INTEGRATED CONTROL
OF
NEGLECTED ZOONOSES

ICONZ

INAUGURAL MEETING REPORT
## Participants

<table>
<thead>
<tr>
<th>ICONZ Partner (Country)</th>
<th>Participant</th>
<th>ICONZ Role</th>
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<tbody>
<tr>
<td>UEDIN (UK)</td>
<td>Mark Eisler</td>
<td>ICONZ Coordinator&lt;sup&gt;1&lt;/sup&gt;</td>
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<tr>
<td>UEDIN (UK)</td>
<td>Sue Welburn</td>
<td>WP12 leader</td>
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<tr>
<td>UEDIN (UK)</td>
<td>Ewan MacLeod</td>
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<td>UEDIN (UK)</td>
<td>Beatrix Wissmann</td>
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<tr>
<td>ITM (Belgium)</td>
<td>Stanny Geerts</td>
<td>WP4 leader</td>
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<td>UCOPEN (Denmark)</td>
<td>Stig Thamsborg</td>
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<tr>
<td>UCOPEN (Denmark)</td>
<td>Lee Willingham</td>
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<td>UCOPEN (Denmark)</td>
<td>Maria Vang Johansen</td>
<td>WP11 leader</td>
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<tr>
<td>FLI (Germany)</td>
<td>Manfred Tanner</td>
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<tr>
<td>UMINHO (Portugal)</td>
<td>Margarida Correia-Neves</td>
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<tr>
<td>UNAV (Spain)</td>
<td>Ignacio Moriyón</td>
<td>WP5 leader</td>
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<tr>
<td>STI (Switzerland)</td>
<td>Esther Schelling</td>
<td>representing WP3 leader</td>
</tr>
<tr>
<td>ULIV (UK)</td>
<td>Jim Scudamore</td>
<td>WP2 leader</td>
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<tr>
<td>ULIV (UK)</td>
<td>Christian Setzkorn</td>
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<tr>
<td>IAVH2 (Morocco)</td>
<td>Ouafaa Fassi Fihri</td>
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<tr>
<td>NVRI-VOM (Nigeria)</td>
<td>Reuben Ocholi</td>
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<tr>
<td>MAK (Uganda)</td>
<td>John-David Kabasa</td>
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<td>MAK (Uganda)</td>
<td>Charles Waiswa</td>
<td>WP8 leader</td>
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<td>SU (South Africa)</td>
<td>Lynnmere Scheepers</td>
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<td>SUA (Tanzania)</td>
<td>Rudovick Kazwala</td>
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<td>SUA (Tanzania)</td>
<td>Helena Ngowi</td>
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<td>UNZA (Zambia)</td>
<td>Isaac Phiri</td>
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<td>Avia-GIS (Belgium)</td>
<td>Eva De Clercq</td>
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<td>Avia-GIS (UK)</td>
<td>Alex Shaw</td>
<td>WP9 leader</td>
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<td>UEDIN (UK)</td>
<td>Catherine Kirk</td>
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<td>UEDIN (UK)</td>
<td>Bill Bruce</td>
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<sup>1</sup> In official European Commission documentation the term *Coordinator* refers to the coordinating partner, i.e. the University of Edinburgh. For simplicity hereinafter the term coordinator shall be used to mean the *Coordinator’s representative* rather than the institution.
# Agenda

## Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
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<tr>
<td>13 May 2009</td>
<td><strong>Salisbury Green Hotel Pollock Halls, Edinburgh</strong></td>
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<tr>
<td>08:30</td>
<td>Registration and Coffee</td>
<td>Mark Eisler</td>
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<tr>
<td>09:00</td>
<td>Opening &amp; Welcome from the University of Edinburgh</td>
<td>Mark Eisler</td>
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<tr>
<td>09:15</td>
<td>Meeting Outline and Objectives</td>
<td>Mark Eisler</td>
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<tr>
<td>10:15</td>
<td>Institutional Introductions</td>
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<td>Partners 1-9</td>
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<tr>
<td>11:00</td>
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<tr>
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<td>Institutional Introductions</td>
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<td>Partners 10-21</td>
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<td></td>
<td>(Partners 10-STI and 12-LCV will present on 14th)</td>
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<td>Lunch</td>
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<td>Time</td>
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<tr>
<td>13:30</td>
<td>Case Study Discussions</td>
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<td>15:00</td>
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<tr>
<td>15:30</td>
<td>ICONZ Databases</td>
<td>Christian Sezkorn, ULIV</td>
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<tr>
<td>16:30</td>
<td>Case Study Discussions continued</td>
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<td>17:30</td>
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<tr>
<td>17:30</td>
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<tr>
<td>09:00</td>
<td>Management Board - WP leaders</td>
<td>Chair: Mark Eisler</td>
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<td></td>
<td>All participants are welcome to attend</td>
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<tr>
<td>11:00</td>
<td>Coffee</td>
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<tr>
<td>11:30</td>
<td>Institute Introductions LCV &amp; STI</td>
<td>LCV &amp; STI - Esther Schelling</td>
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<tr>
<td>12:00</td>
<td>Workpackage Introductions (continued) WP3 &amp; 7</td>
<td>WP7: Pig-associated Parasite Package - Arve-Lee Willingham for Sonia Afonso</td>
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<td></td>
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<td>WP3: Knowledge &amp; Information on NZ - Esther Schelling</td>
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<tr>
<td>12:15</td>
<td>Case Study Concept &amp; Objectives</td>
<td>Mark Eisler</td>
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<tr>
<td>12:30</td>
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<tr>
<td>09:00</td>
<td>ICONZ Website</td>
<td>Beatrix Wissmann</td>
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<tr>
<td>10:00</td>
<td>Governance, Financial and Legal Issues Including Q&amp;A Session</td>
<td>Angela Noble, Bill Bruce, Mark Eisler</td>
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<tr>
<td>11:00</td>
<td>Coffee</td>
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<tr>
<td>11:30</td>
<td>Ethical Clearance for Case Study Work</td>
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<tr>
<td>12:00</td>
<td>Sum up &amp; Close</td>
<td>Mark Eisler</td>
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<td>Lunch</td>
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ICONZ MEETING DAY 1 - 13th May

Welcome & Introduction – Project aims and objectives

Mark Eisler opened the meeting by welcoming the participants to Edinburgh, presenting an overview of ICONZ, summarizing the priorities for ICONZ and emphasizing the policy and advocacy aims of the project:

ICONZ aims to Improve Human Health and Animal Production in developing countries through Integrated Control of Neglected Zoonoses in animals, based on Scientific Innovation and Public Engagement.

The neglected zoonoses, such as anthrax, rabies, brucellosis, bovine TB, zoonotic trypanosomiasis, echinococcosis, cysticercosis and leishmaniasis, are major causes of ill-health in people in developing countries in Africa, Asia and Latin America. Production animals and companion animals of significant societal value act as reservoirs for transmission to man, and the burden of these diseases on affected communities is compounded by the adverse effects many diseases have on the productivity of livestock and hence the livelihoods of the poor. Control of these diseases in animals represents an opportunity to address the constraints they pose to both human health and animal productivity, thereby contributing to poverty reduction and the millennium development goals (MDGs).

