

WHO-EM/CTD/077/E

Report on the

**Sixteenth meeting of
the Regional Programme
Review Group on
lymphatic filariasis
elimination and other
preventive chemotherapy
programmes**

Cairo, Egypt
23–26 October 2017



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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CONTENTS

1.	INTRODUCTION.....	1
2.	SUMMARY OF DISCUSSIONS.....	2
	Session I: Elimination of trachoma in the Eastern Mediterranean Region.....	2
	Session II: Preventive chemotherapy in the Eastern Mediterranean Region	2
3.	RECOMMENDATIONS.....	8
Annexes		
1.	Medicines for preventive chemotherapy.....	10
2.	Programme.....	12
3.	List of participants	14

1. INTRODUCTION

The Sixteenth Regional Programme Review Group meeting on lymphatic filariasis elimination and other preventive chemotherapy programmes was organized by the World Health Organization (WHO) Regional Office for the Eastern Mediterranean at its premises in Cairo, Egypt, from 23 to 26 October 2017. The meeting was attended by representatives from the ministries of health of Afghanistan, Egypt, Libya, Sudan and Yemen. Representatives from Iran, Iraq, Pakistan, Saudi Arabia, Somalia, and Syrian Arab Republic, although invited, were unable to attend. The meeting was also attended by neglected tropical diseases experts, and by representatives of partner institutions such as the Christian Blind Mission (CBM), the International Trachoma Initiative, the END (Ending Neglected Diseases) Fund, the Magrabi Foundation, the Mectizan Donation Programme, the Schistosomiasis Control Initiative, and Sightsavers. Representatives from the Eastern Mediterranean Region Alliance for Trachoma Control also attended. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and the World Bank were also represented.

The Secretariat of the meeting was made up of staff from WHO headquarters, the Regional Office, and WHO Country Offices in Afghanistan, Egypt, Iraq, Pakistan, Sudan and Yemen.

The objectives of the meeting were:

- to update participants on progress made towards the control and elimination of lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis, and trachoma, both globally and in the Region;
- to brief participants on the neglected tropical disease milestones and targets included in the *Roadmap of WHO's work for the Eastern Mediterranean Region 2017–2021* in the context of the United Nations Sustainable Development Goals (SDGs) neglected tropical disease monitoring framework;
- to review country-specific progress made during 2016 and 2017 by preventive chemotherapy/neglected tropical disease programmes in the Region, to discuss challenges in implementation and identify solutions;
- to discuss country-specific plans of action for 2018, including drug requirements, and to provide input and recommendations on their funding, design and implementation; and
- to finalize the Regional Trachoma Action Plan.

In comparison to previous years, the scope of the Sixteenth Regional Programme Review Group meeting was broadened to fully include trachoma as a reflection of the progressive integration of neglected tropical disease programmes, and of the prominence given to the elimination of trachoma as a public-health problem in the roadmap. As such, the meeting covered the five main preventive chemotherapy diseases.

2. SUMMARY OF DISCUSSIONS

Session I: Elimination of trachoma in the Eastern Mediterranean Region

The whole of the first day of the meeting and half of the second were dedicated to trachoma, and in particular to the finalization of the Regional Trachoma Action Plan. Following an agreement between the Regional Office and the Eastern Mediterranean Region Alliance for Trachoma Control, the latter organization had drafted a Regional Trachoma Action Plan that was presented and discussed during the meeting. The Action Plan includes regional goals, country-specific sections, and a budget. Comments on the draft were provided through discussions in plenary and group-work sessions. In addition to country-specific feedback, input was provided on advocacy and resource mobilization, and recommendations to both the Alliance and WHO were included.

From a technical standpoint, a revised classification of countries was agreed on, as well as a way forward for the validation of all countries claiming to have achieved elimination of trachoma as a public-health problem, including those formerly classified as non-endemic. Suggested new country categories are as follows: 1. Known to require interventions (Egypt, Pakistan, Sudan, Yemen); 2. May require interventions, investigation needed (Afghanistan, Somalia); 3. Thought not to require interventions (Bahrain, Djibouti, Jordan, Kuwait, Lebanon, Palestine, Qatar, Saudi Arabia, Syrian Arab Republic, Tunisia, United Arab Emirates); 4. Thought not to require interventions; claims to have eliminated trachoma (Islamic Republic of Iran, Iraq, Libya); 5. Validated as having eliminated trachoma as a public-health problem (Morocco, Oman).

