

Summary report on the

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

Amman, Jordan
18–20 October 2016



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The fifteenth meeting of the Regional Programme Review Group on Lymphatic Filariasis Elimination and other Preventive Chemotherapy Programmes was convened by the WHO Regional Office for the Eastern Mediterranean in Amman, Jordan, on 18–20 October 2016.

The meeting was opened by Dr Maria Cristina Profili, WHO Representative in Jordan, and was attended by representatives from Afghanistan, Egypt, Jordan, Sudan and Yemen (the latter delegation via teleconference). The event was also attended by experts on neglected tropical diseases, representatives of partner institutions, such as Mectizan Donation Programme, Deworm the World Initiative – Evidence Action, Korea Association of Health Promotion, Schistosomiasis Control Initiative, Interactive Research and Development. Also in attendance were representatives from the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), the World Food Programme (WFP) and WHO staff from headquarters, the Regional Office for the Eastern Mediterranean and country offices in Afghanistan, Egypt, Jordan, Sudan and Yemen.

The objectives of the meeting were:

- to provide up-to-date information on preventive chemotherapy/control of neglected tropical diseases (lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis and trachoma in some countries) at country, regional and global level;
- to review progress made in countries in 2015 and 2016 (mapping, treatment, monitoring and evaluation, morbidity management and disability prevention);
- to review country action plans for 2017 (drug requests, mapping, treatment, monitoring and evaluation, morbidity management and disability prevention);

- to provide normative and operational feedback to countries;
- to agree on donated drug requirements for 2017.

The meeting concluded with a set of recommendations based on discussions held and feedback provided during the meeting.

2. Summary of discussions

The national deworming campaign in Afghanistan was launched on 15 October 2016. The target population was 7.7 million children in grades 1–9. The restart of deworming activities (the last round was in 2013) was made possible by renewed collaboration between the Ministry of Public Health, Ministry of Education, WFP and WHO. Overall, 4000 schools in the country are without usable buildings, safe drinking-water or sanitation facilities which makes deworming a needed intervention. Security constraints and the unavailability of sustainable funding to cover the operational costs of deworming are the main challenges.

In Djibouti in 2016, neglected tropical disease focal points were designated both within the Ministry of Health and the WHO country office; a neglected tropical diseases action plan was developed and is currently with the Ministry for endorsement. With regard to lymphatic filariasis, no action is required as local transmission of *W. bancrofti* looks improbable. A *S. mansoni* focus was identified in 1997 near Randa (northern Djibouti), while transmission of *S. haematobium* was reported in 1974 in nearby Adailou. No cases have been reported by the Ministry since then. The country should therefore proceed with confirming absence of transmission, and compile an elimination dossier. No systematic prevalence data are available but soil-transmitted helminth infections are diagnosed among Djiboutians. Mebendazole is distributed to malnourished children under the age of 5, while no mass treatment has been implemented since 2011. The burden of soil-transmitted helminth infections should be assessed, and

deworming scaled up in preschool and school age children. With regard to trachoma, all patients are reportedly foreigners; a few cases of follicular trachoma and trachomatous trichiasis are occasionally detected among refugees.

In Egypt with regard to schistosomiasis, in 2015 the Ministry of Health and Population detected 54 000 positive cases and treated approximately 338 000 individuals (including some focal mass treatment).

Assessment of transmission status was carried out in the Nile Delta for *S. mansoni* by using circulating cathodic antigen (CCA), in addition to Kato-Katz. CCA revealed ongoing low-level transmission also in areas where Kato-Katz is negative. Assessment of transmission of *S. haematobium* will proceed in Upper Egypt in 2017.

The Ministry of Health and Population adopted a 5-year schistosomiasis elimination plan and mobilized domestic resources for its implementation. WHO has committed to contribute a donation of 14.6 million tablets of praziquantel for 2017.