ICONZ unites experts from 21 European and African Partner Institutes collaborating to develop effective strategies for integrated control of neglected zoonoses. Effective control in animals will require scientific innovation to identify and (where necessary) develop tools for diagnosis, for quantification of disease burdens, and for control. Public engagement at all stakeholder levels will be needed to ensure that strategies are appropriate for use in affected communities and are adopted within the policy framework of affected countries.

(Presentation: 1 ICONZ Kick Off Introduction Eisler)
Résumé of DFID/WHO International Meetings on Neglected Zoonoses

Alex Shaw presented the outcomes and recommendations of the two meetings on Neglected Zoonoses (Geneva, 2005 and Nairobi, 2007) that stimulated interest in Neglected Zoonoses and were timely to the FP7 call for funding for Neglected Zoonoses and the establishment of ICONZ.

The DFID-funded Animal Health Programme (AHP) had for many years included a cluster of projects dealing with the interface between human and animal health. In the context of the millennium development goals and increased donor focus on poverty alleviation, the potential for control of endemic zoonoses to improve human health and livelihoods gained renewed attention, resulting in the Neglected Zoonoses Meeting in Geneva, 2005). The meeting highlighted seven endemic zoonoses, with experts on each disease and international organisations present. The following key-points were identified:

1. The poor bear a disproportionate burden of endemic zoonoses as
   
   - risk factors of close contact to animals and poor sanitation and hygiene, result in increased vulnerability of poor to zoonoses, and
   - zoonoses impose a double burden on human health and animal-dependent livelihoods, with insufficient funds and access to seek medical and/or veterinary help.

2. These diseases are significantly under-reported
   
   - studies quantifying under-reporting have shown the real level of disease to be between 2 and 100 times more than the nationally reported rate.

3. Medics or vets - who bears the responsibility for zoonotic diseases?
   
   - Control of zoonoses is frequently best achieved by intervention at the animal level (i.e. through the veterinary sector) even though the benefits may be larger with respect to human health (i.e. the public health service) than animal health.
   - This results in divided constituencies as zoonoses end up being non-priority for the health sector and affected individuals are often not treated effectively.

A picture emerged that endemic zoonoses in poor countries were actually neglected diseases, primarily affecting low-income families in poor and marginalized communities, with under-reporting concealing the true impact of these diseases. Relatively simple and often low cost tools already exist to control most of these diseases, although there are important deficiencies, notably on the diagnostic side. The existing control tools provide the opportunity to intervene to alleviate poverty as neglected zoonotic diseases impose a heavy dual burden on the poor. The fact that these diseases are geographically clustered can be turned into an advantage by designing integrated...
control packages for co-localised diseases, thus reducing intervention costs. The control of zoonoses will accrue a dual benefit for human health and animal productivity.

A key requirement for the successful control of these neglected zoonoses is to increase collaboration between medical and veterinary sectors, in recognition of the “One Medicine - One Health” concept, with costs shared between both sectors according to the benefits accrued to the respective sectors. Coordination should include the full range of activities including diagnosis, surveillance, research, control and last but maybe most importantly the provision of disease information to all stakeholders and advocacy.

The second Neglected Zoonoses meeting (Nairobi, 2007) focussed on Africa and in taking forward the insights gained during the first set of workshops. It firmly brought in the policy makers from the fields of human and veterinary medicine.

Implications for ICONZ on international meetings Neglected Zoonoses

The FP7 call on Neglected Zoonoses was a positive response from the donor community to the outcomes of the Neglected Zoonoses meetings. The ICONZ work programmes are firmly based on recommendations from the Neglected Zoonoses meetings. The ICONZ consortium encompasses 21 different partners with a wide range of skills and specialisations. The funding awarded to ICONZ has provided a one-off opportunity to bring these neglected zoonotic diseases to the attention of funders and policy makers. It is important that the maximum benefit from this combination of expertise and available funding is achieved through coordinated and cohesive work, focussing on the common goal and outcomes and solutions are brought directly to the affected communities.

Comments from participants

1. Participants recommended that since the scientists involved in ICONZ are mainly vets and scientists it would be welcome to get additional input from medical colleagues from the outset to achieve intersectoral collaboration. It was highlighted as being incumbent on the ICONZ partners to see engagement form the medical sphere. There are mechanisms to bring additional partners on board within the EU funding model but with 21 partners already involved this may stretch resources too far. The University of Edinburgh operates as a College of Medicine and Veterinary Medicine and hopes that the realisation of the “one health” concept can be extended. Mirror groups in partner countries offer the basis of a process for engaging a wider group of specialists across disciplines. It has been difficult in the past to get medics aware of options for control of neglected zoonoses from an animal perspective, and as a consequence prioritization of neglected zoonoses has tended to
result from vets feeding information into the system. This has identified our first stumbling block but also an opportunity.

2. The importance for ICONZ to become the platform for change was emphasized, to help inform policy makers as to options for disease control and with the tools to achieve local and national prioritization of zoonoses. A strategy needs to be developed to make policy makers aware and empower implementation of appropriate policy. We should consider ways that ICONZ members can influence the policy makers to take effective action.

3. It is important to get policy makers involved from the start. The professional separation of medics and vets is distinct in some of the African countries and promoting collaboration in the control of neglected zoonoses will require considerable efforts. Experts, presenting information to stakeholder groups, in African partner countries, including policy makers, vets and medics was suggested. ICONZ is tied to the FP7 framework but there may be opportunities to extend activities (with additional funding).

4. ICONZ will produce evidence on the burden of neglected zoonoses, trial and deliver potential integrated control strategies, and provide the evidence to policy makers, critical to achieve change in ‘neglected’ status. There exist opportunities for targeting policy makers, such as the Congressional Budget Office (CBO).

5. The importance of setting up effective and efficient communications within the project itself was highlighted. There are 10-15 partners in work-packages so lines of communication have to be set up and have to be effective.

Conclusion: it is imperative to involve the medical sector in the process and to raise the profile of neglected zoonotic diseases, placing them into the focus of policy makers. It is essential that we do not lose sight of these overarching aims.

Action Point: Identify opportunities to further integrate medical and veterinary staff in the process and the work of ICONZ and to think about how we can encourage this to take place.

