

**Summary report on the**  
**Twenty-first meeting of the**  
**Regional Programme Review**  
**Group and national neglected**  
**tropical diseases programme**  
**managers**

Sharm El Sheikh, Egypt  
19–21 September 2023



**World Health  
Organization**

Eastern Mediterranean Region

Summary report on the

**Twenty-first meeting of the Regional  
Programme Review Group and  
national neglected tropical diseases  
programme managers**

Sharm El Sheikh, Egypt  
19–21 September 2023



**World Health  
Organization**

---

Eastern Mediterranean Region

© World Health Organization 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

**Suggested citation.** Summary report on the twenty-first meeting of the Regional Programme Review Group and national neglected tropical diseases programme managers. Cairo: WHO Regional Office for the Eastern Mediterranean; 2024. Licence: CC BY-NC-SA 3.0 IGO.

**Sales, rights and licensing.** To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

**General disclaimers.** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

## Contents

1.	Introduction .....	1
2.	Summary of discussions.....	2
3.	Recommendations .....	3
4.	Next steps .....	8

## 1. Introduction

The twenty-first 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 in Sharm El Sheikh, Egypt, on 19–21 September 2023.

The meeting was attended by representatives from the ministries of health of Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Morocco, Pakistan, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia and Yemen, as well as members of the RPRG, representatives of the Global Leprosy Programme and the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN), and staff from WHO country offices, the WHO Regional Office and WHO headquarters.

Representatives from partner organizations also attended, including the International Federation of Anti-Leprosy Associations, IRD Pakistan, Mectizan Donation Program, Médecins sans Frontières Pakistan, Sightsavers, The Carter Center Sudan and the United Nations Relief and Works Agency for Palestine Refugees (UNRWA).

The objectives of the meeting were to:

review country-specific progress made during 2022–2023;

- share recommendations of the recent global/WHO guidelines published in 2022–2023;
- provide recommendations to countries on the control/elimination of NTDs during 2024; and
- develop country plans for 2024.

## 2. Summary of discussions

The three-day meeting reviewed national NTDs programmes and included presentations and panel discussions. RPRG members moderated four thematic sessions on skin-NTDs, visceral leishmaniasis, supply chain management for preventive chemotherapy medicines, and elimination of NTDs. There was also a session on the global NTD annual reporting form. Recommendations for Member States and WHO for 2023–2024 were made.

Globally, the number of people requiring interventions against NTDs (SDG indicator 3.3.5) decreased by 25% between 2010 and 2021, and 50 countries have eliminated at least one NTD. However, challenges to further progress include the disruptions caused by the COVID-19 pandemic, a changing funding landscape and geopolitics, and gaps in knowledge, the production of programme-ready diagnostics, treatments and vaccines, and vector control and behaviour change interventions.

A review of the NTDs department of WHO headquarters generated six global strategic priorities: (1) advocacy and visibility of NTDs internally and externally; (2) strengthening the global NTD programme; (3) leveraging partnerships in and outside the community; (4) costing the implementation plan for delivery of the road map targets; (5) expanding the donor base for sustainable funding; and (6) strong WHO leadership.

In the Eastern Mediterranean Region, the number of people requiring interventions against NTDs decreased by 55% between 2010 and 2021, and eight countries have eliminated at least one NTD. However, the Region continues to report a substantial portion of global leishmaniasis cases: 78% of reported cutaneous leishmaniasis cases and 44% of reported visceral leishmaniasis cases. Nearly half the disability-adjusted life years due to NTDs in the Region were caused by leishmaniasis and soil-transmitted helminthiasis.

The challenges to progress in the Region include a lack of political commitment, the unavailability of domestic and donor funds, and conflicts in the countries and territories of the Region leading to fragile socioeconomic situations and population migration.

To reach the intended targets, the required strategic approaches include: mobilizing political support, resources and community engagement to support implementation of NTD interventions; the integration of NTD interventions in well-resourced disease control programmes; and strengthening the monitoring and evaluation of NTD programme implementation.

### **3. Recommendations**

#### *Country-specific recommendations*

##### **Afghanistan**

1. Establish a deworming programme for adolescent girls and women of reproductive age, taking an innovative approach to reach them.
2. Conduct behaviour change communication interventions for pre-school and school-aged children in collaboration with partners to increase coverage of soil-transmitted helminth mass drug administration (MDA) and improve compliance
3. Finalize the national trachoma action plan to implement the SAFE (Surgery, Antibiotics, Facial cleanliness and Environmental improvements) strategy where required.
4. Improve cutaneous leishmaniasis case management by training health staff on use of physical treatment methods and scaling up availability of necessary equipment.
5. Strengthen integrated sandfly control in areas co-endemic for malaria.
6. Strengthen leprosy contact screening and implement single dose rifampicin prophylaxis for contacts.

## **Djibouti**

7. Train health staff on newly developed national guidelines on visceral leishmaniasis case management, with a special focus on endemic areas.
8. Conduct a trachoma prevalence survey.
9. Include scabies and visceral leishmaniasis surveillance in integrated disease surveillance.