The revised classification above implies that all countries putting forward a claim will have to go through the validation process, and that the proposal to establish a desk review to confirm non-endemicity of countries listed as non-endemic has now been shelved. It was also agreed that for a country to be moved to category 4, the country's claim has to be officially communicated to WHO.

The following next steps were also agreed upon: the finalization and editing of the plan, and its presentation to partners and donors during a meeting of the Alliance to be hosted by the Regional Office in Cairo on 17–19 December 2017, mainly for fundraising purposes. The budget required to achieve elimination of trachoma as a public-health problem in the Region is estimated at US\$ 10–15 million over 5 to 7 years.

Session II: Preventive chemotherapy in the Eastern Mediterranean Region

Overview

The rest of the meeting was dedicated to the review and planning of preventive chemotherapy interventions in the Region.

Introductory presentations highlighted global and regional progress: notably in 2016, over 1 billion individuals received at least one treatment against neglected tropical diseases through preventive chemotherapy interventions at the global level.

With regard to the Region, the priorities identified by the *Roadmap of WHO's work*, notably the eradication of dracunculiasis, the elimination of schistosomiasis, and the elimination of lymphatic filariasis and trachoma as public-health problems were discussed. The regional position vis-à-vis the SDGs was also highlighted, and the Regional Office's commitment to contributing to Indicator 3.3.5 (that is, ensuring a progressive decrease in the number of people requiring interventions against neglected tropical diseases) was stressed.

Country-level activities carried out in 2016/17 as well as plans for 2018 were reviewed in detail. Discussions also focused on country requirements for preventive chemotherapy medicines for 2018 (confirmation of requests already submitted to WHO, and discussions on requests to be made).

During a series of country-specific sessions, one or more presentations were given by delegation members, which were followed by questions, answers and discussions. Attending partners were also given the chance to give a presentation on their current activities, plans and commitments with regard to support for neglected tropical disease interventions in the Region.

Situation analysis and country action points

The situation analysis below on Afghanistan, Egypt, Libya, Sudan and Yemen was provided by the relevant country delegations. Discussion followed, which led to the formulation of action points.

Afghanistan

Trachoma: first phase of mapping (high-priority areas) is due to start soon with support from the Fred Hollows Foundation, and is expected to be completed by the end of 2018. Resource mobilization for the second phase is required.

Soil-transmitted helminthiasis: the programme was restarted in 2016 and enjoys support from a ministry of health, ministry of education, World Food Programme (WFP), United Nations Children's Fund (UNICEF), and WHO partnership. The commitment of governments to continue and scale-up deworming activities is strong, although domestic funding is limited. The End Fund is committed to continuing and increasing its financial support to deworming activities, either through WFP (as at present) or through WHO. A proposal for 2018 should be developed in this regard.

Egypt

Lymphatic filariasis: the dossier for the elimination of lymphatic filariasis as a public-health problem was submitted to WHO in 2017, and the country is expected to complete the

validation process by the end of the year (the first country in the Region). The Ministry of Health and Population communicated their need for filariasis test strips for post-elimination surveillance, to be started in 2018.

Schistosomiasis: the Ministry of Health and Population is expected to launch the elimination plan in November 2017. In spite of significant governmental support, gaps in operational costs for 2018 remain, but can be filled by the End Fund upon submission of a proposal. WHO will financially support completion of mapping in the Delta and in Upper Egypt in 2018. Government's and partners' commitment to the elimination of schistosomiasis should be maintained. A strong monitoring and evaluation system is required, especially in disease hotspots. Coordination with the relevant authorities should be strengthened to prioritize the provision of safe drinking water and sanitation to schistosomiasis-affected areas.

Soil-transmitted helminthiasis: the country completed its second year of deworming treatment activities targeting school-age children (third round of treatment, with a target of 12.6 million children). Deworming is highly appreciated countrywide. An impact assessment conducted in 2016–17 showed reduction in prevalence from 21% to 2.8%. The Ministry of Health and Population is contemplating expansion to pre-school-age children. The End Fund can consider financial support upon submission of a proposal.

