

Summary report on the

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**Seventeenth meeting of  
the Regional Programme  
Review Group on  
elimination of neglected  
tropical diseases under  
preventive chemotherapy  
programmes**

Sharm El Sheikh, Egypt  
15–17 December 2018



REGIONAL OFFICE FOR THE

**World Health  
Organization**

**Eastern Mediterranean**

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## **1. Introduction**

The seventeenth Regional Programme Review Group (RPRG) meeting on elimination of neglected tropical diseases (NTDs) under preventive chemotherapy programmes was held by the World Health Organization (WHO) Regional Office for the Eastern Mediterranean on 15–17 December 2018 in Sharm El Sheikh, Egypt. The meeting was attended by representatives from the ministries of health of Afghanistan, Djibouti, Egypt, Iraq, Libya, Pakistan, Saudi Arabia, Somalia, Sudan and Yemen. Representatives from Islamic Republic of Iran and Syrian Arab Republic were unable to attend. The meeting was also attended by NTD experts and representatives of partner organizations, including The END Fund, Mectizan Donation Program (MDP), and Sightsavers. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and GlaxoSmithKline plc (GSK) were also present. The International and Regional Trachoma Initiative were unable to attend.

The objectives of the meeting were to:

- update participants on the current situation, innovations and challenges for control and elimination of NTDs (with a focus on lymphatic filariasis, schistosomiasis, onchocerciasis, soil-transmitted helminthiasis and trachoma in the Eastern Mediterranean Region);
- discuss the contribution of NTD interventions for achieving universal health coverage and the priorities of GPW13;
- track progress made and address the challenges encountered with regards to achieving the NTD milestones and targets included in the Roadmap of WHO's work for the Eastern Mediterranean Region;
- review country-specific progress made during 2017 and 2018 by preventive chemotherapy (PC) NTD programmes and discuss challenges in implementation and identify solutions; and

- discuss country-specific plans of action for 2019, including drug requirements, and provide input and recommendations on their funding, design and implementation.

The scope of the meeting was broadened to include other strategic aspects of the programme that support the elimination of NTDs, such as the preventive chemotherapy and transmission control (PCT)/NTD medicine supply chain management and monitoring and evaluation. Trachoma was also included, as was done in the previous RPRG meeting in 2017, which shows reflects the progressive integration of PCT/NTD programmes, and the importance given to the elimination of trachoma as a public health problem in the regional roadmap. As such, the meeting covered the five main NTDs amenable to PC (PC-NTDs).

Dr Rana Hajjeh, Director of the Department of Communicable Disease Prevention and Control, WHO Regional Office for the Eastern Mediterranean, opened the meeting, noting the key accomplishments made in the Region towards the elimination of NTDs, including the validation of Egypt by WHO for eliminating lymphatic filariasis as a public health problem, and Islamic Republic of Iran and Morocco being validated for elimination of trachoma as a public health problem. Dr Hajjeh said that emphasis would continue to be placed on elimination of PC-NTDs, contributing to the strengthening of health systems based on primary health care and people-centred approaches to achieve universal access to quality and safe health care for all. She noted the aim of the new regional Vision 2023 to provide health for all by all, with attention to universal health coverage and the social determinants of health, and stressed the need to integrate interventions into the broader health system and development agenda.

## **2. Summary of discussions**

### *NTC control targets*

While the targets for NTD control by 2020 were outlined in the 2012 WHO Roadmap on NTDs, access to health services and essential medicines for populations affected by NTDs will serve as a key indicator to measure universal health coverage goals post-2020, ensuring that “no one is left behind”. A new roadmap will be developed from 2020 to 2030, and will include new diseases. Intermediate targets have been developed in the meantime, which include “to eliminate at least one NTD in 30 additional endemic countries by 2023” (bringing the total to 64) and “to measure the progress made by 2023 in GPW13 (2019–2023)”.

