

Summary report on the

WHO-EM/CTD/078/E

**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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## **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 the Islamic Republic of 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 diseases programmes, and of the prominence given to the elimination of trachoma as a public health problem by the Roadmap of WHO's work. As such, the meeting covered the five main preventive chemotherapy diseases.

## **2. Summary of discussions**

### *Elimination of trachoma in the 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 working group 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.

### *Preventive chemotherapy in the Region*

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 2016–2017 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.

Following these discussions, disease-specific action points were formulated with regard to preventive chemotherapy interventions in Afghanistan, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Libya, Sudan, Pakistan, Saudi Arabia, Somalia, Syrian Arab Republic and Yemen, as well as those implemented by UNRWA in its five fields of operation (West Bank, Gaza, Jordan, Lebanon and Syrian Arab Republic).

### **3. Recommendations**

#### *To Member States*

1. Where possible, make available domestic funding to ensure adequate completion or initiation 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. Ensure adequate human resources are available within health ministries to follow up on planning and implementation of interventions.
3. Make effective use of messages developed for stakeholders at national level.
4. Develop national neglected tropical disease master plans as reference documents for implementation of interventions.

#### *To WHO*

5. Advocate 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 their 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. Give the same level of priority to all preventive chemotherapy diseases, that is, not only those included in the *Roadmap of WHO's work* (schistosomiasis, lymphatic filariasis and trachoma) but also to those not included (onchocerciasis and soil-transmitted helminthiasis).

*To the Regional 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. Set up a formal partnership with the Regional Office.
12. Hold regular monitoring 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 them within the Region.
14. Provide support to health ministries in terms of systems, processes and human resources to enable effective coordination of elimination programmes.



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