Summary report on the

# Thirteenth meeting of the Regional Programme Review Group on Lymphatic Filariasis Elimination and other Preventive Chemotherapy Programmes

WHO-EM/CTD/073/E

Khartoum, Sudan
17–19 November 2014

World Health Organization
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## 1. Introduction

A meeting of the Regional Programme Review Group on lymphatic filariasis elimination and other preventive chemotherapy programmes was organized by the WHO Regional Office for the Eastern Mediterranean Region in Khartoum, Sudan, from 17 to 19 November 2014. The meeting was attended by representatives from the ministries of health of Afghanistan, Egypt, Sudan and Yemen. Endemic disease experts attended as WHO temporary advisers, while WHO staff served as the meeting secretariat. The overall objective of the meeting was to review progress made by national control programmes covering lymphatic filariasis, onchocerciasis, schistosomiasis and soil-transmitted helminthiasis in the Eastern Mediterranean Region during 2014 and learn from each other successes and failures. Specific objectives were to:

- inform country representatives on the global and regional status of control and elimination of neglected tropical diseases, and to provide them with normative and operational updates and guidance;
- discuss country-based plans of action for 2015; and
- approve drug requirements for preventive chemotherapy to be implemented in 2015.

The meeting was attended by delegates from Afghanistan, Egypt, Sudan and Yemen. Pakistan and Somalia, although invited, were unable to attend for logistical reasons. Among the Partners, Dr Adrian Hopkins (Mectizan Donation Program, MDP) participated in the meeting. The meeting consisted of plenary sessions with presentations by WHO followed by the Regional Programme Review Group and partners. Each country also gave one or more presentations on the current status of national preventive chemotherapy programmes.

## 2. Summary of discussions

Programme activities in Egypt are covered by the national budget and benefit from only limited financial support from WHO. With regard to lymphatic filariasis, 29 implementation units (IUs) were treated in 2013. In 2014, the first transmission assessment survey (TAS1) was implemented in the 29 IUs and TAS2 in another 167 IUs. TAS2 and TAS3 will be respectively implemented in 2016. No treatment is planned in 2015. Morbidity management and disability prevention activities are active but weak. For schistosomiasis, 308 163 adults and children were treated in 2013, of which 80 588 were positive cases, 20 933 children in high-prevalence schools, and 206 642 children and (mainly) adults in high-prevalence villages. Snail control also continues. The United States has expressed interest in supporting elimination of schistosomiasis from Egypt, but no concrete pledges have been made so far. With regard to soil-transmitted helminthiasis, no activities have been implemented so far. However the Ministry of Health and Population is planning to target 6-year-old children (grade 1) in all governorates (approximately 4 million children) in 2015.

The Sudanese Government is funding 50% of the programme's cost and an equivalent amount is committed by partners (currently US$500 000 made available by the Schistosomiasis Control Initiative (SCI), Imperial College London, for 2015, matched by US$ 500 000 made available by the Federal Ministry of Finance. With regard to lymphatic filariasis, in 2013 no people were treated and no mapping activities were carried out. Monitoring and evaluation was carried in 24 sentinel/spot-check sites. Morbidity management and disability prevention activities consisted of hydrocoele surgery, which was made available in 11 IUs. Mapping will be completed in Darfour (85 IUs) in 2015. 33 IUs are planned to be treated in 2015 (estimated target

population: 2 475 023). For onchocerciasis, 4 foci have been identified in Sudan (estimated population requiring preventive chemotherapy is 879 875). Abu Hamad focus (River Nile State): currently in post-treatment surveillance (last round of 2/year treatment was administered in 2011); Ghalabat focus (Gadarif State): 2/year treatment ongoing in the main focus and in the adjacent sub-focus denominated El Goraisha, added to the target area in 2011; Radom (Southern Darfour State): 1/year treatment ongoing, but area is difficult to access because of insecurity and performance is in need of strengthening; Ghoriabus focus (Blue Nile State): no ongoing activities because of poor security. Plans for 2015 include: maintenance of post-treatment surveillance in Abu Hamad, and continued treatment in Ghalabat and Radom. With regard to schistosomiasis, 2 458 741 people were treated with praziquantel in 2013, and 27 IUs were mapped. In 2015, 11.2 million people will be targeted for treatment (provided a sufficient quantity of praziquantel is made available). For soil-transmitted helminthiasis, 875 013 people were treated in 2013, and 27 IUs were mapped. In 2015, 10.9 million people will be targeted for treatment (provided a sufficient quantity of albendazole and mebendazole is made available), of which 9 487 627 will receive albendazole/mebendazole in co-administration with praziquantel).