### *ESPEN*

The Expanded Special Project for the Elimination of Neglected Tropical Diseases in Africa (ESPEN), a public–private partnership, established by the WHO Regional Office for Africa in 2016, was discussed, highlighting its five priority objectives and final goal of eliminating the five PC-NTDs in Africa. The project has extended its support to countries in the WHO Eastern Mediterranean Region, namely Djibouti, Egypt, Somalia, Sudan and Yemen.

### *Capacity-building*

Capacity-building opportunities for NTDs were outlined. An online repository of WHO documents called the NTD documentation centre was introduced, in addition to available online courses and packages on leishmaniasis, soil-transmitted helminthiasis, and PC-NTD monitoring and evaluation and data improvement tools.

### *Trachoma elimination*

Regarding control of trachoma and its elimination by 2020, the Islamic Republic of Iran was congratulated on their achievement of trachoma elimination in November 2018. Several countries have undergone verification for elimination, namely Islamic Republic of Iran, Morocco and Oman.

### *Monitoring and evaluation tools*

The WHO package of monitoring and evaluation tools for PC-NTDs was discussed, including the coverage supervisory tool, coverage evaluation survey, data quality assessment, and the joint application package (JAP), joint reporting form and PC epidemiological data reporting form. Countries were encouraged to include these tools in national strategies and practices.

### *JAP*

Presentations and simulations of JAP were carried out, and common challenges faced by focal points discussed. Countries expressed a need for additional training for national programme managers and focal points on the collection and completion of WHO report/request forms, in-country medicine distribution and inventory, and the overall supply chain process.

### *Medicines and supply management*

The availability of chewable mebendazole for donation for pre-school aged children (pre-school age children) was announced, but in limited quantities in order to investigate the actual need in the Region. In addition to country-specific issues, the following action points were

recommended for each national team regarding medicines and supply management:

- develop a basic database on PC-NTD medicine distribution and inventory to allow for proactive completion of medicine applications;
- use the value of donated NTD medicines to advocate for additional funds from the respective ministry of health to cover operational costs;
- conduct a national medicines inventory following each mass drug administration (MDA) campaign and account for remaining balances;
- remaining balances can be used for individual treatment provided that these quantities do not exceed 5% of the total supply, otherwise they should be returned to the central store for use in the next campaign;
- additional comments from WHO following JAP submission should be addressed promptly to ensure timely clearance from WHO.

### *Afghanistan*

Around 9 million school children were targeted in 2018 for schistosomiasis control. Activities need to be coordinated among different partners, including joint monitoring to ensure quality implementation of MDA campaigns, enhanced coordination and collaboration among soil-transmitted helminthiasis partners at national level, collaboration with the polio eradication campaign in reaching pre-school age children, and advocating for integration of the soil-transmitted helminthiasis campaign in the basic package of health services.

National capacity should be enhanced, specifically national soil-transmitted helminthiasis programme staff, and a progress review workshop undertaken among Ministry of Health, Ministry of

Education and professional staff, and related partners. MDA campaigns should be accompanied by behaviour-change communication interventions, such as distribution of IEC materials and awareness sessions at schools and communities in five provinces. Concerning trachoma control, mapping should be completed in all districts by mid-2019, and based on the results, the SAFE strategy should be implemented in some districts. District focal points will be trained by the Ministry of Education on mass drug distribution.

### *Egypt*

A second dose of treatment is being provided by the schistosomiasis/soil-transmitted helminthiasis elimination programme for a targeted 4.9 million who received their first dose in 2017. Egypt was advised to strengthen national capacity at different levels, starting with junior staff in at the Ministry of Health and Population, particularly on filling in and managing medicine reports and request forms. Domestic resources should be sought to cover operational costs for the MDA schistosomiasis elimination plan, in addition to those from ESPEN. The entry of drugs should also be facilitated through coordination with the Central Administration of Pharmaceutical Affairs.

Regarding post-validation of lymphatic filariasis elimination, surveillance for sporadic infected (filariasis test strip or microfilariae positive) cases, screening for hot spot detection, MMDP, and treatment for lymphedema and hydrocele patients should be continued. The outcome of these activities should be reported to future RPRG meetings to monitor progress. Post-validation surveillance should be carried out, identifying opportunities to integrate surveillance for lymphatic filariasis infection with other NTDs or survey activities. For trachoma control, arrangements should be made to release medicines from the Ministry of Health and Population to

conduct the first MDA in Matai, followed by other endemic districts. Mapping should be planned for the other 29 localities.