Trachoma: in 2018, the Ministry of Health and Population is planning to start mass drug administration with AZT in two of the four districts already mapped, and to complete mapping in areas still requiring mapping (29 districts) with support from the Magrabi Foundation. The End Fund may fill existing gaps in funding, but requires the submission of a proposal. The Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) has also been contacted for financial support.

Libya

Schistosomiasis: the epidemiological situation of schistosomiasis in Libya, notably its transmission status, should be assessed.

Trachoma: the Ministry of Health claims that elimination of trachoma as a public-health problem has been achieved; this claim should be officially communicated to WHO, and surveys to confirm such an achievement are likely to be necessary. A review and planning workshop is planned in the first quarter of 2018 with support from WHO.

Sudan

The country is currently in the process of finalizing a neglected tropical disease master plan.

Lymphatic filariasis, schistosomiasis and soil-transmitted helminthiasis: mapping for schistosomiasis and soil-transmitted helminthiasis was completed in 2016/17, while mapping for lymphatic filariasis will be completed by the fourth quarter of 2017. The Federal Ministry

of Health has scaled up treatment (mass drug administration) in the course of 2016 and is planning a large-scale campaign in the fourth quarter of 2017. A coverage survey and a data quality assessment survey will follow in the first quarter of 2018. Full geographical coverage is expected to be achieved in 2018. Over US\$ 2 million have been pledged by the Schistosomiasis Control Initiative.

Onchocerciasis: there is a need to start treatment in Khor Yabus focus and intensify implementation of triple drug administration with ivermectin, praziquantel and albendazole in Radom focus, where ivermectin should be distributed twice a year to accelerate progress towards interruption of transmission. Cross-border collaboration with Ethiopia, South Sudan and Central African Republic is essential to achieve elimination of onchocerciasis. The programme is underfunded and resource mobilization is required.

Trachoma: activities have been scaled up in the course of 2017 with support from Sightsavers, and are expected to be consolidated in 2018 with support from ESPEN. Mapping in Darfur should be completed in 2018. The trachoma trichiasis backlog should be reassessed, and provision of trachoma trichiasis surgery should be accelerated. Gaps in tetracycline eye ointment and other items (for example, reading glasses for people with visual impairment due to trachoma) should be addressed.

Yemen

The country is currently in the process of finalizing a national neglected tropical disease master plan.

Lymphatic filariasis: Yemen completed its post-intervention surveillance in late 2016, and is currently compiling its elimination dossier.

Schistosomiasis and soil-transmitted helminthiasis: two treatment campaigns were held in 2017, targeting 1.3 million and 0.8 million adults and children respectively. Praziquantel was procured by WHO (at a cost of US\$ 1.9 million) with funds left over from the World Bank grant (the Schistosomiasis Control Project). The World Bank is expected to continue support through the Emergency Health and Nutrition Project, but a timeline and funds have to be agreed upon. The End Fund would be willing to contribute to filling any gaps in funding. Capacity-building on snail control is planned for 2018 in collaboration with the Egyptian Ministry of Health and Population and with support from WHO.

Onchocerciasis: a treatment plan has been devised for approximately 0.6 million people in western Yemen. Ivermectin will be co-administered with praziquantel and albendazole during schistosomiasis/soil-transmitted helminthiasis campaigns (the first round of these is planned for the fourth quarter of 2017 or the first quarter of 2018). An Ov-16 detection-based protocol to delimit all onchocerciasis-affected areas and thus identify population requiring treatment has been developed. The End Fund is interested in supporting onchocerciasis elimination with regard to both mapping and treatment. Sudan can support with laboratory facilities and expertise.

Trachoma: over US\$ 0.2 million was mobilized from Sightsavers to support mass drug administration with AZT in Ibb and Hodeidah Governorates. Additional resource mobilization is required to complete mapping and scale up WHO's SAFE (Surgery, Antibiotics, Facial cleanliness, Environmental improvement) trachoma elimination strategy in all eligible areas.

The situation analysis below on Iraq and Pakistan was provided by the relevant WHO Country Office staff, as governmental delegations did not attend the meeting. Discussion followed, which led to the formulation of action points.

Iraq

Schistosomiasis: the field survey to demonstrate interruption in transmission of schistosomiasis will be implemented in the fourth quarter of 2017 or the first quarter of 2018 with support from WHO. Small number of imported cases are also being reported by the Ministry of Health.