(Presentation: 2a ICONZ-NZ1+NZ2 Shaw)

Overview of ICONZ Objectives and Workpackages

Mark Eisler presented an overview of the key elements of ICONZ. These included the objectives, the 12 Workpackages and their inter-relationships and the international cooperation partner country (ICPC) Case Studies.
ICONZ Objectives

The overall objectives of ICONZ reflect the objectives of the 12 individual ICONZ work-packages:

1. To map global research into neglected zoonoses.
2. To obtain knowledge and information on the neglected zoonoses in terms of disease, epidemiology and burdens. This requires systematic collection of data on disease prevalence supported by studies to estimate their dual burden on people and on livestock, quantify under-reporting and identify communities and groups at risk.
3. To improve and develop control tools for the neglected zoonoses by identifying gaps and investing in the development of new tools needed to effectively control these diseases.
4. To improve and develop integrated control and prevention strategies promoting the concept of ‘one health’. This involves dealing with health problems in people, their livestock and other domestic and wild animals they depend on for their livelihoods through the development of integrated ‘intervention’ packages.
5. To promote intersectoral collaboration in the control of neglected zoonoses.
6. To empower women in decision making related to control of neglected zoonoses in livestock through messaging cognisant of traditional knowledge and appropriate to the economic, sociological and cultural contexts of affected communities.
7. To transfer technologies and build capacity in developing countries to control neglected zoonoses.
8. To ensure maximum benefit from the project by a pro-active programme of dissemination aimed at all relevant stakeholders especially by raising the profile of the neglected zoonotic diseases both internationally and within affected countries.

Whilst all of these objectives need to be met to fulfil the grant remit, ICONZ should be relatively flexible, and the approach can be modified as necessary during the project to best achieve these objectives.
ICONZ Workpackages

There are 12 work-packages (WP) designed to achieve the ICONZ objectives. These can be grouped into two horizontal themes and three vertical scientific integration themes as indicated in Figure 1 below:

Figure 1: ICONZ Work-Packages grouped as Horizontal and Vertical Integration Themes

ICONZ international cooperation partner country (ICPC) Case Studies

The case studies are central to the ICONZ, and represent a key modality for delivering the objectives for work-packages (WPs 3-10) comprising the vertical scientific integration themes. There will be one case study per African international cooperation partner country (ICPC). Setting the dimensions of each case study is one of the objectives for the inaugural meeting. Essentially they should be synergistic, complementary and share disease focus. If complementary funding is identified over and above ICONZ, there may be a possibility to expand to more than one project in an ICPC. A decision on which diseases will be the focus in which case study countries will be made (case study discussions on day 2).
Objectives of the inaugural ICONZ meeting

The aim of this meeting was for the Partners to get to know each other to enable them to work effectively together and to discuss WPs. As long as the original outcomes/objectives are met, ICONZ is relatively flexible and there is room to take more innovative approaches to the work.

Management Board Meeting (MBM)

The first meeting of the ICONZ management board took place during the inaugural meeting. The management board is part of the ICONZ management structure and comprises the leaders of the 12 Workpackages. All ICONZ participants were welcomed to attend management board meetings as ‘observers’ and were encouraged to participate in discussions.

Next steps

To translate the ICONZ objectives and the planned work-packages and case studies into action, further discussion about implementation took place throughout the inaugural meeting to draw up general concepts and guidelines. More specific interactions and meetings to discuss the individual work-packages were to be set for future dates.

(Presentation: 3 ICONZ Kick Off Objectives Eisler)

Institutional Introductions

ICONZ partner institutes were introduced briefly, establishing key areas of existing collaborations and ongoing work on the zoonotic diseases of interest. Detailed partner profiles can be found in the ICONZ project document.

University of Edinburgh (UEDIN) – introduced by Sue Welburn

The group is a leading partner in longstanding research on the integrated control of neglected zoonoses including trypanosomiasis, brucellosis and rabies. Of particular relevance to ICONZ is the ongoing work of UEDIN, in close collaboration with Makerere University, on the “Stamp out Sleeping Sickness” campaign in Uganda. Longstanding collaborations exist with the majority of ICONZ partner institutes.

Institute of Tropical Medicine (ITM) – introduced by Stanny Geerts

ITM has a long history of research on the epidemiology and control of trypanosomiasis and cysticercosis, and improvement of diagnostic tools. ITM has a long-standing relationship with the University of Zambia. ITM is starting brucellosis work and conducting a small survey on Bovine TB in South Africa. Ongoing field trials (in Cameroon) on the efficacy of a vaccine against porcine cysticercosis, are of relevance to ICONZ.
University of Copenhagen (UCPH) – introduced by Stig Thamsborg
The main focus of UCPH is in parasitology, specifically cysticercosis, with ongoing projects in Tanzania and Mozambique. Work ranges from development of diagnostic assays, assessment of host responses and experimental infections to epidemiological investigations and control programmes in developing countries with extensive international collaboration. Longstanding collaborations exist with Makerere University (Uganda), Eduardo Mondlane University (Mozambique), Sokoine Agricultural University (Tanzania) and the University of Zambia, and substantial research capacity has been built at all collaborating institutions.

Agence Française de Sécurité Sanitaire des Aliments (AFSSA) – apologies, no representative
AFSSA is a governmental institution charged with ensuring food safety and control of rabies. The team has extensive expertise in echinococcosis and rabies, with activities including diagnosis, vaccine control, serology assays, experimental infection and epidemiological investigation and management of control programmes in domestic animal and wildlife in developing countries.

University Claude Bernard Lyon 1 (UCBL) – apologies, no representative
UCBL has expertise in echinococcosis with a focus on laboratory based studies and field trials. Work relevant to the ICONZ includes experimental aspects and applied solutions for the diagnosis, prevention and treatment of the hydatid cyst in sheep and dogs. Strong collaborations exist with the IAVH2 (Morocco), as well as STI and AFSSA.

Friedrich Loeffler Institute (FLI) – introduced by Manfred Tanner
FLI integrates different institutes including the national reference laboratory for tuberculosis in Germany as well as being tasked with the surveillance and improvement of the diagnostics for notifiable animal diseases and zoonoses. Ongoing intervention projects addressing the human-livestock interface (funded by the German Research Council – DFG) has overlaps and synergies with ICONZ. Collaborations exist with Stellenbosch, South Africa.

University of Minho (UMINHO) – introduced by Margarida Correia-Neves
The research of UMINHO is focused on tuberculosis, work is essentially lab based and Minho’s input to ICONZ can be on lab work and capacity building. Additionally, as a young university it can offer an innovative approach to WP11. Close collaborative connections exist to Mozambique, with joint workshops and training organized with University of Maputo.
University of Navarra (UNAV) – introduced by Ignacio Moriyón

Research by UNAV relevant to ICONZ is focused on brucellosis, specifically *Brucella* cell surface virulence factors, the development of alternative *Brucella* vaccines, the genetic control of virulence and physiology, and the development of molecular tools for *Brucella* identification and typing.

Karolinska Institute (KI) – introduced by Margarida Correia-Neves on behalf of Gunilla Källenius

The KI brings significant expertise in the field of tuberculosis to the project, being home to the WHO reference laboratory for TB. Research encompasses diagnostics, (molecular) epidemiology and new vaccines. Ongoing collaborative programmes are run in Mozambique and South Africa.

Swiss Tropical Institute (STI) – introduced by Esther Schelling

STI provides expertise on the epidemiology and economics of control of brucellosis, rabies, Q-fever and molecular epidemiology of bovine tuberculosis. The group contributes knowledge and experience in the assessment of burden of infectious diseases, with a focus of zoonoses control in developing countries from a “one health” perspective, integrating animal and public health.