### *Iraq*

The schistosomiasis control programme conducted a survey of urinary schistosomiasis in primary schools in previously endemic areas and internally displaced person (IDP) camps in preparation for elimination during 2017–2018. The RPRG recommended the adjustment of the national schistosomiasis and soil-transmitted helminthiasis plans to reflect WHO guidelines, capacity-building of programme managers through training in snail control and laboratory methods, and implementation of a baseline soil-transmitted helminthiasis survey for school age children in 10 governorates, followed by deworming activities based on the results. Health education messaging should be used in conjunction with deworming activities, as well as dissemination of IEC materials on drug efficacy, safety and effectiveness to policy-makers. Regarding elimination of trachoma as a public health problem, the process of dossier submission to WHO is to be followed up.

### *Libya*

Regarding trachoma control, mapping should be commenced immediately following the training of the national team in Sudan, including in areas in the south of the country that border endemic countries.

### *Occupied Palestinian territory*

Palestine refugee camps are to be included in future soil-transmitted helminthiasis prevalence surveys in all host countries (Jordan,

Lebanon, Syrian Arab Republic, West Bank and Gaza). UNRWA should implement MDA among pre-school age children as well.

### *Pakistan*

In January 2018, a report on a nationwide prevalence survey was disseminated to all stakeholders, and a school-based deworming project and action plan were developed by the Ministry of National Health Services, Regulation and Coordination as a result. Following the donation of 17 million mebendazole tablets, national and provincial level teams have been formed and MDA is planned for January 2019 in Islamabad province. Coordination is required between WHO and the Ministry to identify national focal points assigned with responsibility for NTD control and elimination. The RPRG recommended that the Ministry takes steps to develop a national NTD agenda, vision, and goals, aligned with Sustainable Development Goal (SDG) targets and global and regional frameworks for NTD elimination/control, develop national and provincial strategic plans, and assign a task force or technical working group to guide the ministry in NTD elimination and control. Efforts should be coordinated with high endemic provinces through the establishment of new units in provincial health departments or by broadening the scope of existing provincial malaria control programmes if needed.

The Ministry should address the issue of delayed clearance by the Ministry of Foreign Affairs for tax exemption, which has huge cost implications for donated medicines and other health items, and causes delays in ongoing MDA initiatives for soil-transmitted helminthiasis and trachoma. Regarding trachoma control, mapping should be conducted in the remaining 14 districts. In line with the recent WHO position statement on use of azithromycin MDA for trachoma elimination in Pakistan, antibiotic MDA rounds planned for Chitral and Kala Dhaka should be put

on hold whilst urgent efforts are made to assess (and generate new data for) the evidence regarding the potential benefits and risks of (a) typhoid conjugate vaccine use, and (b) azithromycin MDA, with regards to antimicrobial resistance in *Salmonella typhi*.

### *Saudi Arabia*

Integration of control efforts into the primary health care system and collaboration with other sectors (for health education, molluscicide application and cooperation with health teams) is being undertaken. Action points include: diagnosing at least 80% of the target population by active and passive case detection, using circulating cathodic antigen and sedimentation methods, and immediately treating positive cases; diagnosing and treating imported cases through cooperation with the Ministry of Interior; integration of snail control (chemical control by spraying of molluscicides and environmental manipulation through multisectoral collaboration); and conducting field monitoring and research (using mobile teams). Health education messaging and community participation efforts are encouraged.

National capacity should be reinforced through regular training for staff (5–7 courses/year), and training on NTDs, including on vector/snail control, laboratory diagnosis for NTDs, and tools for verification of elimination of schistosomiasis and trachoma. The national surveillance system should be strengthened.