Egypt implemented its first soil-transmitted helminthiasis deworming campaign in March–April 2016. The target population was the entire grade 1 population of the country (2.06 million 6-year-old children). The second campaign (December 2016) will target all grades of primary schools throughout Egypt (12.5 million children aged 6–13 years). As for lymphatic filariasis, following discontinuation of mass drug administration (MDA) in 2013, transmission assessment surveys (TAS) were implemented to demonstrate interruption of transmission. Completion of the last round of TAS is expected in early 2017, after which the Ministry will finalize its country dossier and submit it to WHO. This will enable WHO to proceed with verification of elimination of lymphatic filariasis as a public health problem. In the

meanwhile, complementary active surveillance is carried out in the formerly highest risk areas. Morbidity management and disability prevention activities were started in 2016.

The Ministry of Health of Iraq claims to have achieved interruption of transmission of *S. haematobium*. With support from WHO, the Ministry of Health is planning to conduct a survey to confirm the claim. The survey should be completed by the second quarter of 2017, and will employ CAA, urine filtration, urine reagent strips for micro-haematuria, and PCR in snails to detect presence of schistosome DNA. The Ministry is also planning expansion of deworming to the schoolage population of the country and other vulnerable population groups. The first round is planned to target internally displaced people in the first quarter of 2017.

The Ministry of Health of Jordan claims that transmission of schistosomiasis has been interrupted. The first case of locally-acquired *S. haematobium* infection occurred in 1975, and the intermediate host was identified as *B. truncatus*. Other forms of schistosomiasis were never found to occur in Jordan. Approximately 150 local cases of urinary schistosomiasis have been reported since then from different foci; the last two were detected in 2008. Imported cases continue to be detected every year. Active and passive surveillance among Jordanians and foreigners continues to be implemented. The Ministry of Health is not implementing any large-scale soil-transmitted helminthiasis deworming intervention. As data are scarce, it was agreed that the soil-transmitted helminthiasis burden should be assessed, and the need for deworming established. Refugees from Syria might represent a high-risk group.

The Ministry of Health of Oman claims to have achieved interruption of transmission of *S. mansoni*. The Ministry is planning to conduct a survey to confirm the claim. The survey should be completed by the

second quarter of 2017: tests employed will include CCA, Kato-Katz and PCR in snails to detect presence of schistosome DNA.

In September 2016, the Ministry of National Health Services, Regulations and Coordination of Pakistan committed to designating a national focal point for neglected tropical diseases, which should be followed by similar designations in all provincial health departments. With regard to soil-transmitted helminthiasis, only pre- and school age children (6–8 million; 24–59 months) are currently treated every year. Among school age children, only small-scale deworming is carried out and no large-scale programme is in place. In 2016, a consortium of national and international partners (Evidence Action/Deworm the World, Interactive Research and Development, Indus Hospital), in agreement with provincial health departments, started a national mapping exercise as the first step towards the launch of a national deworming programme. WHO has committed to donating albendazole or mebendazole upon request. With regard to trachoma, in 2016, the Ministry of National Health Services, Regulations and Coordination developed a trachoma action plan to complete mapping and start SAFE implementation. Funds are being sought from the Ministry and from concerned provincial health departments, as well as from partners. The International Trachoma Initiative (ITI) is committed to providing azithromycin to support mass treatment.

In Somalia, the neglected tropical diseases programme was established in August 2015. Mapping for lymphatic filariasis, schistosomiasis and soil-transmitted helminthiasis started in 2016 with funds made available by the WHO Regional Office for Africa. Funds were also made available by Sightsavers and WHO to enable trachoma mapping. Additional funds were made available by The End Fund to support mass treatment for schistosomiasis and soil-

transmitted helminthiasis in south-central Somalia. The Ministry of Health is developing a master plan for neglected tropical diseases.

A draft master plan for neglected tropical diseases has been drafted by the Federal Ministry of Health of Sudan. Its finalization and launch is planned for the first quarter of 2017. The country is progressively extending triple drug administration (3DA) with ivermectin, albendazole and praziquantel.