Soil-transmitted helminthiasis: Soil-transmitted helminthiasis deworming activities started in 2016 (the first campaign was implemented between November 2016 and February 2017, and approximately 2.3 million people were treated). The country is expected to implement its second yearly round between the fourth quarter of 2017 and the first quarter of 2018. Operational costs have so far been covered by WHO, but the End Fund is willing to fill 2018 funding gaps as required.

Trachoma: the Ministry of Health claims that the elimination of trachoma as a public-health problem has been achieved, and is compiling the relevant dossier to start the validation process. The country's claim should be officially communicated to WHO.

Pakistan

Soil-transmitted helminthiasis: mapping has been completed with support from Evidence Action's Deworm the World Initiative, which is also willing to support operational costs for deworming. WHO is planning to facilitate a workshop during which mapping data will be presented to the Ministry of National Health Services, Regulations and Coordination, and the need to establish a deworming programme, including the appointment of a national focal point, will be discussed. This will be followed by the submission of a request for medicines to WHO.

Trachoma: a Trachoma Action Plan was developed in September 2017 with validity up to 2020. Sixteen low-priority districts still require mapping, while mass drug administration with AZT is planned in two districts with prevalence of trachomatous inflammation – follicular (TF)/trachomatous inflammation – intense (TI) >10%. Financial support has been made available by nongovernmental organizations such as Sightsavers, KCCA and the Ministry of National Health Services, Regulations and Coordination, but resource mobilization should be intensified.

The situation analysis below on Djibouti, Iran, Saudi Arabia, Somalia and Syrian Arab Republic was provided by the Regional Office, as neither governmental delegations nor WHO country office staff from these countries were able to attend the meeting. Discussion followed, which led to the formulation of action points.

Djibouti

Schistosomiasis: transmission has likely been interrupted but confirmatory surveys are required.

Soil-transmitted helminthiasis: the Ministry of Health/**Djibouti National Institute of Public Health** has been advised by WHO to conduct mapping in 2018.

Trachoma: elimination as a public-health problem has likely been achieved; the country should inform WHO of any claims, and compile and submit a dossier with the aim of starting the validation process.

Islamic Republic of Iran

Schistosomiasis: surveys to confirm interruption of transmission (as claimed by the Ministry of Health) are planned to be completed by the end of 2017/early 2018. The situation should be reassessed based on the results of these surveys.

Trachoma: the Ministry of Health claims that elimination as a public-health problem has been achieved; the Ministry of Health should officially communicate this claim to WHO and proceed with the finalization of a dossier in order to request WHO to start the validation process.

Saudi Arabia

Schistosomiasis: the epidemiological status of schistosomiasis in Saudi Arabia should be updated, and the status of its transmission in all endemic areas assessed. The country is classified by WHO as requiring an update for planning and implementation purposes.

Trachoma: the country is thought not to require interventions, although investigations had been planned in the eastern part of the country. No claim to have eliminated trachoma as a public health problem has been communicated to WHO. If the country aims to be validated by WHO, the Ministry of Health should officially inform the WHO Saudi Arabia country office.

Somalia

Lymphatic filariasis: a few individuals tested positive with filariasis test strips during mapping surveys conducted in 2016/17; however, no mass drug administration is required.

Schistosomiasis/soil-transmitted helminthiasis: mapping was completed in 2016/17. The first campaign took place during the summer of 2017 with support by the End Fund, but

coverage was poor. In November 2017, a mop-up campaign supported by WHO managed to reach all the target population. A proposal for 2018 will be submitted to the End Fund.

Trachoma: mapping was completed in 2017 with support from Sightsavers. Data is currently being analysed by WHO's Tropical Data initiative. Should elimination activities be required, their costs could be included in the proposal to the End Fund.

Syrian Arab Republic

Schistosomiasis: formerly endemic areas along the Euphrates valley may become accessible in the near future, and surveys to confirm elimination of schistosomiasis should be implemented if available evidence indicates that transmission of *Schistosoma haematobium* has been interrupted.

Soil-transmitted helminthiasis: the Ministries of Health and Education started deworming in April/May 2016 (approximately 2.2 million children were targeted); the second campaign in April/May 2017 targeted 2.05 million children and reached approximately 1.383 million. Deworming interventions should continue. WHO has covered operational costs so far and is expected to continue to do so.

