

Summary report on the

WHO-EM/CTD/083/E

**Eighteenth meeting of the  
Regional Programme Review  
Group on elimination of  
neglected tropical diseases  
under preventive chemotherapy  
programmes in the Eastern  
Mediterranean Region**

Sharm El Sheikh, Egypt  
9–11 December 2019



REGIONAL OFFICE FOR THE

**World Health  
Organization**

**Eastern Mediterranean**

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## **1. Introduction**

The eighteenth meeting of the Regional Programme Review Group (RPRG) on elimination of neglected tropical diseases (NTDS) under preventive chemotherapy programmes in the World Health Organization (WHO) Eastern Mediterranean Region was held by the WHO Regional Office for the Eastern Mediterranean in Sharm El Sheikh, Egypt, on 9–11 December 2019.

The meeting was attended by the members of the RPRG, representatives from the ministries of health of Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia and Yemen. Representatives from Islamic Republic of Iran and Libya were invited but were unable to attend. Representatives of partner organizations, including the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN), Mectizan Donation Program, Sightsavers and United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) also attended the meeting. The Secretariat of the meeting was composed of staff from WHO headquarters, the WHO Regional Office and the WHO country offices of Afghanistan, Djibouti, Egypt, Sudan and Syrian Arab Republic.

The objectives of the meeting were to:

- review country-specific progress made during 2018 and 2019 by preventive chemotherapy programmes for NTDs to track the progress made towards achieving the NTD milestones and targets included in the roadmap for WHO's work in the Eastern Mediterranean Region, discuss challenges in implementation and identify solutions;
- 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 Region;

- present the WHO NTD roadmap 2030 and discuss its adaptation to country context and the development of country-specific NTD plans for 2021–2030; and
- discuss country-specific plans of action for 2020, including drug requirements, to provide input and recommendations on their funding, design and implementation.

Dr Supriya Warusavithana, Regional Advisor for NTDs, in her opening address described the key accomplishments made by the global and regional preventive chemotherapy programmes during the previous year, including validation for elimination of lymphatic filariasis as a public health problem in Yemen and the establishment of public–private partnerships to facilitate progress towards the elimination and control of NTDs. She noted that more than 1 billion people had been treated globally in 2018 for at least one of five NTDs targeted for control and elimination, with over 1.7 billion treatments distributed to populations in need through mass drug administration (MDA) and a regional coverage of preventive chemotherapy of 21.4%. She emphasized that the meeting was an important step in paving the way to “End the epidemics of NTDs by 2030”.

## **2. Summary of discussions**

*Progress towards 2020 targets: Overview of the current situation in the control and elimination of NTDs*

A global update on NTDs was presented by Dr Gautam Biswas, WHO headquarters. Annually, approximately 25 million disability-adjusted life years (DALYs) are lost globally due to NTDs and 1.7 billion people require preventive chemotherapy for at least one NTD. In 2018, 1.13 billion people were reached with preventive chemotherapy, a coverage

of 64.6%. Sudan is one of the remaining countries still to be validated and certified for eradication of dracunculiasis.

Progress towards achieving NTD targets in the Eastern Mediterranean Region was presented by Dr Supriya Warusavithana. During 2018, nine countries in the Region required preventive chemotherapy medicines targeting 80.4 million people, and only four countries implemented or reported on MDA campaigns reaching 17.2 million people. In 2017, the size of the population requiring interventions against NTDs was 10 million less than in 2016, mainly due to the reduction of soil-transmitted helminthiasis prevalence in some areas of Sudan as indicated by a prevalence survey conducted in 2017.

#### *NTD Roadmap 2021–2030*

Dr Gautam Biswas presented the NTD Roadmap 2021–2030, which is a high-level global strategy that will set the overall direction for the fight against NTDs, tailored to a diverse set of audiences. The contents of the roadmap were outlined, including the milestones for overarching and cross-cutting targets, the disease-specific targets and an analysis of those areas requiring strengthening across multiple diseases.

#### *Technical updates on NTD control and elimination and the way forward for preventive chemotherapy for NTDs*

Dr Anthony Solomon, WHO headquarters, described the process of validation of trachoma elimination as a public health problem and detailed how countries should initiate dossier preparation. Dr Tuan Le, WHO headquarters, presented the WHO Joint Application Package for preventive chemotherapy and described common mistakes, challenges and shortfalls when preparing the Joint Reporting Forms and Joint Request for Selected Medicines.

