

Summary report on the

Nineteenth meeting of the Regional Programme Review Group and national neglected tropical diseases programme managers

WHO-EM/CTD/084/E

Virtual meeting
24–25 February 2021



REGIONAL OFFICE FOR THE

World Health
Organization

Eastern Mediterranean

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1. Introduction

On 24–25 February 2021, the World Health Organization (WHO) Regional Office for the Eastern Mediterranean held a virtual meeting for the nineteenth Regional Programme Review Group (RPRG) on elimination of neglected tropical diseases (NTD) under preventive chemotherapy programmes in the Eastern Mediterranean Region and national NTD programme managers.

The meeting was attended by: the six members of the RPRG; disease experts from WHO collaborating centres; representatives from the ministries of health of Afghanistan, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Libya, Morocco, Pakistan, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia and Yemen; representatives of partner organizations, including the Christian Blind Mission, Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN), GlaxoSmithKline, Mectizan Donation Programme, Sightsavers and United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA); 18 NTD focal persons from WHO country offices; and staff from the Regional Office, WHO headquarters and the Global Leprosy Programme.

The objectives of the meeting were to:

- present the progress made in the Region during 2012–2020;
- review country-specific progress made during 2019–2020;
- present the final NTD road map 2021–2030 and companion documents;
- discuss the draft 2021–2025 regional framework on accelerating NTD control/elimination in the Eastern Mediterranean Region;
- discuss the development of country-specific NTD plans for the next 3–5-year period to achieve the targets; and
- provide recommendations to countries on control/elimination of NTDs during 2021.

2. Summary of discussions

In plenary sessions, WHO staff presented on: regional progress made during the implementation of WHO's first road map for NTDs (2012–2020); companion documents for the new NTD road map (2021–2030); skin NTDs; and the draft regional framework for NTD control/elimination (2021–2025).

After this, countries joined two breakout sessions: one on NTDs amenable to preventive chemotherapy and the other on the other NTDs (skin NTDs, visceral leishmaniasis and dracunculiasis). Each breakout session was chaired by a RPRG member or disease expert. During the sessions, representatives from national NTD programmes presented on the progress made by countries followed by discussion. WHO staff, including NTD disease focal points and Global Leprosy Programme staff, and representatives from ESPEN and other partners attended the breakout sessions based on their relevance. In a separate session, partners had the opportunity to present and discuss their contribution to combating NTDs and their future plans.

During the implementation of the first NTD roadmap 2012–2020, countries in the Region have made much progress and achieved some successes. For example, in 2019, 42.7 million less people required interventions against NTDs compared with 2012, while two countries have eliminated lymphatic filariasis and three have eliminated trachoma as a public health problem.

Nevertheless, challenges remain in the prevention and control of NTDs in the Region. Some countries remain highly affected by NTDs and there has been a continuing increase in cutaneous leishmaniasis and a resurgence of visceral leishmaniasis.

All countries presented their progress made during 2020, the challenges they faced and the key activities planned for 2021. NTD mitigation activities in all countries were affected by the COVID-19 pandemic. Other than Egypt and Yemen, no other countries were able to conduct mass drug administration (MDA) or any other community-based interventions during 2020. Countries had adopted a few innovations to minimize the impact of the pandemic on NTDs requiring intensified disease management. This included providing anti-leprosy medicines for three-month periods, integrating active case finding and treatment with other disease control programmes, and initiatives to scale up thermo therapy (which requires one time treatment) for management of cutaneous leishmaniasis, instead of systemic treatment with antimonials (which requires a longer treatment duration and several visits to health facilities).

Endemic countries shared their experiences of the challenges that exacerbate control efforts for all NTDs. These include a lack of domestic funding support and political commitment, inadequate integration of NTD control into health care delivery systems, total donor dependency for implementing all NTD-related activities in many countries, high turnover of health staff requiring continuous capacity-building initiatives, and complex security situations.

3. Recommendations

Country-specific recommendations

1. Identify mechanisms such as pooled funding and pooled procurement for improving access to diagnostics and effective and safe medicines for case management of cutaneous and visceral leishmaniasis.
2. Conduct and report on a deworming programme for pre-school-aged children in collaboration with partners.

3. Evaluate the epidemiological impact of the deworming programme for soil-transmitted helminth (STH) infections in 2022 in terms of morbidity (prevalence of infections of moderate or heavy intensity).
4. Conduct behaviour change communication interventions for pre-school and school-aged children in collaboration with partners to improve coverage and compliance and drive further reduction in prevalence of soil-transmitted helminthiasis.
5. Develop a national trachoma action plan as soon as possible to implement the SAFE strategy where required.
6. Enhance the control of both cutaneous and visceral leishmaniasis through integrated vector management, clinical management and surveillance.
7. Improve visceral leishmaniasis clinical management by including liposomal amphotericin B in the treatment protocol.
8. Mobilize resources for leishmania control.
9. Implement single dose rifampicin prophylaxis for leprosy.