The programme in Yemen is funded by the Government of Yemen, World Bank, WHO, MDP, and SCI-EndFund. With regard to lymphatic filariasis, no treatment was carried out in 2013 as both IUs and evaluation units (EUs) (mainland and Socotra) are in post-treatment surveillance. TAS2 was completed in both IUs/EUs in 2013; TAS3 will be implemented by the end of 2015. Morbidity management and disability prevention activities are ongoing and integrated within leprosy services/clinics; however, there is a need to

build capacities and strengthen practices. For onchocerciasis, population-based treatment continues in the endemic areas in Western Yemen (approximately 60 000 people were treated in 2013). A roadmap for elimination of onchocerciasis in Yemen has been drafted. It includes the conduct of a pilot survey to validate use of Ov-16 as a mapping tool, the development of a mapping protocol once use of Ov-16 has been validated, and conduct of mass drug administration as soon as mapping is completed. Schistosomiasis treatment activities are ongoing, covered by US$ 25.5 million in World Bank support to the Yemen Schistosomiasis Project that will come to an end in 2016. In 2013, over 9.5 million people received one or two treatments for schistosomiasis in the country. For soil-transmitted helminthiasis, albendazole is co-administered to each individual treated with praziquantel. 5 423 810 children were treated in 2013. In areas not endemic for schistosomiasis, school-based treatment has been implemented as a pilot project. Treatment for soil-transmitted helminthiasis will be extended to most non-schistosomiasis endemic areas in 2015.

## 3. Recommendations

*Country-specific*

### Egypt

- Finalize and submit the Joint Application Package (JAP) for 2015 (treatment report 2013, and request for medicines for 2015).
- For **lymphatic filariasis**, start compiling the dossier for verification and apply for immunochromatographic (ICT) cards for transmission assessment surveys upon submission of the 2016 Joint Application Package (no cards required for 2015).

- WHO to support training in morbidity management and disability prevention for staff at governorate level (surveillance and management).
- Raise awareness on elimination of **schistosomiasis** in Egypt, so that partners and support can be mobilized towards implementation of the plan.
- For **soil-transmitted helminthiasis**, report on performance and impact of the first deworming campaign to be implemented in 2015. The campaign will target 6-year-old children (grade 1) in all governorates (approximately 4 million children). The Ministry of Health and Population should consider expansion to other age groups if required.

**Sudan**

- Develop a 5-year master plan to address integration of preventive chemotherapy diseases, and advocate for funds.
- Implement triple drug administration (3DA, IVM+ALB+PZQ) in all co-endemic areas that have received at least one round of treatment with praziquantel.
- Continue to explore possibilities for domestic funding (Federal Ministry of Finance, private and public donors). The current agreement on matching resources made available by partners with an equal amount by the Federal Ministry of Finance should continue and be expanded.
- For **lymphatic filariasis**, complete mapping in Darfour, Blue Nile and South Kordofan as soon as possible. While ICT cards have been made available, funds are still lacking to conduct mapping in areas not covered by the GTMP (for trachoma mapping) and SCI (for schistosomiasis mapping).

- WHO to facilitate shipment of ICT cards to the Federal Ministry of Health.
- For **onchocerciasis**, maintain surveillance in Abu Hamad focus (River Nile), and maintain treatment and monitoring and evaluation in Ghalabat focus (Gadarif), including the additional sub-focus of El Goraisha.
- Contact partners working in the relevant areas, to reassess the situation in Radom focus (Southern Darfour) and Ghoriabus focus (Blue Nile) and plan for implementation or intensification of activities there, in view of elimination of onchocerciasis in Sudan.
- For **schistosomiasis**, complete mapping in Darfour and Blue Nile.
- Assess impact of praziquantel treatment cross-sectionally (and longitudinally in selected sites).
- WHO to explore ways of supplying Sudan with praziquantel from other sources, should the praziquantel made available by Merck KGaA to Sudan for 2015 be less than the full requested amount (approximately 26 million tablets).
- For **soil-transmitted helminthiasis**, scale up school-based deworming in 2015 and extend it to all states (in 2014 it was only implemented in Khartoum state).
- Assess whether deworming activities targeting preschool age children could be resumed, in collaboration with UNICEF.

