

Summary report on the **Twentieth meeting of the Regional programme Review Group and national neglected tropical diseases programme managers**

Virtual meeting
23–25 May 2022



**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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1. Introduction

The twentieth meeting of the Regional Programme Review Group (RPRG) on neglected tropical diseases (NTDs) and national NTD programme managers was held by the WHO Regional Office for the Eastern Mediterranean on 23–25 May 2022.

The virtual meeting was attended by representatives from the ministries of health of Afghanistan, Egypt, Iran (Islamic Republic of), Iraq, Morocco, Pakistan, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia and Yemen, as well as disease experts from WHO collaborating centres, WHO country offices, the Global Leprosy Programme, the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN), the WHO Regional Office for the Eastern Mediterranean and WHO headquarters.

Representatives from partner organizations also attended, including the Christian Blind Mission, Eastern Mediterranean Region Trachoma Initiative, International Trachoma Initiative, The End Fund and United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

The objectives of the meeting were to:

- review country-specific progress made during 2021–2022;
- present the Eastern Mediterranean Region NTD implementation plan 2021–2025;
- present the key recommendations of recent global/WHO guidelines published during 2021–2022; and
- provide recommendations to countries on the control/elimination of NTDs during 2022.

2. Summary of discussions

During the meeting presentations were made on: global and regional progress on reaching the targets of the NTD road map 2021–2030, and its companion document on One Health outlining actions on NTDs; integrated surveillance and control for vectors transmitting NTDs in the Region; arboviral NTDs and rabies; schistosomiasis control and elimination guidance; deworming for girls and women of child-bearing age; an update on visceral leishmaniasis diagnostics and medicines; lymphatic filariasis post-elimination surveillance; monitoring of morbidity management and disability prevention; the global strategy on water, sanitation and hygiene to combat neglected tropical diseases 2021–2030; and implementation opportunities in the Region.

Two panel discussions were held on country experiences and challenges in eliminating trachoma and preparing trachoma elimination dossiers and on next steps for countries in the Region in the elimination of schistosomiasis. A review was presented of the evidence and experiences for the use of cryotherapy and thermotherapy for treatment of cutaneous leishmaniasis, and representatives from national NTD programmes presented on topics relevant to their NTD situation.

Globally, the number of people requiring interventions against NTDs (SDG indicator 3.3.5) decreased by 20% between 2010 and 2020, from 2.19 billion to 1.74 billion. Forty-five countries, territories or areas have eliminated at least one NTD. Only seven countries remain to be certified for eradicating dracunculiasis. The number of children (recent transmission) and of people with grade 2 disabilities (delayed detection) due to leprosy also progressively decreased over the last decade. During 2020–2021, over 2.3 billion NTD medicines (tablets, vials, etc.) and diagnostics were delivered (for free) by WHO to 112 Member States.

In the Eastern Mediterranean Region, 75 million people require interventions against NTDs. In 2019, more than 1 million disability-adjusted life years (DALYs) were lost due to NTDs.

The Region faces a continuing increase in cutaneous and visceral leishmaniasis. In 2020, the Region recorded 73% of the global burden of cutaneous leishmaniasis, with 161 088 cases reported, 87% of them from Afghanistan, Iraq, Pakistan and the Syrian Arab Republic. The Region also recorded 29% of the global burden of visceral leishmaniasis, with Sudan reporting the highest number of cases globally.

Countries also reported 4077 leprosy cases, with 64.7% in Somalia. Compared with 2019, in 2020 there was 10% increase in the number of child leprosy cases detected and a 22% decrease in the number of grade-2 disability cases reported.

However, six countries have eliminated at least one NTD and in 2021, 13 million people received treatment to eliminate NTDs amenable to preventive chemotherapy.

Many challenges remain in the Region for the control and elimination of NTDs, including compromised security situations, lack of political commitment, inadequate domestic funding, donor fatigue to support NTD programmes, a global deficit on diagnostics and effective medicines for some NTDs, a high turnover of health staff and weak health care delivery systems.

Despite these challenges, the majority of countries in the Region are set to achieve NTD elimination by 2030.