Djibouti

10. Conduct prevalence surveys for soil-transmitted helminthiasis, schistosomiasis and trachoma to estimate the burden and guide implementation of interventions, where needed, based on endemicity.
11. Train health care workers on NTD diagnosis, case management and surveillance.
12. Conduct active case detection for leprosy using the funding support available from the Sasakawa Health Foundation.
13. Build the capacity of clinicians in the case management of visceral leishmaniasis.
14. Build the capacity of the newly-appointed ministry of health team in NTD control.
15. Mobilize resources for NTD prevention and control.

Egypt

16. Complete baseline trachoma mapping for areas at higher risk to guide implementation of interventions, where needed, based on endemicity.
17. Conduct outreach/mobile clinics for people requiring trichomatous trichiasis surgery.
18. Continue lymphatic filariasis post-validation activities and improve morbidity management and disability prevention for lymphoedema.
19. Develop a national registry of persons requiring morbidity management and disability prevention.
20. Sustain efforts in leprosy case detection and surveillance, including active case detection.
21. Implement single dose rifampicin prophylaxis for leprosy.
22. Initiate the development of an integrated skin NTD strategy for leprosy, cutaneous leishmaniasis, scabies and other fungal and parasitic NTDs.
23. Evaluate the epidemiological impact of the deworming programme in terms of morbidity (prevalence of infections of moderate and heavy intensity) for STH infection to adapt interventions accordingly.

Iran (Islamic Republic of)

24. Conduct research to identify the most cost-effective methods to control animal reservoirs of cutaneous leishmaniasis parasites, using the epidemiological impact on incidence of human leishmaniasis as a measure of effectiveness.

Iraq

25. Conduct a soil-transmitted helminthiasis prevalence survey to estimate the magnitude of endemicity and need for scaling up MDA.
26. Finalize the dossier for validation of elimination of trachoma as a public health problem in order to submit it.
27. Identify mechanisms such as pooled funding and pooled procurement to improve access to diagnostics and effective and safe medicines for case management of cutaneous and visceral leishmaniasis.
28. Improve visceral leishmaniasis clinical management by including liposomal amphotericin B in the treatment protocol.
29. Conduct active case detection for leprosy.
30. Implement single dose rifampicin prophylaxis for leprosy.
31. Improve reporting to WHO for the annual leishmaniasis country profile.

Libya

32. Conduct active case detection for leprosy
33. Implement single dose rifampicin prophylaxis for leprosy using the funding support available from the Sasakawa Health Foundation.
34. Explore the possibility of conducting prevalence surveys to describe the trachoma situation in the country.
35. Scale up the case management and surveillance of cutaneous and visceral leishmaniasis to all health facilities in endemic areas.
36. Improve reporting to WHO for the annual leishmaniasis country profile.

Morocco

37. Develop an integrated skin NTD strategy for leprosy, cutaneous leishmaniasis, scabies and other fungal and parasitic NTDs.
38. Implement a leprosy elimination strategy.
39. Sustain post-elimination trachoma surveillance, with periodic implementation reviews.
40. Initiate the verification process to verify the absence of schistosomiasis transmission in humans.

Pakistan

41. Continue MDA for soil-transmitted helminthiasis for pre-school and school-aged children.
42. Consult with the relevant authorities to determine if antibiotic MDA for trachoma elimination is advisable in the context of the outbreak of extensively drug-resistant typhoid.
43. Restructure the existing vector-borne disease control programme to integrate sandfly control.
44. Identify mechanisms to improve access to diagnostics and effective and safe medicines for case management of cutaneous and visceral leishmaniasis.

Saudi Arabia

45. Finalize the dossier for validation of elimination of trachoma as a public health problem in order to submit it.
46. Enhance case detection and snail control targeting the elimination of schistosomiasis.

Somalia

47. Scale up MDA for all endemic areas based on prevalence surveys of preventive chemotherapy-NTDs.
48. Submit the Joint Request for Selected Preventive Chemotherapy Medicines (JRSM) and Joint Reporting Form (JRF) on time to avoid any delays in requesting medicines and global reporting.
49. Support environmental control for schistosomiasis, including use of molluscicides in infested rivers and other waters.
50. Initiate and scale up use of liposomal amphotericin B for the case management of visceral leishmaniasis.
51. Conduct active case detection for leprosy using the funding support available from the Sasakawa Health Foundation.
52. Implement single dose rifampicin prophylaxis for leprosy.
53. Initiate the development of an integrated skin NTD strategy for leprosy, mycetoma, scabies and other fungal and parasitic NTDs.