Mapping for lymphatic filariasis started in 2015 and is expected to be completed in 2017. In 2016, over 900 000 people were treated; the target population will be scaled up in 2017. Morbidity management and disability prevention activities were started in Khartoum and Gezira states.

As of October 2016, more than 3.1 million people had received treatment for schistosomiasis in the course of a year. Control of the snail intermediate host was also implemented. Scale up to the entire population at risk, estimated at over 8 million, is planned for 2017. In 2016, the Sudan-Korea (SUKO) Project was approved by KOICA. It will support extensive remapping/impact assessment for both schistosomiasis and soil-transmitted helminthiasis as well as a pilot integrated control programme based on mass treatment, water supply and sanitation in White Nile State.

With regard to soil-transmitted helminthiasis, about 2.5 million children received treatment in January–October 2016. Treatment will be scaled up in 2017.

In 2015, Sudan declared interruption of transmission of *O. volvulus* and elimination of onchocerciasis in Abu Hamad focus (River Nile State), following 3 years of post-treatment surveillance. The latest

epidemiological information indicates that transmission has been interrupted in Galabat focus (Gedarif State) too. Several annual rounds of MDA have been implemented in Radom focus (South Darfur State) since 2004, however, calculating the coverage rate is challenging as the population fluctuates. An epidemiological assessment started in 2016 and will be completed in the first quarter of 2017. In Khor Yabous focus (Blue Nile State), MDA has never been implemented because of poor security. It is necessary to delimitate the focus and start treatment. The fact that all foci are cross-border poses a significant challenge and calls for coordination with the health authorities of the relevant neighbouring countries (Central African Republic, Ethiopia and South Sudan).

With regard to trachoma, mapping was completed in two phases (2005–2010 and 2014–2015), the latter with support from the Global Trachoma Mapping Project. In 2015, the country's trachoma action plan was updated. Implementation of the SAFE strategy is ongoing, even though challenges exist, such as non-accessible areas and shortage of funds. The Carter Center is the Federal Ministry of Health's major partner.

Syria implemented its first national soil-transmitted helminthiasis deworming campaign in the second quarter of 2016. Approximately 2 371 000 children were treated in all 14 governorates, of which 2 170 000 through schools and the rest through other delivery channels, such as nongovernmental organizations, EWARS sentinel sites, interagency convoys, Ministry of Higher Education (in university hospitals). Mebendazole was donated by WHO. The Ministry of Health claims that transmission of *S. haematobium* has been interrupted. Endemic foci were mainly located along the valley of the Euphrates River in eastern Syria. It is not currently possible to conduct epidemiological assessments there.

The Ministry of Public Health and Population of Yemen implemented treatment for schistosomiasis and soil-transmitted helminthiasis in April and May 2016, reaching over 2.3 million people. With regard to onchocerciasis, over 162 000 people were treated in the first MDA exercise implemented in the country (January 2016).

The final TAS for lymphatic filariasis (TAS3) was carried out in the fourth quarter of 2016. The country should now proceed with development of the dossier and request WHO to validate elimination as a public health problem. From a financial perspective, support from the World Bank for schistosomiasis and soil-transmitted helminthiasis has been extended on a no-cost basis for an additional year, until 30 June 2017. Funds will be used to support additional treatment in the first and second quarter of 2017, and to procure praziquantel for the rest of 2017 and 2018. The End Fund/Schistosomiasis Control Initiative is considering covering operational costs for schistosomiasis and soil-transmitted helminthiasis until the end of 2018, and for onchocerciasis activities also.

In 2015 and 2016, the UNRWA health programme implemented soil-transmitted helminthiasis deworming with WHO-donated mebendazole in all its five fields of operations (two rounds in Syria, West Bank and Gaza, and one round in Jordan and Lebanon). Deworming targeted children in first, second and third grades in all schools. In total, 168 376 children were targeted in round 1, and 124 423 in Round 2. Another round is planned for October–November 2016. In 2017, UNRWA is planning to scale-up deworming and offer treatment to all children in grades 1 to 6, twice a year, and is also considering including pre-school age children among the target population. WHO is committed to providing mebendazole, as necessary.

