antimalarial Treatment, Entebbe, Uganda

Clinical research and training on neglected diseases in Nepal

Prof. Rupa Singh

Director, Koirala Institute of Health Sciences, Dharan, Nepal

Establishing reference laboratories in Congo

Prof. Jean-Jacques Muyembe

Director, Institut National de Recherches Biomédicales, Kinshasa, R.D. Congo

Panellists: Jorge Torgal, Benitez-Ortiz Washington & Jef Van den Ende

PANEL AND DISCUSSION

10.30 - 11.00 COFFEE BREAK

11.00 - 12.30 SESSION 2: INTERVENTION RESEARCH

Moderators: Marleen Boelaert & Mean Chhi Vun

Chagas disease in Bolivia

Prof. Faustino Torrico

Director, Escuela de Graduados y Educación Continúa de la Facultad de Medicina de la Universidad San Simon, Cochabamba, Bolivia

HIV/AIDS in high-risk groups in Côte d'Ivoire

Dr. Pierre Agbre Okobe

Director, Association de Soutien à l'Auto-Promotion Urbaine, Abidjan, Côte d'Ivoire

Interfaces between people, livestock and game in southern Africa

Prof. Koos Coetzer

Chair, Department of Veterinary Tropical Diseases, University of Pretoria, South Africa

The control of Buruli ulcer in Benin

Prof. Sévérin Anagonou

Director, Programmes Nationaux contre le SIDA et les Mycobactéries, Cotonou, Bénin.

Panellists: Marc Coosemans, Modest Molenga & Mit Philips

PANEL AND DISCUSSION

12.30 - 13.30 LUNCH BREAK

13.30-15.00 SESSION 3: HEALTH SYSTEMS RESEARCH

Moderators: Goran Tomson & Monique Van Dormael

Improving the efficiency of the Cuban health system

Dr. Mariano Bonet

Director, Instituto Nacional de Higiene, Epidemiología y Microbiología, Havana, Cuba

Quality of health care in Morocco

Prof. Abderrahmane Maaroufi

Director, Institut National d'Administration Sanitaire, Rabat, Morocco

Community-based health financing in India

Dr. Narayanan Devadasan

Director, Institute of Public Health, Bangalore, India

"Global Health Initiatives: a view from the South"

Rapporteurs

Feedback from a seminar on Global Health Initiatives, ITM, 22 November 2006

Panellists: Valeria Campos Da Silveira, Baltazar Chilundo & Jan de Maeseneer

15.00 - 15.30 TEA BREAK

15.30 - 17.00 SESSION 4

Moderators: Minister Flore Agmande Gangbo, Bruno Gryseels

Panellists: Bila Kapita, Jacques Laruelle, Juan Moreira, David Sanders & Martine Vandermeulen

PANEL DISCUSSION

PLENARY DEBATE

CONCLUSION

17.00 - 20.00 GET TOGETHER



ABSTRACTS

Notes



BED-SIDE INFECTIOUS DISEASES RESEARCH IN PERU

E. Gotuzzo,

Director, ITM Alexander von Humboldt, Universidad Cayetano Heredia, Lima, Peru, egh@upch.edu.pe



Notes



GCP TRIALS OF ACT'S FOR MALARIA IN SUB-SAHARAN AFRICA

Dr. Ambrose Talisuna, principal investigator EANMAT, East African Network for Monitoring Anti-Malarial Treatment, Entebbe, Uganda, atalisuna@yahoo.com, atalisuna@itg.be



Notes



CLINICAL RESEARCH AND TRAINING ON NEGLECTED DISEASES IN NEPAL

Prof. Rupa Singh, Director, Koirala Institute of Health Sciences, Dharan, Nepal rupasingh@hotmail.com



Notes



ESTABLISHING REFERENCE LABORATORIES IN CONGO

Prof. Jean-Jacques Muyembe, Directeur, Institut National de Recherche Biomédicale, Kinshasa, R.D. Congo



Notes



CHAGAS DISEASE IN BOLIVIA

Prof. Faustino Torrico, Director, Escuela de Graduados y Educacion continua, Facultad de Medicine, Universidad San Simon, Cochabamba, Bolivia, foxtorrico@yahoo.com



Notes



HIV/AIDS IN HIGH-RISK GROUPS IN CÔTE D'IVOIRE

Dr. Pierre Agbre Okobe, Directeur, Association de Soutien à l'Autopromotion Sanitaire Urbaine, Abidjan, Côte d'Ivoire, agbre2002@yahoo.fr



Notes



INTERFACES BETWEEN PEOPLE, LIVESTOCK AND GAME IN SOUTHERN AFRICA

Prof J A W Coetzer Department of Veterinary Tropical Diseases, Faculty of Veterinary Science, University of Pretoria, Onderstepoort, South Africa, Koos Coetzer , Koos.Coetzer@up.ac.za

Nowhere else on Earth is there a comparable resource in terms of the diversity of fauna and flora such as in sub-Saharan Africa. Here you will find the largest number and variety of indigenous free-ranging wild animals, especially ruminants. As a consequence of this an impressive array of pathogenic micro-organisms and macro-parasites as well as arthropod vectors have co-evolved with their hosts for millennia resulting in endemic stability and a reservoir state for specific pathogens.

On a macro-scale the interface between domestic animals and wildlife is shrinking because of massive decline in available habitats for wild herbivores. On the other hand, in certain regions such as in southern Africa it is intensifying because of private owner game farms or conservation areas and Transfrontier Conservation Areas (TFCAs). The latter are large complex conservation systems that include communal, private and public land where the major focus is on wildlife and culturally-based tourism. In these TFCAs there are serious wildlife, livestock and associated human and resource use issues to be addressed across national and land use boundaries.