Sudan

54. Complete the country report for certification of dracunculiasis and submit in 2021.
55. Complete baseline NTD mapping of previously inaccessible areas.
56. Improve national intervention coverage for preventive chemotherapy-NTDs by conducting MDAs in an integrated manner.
57. Ensure implementation of deworming campaigns for pre-school-aged children.
58. Conduct active case detection for leprosy, including in previously inaccessible areas.
59. Implement single dose rifampicin prophylaxis for leprosy.
60. Initiate the development of an integrated skin NTD strategy for leprosy, cutaneous leishmaniasis, scabies and other fungal and parasitic NTDs.

61. Integrate mycetoma surveillance into the national health information system.
62. Develop a national registry on persons requiring morbidity management and disability prevention.
63. Finalize national guidelines and train relevant health care workers to strengthen cutaneous leishmaniasis case management.
64. Establish a mechanism for the Federal Ministry of Health to obtain and distribute medicines or devices to treat cutaneous leishmaniasis.
65. Build the capacity of the relevant staff to strengthen supply chain management for diagnostics and medicines for case management of visceral leishmaniasis.

Syrian Arab Republic

66. Conduct deworming campaigns for pre-school-aged children.
67. Conduct an impact survey to estimate the prevalence of soil-transmitted helminthiasis following the deworming campaigns implemented since 2016.
68. Initiate the development of an integrated skin NTD strategy for leprosy, cutaneous leishmaniasis, scabies and other fungal and parasitic NTDs.
69. Scale up sand fly control and estimate the cost-effectiveness of the interventions in terms of disease reduction in humans.
70. Conduct active case detection for leprosy
71. Implement single dose rifampicin prophylaxis for leprosy.

Tunisia

72. Finalize the dossier for validation of elimination of trachoma as a public health problem in order to submit it.
73. Initiate the development of an integrated skin NTD strategy for cutaneous leishmaniasis, scabies and other fungal and parasitic NTDs.

Yemen

74. Continue to conduct post-validation surveillance for lymphatic filariasis in an integrated manner and implement integrated vector surveillance to detect re-emergence of disease.
75. Develop a national registry of persons requiring morbidity management and disability prevention.
76. Establish community-based centres to scale up morbidity management and disability prevention for persons with lymphoedema.
77. Complete mapping for onchocerciasis.
78. Continue to conduct MDA for the elimination of onchocerciasis, schistosomiasis and trachoma.
79. Strengthen implementation of all components of the SAFE strategy for trachoma elimination.
80. Conduct active case detection for leprosy.
81. Implement single dose rifampicin prophylaxis for leprosy.
82. Train the relevant health care workers to strengthen case management of cutaneous leishmaniasis.
83. Develop national guidelines on visceral leishmaniasis case management and build the capacity of the relevant health staff.
84. Improve reporting to WHO for the annual leishmaniasis country profile
85. Conduct an impact assessment survey for schistosomiasis and STH infections.

UNRWA

86. Conduct deworming for all pre-school-age children based on the local epidemiology.
87. Adopt a deworming frequency according to the local epidemiology.
88. Train health care workers on all relevant NTDs.
89. Establish an appropriate surveillance system.

Recommendations for WHO

90. Provide technical support to develop 3–5-year national NTD strategic plans based on the 2021–2030 NTD road map targets and milestones.
91. Support countries to submit a country report/dossier for the eradication/elimination of NTDs.
92. Provide technical support for capacity-building in disease management and surveillance, and for mapping, coverage and impact surveys.
93. Assist countries in identifying local research priorities to overcome operational challenges and submitting research proposals, with the support of academic institutions, to WHO's Special Programme for Research and Training in Tropical Diseases (TDR) and other research agencies.
94. Conduct advocacy with senior health and finance ministry officials for political commitment and resource mobilization to ensure the allocation of resources from domestic funding and partners.
95. Conduct annual progress review meetings physically or virtually for the national NTD workforce.

Recommendations for Member States

96. Report national baselines relevant to the indicators included in the 2021–2030 NTD road map.
97. Identify national milestones for the relevant indicators.
98. Develop a national NTD plan for reaching the targets and milestones set by the country.
99. Include pre-school-aged children in the national STH deworming programme.
100. Improve access to quality-assured diagnostics and essential medicines for effective management and control of leishmaniasis.

101. Integrate skin NTDs within the health care system to enhance early case diagnosis, treatment and surveillance.
102. Establish a multisectoral coordination mechanism/committee for NTDs, including representation from the relevant sectors and stakeholders, such as the finance, education, water, sanitation and hygiene sectors and civil society.
103. Ensure a specific budget line for NTDs in the health care budget and to mobilize partner funding for NTD control, elimination and eradication.
104. Design and implement national and subnational advocacy campaigns to engage communities in effective control and elimination of NTDs and the reduction of stigma.



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