3. Action points

Afghanistan

- Ensure that deworming for soil-transmitted helminthiasis targets all schools including private, religious and informal.
- Ensure that school age children not attending school are covered through community-based interventions.
- Develop a protocol for assessment of prevalence/intensity of infection, and conduct the survey before the following treatment round.
- Ensure integration of the school deworming programme into the newly-initiated school health and WASH activities.
- Ensure continuous high-level commitment to school deworming activities within the Ministry of Public Health and Ministry of Education.
- Mobilize financial support for operational costs from current and prospective partners.
- Ensure that soil-transmitted helminthiasis deworming is included in the two-year memorandum of understanding between the WFP and Ministry of Education to enable sustainability of field activities. Support from WFP is highly appreciated and its continuation crucial for sustainability of soil-transmitted helminthiasis deworming.

Djibouti

- Validate draft action plan for neglected tropical diseases and start implementing activities with WHO technical and financial support.

Lymphatic filariasis

- Ensure that cases of elephantiasis (reportedly all imported) are properly managed.

- Assess status of incountry transmission of *W. bancrofti*, if resources allow.

Schistosomiasis

- Conduct surveys to confirm that transmission of schistosomiasis (both *S. haematobium* and *S. mansoni*) has been interrupted throughout Djibouti.

Soil-transmitted helminthiasis

- Assess burden of soil-transmitted helminthiasis throughout the country and consider strengthening deworming of pre-school age children and starting deworming of school age children.

Trachoma

- Ensure appropriate case management of imported cases, with a focus on refugees.

Egypt

- WHO to provide 30 000 tablets of diethylcarbamazine and 10 000 tablets of albendazole to treat a sector of one village in which a few microfilaraemic cases have been detected.

Lymphatic filariasis

- Submit the completed lymphatic filariasis elimination dossier after finalizing the last TAS (TAS3) by the second quarter of 2017.

- Carry out mini-TAS in all eligible districts (estimated at six) where environmental conditions may sustain transmission, to exclude the need to conduct further rounds of MDA.
- Sustain morbidity management and disability prevention activities in all endemic areas.

Schistosomiasis

- Assess transmission of *S. haematobium* in selected (five) governorates in Upper Egypt by urine filtration technique by the first quarter of 2017; and complete CCA mapping in remaining governorates in Lower Egypt.
- Maintain high-level advocacy with potential partners to ensure commitment for elimination of schistosomiasis in the country.
- Ensure resource mobilization to cover the current estimate funding gap (US\$ 400 000 for the first year and US\$ 800 000 for the second year). Explore the possibility that such a gap may be covered by resources originally allocated to procure praziquantel, and made unnecessary by the WHO drug donation.

Soil-transmitted helminths

- Implement the second national deworming campaign for primary schoolchildren (from first to sixth grade in the age range 6–13 years) with one dose of mebendazole 500 mg, in the fourth quarter of 2016/the first quarter of 2017.
- Integrate soil-transmitted helminthiasis deworming campaigns within school treatment activities, wherever possible.
- Coordinate sustainable resource mobilization aimed at covering the current estimate funding gap (US\$400 000 per year) to cover operational costs needed for drug distribution.

Iraq

- Conduct surveys to confirm that transmission of schistosomiasis has been interrupted throughout Iraq. If successfully completed, develop dossier.
- Scale up soil-transmitted helminthiasis deworming among school age children and internally displaced people.

Jordan

Schistosomiasis

- Ensure that the national surveillance system is able to detect, diagnose, manage and report any cases of schistosomiasis, with a focus on imported cases.
- Continue systematic screening of population living in areas formerly at risk of schistosomiasis.
- Conduct surveys to confirm that transmission of schistosomiasis has been interrupted throughout Jordan, including through operational research.

Soil-transmitted helminthiasis

- Review burden of soil-transmitted helminthiasis in Jordan, and assess need for treatment, with a focus on Syrian refugees.

