

Cotonou Declaration on Buruli Ulcer

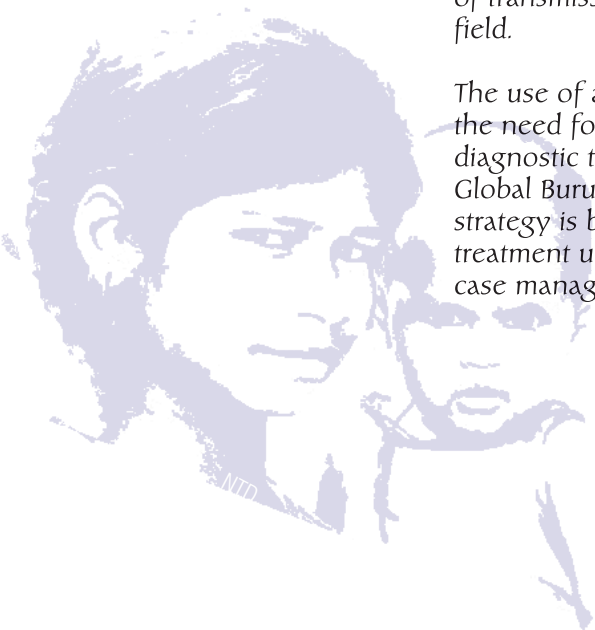
Cotonou, Benin, 30 March 2009



Neglected tropical diseases kill, weaken or incapacitate millions of people every year, causing permanent physical suffering, social stigmatization and reduced productive capacity. Buruli ulcer, one such disease, causes immense suffering and disabilities, especially among children. Delayed schooling and loss of productivity are considerable among the affected populations. These adverse consequences tend to aggravate poverty in affected communities. Globally, the disease has been reported in 30 countries. In WHO's African Region, Buruli ulcer has been confirmed in 12 countries and is suspected in 10 others.

Significant progress has been made in the past 10 years in knowledge of Buruli ulcer, investments in related research, control of the disease, and improvement of tools for case diagnosis and development of treatment protocols. Substantial achievements have been made in diagnosis, treatment, immunology and epidemiology. Despite these achievements, little is known about the exact mode of transmission of the disease, and there is no simple diagnostic test usable in the field.

The use of antibiotics has revolutionized treatment and contributed to reducing the need for surgery by half. However, efforts are still needed to develop simple diagnostic tools usable in the field as well as disability prevention methods. The Global Buruli Ulcer Initiative has adopted the strategy recommended by WHO. The strategy is based on early diagnosis of the disease and the use of antibiotics for treatment upon the onset of the first signs by improving access to screening and case management at the most peripheral level of the health system.



**World Health
Organization**

We, the Heads of State of countries affected by Buruli ulcer,

Taking into account:

The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa (2008);

Resolution WHA57.1 on Surveillance and Control of Mycobacterium ulcerans disease (Buruli ulcer), (2004);

The Yamoussoukro Declaration made on control of Buruli ulcer (1998).

Concerned about:

the magnitude of neglected tropical diseases, including Buruli ulcer;

the plight of the many people affected who are poor and therefore lack the means to afford the cost of treatment;

the heavy burden of Buruli ulcer that children and women continue to bear.

Commend the achievements in the use of antibiotic treatment for Buruli ulcer control, which have a positive impact on treatment duration and cost in addition to increasing the chances of cure.

Acknowledge the substantial contributions that governments of affected countries, research institutions, nongovernmental organizations, foundations and donors have made towards achieving this progress..

Reaffirm our determination to take all the necessary measures to alleviate the suffering caused by Buruli ulcer and to contribute to further enhancement of knowledge about the disease..

We make a commitment to take the necessary measures to fully implement the WHO-recommended strategy for Buruli ulcer control, such as:

- i) to assess the actual magnitude of Buruli ulcer in countries;
- ii) to strengthen the case confirmation capacity of national laboratories in line with the WHO recommendations;

- iii) to intensify, at all levels, education on Buruli ulcer especially in the affected communities with a view to promoting early case detection;
- iv) to ensure that cases are detected at an early stage of the disease in order to reduce the frequency of disabilities;
- v) to provide, for people affected by Buruli ulcer, access to specific antibiotic treatment, and surgical and rehabilitation services free of charge or at reduced cost;
- vi) to improve Buruli ulcer mapping and surveillance in affected countries and promote cross-border exchange of information;
- vii) to support research through active international cooperation on epidemiology, social and economic determinants and impact, prevention, development of new diagnostic tools and simplification of treatment with orally-administered medicines;
- viii) to mobilise additional resources for Buruli ulcer control;
- ix) to promote effective collaboration with other sectors to control the disease;
- x) to promote social and economical rehabilitation of people negatively affected by the disease;
- xi) to strengthen further the primary health care system in the affected areas in order to improve integration and implementation of control and disability prevention activities.

We call upon all bodies of the United Nations system, bilateral and multilateral corporation agencies, development banks, nongovernmental organizations, foundations and research institutions to cooperate with the affected countries in order to make Buruli ulcer control interventions not only effective but also accessible to all peoples who need them.

We express our gratitude:

- a) to the Government and people of Benin, the World Health Organization and the Global Buruli Ulcer Initiative for having organized this high-level meeting;
- b) to all partners operating in the area of Buruli ulcer control at the global level in general and in Africa in particular.

Done in Cotonou, 30 March 2009

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Adopted by

Presidents

- His Excellency Dr Thomas Yayi Boni, President of the Republic of Benin
- His Excellency Mr Faure Gnassingbe, President of the Republic of Togo
- His Excellency Mr Divungui Di Nding Di Djob, Vice-President, Republic of Gabon

Ministers of Health and High-Level Country Delegates

- Prof. Issifou Takpara, Minister of Health, Benin
- Mr André Mama Fouda, Minister of Health, Cameroon
- Dr Yvonne Yolande Voumbo Matoumona, Advisor, Minister of Social Affairs and family of Congo
- Mr Youssouf Bakayoko Minister of Foreign Affairs, Côte d'Ivoire
- Dr Rémi Allah Kouadio, Minister of Health and the Public Hygiene, Côte d'Ivoire
- Mr Philippe Nzengue Mayila. Minister Delegate to the Ministry of Health and the Public Hygien of Gabon
- Dr George Sipa Yankey, Minister of Health, Ghana
- Dr Zeinab Mint Youba Maiga, Advisor to the Presidency of the Republic of Mali
- Dr Aliyu Idi Hong, Minister of State for Health, Nigeria
- Dr Komlan Mally, Minister of Health, Togo

World Health Organisation

- Dr Luis Gomes Sambo, Regional Director, AFRO

Foundations

- Mr Michel Recipon, President, Fondation Raoul Follereau, France
- Mr Robert Kohll, Director, Fondation luxembourgeoise Raoul Follereau, Luxembourg
- Mr García Izquierdo Bernardo, Director General , ANESVAD, Spain
- Mrs Solange Yayi Allechi, President, Water for All Children-Africa, Benin

Participants from:

Australia, Belgium, Benin, Brazil, Cameroon, Canada, Central African Republic, Congo, Côte d'Ivoire, Democratic Republic of the Congo, France, French Guyana, Gabon, Germany, Ghana, Guinea, Italy, Kenya, Liberia, Luxembourg, Nigeria, the Netherlands, Norway, Sierra Leone, Spain, Sweden, Switzerland, Togo, Uganda, United Kingdom and United States of America.