Summary report on the

Meeting of the regional programme review group on lymphatic filariasis elimination and other preventive chemotherapy programmes

Sharm el-Sheikh, Egypt
21–23 October 2013
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1. Introduction

The twelfth meeting of the Regional Programme Review Group on lymphatic filariasis and other preventive chemotherapy programmes in the Eastern Mediterranean Region was held in Sharm-el-Sheikh, Egypt, on 21–23 October 2013. The meeting was organized by the WHO Regional Office for the Eastern Mediterranean with the aim of jointly reviewing programmes on lymphatic filariasis, onchocerciasis and schistosomiasis and the progress made towards the achievement of disease-specific goals. In the past only lymphatic filariasis had been the subject of such meetings.

The meeting was attended by delegations from Egypt, Sudan and Yemen, external experts and WHO staff from headquarters, the Regional Office and country offices. The programme included: presentations by country delegates on each of the preventive chemotherapy programmes addressed; presentations by experts on selected topics (morbidity management and disability prevention, entomology and vector control, transmission assessment surveys and other tools for assessing interruption of transmission, joint application package for preventive chemotherapy medicines); and country group work aimed at finalizing joint application packages for 2014 and action plans for 2014 and beyond. Each session was followed by a discussion.

During the meeting, programmes were reviewed and recommendations made to country delegations, in terms of resource mobilization, collaboration with partners, programme strengthening, intercountry mutual support, operational research, and compliance with WHO norms and guidelines. Reports on 2012 treatment activities and requests for medicines to be used in 2014 were collected and
finalized during the meeting or the weeks following it, for orders to be placed. Action plans for 2014 were similarly developed.

2. **Summary of discussions**

*Lymphatic filariasis*

As of 2013, only 29 villages in Egypt are still conducting mass drug administration (MDA), while the remaining 167 where transmission of lymphatic filariasis had been documented, stopped treatment in 2005 and are currently engaged in post-treatment surveillance, based on transmission assessment surveys (TAS). As of 2014, all villages will be in the post-treatment surveillance phase and TAS will be conducted accordingly. Progresses are being made with regard to morbidity management and disability prevention (MMDP), whose activities started in 2011.

In 2013, Sudan implemented its first round of MDA in Blue Nile State (430 000 people were treated). In the meanwhile, mapping is being carried out and so far it has been completed in three States (Sinnar, White Nile and North Kordofan). MMDP activities have also recently started. In 2014, mapping will be carried out in four additional States, and MDA will continue in Blue Nile State.

MDA was stopped in mainland Yemen in 2006, and in Socotra island in 2011. Both evaluation units have now successfully completed two rounds of TAS (TAS-2). The third round (TAS-3) is planned for late 2014/early 2015. MMDP activities started in 2000 and have produced significant results in detecting and managing cases.
Schistosomiasis

After several years of disease control activities, Egypt has achieved a low-endemicity status. Preventive chemotherapy is still implemented in residual foci of transmission, together with snail control, health education and environmental management. In 2012, approximately 740,000 children and adults were treated, and 515,000 between January and October 2013. The Ministry of Health and Population has shown commitment to intensify efforts so as to achieve elimination; the World Bank has also expressed interest in supporting such an endeavour with up to US$ 10 million.

Schistosomiasis is highly endemic in Sudan and the population requiring annual treatment is estimated at 5.8 million. Control activities have recently re-started thanks to the WHO–Merck praziquantel donation (6 million tablets in 2013) and support from other partners (2 million tablets from Egypt and 2 million tablets from Korea). The Ministry of Health established a neglected tropical diseases division and is committed to developing a plan of action to coordinate the scale-up of activities.