## **Egypt**

10. Complete a trachoma prevalence survey and implement the SAFE strategy, where applicable.
11. Scale up active case detection for leprosy through skin camps, strengthen leprosy contact screening and implement single dose rifampicin prophylaxis for contacts.

## **Iran (Islamic Republic of)**

12. Strengthen intersectoral collaboration for cutaneous leishmaniasis vector and reservoir control.
13. Conduct behaviour change communication activities to increase community awareness on personal protection and mitigating risky behaviours.

## **Iraq**

14. Introduce physical treatment options for cutaneous leishmaniasis case management.
15. Improve visceral leishmaniasis clinical management by including liposomal amphotericin B in the treatment protocol.
16. Increase awareness on leprosy among health staff for timely case management, contact tracing and implementing single dose rifampicin prophylaxis.



## **Jordan**

17. Accelerate the recommended actions to achieve leprosy elimination as planned by March 2024.

## **Libya**

18. Continue training on cutaneous leishmaniasis case management for health staff in endemic areas.
19. Conduct behaviour change communication activities to increase community awareness on personal protection and mitigating risky behaviours for cutaneous leishmaniasis.
20. Develop the country dossier to validate elimination of trachoma as a public health problem.

## **Morocco**

21. Scale up visceral leishmaniasis diagnosis at primary health care level in endemic areas to accelerate case management.
22. Integrate visceral leishmaniasis case management training in pre- and in-service training for health staff.
23. Conduct behaviour change communication activities to increase community awareness on personal protection, mitigating risk behaviours and early treatment seeking for visceral leishmaniasis.

## **Pakistan**

24. Integrate sandfly and malaria vector control in co-endemic areas.
25. Improve access to cutaneous leishmaniasis case management in high to moderate endemic areas.
26. Conduct behaviour change communication activities to increase community awareness on personal protection, mitigating risky behaviours and early treatment seeking for cutaneous leishmaniasis.

27. Finalize and submit the country dossier to validate elimination of trachoma as a public health problem.
28. Include cutaneous leishmaniasis surveillance in integrated disease surveillance.

### **Saudi Arabia**

29. Strengthen intersectoral collaboration for leishmaniasis vector and reservoir control.
30. Improve snail control targeting elimination of schistosomiasis.

### **Somalia**

31. Conduct impact assessment surveys for soil-transmitted helminthiasis and schistosomiasis after conducting the next round of MDAs.
32. Integrate conducting MDAs with other health programmes, such as those for immunization, polio, maternal and child health, nutrition, and malaria vector control.
33. Scale up and integrate active leprosy case detection and contact tracing with other health programmes, such as those for immunization, polio, maternal and child health, nutrition, and malaria vector control.
34. Implement single dose rifampicin prophylaxis for leprosy contacts.
35. Complete mapping of trachoma in remaining districts and initiate the necessary action, such as implementing the SAFE strategy or developing the country dossier for validation.
36. Conduct behaviour change communication activities to increase community awareness on personal protection, mitigating risky behaviours and early treatment seeking for visceral leishmaniasis.

## **Sudan**

37. Improve coverage for NTDs amenable to preventive chemotherapy (PC-NTDs) by conducting integrated MDAs for PC-NTDs.
38. Conduct active leprosy case detection, contact tracing and implement single dose rifampicin prophylaxis, including in previously inaccessible areas.
39. Strengthen surveillance for visceral leishmaniasis and monitoring of commodities.

## **Syrian Arab Republic**

40. Conduct mapping of soil-transmitted helminthiasis.
41. Conduct behaviour change communication activities to increase community awareness on personal protection, mitigating risky behaviours and early treatment seeking for cutaneous leishmaniasis.

## **Tunisia**

42. Finalize and submit the dossier to validate elimination of trachoma as a public health problem.

## **Yemen**


43. Conduct a review of the NTD programme.
44. Train health staff on the recently-developed national visceral leishmaniasis case management guidelines.
45. Conduct an impact assessment survey for schistosomiasis.
46. Implement leprosy contact tracing and single dose rifampicin prophylaxis.

*Recommendations for WHO*

47. Provide technical support to countries to conduct NTD programme reviews and develop/review NTD strategic/operational plans.
48. Support countries to develop and submit country dossiers for eradication/elimination of NTDs.
49. Provide technical support to countries for capacity-building on case management, surveillance and conducting surveys.
50. 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.
51. Advocate for political commitment and resource mobilization for NTDs to increase domestic funding allocation.
52. Conduct annual progress review meetings, physically or virtually, for the national NTD workforce.

**4. Next steps**

- WHO will monitor and evaluate implementation of the recommendations of the RPRG.
- WHO will support countries to embark and move forward on the elimination of NTDs.
- WHO will support countries to mobilize resources to implement NTD interventions.

The image features a decorative background. On the left side, there is a vertical strip with a light gray background and a grid of dark blue circles. The right side is divided into two horizontal sections: a top section with a solid orange background and a bottom section with a solid dark blue background. The contact information is centered in the orange section.

World Health Organization  
Regional Office for the Eastern Mediterranean  
Monazamet El Seha El Alamia Street,  
Extension of Abdel Razak El Sanhoury Street  
P.O. Box 7608, Nasr City  
Cairo 11371, Egypt  
[www.emro.who.int](http://www.emro.who.int)