University of Liverpool (ULIV) – introduced by Jim Scudamore

ULIV specializes on food-borne zoonoses as well as contributing relevant expertise in the creation and maintenance of genomic and epidemiological databases, spatial-temporal analysis and modelling, the provision of evidence-based information and the identification of gaps in evidence and knowledge to ICONZ.

Central Veterinary Laboratory (LCV) – apologies, no representative

At LCV, research is concentrated on infectious and parasitic diseases in particular 1) the prevalence of animal disease of economic importance in Mali, 2) development of simple and sensitive diagnostic methods for field conditions, 3) development of new effective vaccines against these diseases. Ongoing intervention projects cover the 8 neglected zoonoses, but specifically anthrax, bovine TB, brucellosis, rabies and bovine cysticercosis. Collaborations exist with STI.

Institut Agronomique et Vétérinaire Hassan II (IAVH2) – introduced by Ouafaa Fassi Fihri

The IAVH2 is home to the OIE Reference Laboratory for Echinococcosis/Hydatidosis and furthermore has a strong focus (with current projects) on tuberculosis, brucellosis and rabies. Collaborations exist with UCBL.
Eduardo Mondlane University (UEM) – introduced by Margarida Correia-Neves on behalf of Sonia Afonso

UEM researches several neglected zoonotic diseases, with strengths in Bovine TB and cysticercosis. Sero-diagnosis of cysticercosis (Ab-ELISA) is established and used in the study of cases of human epilepsy. For Bovine TB research includes the role of apoptosis in bovine, the assessment of γ-interferon assay for diagnosis and the molecular typing of Mycobacterium strains.

National Veterinary Research Institute, Vom (NVRI-VOM) – introduced by Reuben Ocholi

NVRI-VOM primarily focuses on research and vaccine production. With respect to ICONZ relevant zoonoses NVRI-VOM are currently only involved with Brucellosis work- lab work that is focused on improving identification of disease of cattle. Staff are also involved in collecting information on prevalence of this disease geographically. In Nigeria no definite control programme for brucellosis exists as yet. Collaborative links with University of Navarra are ongoing.

Makerere University (MAK) – introduced by John-David Kabasa

MAK interfaces with many collaborators and on many of the NZDs of ICONZ, including zoonotic trypanosomiasis, cysticercosis and brucellosis. Strong collaborations exist with a large number of ICONZ partners including UEDIN, ITM, UCPH, KI, STI, UEM, SUA, UNZA and ILRI.

SACEMA, University of Stellenbosch (SU) – introduced by Lynnemore Scheepers

SU will contribute its extensive expertise in modelling of disease transmission and progression to provide policy makers with sound scientific evidence on which to base policy. Diseases of interest include tuberculosis and trypanosomiasis.

Sokoine University of Agriculture (SUA) – introduced by Rudovick Kazwala

SUA is currently part of the Bovine TB network for Africa, with experience from field to laboratory, spread over 15 years of work on Bovine TB. SUA also work routinely with brucellosis and cysticercosis, looking at transmission and intervention.

University of Zambia (UNZA) – introduced by Isaac Phiri

The Faculty of Veterinary Medicine has good laboratory facilities, which is their strength. Disease foci lie in research in TB and brucellosis and UNZA can contribute strongly to diagnosis, based on its laboratory facilities. UNZA have collaborations with UCPH, ITM and with the University of Ghent.
**Avia-GIS – introduced by Eva de Clercq**

AVIA- GIS specialize in data collection and analysis and spatial modelling. Their main objective with respect to ICONZ is to develop tools to bridge the gap between research and decision-making.

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**Work Package Presentations**

ICONZ Work Package Leaders were invited to present an outline of their vision for the respective work packages. Where available full presentations have been included in the annex (indicated in brackets at the start of the presentation summary).

**WP1: Management and coordination (Mark Eisler)**

The Management & Coordination of ICONZ will utilize three important governance structures.

The **Scientific Advisory Council** will comprise of 5 members (essentially the Steering Group for ICONZ) and will meet infrequently, once at the start, mid and end of ICONZ and interact more frequently in virtual meetings. They will act as a consultation group.

The **Management Board**, will be made up of the Work Package Leaders. The first Management Board meeting will take place as part of the Inaugural Meeting on Day 2. It is anticipated that workshops to follow this one will be more WP focused.

The **Secretariat** will comprise the ICONZ Co-ordinator and administrator based at the University of Edinburgh and has ultimate responsibility to EU. They will be involved in the following:

- general organization
- organization of workshops in co-operation with WP leaders
- assist in reporting to the EU for each of the 4 reporting periods
  - P1: months 1-12
  - P2: months 13-30
  - P3: months 31-48
  - P4: months 49-60

(see annex: presentation: WP1)

**WP2: Mapping Global Research on Neglected Zoonoses (Jim Scudamore)**

The objectives of WP2 are to provide information on current research into the diagnosis, burdens and control of neglected zoonoses; to identify research gaps in these areas and to encourage networking between relevant researchers. The need to avoid overlap with other projects such as
DISCONTOOLS was highlighted but it was also pointed out that there may also be a useful interface with such projects. Also stressed was the issue of continuity after the end of the project, citing the example of the update of the website after the end of the project. It was suggested that there is perhaps the need to develop a questionnaire to go out to research groups and institutes to find out what research they are currently undertaking.

(presentation: WP2)

**WP3: Knowledge and information on neglected zoonoses (Esther Schelling)**

The objectives of WP3 provide epidemiological and sociological information on the neglected zoonoses and develop a standardized methodology for quantifying the burden and cost of these zoonoses. Methodologies will be used to quantify the overall burden of neglected zoonoses.

(presentation: WP3)

**WP4: Improvement and development of disease control tools (Stanny Geerts)**

The objectives of WP4 are to identify the currently available disease control tools in relation to diagnosis, vaccination, treatment and policy for each of the neglected zoonoses along with an assessment of the gaps in the tools available leading to the facilitation of the development of new and improved tools. It aims to scientifically validate the control tools for neglected zoonoses.

(presentation: WP4)

**WP5: Improve and develop control and prevention strategies through integrated intervention packages for neglected bacterial zoonoses (Ignacio Moriyón)**

To improve and develop control and prevention strategies through integrated intervention packages for neglected bacterial zoonoses. WP5 focuses on strategy and not diagnostic tools per se.

(presentation: WP5)

**WP6: Improve and develop control and prevention strategies through integrated intervention packages for dog / small ruminant-associated neglected zoonoses (Franck Boué)**

Dr Boué was unfortunately unable to attend the workshop.
**WP 7: Improve and develop control and prevention strategies through integrated intervention packages for neglected pig-associated zoonoses (Lee Willingham on behalf of Sonia Afonso)**

To improve and develop prevention and control strategies for the neglected pig-associated zoonoses in order to develop cost-effective control strategies and an integrated control package for Africa. It will also provide information for incorporation into materials for training and capacity building activities in conjunction with WP11. Additionally, it will provide information for advocacy, and strategic options for control and prevention of pig-associated zoonoses to be disseminated to governments, technical assistance agencies, and donor bodies in conjunction with WP3 and WP12.