### *Somalia*

MDA for schistosomiasis and soil-transmitted helminthiasis is ongoing in 10 targeted regions with a target population of 1 844 675, of which 1 444 675 are school age children and 400 000 are adults. Activities are being coupled with training and community mobilization. The Ministry

of Health was encouraged to develop an NTD master plan for the elimination of trachoma, soil-transmitted helminthiasis and other NTDs. Prevention measures were recommended, including integrated vector management for endemic vector-borne diseases such as leishmaniasis and dengue and environmental management for schistosomiasis through the use of molluscicides in infested waters. For trachoma control, mapping should begin following refresher training for the national team in Sudan.

### *Sudan*

Triple therapy MDA in 86 localities for schistosomiasis and soil-transmitted helminthiasis control was completed in 2018. This was coupled with health education activities and distribution of information, education and communication (IEC) materials in schools, communities and health facilities, and the construction of water supply schemes and latrines in the White Nile State. Through the support of the Korea International Cooperation Agency, a reference centre has been built in White Nile State for NTD control and capacity-building. The current economic crisis and inflation rate should be taken into account regarding NTD control in Sudan, and WHO, with the support of ESPEN, is called upon to coordinate cross-border issues between Ethiopia, South Sudan and Sudan. Capacity-building on all aspects of NTD control, including managerial, operational and technical, is to be carried out at central and state levels, which will include recommended monitoring and evaluation protocols for managers and focal persons, MDA campaign methodology, and laboratory evaluation for lymphatic filariasis, soil-transmitted helminthiasis and schistosomiasis. Supervision, surveys, monitoring and evaluation of MDA will be carried out, along with the printing and distribution of IEC materials for the five PC-NTDs. Data quality assessment should also be conducted for schistosomiasis, soil-transmitted helminthiasis, lymphatic filariasis and onchocerciasis

programmes. It was recommended that a research consortium for NTDs be established with identified priority research areas and a national steering committee to oversee and guide NTD programmes.

In terms of lymphatic filariasis elimination, the first MDA round was carried out in 2018 in 21 out of 60 endemic localities, with 35% geographical coverage and 83% population coverage. The first round in 39 targeted localities will be completed in 2019. A scaled-up MDA is recommended to be carried out in all endemic localities, with a target coverage of 80%, subsequent investigation of lymphedema and hydrocele cases, and continuation of capacity-building on managing morbidity and preventing disability (MMDP) in localities with known patients. Resources should be mobilized to complete mapping in the three remaining localities, rapidly scale up mass treatment to all endemic districts, including Kurmuk locality, and implement coverage surveys in the remaining three localities.

Sudan was commended for the interruption of onchocerciasis transmission in two out of the four endemic foci. Treatment for onchocerciasis has been stopped in the Galabat focus, followed by post-treatment surveillance. Given the changing environment caused by the construction of a dam in the Abu Hamad focus, post-validation surveillance for onchocerciasis control must be done frequently to ensure transmission is durably achieved. Onchocerciasis elimination mapping is to be urgently completed in the two foci (Khor Yabus and Radom) where transmission is ongoing. The RPRG supported the change in strategy from once to twice yearly treatment, proposed by the government to accelerate the elimination process. Efforts must be made to obtain partner buy-in, and data quality assessment conducted. Regarding trachoma control, the national programme should extend activities to include trachomatous trichiasis (TT) and other activities, which should follow MDA campaigns. These activities should be

monitored through impact and surveillance surveys. Funds for TT surgeries in Darfur region should also be mobilized.

### *Syrian Arab Republic*

WHO supported the Ministry of Education in soil-transmitted helminthiasis control by directly distributing brochures and 2 048 500 mebendazole tablets to school health directorates in 13 out of the 14 governorates. Plans include implementation of soil-transmitted helminthiasis MDA for school age children in March 2019 and expanding the target population to include pre-school age children and existing school age children targets to reach all newly accessible schools, followed directly by a survey. An impact assessment survey should be conducted in 2019 to measure prevalence.