*Eastern Mediterranean Region country progress on NTDs***Afghanistan**

The NTDs known to be prevalent in Afghanistan are soil-transmitted helminthiasis, leishmaniasis, leprosy, rabies and dengue. A mapping exercise is being undertaken to assess the prevalence of trachoma in preparation for control and elimination interventions. Leishmaniasis is a major public health problem, with a high prevalence of cutaneous leishmaniasis and increasing visceral leishmaniasis incidence among children. Most reported leprosy cases are concentrated in five provinces mainly situated in the central highlands. Rabies control activities are limited to dog vaccination and sterilization carried out by nongovernmental organizations in some areas. No dengue control activities are being conducted.

Challenges in the prevention and control of NTDs include the compromised security situation that limits access for prevention and control activities, a funding gap, lack of technical capacity at all levels of the health care delivery system, lack of political commitment, population movements, cross-border issues, an unregulated private sector and lack of public awareness of NTDs.

**Djibouti**

Soil transmitted helminthiasis, schistosomiasis, leishmaniasis, leprosy, mycetoma, lymphatic filariasis, trachoma, scabies, rabies, dengue and chikungunya are the prevalent NTDs in the country. No medical facilities have diagnostic facilities and cases are diagnosed clinically by medical officers, after which treatment is provided.



The main challenges in controlling NTDs include the absence of a stable focal point in the Ministry of Health to coordinate activities, lack of capacity among health staff in case management, lack of diagnostic facilities, inadequate capacity to conduct prevalence surveys and the absence of adequate financial support from domestic resources.

## **Egypt**

In the past, seven rounds of MDA conducted for schistosomiasis control during 1997–2002 led to a significant reduction in disease burden. More recently, MDA for soil-transmitted helminthiasis began in 2016 with successful coverage for school-aged children. An impact assessment survey conducted in 10 governorates after MDA demonstrated a reduction in soil-transmitted helminthiasis prevalence. From 2020, a deworming programme for pre-school-aged children will be carried out using chewable mebendazole. The status of the trachoma control programme was not presented during the meeting.

## **Iraq**

In 2016, a survey to assess schistosomiasis endemicity collected 4400 urine specimens that have not yet been tested due to the unavailability of laboratory materials. Since 2016, a deworming programme has been carried out to address the prevalence of soil-transmitted helminthiasis and fascioliasis, which has increased over the years due to disruption to water and sanitation services.

The main challenges include the compromised security situation, a lack of laboratory supplies for testing, inadequate funding support from domestic resources and donors, and inadequate health staff capacity in specific areas such as laboratory procedures.

**Morocco**

After eliminating trachoma as a public health problem in 2016, post-elimination surveillance has been integrated into the national surveillance system, making trachoma a notifiable disease. Treatment is available free of charge and contact tracing is undertaken.

**Pakistan**

A national soil-transmitted helminthiasis prevalence survey in 2017 indicated that 40 districts had a soil-transmitted helminthiasis prevalence > 20% among school-aged children. Based on these findings, MDA has been undertaken since 2019 for school-aged children in Khyber Pakhtunkhwa (which had the largest number of districts with a prevalence > 20%), Islamabad Capital Territory and Sindh. MDA campaigns for Gilgit-Baltistan and Punjab are planned in 2020.

**Saudi Arabia**

Dengue, rabies, leishmaniasis and schistosomiasis are the NTDs in need of a health sector response in the country. There is focused transmission of schistosomiasis and intensive transmission control using a comprehensive approach has significantly reduced the number of locally transmitted cases over the last decade.

**Somalia**

Schistosomiasis, soil-transmitted helminthiasis, visceral leishmaniasis, leprosy and trachoma are endemic in the country. During 2018, MDA campaigns for schistosomiasis and soil-transmitted helminthiasis were conducted. Mapping of trachoma in 10 out of 12 enumeration units in 2018 indicated that nearly 5.2 million people live in trachoma-endemic areas.

The key challenges include insufficient allocation of domestic funding for NTD programmes and total dependency on donor funds, insecurity in many areas, population migration, logistical barriers to medicine distribution and a lack of health staff capacity.

## **Sudan**

The population at risk for lymphatic filariasis is 9 347 190. MDA in 2018 had a programme coverage of 78.7% and a national coverage of 17.9%. However, MDA in 2019 could not cover seven states due to inadequate funding and access issues. The foci of onchocerciasis in Galabat, Blue Nile and Radom require intervention and preventive chemotherapy, which were started in Galabat in 2018. Cross-border issues impede the conduct of surveys and MDA.

Nationally, 68% of the population is at risk of schistosomiasis, while in some areas of South Darfur, East Darfur, South Kordofan and White Nile states, *Schistosoma haematobium* prevalence exceeds 15%. In addition to preventive chemotherapy, snail control activities are carried out in some states. MDA for schistosomiasis was conducted in 17 states in 2019 targeting 3.3 million school-aged children and high-risk groups, with a programme coverage of 75.9%. In 2018, overall soil-transmitted helminthiasis programme coverage was 75.1%.