UNRWA

Details on soil-transmitted helminthiasis deworming activities implemented in 2016/17 in schools run by the organization in its five fields of operations (West Bank, Gaza Strip, Jordan, Lebanon and Syrian Arab Republic) were presented. Activities will continue in 2018 and be expanded to Grades 1–6 in all fields. UNRWA was requested to share complete treatment data for 2016/17 and drug gaps for 2018. WHO is expected to continue providing mebendazole through its global neglected tropical disease medicines donation programme.

3. RECOMMENDATIONS

The following recommendations were formulated by participants with regard to the Regional Trachoma Action Plan and to the efforts to eliminate trachoma as a public health problem in the Region.

To Member States

1. Make domestic funding available to ensure adequate completion or start-up of mapping at country level, as well as implementation of the SAFE strategy. Current and prospective partners should be sensitized and their collaboration actively sought.
2. Make adequate human resources available within health ministries to follow up on planning and implementation of interventions.
3. Ensure that messages developed for stakeholders at national level are used effectively.

4. Develop national neglected tropical disease master plans as reference documents for implementation of interventions.

To WHO

5. Conduct advocacy with the relevant governments and partners to highlight the urgency of trachoma elimination and ensure high-level commitment towards achievement of trachoma elimination in the Region, to be achieved through the implementation of the relevant WHO recommendations.
6. Deploy adequate human resources and strengthen capacities to support countries in the process of attaining and validating elimination.
7. Develop a plan for strengthening neglected tropical disease capacities at country level.
8. Develop a document highlighting its neglected tropical disease strategic vision and plans on control and elimination of neglected tropical diseases in the Region, based on country master plans.
9. Accord the same level of priority to all preventive chemotherapy diseases, that is, not only those included in the *Roadmap of WHO's work for the Eastern Mediterranean Region* (schistosomiasis, lymphatic filariasis and trachoma) but also to those not included (onchocerciasis and soil-transmitted helminthiasis).

To the Eastern Mediterranean Region Alliance for Trachoma Control

10. Mobilize international support, wherever possible, to complement domestic funding, particularly in conflict-affected countries. The Regional plan can be submitted to donors in its entirety.
11. Establish a formal partnership with the Regional Office.
12. Hold regular meetings to monitor the implementation of the Regional Trachoma Action Plan. The Action Plan should be evaluated in 18 months' time to measure its relevance, effectiveness, efficiency and sustainability.
13. Document lessons learnt systematically and share within the Region.
14. Provide support to health ministries in terms of systems, processes and human resources to enable effective coordination of elimination programmes.

Annex 1

MEDICINES FOR PREVENTIVE CHEMOTHERAPY

1. Countries that have submitted a request or have communicated their needs for 2018 to WHO

Egypt

Albendazole/soil-transmitted helminthiasis: 12 700 000 tablets

Praziquantel: approximately 23 000 000 tablets (conditional approval, subject to submission of a report on 2017 treatment by the first quarter of 2018)

Sudan

Albendazole/lymphatic filariasis: 7 597 093 tablets

Albendazole/soil-transmitted helminthiasis: 7 747 825 tablets

Praziquantel: 9 708 911 tablets

Ivermectin: 21 377 367 tablets

Syrian Arab Republic

Mebendazole/soil-transmitted helminthiasis: drugs in stock are sufficient to implement the next campaign, which will be carried out in the first quarter of 2018. The country will apply in 2018 for treatment to be carried out in 2019.

Yemen

Mebendazole/soil-transmitted helminthiasis: tablets in stock at country level are sufficient to implement soil-transmitted helminthiasis treatment activities planned for 2018.

Ivermectin: medicines shipped in 2017 were sufficient for two rounds of treatments targeted at populations eligible for mass drug administration (approximately 600 000 individuals). As only one round per year is currently foreseen, it is expected that medicines currently available at country level are sufficient for 2018 too.

UNRWA

Mebendazole/soil-transmitted helminthiasis: 176 000 tablets were requested for Jordan; the needs of other fields of operation need to be communicated to WHO as soon as possible.

2. Countries that are expected to submit a request to WHO, and estimated needs

Afghanistan

ALB/soil-transmitted helminthiasis:

First round (Spring): 1.6 million girls in Grades 5–12 (aged 10–17 years)

Second round (Autumn): 7+ million boys + girls in Grades 1–12 (aged 6–17 years)

Iraq

Mebendazole/soil-transmitted helminthiasis: based on figures from the first round of treatment implemented in 2016/17, approximately 2.3 million tablets are needed.