*(presentation: WP7)*

**WP8 – Neglected Vector Borne Zoonoses Cluster (Charles Waiswa)**

WP8 will be based on consolidating approaches used in SOS programme and will have linkages to WP 8, 9 & 10. The need to work together with other WPs and to avoid moving in different directions was underlined in the presentation.

*(presentation: WP8)*

**WP9: Socio-economic and institutional aspects (Alex Shaw)**

WP9 will explore socio-economic and inter-sectoral issues. It is primarily concerned with the costs of control of neglected zoonoses. A questionnaire circulated to partner institutions for the institutional analysis will go on to look at the cost implications of each WP. In five years time we need to be able to calculate cost-effectiveness of a number of control strategies from the point of view of human and animal health.

*(presentation: WP9)*

**WP10: Cultural aspects, gender issues, traditional knowledge and messaging in the control of neglected zoonoses (Helena Ngowi)**

Cultural factors have an important influence in the control of zoonoses so it is important that interventions take account of cultural issues to make them culturally sensitive and therefore more effective and culturally acceptable. Study area proposed is Tanzania. The tentative plan is to implement in the form of two Msc students, but there is an issue on budget availability for this.

*(presentation: WP10)*
WP11: Technology transfer and training (Maria Vang Johansen)

WP11 is intended to support the build up of diagnostic and control capacities and facilities for neglected zoonoses in targeted African countries. It aims to train scientists, doctors, vets and others working in the diagnosis, prevention and control of neglected zoonoses and will produce training packages for these personnel.

(presentation: WP11)

WP12: Communication and dissemination (Sue Welburn)

WP12 aims to ensure effective communication among all stakeholders within and outwith ICONZ. It will maximise the impact of research investment by effective dissemination of information on all aspects of neglected zoonoses. It was stated that ICONZ wants to have a cycle of communication from the project and the need to counter the isolation a lot of our partners in poorer countries feel. It is important we evolve these new connections.

(presentation: WP12)
ICONZ Workshop DAY 2 - 14th May

Management Board Meeting

Members (Workpackage Leaders):
Mark Eisler (ICONZ Coordinator and WP1 leader), Jim Scudamore (WP2 leader), Esther Schelling (WP3 leader), Stanny Geerts (WP4), Ignacio Moriyón (WP5 leader), Charles Waiswa (WP8 leader), Alex Shaw (WP9 leader), Helena Ngowi (WP10 leader), Maria Vang Johansen (WP11 leader) and Sue Welburn (WP12 leader)

Observers:
Stig Thamsborg, Lee Willingham, Manfred Tanner, Margarida Correia-Neves, Ouafaa Fassi Fihri, Reuben Ocholi, John-David Kabasa, Lynnemore Scheepers, Rudovick Kazwala, Helena Ngowi, Isaac Phiri, Eva De Clercq, Ewan MacLeod

Apologies:
Franck Boué (WP6 leader – Small Ruminant and Dog Package)
Sonia Afonso (WP7 leader – Pig-associated Parasite Package)

1. Coordinator’s Introduction

The Coordinator (Mark Eisler) introduced the Management Board meeting by suggesting that all participants at the workshop were welcome to attend as observers, and all did so. Although ineligible to participate in any formal voting, these ‘observers’ were encouraged to participate fully in discussions. There was universal agreement with this suggestion.
Mark Eisler gave a presentation entitled Work-Package 1: Management and Coordination (presentation: 4 ICONZ Kick Off ManagementBoard1 Eisler). This presentation dealt with the Scientific Advisory Council, the Management Board and the Secretariat.

2. Scientific Advisory Council

The meeting participants discussed the membership of the ICONZ Scientific Advisory Council. There was broad agreement that Dr François-Xavier Meslin (WHO) should be a member. A number of other potential members were discussed.

[Coordinator’s note: subsequent to this meeting, Isabel Minguez-Tudela was contacted by David Nabarro of Coordination on Avian & Pandemic Influenza and the Global Food Crisis (UNSIC), whom she had previously approached on this matter, expressing interest in joining the ICONZ
Advisory Council. It is anticipated that the ICONZ Management Board will wish to follow the Project Officer’s recommendation in this respect.]

3. Next international meeting on Control of Neglected Zoonotic Diseases

Mark Eisler noted that Isabel Minguez-Tudela has suggested that a third international meeting in the ‘Control of Neglected Zoonotic Diseases’ series might be convened under the auspices of ICONZ with appropriate partners such as WHO. This has now been discussed with François-Xavier Meslin at WHO is in agreement and a tentative date set around May 2010. This suggestion met with approval of the ICONZ workshop participants.

4. ICPC Case Studies

The case studies are a core element of ICONZ. Implementation of case studies for defined epidemiological situations in the field will enable information to be obtained rapidly in specific defined situations that will be of immediate use to policy makers. Basic information will be obtained for the design of control programmes, awareness generation and to support advocacy. Where control programmes are ongoing case studies may take the form of operational research.

In the ICONZ project document, the purpose of case studies is summarized as follows:

- Assessment of the DALYs borne by individuals affected by the diseases,
- Assessment of the cost of the disease to livestock production,
- Identification of risk factors in both people and animals with a view to successfully targeting at-risk groups for high priority intervention,
- Methodology for quantifying the rate of disease under-reporting in humans and animals,
- Assessment of the efficacy of disease control tools, and
- Assessment of the efficacy of control and prevention strategies, and their appropriateness for the communities and agencies concerned, emphasizing the role of women in both.

Whilst the objectives set out by the ICONZ project document have to be met, there is scope for flexibility and innovation in the design of these case studies. One of the aims of the inaugural ICONZ meeting was to formulate a general framework for the case study set-up in order to ensure that the case studies across all ICPC countries follow a common and cohesive pattern and will generate the necessary data to fulfil the requirements of all the individual work packages.

The case studies will focus on the eight zoonotic diseases which are central to ICONZ, and are grouped into four disease clusters: (i) bacterial zoonoses, (ii) small ruminant & dog-associated, (iii) pig-associated parasites and (iv) vector-borne diseases.

The data requirements posed by the different work packages in relation to each cluster were summarized as follows:
The methodology for data collection needs to be the same across the case studies, and input for the appropriate methodologies will be required from the overarching support packages 9 and 10, with reference to data collection on Socio-economic aspects (WP9) and Cultural, gender, traditional knowledge (WP10).

The required elements for the case study were summarized by the meeting participants as follows:

- Informed by gap analysis
- Formulation of strategies to address identified gaps
- Assess control strategies to identify success and the factors contributing to success
- Formulate strategies to extend successful interventions to larger areas
- Identify factors that are needed to be taken into account to scale-up interventions.

As the study area for case studies will be limited in size, concerns were voiced that the control methods trialled might not be suitable for large-scale applications, and this will need to be taken into consideration.

Through discussion, participants formulated the following Generic Description of Case Studies:

### 5. Generic Description of Case Study

*Case studies* should encompass all of ICONZ ‘vertical’ scientific integration themes, i.e. WPs 3 through to 10. Hence *case studies* are the modality for all the fieldwork to be conducted under ICONZ.