The key challenges in control of NTDs include inadequate funding support, the inaccessibility of some areas due to security concerns, cross-border issues, lack of integration with other programme areas, high staff turnover and a lack of health staff capacity.

## **Syrian Arab Republic**

Before 2016 there were no deworming programmes for school-aged children, but since then deworming campaigns have been conducted annually. In 2019, more than 2.2 million school-aged children were reached in 14 governorates. Major challenges include the inaccessibility of many areas due to insecurity, population displacement and the inaccurate estimation of the population of school-aged children.

## **Tunisia**

Trachoma was a public health problem in 1950s, especially among the rural poor. By 1988, the prevalence of trachoma had been reduced significantly, reaching 0% prevalence in most rural areas in governorates where it was high in 1978. The country is preparing for validation of elimination of trachoma as a public health problem.

## **Yemen**

Yemen eliminated lymphatic filariasis as a public health problem in 2019. A key action taken post-validation was to integrate lymphatic filariasis activities, mainly surveillance, with other NTD programmes, such as the leprosy programme. Onchodermatitis is prevalent in eight valleys and MDA in 2019 achieved 90% treatment coverage. Both urinary and intestinal forms of schistosomiasis are endemic in 213 districts. Conducting MDA, active case detection and snail control are the key interventions being done to control and eliminate the disease. Soil-transmitted helminthiasis is endemic in all districts and MDA was started in 2010. The last MDA for trachoma control was carried out in May 2018 and covered 459 796 people. An impact survey in September 2019, showed a reduction in trachomatous trichiasis prevalence in many districts, except in Far Al Udayn.

The main challenges in achieving elimination of NTDs include the compromised security situation, total donor dependency, population migration and internal displacement, and insufficient implementation of other control measures, such as vector control.

## **UNRWA**

UNRWA has been conducting deworming programme for school-aged children under its school health programme since 2005. The challenges encountered include a lack of proper sanitation, poor water supply, a lack of hygiene, overcrowding in camp areas and difficulty in changing behaviours among children.

### **3. Recommendations**

#### *Country-specific recommendations*

##### **Afghanistan**

1. Streamline the conduct and reporting of the deworming programme for pre-school-aged children in collaboration with UNICEF and other partners.
2. Conduct behaviour change communication interventions, in collaboration with UNICEF, for both pre-school-aged and school-aged children to improve coverage and compliance for a further reduction of soil-transmitted helminthiasis prevalence.
3. Complete trachoma mapping in all districts. Based on the results of mapping, implement the SAFE strategy.
4. Strengthen leishmania control through integrated vector management, clinical management and surveillance for both types.
5. Mobilize resources for leishmania control.

## **Djibouti**

6. Conduct prevalence surveys for soil-transmitted helminthiasis, schistosomiasis and trachoma to estimate the burden and implement interventions based on endemicity.
7. Strengthen the capacity of health staff in diagnosis, case management and surveillance for NTDs.
8. Mobilize resources for NTD prevention and control.
9. Conduct active case detection for leprosy in areas with a clustering of cases, such as the Dikhil area bordering Ethiopia.
10. Use AmBisome (amphotericin B liposomal) for visceral leishmaniasis management.
11. Strengthen the capacity of the National Institute of Public Health in NTD control.

## **Egypt**

12. Ensure close collaboration between the Ministry of Health and Population and the Central Administration of Pharmaceutical Affairs to facilitate acceptance of donated medicine through WHO for implementation of MDA and treatment.
13. Implement a deworming programme for both pre-school-aged and school-aged children until there is a reduction in prevalence.
14. Conduct trachoma mapping for areas at higher risk and implement interventions based on endemicity.
15. Continue lymphatic filariasis post-validation activities, including surveillance for sporadic cases (filariasis test strip or microfilariae positive), screening for hot spot detection and improved morbidity management and disability prevention for lymphedema.
16. Sustain efforts in leprosy case detection and surveillance and consider active case detection using an integrated approach, such as with tuberculosis or hepatitis programmes.

## **Iraq**

17. Strengthen national capacity for laboratory testing of urine samples in collaboration with the WHO health emergencies programme by improving the availability of funding and supply management at country level.
18. Conduct a soil-transmitted helminthiasis prevalence survey to decide on the extent of endemicity and need for scale up of MDA.
19. Finalize the dossier for validation of trachoma elimination as a public health problem through coordination between the national focal point and WHO headquarters.

## **Morocco**

20. Sustain post-elimination trachoma surveillance and review implementation periodically.

## **Pakistan**

21. Continue MDA for soil-transmitted helminthiasis for school-aged children and strongly consider implementing it for pre-school-aged children.
22. Review the trachoma situation and conduct MDA for trachoma elimination.
23. Prevent and control outbreaks of leishmaniasis and other NTDs.