The Ministry of Public Health and Population of Yemen enjoys support from the World Bank (US$ 25 million, 2010–2016) to conduct large-scale schistosomiasis control activities: children and adults receiving treatment were 2.1 million in 2010, 1.9 million in 2011, 0.85 million in 2012, and 9.6 million in 2013. Monitoring and evaluation activities are supported by the Schistosomiasis Control Initiative at Imperial College London). In terms of numbers treated, Yemen is probably the largest schistosomiasis control programme worldwide.
Onchocerciasis

Three foci of transmission of onchocerciasis are known in Sudan: Abu Hamad in River Nile State (northern Sudan), Galabat in Gedarif State (eastern Sudan), and Radom in Southern Darfur State (western Sudan). Transmission of onchocerciasis has been interrupted in Abu Hamad; treatment has therefore been stopped and post-treatment surveillance has started. In Galabat and Radom treatment with ivermectin is currently ongoing. In 2011 the boundaries of Galabat focus have been extended to include an area called Ghorisha. Estimates indicate that the population of Galabat and Radom amounts at 125 000 individuals, even though this number might fluctuate because of population movements. In 2014, post-treatment surveillance will continue in Abu Hamad, and MDA in Galabat and Radom.

Approximately 300 000 individuals in 33 districts in western Yemen are at risk of onchocerciasis. Treatment is currently offered to all individuals requesting it and made available through fixed and mobile teams, in coordination with the leprosy programme, but is not actively distributed through MDA campaigns. The Ministry of Public Health and Population is aiming at eliminating onchocerciasis by 2020 and is planning to shift to MDA in order to ensure high coverage; a plan is being developed in this regard.

3. Recommendations

To all countries

1. Use the joint application package to request and report on drugs for the coming years.
2. Implement research on the development and evaluation of tools useful to assess the interruption of transmission of neglected tropical diseases.

3. Start distribution of albendazole to preschool-age children, school-age children and women of childbearing age in areas where soil-transmitted helminths are endemic. Co-administration with praziquantel to overlapping age groups is strongly recommended.

To Egypt

4. Continue implementing lymphatic filariasis transmission assessment surveys to stop MDA in all evaluation units.

5. Explore use of xenomonitoring to assess interruption of lymphatic filariasis transmission (as a priority for operational research).

6. Ensure adequate financial support to achieve elimination of schistosomiasis.

7. Ensure that adequate advice is provided to the Ministry of Health and Population with regard to elimination of schistosomiasis.

To Sudan

8. Complete the lymphatic filariasis mapping exercise before the end of 2014 and ensure provision of sufficient ICT cards.

9. Ensure adequate financial support to onchocerciasis programmes after declining support from partners, including support in Abu Hamed for post-treatment surveillance.

10. Finalize the national plan for elimination of onchocerciasis by the end of 2013 and circulate it among donors.

11. Strengthen logistics and technical support for schistosomiasis in the area of MDA and health education.
12. Develop plans aimed at: a) coordinated implementation of snail control activities and MDA in high endemic areas; b) reinforcing the multisectoral approach (sanitation and water availability); and c) increasing health education awareness, especially for students in schools and communities, both during and between campaigns.

To Yemen

13. Continue implementing lymphatic filariasis transmission assessment surveys to stop MDA in all evaluation units.
14. Explore use of xenomonitoring to assess interruption of lymphatic filariasis transmission (as a priority for operational research).
15. Ensure adequate financial support to onchocerciasis programmes after declining support from partners.
16. Finalize the national plan for elimination of onchocerciasis by the end of 2013 and circulate it among donors.
17. Strengthen logistics and technical support for schistosomiasis in the area of MDA and health education.
18. Develop plans aimed at: a) coordinated implementation of snail control activities and MDA in high endemic areas; b) reinforcing the multisectoral approach (sanitation and water availability); and c) increasing health education awareness, especially for students in schools and communities, both during and between campaigns.

To WHO

19. Encourage and support exchange of experiences between Egypt, Sudan and Yemen.
20. Support fundraising initiatives particularly in Sudan for all neglected tropical diseases, in Yemen for onchocerciasis and in Egypt for schistosomiasis.
21. Organize a workshop for training of trainers on morbidity management and disability prevention.
22. Include trachoma and soil-transmitted helminthiasis in the next Regional Programme Review Group meeting, extend the meeting to four days and invite key partners and donors to attend.
23. Develop and adopt standard Regional Programme Review Group guidelines for reporting data on neglected tropical diseases (format, indicators, etc.).
24. Translate selected guidelines (onchocerciasis drug distribution guidelines) into Arabic.