In this presentation a brief overview will be given of the veterinary background of the southern African region as well as the opportunities that are created by the infectious and parasitic diseases that are endemic in domestic and wildlife in terms of research, postgraduate training, collaboration / partnerships (e.g. South-South and North-South) and funding. Attention will also be given to what has already been achieved particularly with reference to collaboration with the Institute of Tropical Medicine.

Notes



THE CONTROL OF BURULI ULCER IN BENIN

Prof. Sévérin Anagonou, Laboratoire de Microbiologie, Centre National Hôpitalier et Universitaire, Cotonou, Bénin, sanagonou@yahoo.fr



Notes



IMPROVING THE EFFICIENCY OF THE CUBAN HEALTH SYSTEM

Dr. Mariano Bonet, Vice-Director of INHEM, Instituto Nacional de Higiene, Epidemiología y Microbiología, director@inhem.sld.cu



Notes



QUALITY OF HEALTH CARE IN MOROCCO

*Prof. Abderrahmane Maaroufi, Directeur, INAS, Institut National d'Administration Sanitaire, Rabat, Maroc,
amaaroufi@sante.gov.ma*



Notes



COMMUNITY-BASED HEALTH FINANCING IN INDIA

Prof. Narayanan Devadasan, Director Community Health Insurance Network, Bangalore, India, deva@devadasan.com



Notes



HUNDRED YEARS ITM

The ITM blows out a hundred candles this fall. On 6 October 1906, the first Belgian course of tropical medicine started in the “School for Tropical Diseases”, situated in an old villa in Brussels. The school was established by the King Leopold II, who had shrewdly acquired the Congo Freestate as his personal possession. In the same decade, tropical institutes were also established in the UK, Germany, Portugal, France and Holland. In 1908, the state of Belgium - rather reluctantly - took over the bankrupt Belgian Congo as well as the ITM.

The school was transferred to Antwerp in 1934, after some political and even - typically Belgian - linguistic bickering. The building at the Nationalestraat was erected close to the “Congo Docks” (later filled in to become the “Sinksenfoor” square), so that patients arriving by boat from the tropics could be easily transferred. The new school was named “Prince Leopold Institute of Tropical Medicine”, after crown prince Leopold. Unlike Leopold II, the later King Leopold III had travelled extensively in Congo and urged its government to take care of the health of the local populations. In the next few decades, an extensive though paternalistic health system was indeed set up that included curative as well as preventive care and the control of endemic diseases such as sleeping sickness.

Until 1960, the Institute remained part of the Ministry of Colonies with as main duty to train colonial doctors and to treat patients with tropical diseases. Research was less important, and remarkably enough the Institute had little direct links with the field. The colonies had their research laboratories and epidemiological stations, and field trips from Antwerp took months to years. Most of ITM’s professors were retired from the colonial services.

After the hasty decolonisation in 1960, the ITM was transferred to the National Ministry of Education as an autonomous institute, separated from the universities and still without a clear academic statute. Its main mission remained the training of young physicians, nurses, veterinary doctors and technicians before going to the tropics. Indeed, the Belgian Cooperation Agency and NGO’s sent out scores of expatriates to work in Central Africa and other regions until late in the 20th century. In the 1970s, Belgium became a federal state and education and science was devolved to the regional level. Because of its location, the ITM was now a - still poorly defined - part of the academic landscape of Flanders, while retaining a federal role in training, health care and development cooperation. The statutes and structures of the ITM took a long time to adapt to the new national and international realities, and so did the generational turnover of staff. Ensuing financial and managerial problems further contributed to a period of existential crisis in ITM’s existence.

However, part of the ITM staff had realised from early onwards that training experts from the South, which could take over public health responsibilities in their own country, had become a major duty. The CIPS/ICHHD saw the light in the 1960s, to be joined later by International Veterinary Courses and the MSBT which transformed into the MDC. Other staff increasingly focused on research as a way to better understand the biological and socio-economic determinants of health, and to develop new tools and strategies to improve health care and disease countries. The disease focus was complemented by modern scourges such as HIV and Ebola, but this did not lead to the “neglect” the classical tropical diseases while health systems research has become another major subject. The role of the ITM in developing countries shifted from the implementation of projects to scientific support, partnership and capacity strengthening.

The last ten years, the ITM has undergone further profound reforms and has invested heavily in the future, in bricks and equipment as well as in people, ideas and partnerships. Its academic, medical and international role in the complex federal state of Belgium is now unequivocally established. The number of scientists has tripled and includes a large proportion of research fellows from the South. In terms of research impact, the ITM ranks in the top-15 of all universities and academic institutes in Europe. The diploma and master courses have been reformed, an extensive PhD programme was set up and all are attracting a strong body of students from all over the world. New campuses have been (re-)built for the Departments of Tropical Veterinary Medicine and of Public Health, and for the international master courses. The research laboratories have been completely refurbished. In collaboration with the Belgian Ministry of Development Cooperation, the ITM has established a great programme of capacity strengthening and partnership, involving 23 institutes and hundreds of scientists in 20 countries in Africa, Asia and South-America. All these (r)evolutions were not always accompanied by increased subsidies, however, so managerial efficiency and external funding had to increase sharply.

Most of all, the ITM's commitments to the populations and colleagues in developing countries are firmer than ever. Rather than remaining a mere centre of excellence, we have become a node in a network of excellence with a common mission: scientific progress to achieve “Health Care for All”.