## **Saudi Arabia**

24. Individuals diagnosed with soil-transmitted helminthiasis should be treated with anthelmintics. Focused administration of anthelmintics to prevent/treat soil-transmitted helminthiasis can be undertaken for at-risk population groups after assessing infection status.

25. Sustain integrated snail control for schistosomiasis (chemical control with environmental modifications).
26. Proceed with preparation for validation of schistosomiasis elimination.

### **Somalia**

27. Scale up MDA for all endemic regions based on the prevalence of NTDs amenable to preventive chemotherapy.
28. Increase programme and national coverage for MDA.
29. Support environmental control for schistosomiasis, including use of molluscicides in infested rivers and other waters.

### **Sudan**

30. Establish a national NTD steering committee to oversee and guide NTD programmes.
31. Take innovative measures to improve national coverage for preventive chemotherapy interventions as the country is endemic for all five NTDs amenable to preventive chemotherapy.
32. Ensure collaboration with nutrition programmes and partners for implementation of deworming campaigns for pre-school-aged children.

### **Syrian Arab Republic**

33. Conduct deworming campaigns for pre-school-aged children.
34. Conduct an impact assessment survey to estimate the prevalence of soil-transmitted helminthiasis and assess the impact of deworming campaigns since 2016.
35. Initiate the preparations for validation of schistosomiasis elimination.



## **Tunisia**

36. Establish a national committee to oversee the process for validation of elimination of trachoma as a public health problem and prepare the dossier for submission.

## **Yemen**

37. Continue to conduct post-validation surveillance for lymphatic filariasis in an integrated manner and carry out integrated vector surveillance to prevent re-emergence of the disease due to the current compromised security situation.
38. Strengthen morbidity management and disability prevention for persons with lymphoedema.
39. Continue to conduct MDA for the elimination of onchodermatitis, schistosomiasis and trachoma. Innovative approaches should be taken to improve coverage and reach all targeted populations. With the successful achievement of elimination of lymphatic filariasis as a public health problem, Yemen proved that, with the support of its partners, the country can achieve the elimination of NTDs amenable to preventive chemotherapy.
40. Strengthen all the components of the SAFE strategy for trachoma elimination.

## **UNRWA**

41. Continue to conduct deworming programmes for all school-age children within the school health programme and expand the programmes to pre-school-age children.

*Recommendations for WHO*

42. Provide technical support and capacity-building to countries for developing/updating NTD elimination and control plans, and for their implementation, monitoring and evaluation, including mapping, coverage and impact surveys, and integrated disease management.
43. Assist countries to identify local research priorities for overcoming operational challenges and to submit research proposals with the support of academic institutions, WHO's Special Programme for Research and Training in Tropical Diseases (TDR) and other research agencies, such as the Coalition for Operational Research on Neglected Tropical Diseases (COR-NTD).
44. Advocate for NTD programmes and resource mobilization initiatives with senior health and finance ministry officials to ensure the allocation of resources from domestic funding and partners.
45. Maintain annual RPRG/programme manager meetings to provide an opportunity for Member States to obtain new information, learn best practices and share experiences with all stakeholders, including donors.
46. Facilitate cross-border collaboration and coordination between neighboring countries and regions, where appropriate.

*Recommendations for Member States*

47. Strengthen national NTD control/elimination programmes, paying special attention to NTD elimination programmes, and have focal persons at national and subnational levels to coordinate activities.
48. Establish a multisectoral coordination mechanism/committee for NTDs, including representation from relevant sectors and stakeholders, such as the finance, education and water, sanitation and hygiene sectors.

49. Integrate NTD interventions within existing health programmes that receive substantial funding support. This might include integrating leishmaniasis, dengue and filariasis control with malaria control for integrated vector control and surveillance, integrating leprosy and filariasis morbidity management and disability prevention with diabetes control programmes, and integrating leprosy case detection with widespread, well-resourced disease control programmes, such as those for tuberculosis.
50. National NTD programmes should develop a compelling evidence-based investment case that NTD elimination and control be included within national health plans and policy.
51. Ministries of health should advocate with national governments to ensure a specific budget line in the ministry of health for NTDs and to mobilize partner funding for NTD prevention, control and elimination.
52. Ensure that national NTD strategic plans for post-2020 are developed, costed, finalized and endorsed by the relevant authorities by the end of 2020.

The image features a minimalist, abstract design composed of several rectangular blocks. A large teal block occupies the top right and bottom right portions. A grey block is positioned at the top left. A horizontal grey band runs across the middle. A dark grey block is located in the bottom left. The bottom of the image is a solid grey bar containing white text.

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