3. Recommendations

Country-specific recommendations

Afghanistan

1. Conduct and report on a deworming programme for pre-school-aged children in collaboration with partners.
2. Conduct behaviour change communication interventions for pre-school and school-aged children in collaboration with partners to improve coverage and compliance and drive a further reduction in the prevalence of soil-transmitted helminthiasis.
3. Develop a national trachoma action plan to implement the SAFE strategy where required.
4. Improve cutaneous leishmaniasis case management by introducing and scaling up physical treatment methods.
5. Strengthen sandfly control in an integrated manner, especially in areas co-endemic for malaria.
6. Improve visceral leishmaniasis clinical management by training clinicians on using liposomal amphotericin-B and include this medicine in the treatment protocol.
7. Improve visceral leishmaniasis surveillance.
8. Assess the possibility of implementing single dose rifampicin prophylaxis for leprosy contacts.

Djibouti

9. Conduct prevalence surveys for soil-transmitted helminthiasis, schistosomiasis and trachoma to estimate the burden and guide the implementation of interventions, where needed, based on endemicity.
10. Train health care workers on NTD diagnosis, case management and surveillance.

Egypt

11. Establish a national coordinating committee to resume trachoma elimination.
12. Implement the SAFE strategy in four already-mapped endemic districts.
13. Train the relevant health staff to conduct trachomatous trichiasis (TT) surgery for the targeted population and conduct the surgeries.
14. Conduct a lymphatic filariasis prevalence survey in Atris village.
15. Strengthen morbidity management and disability prevention (MMDP) for lymphedema.
16. Develop a national registry of persons requiring MMDP.
17. Sustain efforts in leprosy case detection and surveillance, including active case detection.
18. Implement single dose rifampicin prophylaxis for leprosy contacts.

Iran (Islamic Republic of)

19. Identify and share the most cost-effective methods to control animal reservoirs of cutaneous leishmaniasis parasites, using epidemiological impact on incidence of human leishmaniasis as a measure of effectiveness.

Iraq

20. Conduct a soil-transmitted helminthiasis prevalence survey to estimate the magnitude of endemicity to guide the need for scaling up mass drug administration (MDA).
21. Submit the dossier for validation of elimination of trachoma as a public health problem addressing the comments received from the Dossier Review Group.

22. Identify mechanisms to improve access to diagnostics and effective and safe medicines for case management of cutaneous and visceral leishmaniasis.
23. Improve visceral leishmaniasis clinical management by including liposomal amphotericin-B in the treatment protocol.
24. Conduct active case detection, especially in refugee settings for leprosy, and implement single dose rifampicin prophylaxis for leprosy contacts.

Libya

25. Conduct active case detection for leprosy among refugees and migrants.
26. Implement single dose rifampicin prophylaxis for leprosy contacts.
27. Raise awareness of TT among health staff to improve case detection and referral for surgery.
28. Conduct TT surgeries for already identified cases.
29. Scale up the case management and surveillance of cutaneous and visceral leishmaniasis to all health facilities in endemic areas.
30. Improve reporting to WHO for publication of an annual leishmaniasis country profile.

Morocco

31. Develop an integrated skin NTD strategy for leprosy, cutaneous leishmaniasis, scabies and other fungal and parasitic NTDs.
32. Implement the leprosy elimination strategy.
33. Sustain post-elimination trachoma surveillance, with periodic surveillance surveys conducted in an integrated manner.

Pakistan

34. Continue MDA for soil-transmitted helminthiasis for pre-school and school-aged children.

35. Establish a national trachoma coordinating committee to coordinate trachoma elimination.
36. For evaluation units in which antibiotic MDA was undertaken for trachoma, pre-validation surveillance surveys are needed at least two years after the most recent impact surveys.
37. For evaluation units in which the most recent TT prevalence estimate is $\geq 0.2\%$ in ≥ 5 -year-olds, undertake further case finding and TT management and then undertake TT-only prevalence surveys.
38. Restructure the existing vector-borne disease control programme to integrate sandfly control in leishmaniasis and malaria co-endemic areas.
39. Mobilize resources to improve access to diagnostics and to effective and safe medicines for case management of cutaneous leishmaniasis.