Oman

- Conduct surveys to confirm that transmission of schistosomiasis has been interrupted throughout Oman. If successfully completed, develop dossier.

Pakistan

- Ensure that neglected tropical disease focal persons are appointed by health authorities at federal and provincial level.
- Support the development and rolling-out of a national strategic/policy plan on control and elimination of neglected tropical diseases, in alignment with global/regional recommendations.
- Support incountry/domestic resource mobilization in collaboration with provincial health departments (budgeted workplan (PC-1 form) for each province, in conjunction with provincial PC-1s for communicable diseases, vector-borne diseases or malaria control programme.

Soil-transmitted helminthiasis

- Partners and WHO to facilitate briefing of Ministry of National Health Services, Regulations and Coordination and provincial health departments on soil-transmitted helminthiasis mapping data and ensure their engagement in soil-transmitted helminthiasis control activities in Pakistan.
- The Ministry of National Health Services, Regulations and Coordination, partners and WHO to engage all actors in the development of an soil-transmitted helminthiasis control strategy after soil-transmitted helminthiasis mapping has been completed, as an integral part of the overall neglected tropical disease strategy.
- Ministry of National Health Services, Regulations and Coordination to apply for neglected tropical disease donated medicines for 2017 to implement soil-transmitted helminthiasis deworming (albendazole or mebendazole), upon completion of mapping.

Trachoma

- Mobilize funds for implementation of trachoma action plan and mapping plan.

Somalia

- Complete mapping for lymphatic filariasis, schistosomiasis, soil-transmitted helminthiasis and trachoma; upon completion, data should be shared with the RPRG for review.
- Implement mass treatment for schistosomiasis and soil-transmitted helminthiasis by the end of the fourth quarter of 2016, by using resources made available by The End Fund.
- Develop a master plan for neglected tropical diseases based on mapping results, and share it with current and potential partners for support.
- Apply for neglected tropical disease donated medicines for 2017 by February 2017 for treatment in the fourth quarter of 2017.

Sudan

- Strengthen collaboration with Ethiopia and South Sudan for all aspects of neglected tropical disease programmes, especially with regard to cross-border foci of diseases under elimination (lymphatic filariasis, onchocerciasis and trachoma).
- Finalize and circulate neglected tropical disease master plan (including budget); and confirm dates and send invitation to planned Sudan neglected tropical disease stakeholders' meeting (first or second quarter of 2017).

Lymphatic filariasis

- Complete lymphatic filariasis mapping in all remaining localities to be conducted in conjunction with the nationwide schistosomiasis prevalence survey (December 2016–May 2017).
- Scale up the coverage with preventive chemotherapy to reach 100% geographical coverage by 2017.

Onchocerciasis

- The WHO Regional Office and RPRG to coordinate with WHO headquarters, the WHO Regional Office for Africa and RPRG/AFRO to conduct joint assessments in all cross-border foci, including Galabat focus (Gedarif state, neighbouring Ethiopia), El Radom Area (South Darfur state, neighbouring Bahr el Gazal state in South Sudan and Central African Republic), Khor Yabus (in Blue Nile State, neighbouring both South Sudan and Ethiopia) in 2017 in order to complete assessment of epidemiology of onchocerciasis and plan interventions.

Schistosomiasis

- Finalize mapping protocol and complete mapping for schistosomiasis in all endemic areas by May 2017, with financial support from KOICA and technical support from SCI. The WHO Regional Office to follow up with WHO headquarters to ensure provision of donated Kato Katz kits.
- Develop a scaled up plan for schistosomiasis treatment following completion of mapping.
- Finalize impact evaluation protocol and ensure that impact evaluation is conducted after mapping, by the end of 2017, with financial support from SCI.

Soil-transmitted helminthiasis

- Finalize mapping protocol and complete mapping for soil-transmitted helminthiasis in all endemic areas by May 2017, with financial support from KOICA.
- Scale up coverage of soil-transmitted helminthiasis deworming, by adding community delivery channel to school delivery channel.
- Consider restarting of mass distribution of albendazole to pre-school age children; and ensure that the best practices for treatment of young children are followed.