**Case studies will:**

- Ensure harmonization and cohesiveness amongst the vertical scientific integration theme work packages
Achieve consensus through adoption of a common template for all

Be exemplars for advocacy

Target communities and situations

Characterize types of communities that will be targeted (e.g. rural poor, women livestock keepers)

Use a multi-disease approach where possible, rather than a single disease approach, which risks undermining local health services

Allow identification of local priorities

Need to allow for maximum engagement at community level, utilizing opportunities to add value

**Content of individual case studies:**

In designing each case study, the following will need to be taken into consideration:

- What impacts on people in the area (disease surveillance, social factors)?
- What can be done about it?
- How do you identify success (in controlling neglected zoonoses) and what are the factors contributing to it?
- How can it be applied elsewhere / scaled up (must be relevant to a larger area, NOT location-specific)?
- What factors have to be taken into account to do that?

1. **Which diseases / disease clusters should be included in the case study?**

- Diseases considered under case studies should reflect the situation and priorities in the country concerned – do not have all 8 neglected zoonoses in every African ICONZ ICPC.
- In some areas all 4 disease clusters may occur, whereas in others only one will – but mixing disease clusters within a case study may not be a good idea
- Each case study should consider one *primary* disease cluster as its main focus, but could also consider other *secondary* disease cluster(s) in less detail

2. **Which work packages should comprise the work of a case study?**

- The over-arching work packages (WP3, WP4, WP9 and WP10) should apply to all case studies
- The work package on integrated intervention packages specific to the primary disease-cluster for the case study (WP5, WP6, WP7 or WP8); each case study will include an intervention study based on the primary disease cluster
- Secondary disease clusters within a case study could be subject to a burden of disease study (WP3) and later in the ICONZ project cycle to a roll-out of integrated intervention packages trialled elsewhere in case studies where these disease clusters are the primary focus
3. What are the essential conditions / characteristics defining a case study?
   
   o Clearly defined geographic area(s)
   o Specific epidemiological, socio economic and / or environmental settings (possibly urban or remote (WP leaders already have ideas on this)
   o Offer opportunity for scalability
   o Infrastructure (Lab close to case study sites)
   o All investigations should be conducted in accordance with sound epidemiological principles and methodologies.

Case Study Key Descriptors

A number of key descriptors will be necessary to ensure a uniform approach to case studies and to provide evidence on which to formulate control policies and educate all stakeholders

   o Country or countries involved
   o Key stakeholders involved
   o Complementary support (e.g. related ongoing or proposed projects)
   o Objectives/Problem statement
   o Primary disease cluster
     o Individual diseases comprising the primary cluster
   o Secondary disease cluster
     o Individual diseases comprising the secondary cluster
   o Setting (e.g. urban, peri-urban, rural)
   o Geographic location(s)
   o Affected community(ies)
   o Animal species involved (including both domestic and wildlife)
   o Animal production system(s)
   o Diagnostic tools required
   o Nature of proposed interventions
   o Burden of disease attributable to neglected zoonoses – current information
   o Impact
   o Situation description

Case study discussions – by ICPC country

Based on the Generic Description for Case Studies formulated in the previous common discussion session, working groups of participants generated initial ideas for the case study application in the individual ICPC countries, including potential case study locations and target zoonoses as well as identification of obstacles to implementation of cases studies. Following the separate working
group discussions, the outcome for each ICPC country was presented to all participants by the PI or a WP Leader of the respective ICPC institutes:

**Tanzania (Rudovick Kazwala)**

A study area in northern Tanzania was suggested, as a suitable study area for WP5 (bacterial zoonoses), allowing investigation of bovine TB and brucellosis, as well as cystocercosis, and to a more limited extent echinococcosis. Rabies is well researched in this study area. The diseases would be best studied in different locations:

North: Cysticercosis and Echinococcosis

South Ngorogoro (with wildlife- livestock interactions): TB and brucellosis

The general process of the case study was suggested to be started by a situation analysis (what do we know about the current situation), followed by a gap analysis. In this respect, WP3 will need to suggest the appropriate methodologies and format to gather the information on “current knowledge”. WP4 is expected to provide suggestions for appropriate control tools and or diagnostic tools, for the respective diseases that are supposed to be trialled. Case study areas will be the sites for the potential intervention strategies formulated as a response to issues identified in the gap analysis.

A central consideration that needs to be addressed prior to the start of any case study is: What resources are available for what activities?

**Zambia (Isaac Phiri)**

For the case study in Zambia, Gwembe, Southern Province was suggested as a suitable location. WP7 (pig-associated parasites) is envisaged to be the main focus for the case study in Zambia. However there would be potential for work on the bacterial zoonoses (WP5) in Eastern Province if required. There is little to no information on zoonotic trypanosomiasis in Zambia, and concerns were voiced that starting this investigation from scratch would overextend the available funds. Zambia was therefore not considered to be suitable as a case study country for the vector-borne package (WP8).

The main concerns identified by the Zambia working group were budget considerations, as well as transport of personnel to field sites, which might be problematic as the suggested case study sites are very remote.

The general process of the case study drawn up, mirrored the suggestions made by the Tanzania working group, i.e: identification of current knowledge, followed by gap analysis and trial of identified control strategies.
Uganda (Charles Waiswa)

Northern Uganda is known to have considerable problems with a number of the diseases of interest including sleeping sickness, tick-borne diseases (of interest as part of WP8), brucellosis and cysticercosis. Due to budget considerations, the Uganda case study should have one main focus – the Vector-Borne Package (WP8).

Two study sites looking at different control strategies for vector-borne diseases were suggested:

1. The area north of Lake Kyoga, which was targeted by the Stamp-out-Sleeping Sickness (SOS) initiative – in this area, farmer-uptake of insecticide spraying of cattle is being encouraged by the SOS campaign, and data collected here would look at the “bottom-up” approach of vector-borne disease control addressing questions on:

   o factors affecting utilization of farmer up-take
   o improvement of uptake
   o benefits of uptake

2. Another area affected by sleeping sickness (Soroti or Busoga Focus), but previously not targeted by the SOS campaign can be used to trial centrally-implemented control to address questions on the use of the “top down” approach to control of vector-borne diseases:

   o What is the critical percentage of animals you need to treat to achieve interruption of transmission (and costings)
   o Which host species do we need to target (might also bring in other WP here) – targeting of small ruminants and pigs required?
   o cost of insecticide – pour-on versus spray (deltamethrin) as cheaper option
   o monitor impact on malaria cases
   o impact on tick burden and prevalence of trypanosomiasis

Components of mathematical modelling (transmission dynamics and impact of control strategies – to be looked at by SU) and geospatial modelling (e.g. livestock census tool, courtesy of Avia-GIS) are envisaged for the Uganda case study.

Nigeria (Rueben Ocholi)

The northern part of Nigeria (savannah area) was suggested as a location for a case study, which would be suitable for studying brucellosis in cattle and small ruminants. To gather data on the currently available information, tools / standard methodologies for data collection are required.