### *Yemen*

In April 2018, an integrated large-scale treatment campaign was conducted, covering 86 districts in 14 governorates, targeting 4 871 924 people for schistosomiasis/soil-transmitted helminthiasis and 627 190 people for onchocerciasis. There was successful roll out of mass treatment, with 100% geographic coverage and 88% treatment. Following the revision of the national onchocerciasis elimination action plan, the RPRG recommended a stakeholders meeting for validation and resource mobilization. Meanwhile, action is to be taken to complete elimination mapping, although rapid diagnostic tests are needed.

Efforts are to be continued to build capacity for MMDP in localities with known patients and treat lymphedema and hydrocele patients by IU. The national programme needs to develop a post-validation surveillance plan, identifying opportunities to integrate surveillance for lymphatic filariasis

infection with other NTDs or survey activities. Post-validation activities include surveillance for sporadic infected (filariasis test strip or microfilariae positive) cases, screening for hot spot detection and MMDP. Filariasis test strips are needed for post-validation surveillance. The outcomes of targeted treatment are to be reported to future RPRG meetings. Regarding trachoma control, an impact survey should be conducted in six districts, mapping done in two other governorates and MDAs implemented in the remaining 24 districts.

### **3. Action points**

#### *United Nations Sustainable Development Agenda and the SDGs*

- Countries should ensure that NTDs are included in their national strategies, policies and essential packages to accelerate reaching universal health coverage.

#### *Monitoring and evaluation*

- Implementation of impact and performance assessments should be strengthened to enable collection, analysis, dissemination and use of good-quality national and subnational disaggregated data to develop and monitor NTD interventions.
- Countries should include WHO-recommended protocols, standard operating procedures and tools on monitoring and evaluating in relevant national policies and practices. This includes the coverage supervisory tool, coverage evaluation survey, data quality assessment, JAP, joint reporting form and epidemiological data reporting form.

*Processes for verification and validation*

- WHO should ensure that processes for verification and validation are established for each disease targeted for elimination and elimination as a public health problem. Criteria and standard operating procedures should be defined for each phase, including for post-verification/validation surveillance.
- Collaboration with other health programmes and sectors should be encouraged.
- Collaboration between NTD and other health programmes should be strengthened in order to increase the performance of NTD interventions. Coordination should be sought with the polio eradication programme, Expanded Programme on Immunization, emergencies programme and the WASH programme.

*Capacity-building*

- WHO should invest in strengthening technical, managerial and operational capacities of WHO staff at country office level, and national programme managers and other NTD personnel at all levels, in order to accelerate progress towards universal health coverage, and the elimination and eradication of NTDs. Resources developed by WHO should be made available and disseminated at country level.

*Research*

- Research and linkages between programmes and research institutions (WHO collaborating centres in particular) should be encouraged. Examples include: investigations on persistent schistosomiasis/soil-transmitted helminthiasis hotspots (a list of topics and priorities is required); research on detection and treatment approaches in the last stages before elimination; and

encouraging donors to become involved in seeking seed funding for the development of research proposals.

*Supply of donated medicines and supply chain management*

- For improved management of donated medicines, country programmes are encouraged to seek support from supply chain professionals. WHO should assist selected countries in conducting a supply chain assessment to identify and address current issues.
- NTD programme managers should recognize the value of donated medicines and use it in advocacy with senior decision-makers at the ministry of health to seek additional funds for operational costs.
- Problems encountered in countries in clearing donated medicines from customs should be investigated and solved. WHO is requested to raise these issues with countries and work with ministries of health and customs administrations until solutions are found.

*Schistosomiasis elimination*

- Countries, supported by WHO, should develop long term multisectoral elimination plans, covering all areas, including water, sanitation, hygiene and snail control. This is a prerequisite when requesting medicines from pharmaceutical companies for pre-school age children, women of reproductive age and at-risk seniors.
- Encourage microplanning towards schistosomiasis elimination, depending on endemicity status (control/elimination).
- Publish schistosomiasis hotspot epidemiology and share at RPRG meetings for the development of focal elimination plans.
- Increase lobbying for a long term PZQ donation policy (Yemen) and to support sustainability and exit stage development for schistosomiasis/soil-transmitted helminthiasis country plans.



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