Trachoma

- Urgently secure funds to implement further MDA rounds and trachomatous trichiasis surgeries in Darfur States, where activities had to be interrupted because of poor security (both interventions are regularly implemented in all other eligible implementation units).
- Identify partners and mobilize support for implementation of F and E strategic components throughout Sudan.

Syria

- Scale up soil-transmitted helminthiasis deworming among school age children throughout Syria, and to strengthen policies and practices related to collection of data on population targeted and population treated by administrative area.

Yemen

Lymphatic filariasis

- Analyse and share data generated by TAS3 in both mainland Yemen and Socotra.
- Maintain and document morbidity management and disability prevention activities throughout the country.
- Start compiling the dossier for validation of elimination of lymphatic filariasis as a public health problem.

Onchocerciasis

- WHO to facilitate collaboration between the Ministry of Public Health and Population and partners towards the development of a protocol for mapping onchocerciasis by Ov-16; the protocol should be developed and finalized as soon as possible with support from partners, including the Mectizan Donation Programme (MDP); development of the protocol should be facilitated by a visit of the Yemeni team to Sudan supported by MDP in the first quarter of 2017.
- Once the mapping protocol has been finalized, it should be shared with all current and potential partners for support.
- Revise the existing MDA treatment plan for 2017 which should be limited to well-known onchocerciasis endemic areas. IVM needs should be communicated to MDP for approval. The treatment plan should be submitted to potential donors for funding.
- Once mapping is completed, the Ministry of Public Health and Population should develop an updated treatment plan that would include all areas where onchocerciasis is endemic with a view to eventual elimination of transmission.

Schistosomiasis

- Partners to confirm availability of financial support for operational cost of treatment activities beyond the end of the World Bank's grant (June 2017).
- SCI to liaise with The End Fund to ensure support to Yemen continues beyond September 2017 (the World Bank will cover operational costs until June 2017 and End Fund between June and September 2017).
- WHO to follow up with the World Bank to ensure extension of the MoU that will enable WHO to procure praziquantel for 2017 and 2018 using World Bank funds.
- RPRG/EMRO to advocate with WHO headquarters and Merck KGaA to enable donation of praziquantel to Yemen.

Soil-transmitted helminths

- Explore opportunities, with partners, to resume school-based soil-transmitted helminthiasis deworming in areas not endemic for schistosomiasis.

UNRWA

- Ensure that pre-school age children (3–5 years old) and grade 4–6 schoolchildren are included in the target population of soil-transmitted helminthiasis deworming interventions in all UNRWA's fields of operation (currently limited to grades 1–3). When younger children are targeted, best safety practices should be implemented.
- Raise awareness on soil-transmitted helminthiasis through distribution of health education material.
- Strengthen community outreach for vulnerable and marginalized groups that could benefit from UNRWA services.

World Health Organization

- Support intercountry collaboration to move forward the regional neglected tropical disease agenda.
- Provide training on the monitoring and evaluation tools to improve quality of data and assess coverage of preventive chemotherapy.
- Finalize the process and protocol for verification of elimination of schistosomiasis and share with countries as soon as it is ready.
- Provide Afghanistan with 7 744 999 tablets of albendazole for soil-transmitted helminthiasis.
- Provide Egypt with 12 600 305 tablets of mebendazole for soil-transmitted helminthiasis, 10 000 tablets of albendazole for lymphatic filariasis, 30 000 tablets of diethylcarbamazine for lymphatic filariasis, 14 597 265 tablets of praziquantel.
- Provide Iraq with 2 762 205 tablets of mebendazole for soil-transmitted helminthiasis.

Mectizan Donation Program

- Provide Sudan with 9 371 867 tablets of ivermectin for lymphatic filariasis/onchocerciasis (12 005 500 are in the pipeline).
- Provide Yemen with 2 771 352 tablets of ivermectin for onchocerciasis as per the recommendations of the RPRG.



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