The northern areas have a high pig population and would therefore also be suitable for cysticercosis studies. For these areas there is little or no systematic information on pig-related diseases available as yet. Other questions of interest are the incidence of rabies and the frequency of dog-bites. There is also potential for investigation of bovine TB.
For WP4 tools that could be validated are vaccines for cattle sheep and dog diseases (potentially looking at locally produced vaccines).

It was mentioned that input from WP9 will be required for definition of parameters / data collection for socio economic investigations.

**Morocco (Ouafaa Fassi Fihri)**

The case study area chosen for Morocco was the Sidi Kacem Region, which is a poor area, for which cattle data is available. There is potential for the investigation of 5 of the 8 NZD in this area:

- Bovine TB, brucellosis, rabies, leishmaniasis and hydatid.

The case study is envisaged to start in January with the gathering of current knowledge (WP3) on leishmaniasis and echinococcosis. With respect to rabies, two regions near Rabat, namely Beusliman and Khemisset, were suggested as study locations. These areas have a high incidence of rabies and an oral vaccination project of dogs is being planned (Sidi Kacem – will be started in September) Bovine TB and brucellosis work will also be started in September.

Two main challenges for ICONZ were identified: sourcing of public health and human data as well as sourcing data on socio economic aspects.

**General Comments**

In the general discussion following the presentation of first ideas for the ICPC case studies a number of issues were raised which will need to be considered for the case study design:

**Controls:** The impact of interventions can only be assessed on the basis of a ‘with’ and ‘without’ situation. This should be in terms of ‘before’ and ‘after’ and ‘case’ and ‘control’. Controls may be derived from non-included control areas, or may be designed as untreated control herds within the same area. However, caution is required due to ethical considerations, where non-inclusion in the intervention results in increased risk of disease to the livestock holders and/or the rest of the community.

**Socio economic impact of interventions:** It is frequently difficult to quantify the effect of control strategies on livestock productivity. Especially quantification of milk yields or draught power output may be difficult to achieve without intensive and expensive longitudinal studies. A practical compromise is to monitor herd / flock entries and exits (births, purchases, sales, slaughter, deaths and transfers) and to note herd / flock age / sex compositions, through a combination of repeated cross-sectional surveys and interviews asking livestock keepers to recall past herd / flock events over a year. Starting with a baseline census and interview in both cases and control, before any intervention is applied, is particularly important. In addition it is important to collect information on
the costs to farmers of dealing with the disease – again with and without the interventions being studied.

**Focus of efforts:** Concerns were raised that whilst case studies would certainly have to address problems that were relevant for the respective case study countries, the country needs would have to be balanced with data requirements for ICONZ to ensure that project objectives would be met. ICONZ is going to require certain data to deliver output to fulfil the funding contract as well as to have the relevant data to influence policy makers. There is a danger that in an effort to address too many diseases in each case study, resources and staff-time will be spread too thinly, leading to poor results. It was thus deemed to be prudent for each case study to have one major focus rather than addressing a multitude of issues at insufficient depth.

**Disease clusters:** It was debated whether control strategies should necessarily address the neglected zoonoses in the clusters prescribed by the four groupings originally categorized in the project document [bacterial zoonoses (WP5), small ruminants / dog zoonoses (WP6), pig-associated parasites (WP7), vector-borne cluster (WP8)] or whether zoonoses clusters (and associated interventions) should be thought of as any combination of the ICONZ targeted zoonoses. It was concluded that as the four clusters are described in the project document these should be addressed as such where possible – e.g. Uganda case study lends itself to addressing the vector-borne disease package, and the case study in Zambia will be suitable to target the pig-associated parasites. However, in some cases it will not be possible to address all the diseases in one of these clusters simultaneously in one study area (e.g. rabies, echinococcosis and zoonotic leishmaniasis) and case studies should then concentrate on one main focus with appropriate secondary diseases as feasible.
### Summary of potential disease focus for each country

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<td>echinococcosis</td>
<td>rabies</td>
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**Legend**
- ✗ Lead/Focus for disease cluster
- ✗ Secondary diseases
**Burden of disease in humans:** It was concluded that intense intersectoral collaboration between veterinarians and medics would be necessary to gather the adequate data on burden of disease. Complementary funding should be sought to facilitate comprehensive burden of disease assessment, e.g. from WHO, who have a strong interest in compiling burden of disease data.

**Conclusions:**

- Only one case study should be conducted in each ICPC country
- Where possible case studies will address disease clusters as described in ICONZ technical documentation (Annex 1). For instance, in Uganda the vector-borne disease cluster and in Zambia the pig-associated parasite cluster.
- Each ICPC country should focus on one primary disease cluster, with the option of a secondary disease cluster, where appropriate and feasible within the resources available (or subject to availability of complementary funding).
- Intervention studies will need to be conducted in accordance with widely accepted epidemiological principles to produce high quality data and appropriate controls need to be built into the study design.
- Economic impact assessment of the zoonoses will have to be achieved primarily through collection of data on the more easily recorded parameters such as herd entries and exits.
- To adequately address estimates of burden of disease on humans, input from medical sector is required as well as outside funding to help with the costs of data collection (e.g. WHO).
ICONZ Workshop DAY 3 – 15th May

Governance, financial and legal issues (including Q&A session) (Angela Noble & Bill Bruce)

Angela Noble and Bill Bruce of Edinburgh Research and Innovation Ltd. presented a session on governance, financial and legal issues relating to FP7 large collaborative projects such as ICONZ. In view of the importance of the details, their presentation and accompanying documents can be found in full in the annex of this report.

The following discussion session revolved around accounting issues, with the main point of interest being the requirement of submission of appropriate time sheets to account for staff time by all partners. Most European institutes should have standard time sheets, which the respective finance/admin divisions should be able to supply to partners. For the ICPC partners, it was suggested that Edinburgh would supply their standard time sheets as a guide, which could then be adjusted as required by the ICPC partners.

(Presentation 5a ICONZ Administrative and Financial Procedures, 5b Financial Guidelines May09)

ICONZ Databases (Christian Setzkorn)

Within ICONZ the University of Liverpool (Jim Scudamore) leads WP2 “Mapping Global Research on Neglected Zoonoses”. As ULIV has significant expertise in the design of databases to optimize availability of disease data and knowledge, they will also be involved in the design of the ICONZ database, which will be required as a data repository for other work packages. To avoid duplication of work effort, it is envisaged that the structure and some of the contents of the ICONZ database can be directly taken over from already existing databases, such as the DISCONTOOLS database. To explain the general structure of a database, Christian set out the basic components and attributes that a database is composed from. Details are given in his presentation in the appendix.

(Presentation 6 ICONZ Database_Setzkorn)

In the following discussion Jim Scudamore outlined how the data for the DISCONTOOLS database was generated through a questionnaire, setting out the required information to be discussed and filled in by expert panels. It was discussed which parts of the DISCONTOOLS database could be directly taken over by ICONZ, and how the required input (questionnaires) will have to be amended to suit ICONZ need for WP3.
Concerns were voiced over making data available on the database, prior to publication and ensuring ownership of data. However, it was pointed out that the ICONZ database would not be a space for raw data as such, but rather to be seen as a repository for ICONZ outputs.