Saudi Arabia

40. Enhance snail control targeting elimination of schistosomiasis.

Somalia

41. Develop and finalize an NTD strategic plan.
42. Scale up MDA with improved coverage for all preventive chemotherapy-targeted NTDs (PC-NTDs).
43. Develop and submit activity reports after each MDA to share with donors.
44. Submit the Joint Request for Selected PC Medicines (JRSM) and Joint Reporting Form (JRF) in a timely manner to avoid delays in requesting medicines and global reporting.
45. Conduct impact assessment surveys after conducting MDAs.

46. Support environmental control for schistosomiasis, including use of molluscicides in infested rivers and other waters.
47. Scale up use of liposomal amphotericin-B for case management of visceral leishmaniasis where needed.
48. Conduct active case detection for leprosy as funding support is already available from the Sasakawa Health Foundation (SHF).
49. Implement single dose rifampicin prophylaxis for leprosy contacts.
50. Complete mapping of trachoma endemicity in remaining districts.

Sudan

51. Complete the country report for certification of dracunculiasis and submit it in 2022–2023.
52. Complete baseline NTD endemicity mapping for previously inaccessible areas.
53. Improve coverage for PC-NTDs by conducting MDAs in an integrated manner.
54. Conduct active case detection for leprosy, including in previously inaccessible areas.
55. Implement single dose rifampicin prophylaxis for leprosy contacts.
56. Establish sentinel surveillance for mycetoma in endemic regions and integrate reporting into the health management information system.
57. Develop a national registry of persons requiring MMDP.
58. Finalize national clinical management guidelines on cutaneous leishmaniasis and train relevant health care workers to strengthen case management.
59. Scale up physical methods as treatment options for cutaneous leishmaniasis case management and collect evidence on their effectiveness and efficiency.
60. Establish a surveillance system for cutaneous leishmaniasis to understand the burden.

61. Build the capacity of relevant staff to strengthen supply chain management for diagnostics and medicines.
62. Initiate the development of an integrated skin NTD strategy for leprosy, cutaneous leishmaniasis, scabies and other fungal and parasitic NTDs.

Syrian Arab Republic

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

Tunisia

69. Conduct trachoma prevalence surveys in previously endemic areas.
70. Finalize and submit the dossier for validation of elimination of trachoma as a public health problem.

Yemen

71. Continue to conduct post-validation surveillance for lymphatic filariasis in an integrated manner and implement integrated vector surveillance to detect re-emergence of disease.

72. Develop a national registry of persons requiring MMDP.
73. Establish community-based centres to scale up MMDP for persons with lymphoedema.
74. Complete mapping for onchocerciasis.
75. Strengthen implementation of all components of the SAFE strategy for trachoma elimination.
76. Conduct active case detection for leprosy.
77. Implement single dose rifampicin prophylaxis for leprosy contacts.
78. Train relevant health care workers to strengthen case management of cutaneous leishmaniasis.
79. Develop national guidelines on visceral leishmaniasis case management and build the capacity of the relevant health staff.
80. Conduct impact assessment surveys for schistosomiasis and soil-transmitted helminthiasis.

UNRWA

81. Conduct deworming for all pre-school-age children based on local epidemiology.
82. Train health care workers on all relevant NTDs to improve case management.

Recommendations for WHO


83. Provide technical support to develop 3–5-year country NTD strategic plans based on the NTD road map 2021–2030 targets.
84. Support countries to submit country reports/dossiers for eradication/elimination of NTDs.
85. Provide technical support for capacity-building on disease management, surveillance and conducting surveys.
86. 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.

87. Advocate for political commitment and resource mobilization with senior health and finance ministry officials to ensure the allocation of resources from domestic funding and partners.
88. Conduct annual progress review meetings, physically or virtually, for the national NTD workforce.

Recommendations for Member States

89. Develop a national NTD plan for reaching targets and milestones.
90. Include pre-school-aged children in national soil-transmitted helminthiases deworming programmes.
91. Improve access to quality-assured diagnostics and essential medicines for effective management and control of leishmaniasis.
92. Integrate skin NTDs within the health care system to enhance early case diagnosis, treatment and surveillance.
93. 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 and civil society.
94. Ensure a specific budget line for NTDs in the health care budget and mobilize partner funding for NTD control, elimination and eradication.
95. Design and implement national and subnational advocacy campaigns to engage communities in effective control and elimination of NTDs and the reduction of the associated stigma.



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