**Yemen**

- Submit a single Joint Application Package for 2016 (treatment report 2014 and request for 2016) for all diseases.
- For **lymphatic filariasis**, implement TAS3 in both EUs (mainland and Socotra) by the end of 2015.
- Start preparing the dossier for validation of elimination.

- WHO to provide ICT cards as necessary (3600), and explore possibilities of financial support to TAS implementation.
- WHO to support morbidity management and disability prevention training within the country (surveillance and management).
- Partners to explore possibilities of introducing xenomonitoring for lymphatic filariasis in Yemen.
- For **onchocerciasis**, coordinate with partners to ensure timely implementation of pilot survey to validate use of Ov-16 in Yemen (consumables were offered by the Federal Ministry of Health of Sudan). Biological samples to be handed over to MDP during the meeting in Addis Ababa in December 2014 (approximately 750 tests).
- Establish a protocol for mapping onchocerciasis; mapping should be completed by end 2015.
- Mobilize partners to support onchocerciasis mapping activities.
- Once the pilot area is mapped, start mass drug administration immediately with support from funds made available to the Ministry of Public Health and Population by ENDFUND through SCI. The onchocerciasis focal point within the Ministry to follow up with SCI on transfer of such funds.
- For **schistosomiasis**, develop a post-2016 plan to ensure continuous flow of funds and sustain programmatic shift towards elimination, moving from the successful implementation of the Yemen Schistosomiasis Project.
- For **soil-transmitted helminthiasis**, scale up deworming in all areas not endemic for schistosomiasis (in these areas albendazole is already distributed in co-administration with praziquantel).

*To WHO*

- Prepare a report on status of implementation of preventive chemotheraphy programmes (lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis and trachoma) in the Region. Diseases included under intensified disease management programme should also be included as appropriate.
- Organize a workshop to train programme managers and officers on morbidity management and disability prevention, for lymphatic filariasis and other diseases, as relevant.
- Ensure that support for control and elimination of onchocerciasis and other neglected tropical diseases in the Region is ensured post African Programme for Onchocerciasis Control, the term of which comes to an end in December 2015.
- Facilitate reinforcement of capacities within neglected tropical disease programmes in the Region.
- Develop an application form for diagnostic consumables (especially for lymphatic filariasis).
- Streamline processes and financial support to procure diagnostic consumables.
- Ensure that countries compile all requests for medicines into a single JRSM from 2016 onwards (with special reference IVM for lymphatic filariasis and for onchocerciasis).
- Engage the national health authorities in Afghanistan, Djibouti, Pakistan, Somalia to ensure appropriate commitment, mapping, planning and implementation of control and elimination activities and the participation of relevant focal points in the Regional Programme Review Group in 2015.

*Approval of drugs and diagnostic consumables*

**Egypt**

Albendazole for soil-transmitted helminthiasis: 4 million tablets (6 years old only, all Governorates), subject to submission of an official request (JRSM)
Triclabendazole for fascioliasis: 1500 tablets
ICT cards: no need for 2015; in 2015, the country will submit a request for 2016

**Sudan**

Albendazole for lymphatic filariasis: 4 851 284 tablets
Albendazole for soil-transmitted helminthiasis: 7 338 809 tablets
Praziquantel for schistosomiasis (SAC): 26 074 163 tablets
Ivermectin for lymphatic filariasis: 13 583 595 tablets (MDP to check that ivermectin for onchocerciasis has been requested separately)
Ivermectin for onchocerciasis: 761 000 (required) - 339 000 (in stock) = 422 000 tablets (requested to MDP)
ICT cards: no need, assuming that the amount requested for 2014 (50 000) will be delivered soon

**Yemen**

Albendazole for soil-transmitted helminthiasis: 8 797 519 tablets
Praziquantel for schistosomiasis: procured by the World Bank
Ivermectin for onchocerciasis: the country requested medicines for two rounds in 2015. They still need to request medicines for the second two rounds, through the JRSM.
ICT cards for 2015: 3600

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