Pakistan

Mebendazole/soil-transmitted helminthiasis: target population following mapping is estimated at 17 million school-age children.

Somalia

Praziquantel/soil-transmitted helminthiasis and mebendazole/soil-transmitted helminthiasis: target population is approximately 700 000 children and 25 000 adults.

Annex 2**PROGRAMME****Monday, 23 October 2017**

08:30–09:00	Registration	
09:00–09:30	Opening session	<i>Dr R. Hajjeh</i>
	<ul style="list-style-type: none"> • Welcome note • Objectives of the meeting and adoption of the programme • Introduction of participants 	<i>Dr R. Ramzy</i>
10:00–10:30	Global updates on trachoma	<i>Dr A. Solomon</i>
10:30–11:00	The WHO Regional Office for the Eastern Mediterranean's intensified efforts on trachoma	<i>Dr I. Chaudhry</i>
11:00–11:30	Current and future commitments towards trachoma elimination in the Eastern Mediterranean Region	<i>Trachoma partners</i>

The Regional Trachoma Action Plan

11:30–12:00	Session 1: Introduction	<i>Dr B. Qureshi</i>
12:00–12:45	Session 2: Discussion, review and finalization	<i>Dr B. Qureshi and the Eastern Mediterranean Region Trachoma Alliance</i>
	<ul style="list-style-type: none"> • Immediate questions, clarifications and corrections 	
13:45–15:30	Session 2 (continued)	<i>Dr B. Qureshi and the Eastern Mediterranean Region Trachoma Alliance</i>
	<ul style="list-style-type: none"> • Pre-validation surveys and dossier preparation: requirements and costs • Desk review: requirements and costs 	

Tuesday, 24 October 2017**The Regional Trachoma Action Plan (continued)**

08:30–10:30	Session 3: Group Work (continued)	<i>Dr B. Qureshi and the Eastern Mediterranean Region Trachoma Alliance</i>
	<ul style="list-style-type: none"> • Presentation of feedback on key points and issues to main group 	
10:45–11:45	Session 4: Recommendations	<i>Dr B. Qureshi and the Eastern Mediterranean Region Trachoma Alliance</i>
	<ul style="list-style-type: none"> • Resource mobilization • Advocacy 	
11:45–13:00	Session 5: Wrap-up, final considerations and adoption	<i>Dr B. Qureshi and the Eastern Mediterranean Region Trachoma Alliance</i>

Preventive chemotherapy in the Eastern Mediterranean Region

14:00–14:30	Global and regional update on the implementation of the WHO roadmap on neglected tropical diseases	<i>WHO headquarters</i>
14:30–15:00	The <i>Roadmap of WHO's work for the Eastern Mediterranean Region 2017–2021</i> and the WHO Regional Office's commitment to contributing to SDG Indicator 3.3.5	<i>Dr H. Atta</i>

Wednesday, 25 October 2017

Country-level progress review and way forward

- 08:30–09:15 Afghanistan (soil-transmitted helminthiasis, trachoma)
09:15–10:00 Egypt (lymphatic filariasis, schistosomiasis, soil-transmitted helminthiasis, trachoma)
10:00–10:15 Islamic Republic of Iran (schistosomiasis, trachoma)
10:15–11:00 Iraq (schistosomiasis, soil-transmitted helminthiasis, trachoma)
12:15–12:45 Saudi Arabia (schistosomiasis, trachoma)
14:00–15:00 Somalia (lymphatic filariasis, schistosomiasis, soil-transmitted helminthiasis, trachoma)
15:30–16:30 Sudan (lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis, trachoma)

Thursday, 26 October 2017

- 08:30–09:00 Syrian Arab Republic (soil-transmitted helminthiasis)
09:00–10:00 Yemen (lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis, trachoma)
10:00–10:30 UNRWA (soil-transmitted helminthiasis)
10:30–11:00 Other countries (diseases as relevant)
14:30 Closing session

Dr R. Hajjeh

Annex 3

LIST OF PARTICIPANTS

(*unable to attend; **apologized)

AFGHANISTAN

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OBSERVER

Ms Andrea Brandt von Lindau
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SECRETARIAT OF THE MEETING

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