**Action Point:** to send round existing expert panel questionnaire, for ICONZ partners (especially S. Geerts as leader of WP4) to suggest changes / additions. Action: Jim. Scudamore

**Website (Beatrix von Wissmann)**

The ICONZ website will be the public face of ICONZ and will play a significant part for project communication and dissemination of project outputs (WP12 – S. Welburn). The website will be designed at the University of Edinburgh (Michael Begg and Team). A first web-presence has already been established, and the web-site start page is accessible at: [www.iconzafrica.org](http://www.iconzafrica.org)

The ICONZ database will be accessible through the ICONZ website. The basic structure of the website will provide pages on the project which are accessible to the general public (e.g. project background, structure, news, announcement of training, and contact information) as well as a login protected, members-only area, which will provide discussion boards to facilitate a communication platform, as well as access to parts of the ICONZ database with restricted access.

The ICONZ website will grow as the project unfolds with project partners being encouraged to provide materials (photos as well as text) on their areas of expertise. A sitemap of the envisaged website structure is provided in the website presentation in the Annex:

(presentation: 7 ICONZ website)

In the discussion of the ICONZ website, the provisional ICONZ logo (as used on the website) was ratified by the participants of the meeting.

Concerns over protection of copyright of any images provided for the website were raised by partners. As a solution to this, Michael Begg suggests to create copyright through “Creative Commons” ([http://creativecommons.org/](http://creativecommons.org/)) to be applicable for entire website contents.

To give an overview of who is working on the project, and to document their career progression Biographies for all ICONZ participants (main partners but importantly also for all students and staff) will be created on the website.

Discussion boards will be set up as quickly as possible to facilitate communication between partners and can also be used as a tool for the design and planning of case studies.
Summary Session - Discussion (Mark Eisler)

The final session of the inaugural meeting was used to reiterate the most important outcomes of the meeting, as well as voicing of concerns over unresolved issues, and planning of future workshops to progress the project.

The case study design was identified as having crystallized as a project component of major importance. The ICONZ case studies descriptors were agreed upon by all participants (see generic template case study). Further planning of case studies will have to be progressed and is envisaged to take place at Work Package workshops and case study kick off workshops (see “planning of next steps” for more details).

The importance of data collection on medical information on zoonoses was reiterated, in order to assess the burden of zoonoses on the human population (and critically, to estimate the level of underreporting). Information will have to be collected in standardized format to ensure appropriate data to feed into DALY calculations.

In the context of DALY calculations the importance of the involvement of the medical sector was reiterated to ensure input data for human burden assessments. The involvement of the medical sector needs to be encouraged right from the start, to ensure buy-in and ownership. As possible contact points the FAO regional director (Akrar), as well as the WHO regional director (Brazaville) were identified. The WHO regional office could in turn have a meeting with the country chief medical officers, to press home the importance of the endemic zoonoses. Joint inter-ministerial meetings between human health and agricultural/ veterinary ministries (alongside WHO and FAO) need to be instigated to facilitate collaboration.

→ Action point: Advocacy to WHO and other Medical bodies to ensure Medical involvement and human data for ICONZ and intersectoral collaboration.

Ethical considerations

In this session, discussion also took place regarding ethical aspects of ICONZ. Mark Eisler explained that in order to avoid a lengthy and difficult ethical review, that would have at best delayed the project and at worse perhaps precluded it from being funded at all, it had been decided to exclude from ICONZ any work on human subjects other than collection of questionnaire data. Nevertheless it was hoped and expected that ICONZ would work closely with national, regional and international medical authorities and other implementing bodies to make full use of information generated in the course of their own ongoing activities. Mark also reiterated the contractual obligations required by the European Commission that were sent to all ICONZ ICPC partners prior to the meeting, which were as follows
"The applicants* should forward to the Commission detailed information on the procedures that will be implemented to ensure privacy and the confidentiality of data collection (about health, ethnicity or religious conviction). These measures must comply with EU standards and regulations.

Copies of appropriate approvals, which conform to EU standards and regulations, for the human and animal studies from relevant local/national Ethics Committee should be forwarded to the Commission prior to commencement of the project."

*‘The Applicants’ are now the ICONZ partners

Planning of next step

As a starting point for work packages, initial workshops were envisaged in the ICONZ project document. However it may be appropriate to rethink the combination of WP and participants, so as to make these initial work shops as effective as possible. Where possible, these workshops should be combined with relevant expert meetings, to maximize the possibility of advocacy and collaboration from the start. The following combinations of work package meetings and potential dates emerged from the ensuing discussion: It should be emphasized that a proportion of all the consortium members, including ICPC’s is set aside for attendance at workshops and that, especially in the planning and final stages of ICONZ, full attendance will be vital if we are to achieve our goals.

For WP3, ITM (Stanny Geerts) has funds to hold workshops to launch the “one health network of disease”. In total there is money for two workshops for this network, this year the workshop will focus on disease burden, and the workshop in 2010 will focus on intersectoral collaboration. Both workshops are of obvious interest to the ICONZ objectives. The date for the workshop on disease burden is the 12th October 2009 in Antwerp. This workshop should be combined with the initial workshop for WP3, and potentially the initial workshop for WP9 (socio economic aspects) can also be integrated with this.

The initial workshop for WP4 (Tools) could potentially be combined with the initial workshop for WP2, however further discussion concluded that the Gap analysis for Tools (WP4) could be set up most efficiently through electronic interaction rather than physical meeting, using the DISCONTOOLS questionnaire for expert panels (WP2) adjusted for ICONZ. It was thus decided not to schedule a physical initial meeting for either WP2 or WP4, but rather to progress through electronic communication.

It was suggested that WP 6&5 workshops should be held in Morocco at a date when both French partners would be able to attend (UCBL and AFSSA, not represented at inaugural ICONZ meeting).
The initial workshop for WP7 (pig-associated parasites) could be combined with the next big meeting of the cysticercosis group which is scheduled for the week of 19 October 2009 in Nairobi.

Uganda is the key country for WP8 (Vector-borne diseases) and potential synergy of the initial WP8 workshop with the next DFID meeting in Kampala in the week of 6th July was envisaged.

For WP12 (Communication and Dissemination) at least 2 policy-related Workshops are planned – which will also include Institutional Aspects (WP9), i.e. the collaboration and obstacles to collaboration between medical and veterinary sectors. The date and location for these workshops is yet to be decided.

It was further suggested (JDK) that inception case study workshops should be held for each case study country, to ensure buy-in from stakeholders (political and medical/vet) and also to clarify input from northern partners into the individual country case studies. This suggestion met with general consent by all meeting participants.

It was emphasized (RK) that regardless of the “inception of case study workshops” there remained a need for WP5-8 initial workshops. This need for WP5-8 workshops was supported (ME), and the possibility of combining them with the inception case-study workshops, in some cases, was raised.

The need for a concluding ICONZ workshop at the end of the ICONZ project period was emphasized (JS) to draw conclusion on what ICONZ had achieved.

➤ Action point: communication between partners to organise essential initial workshops and further steps.