



**SIXTH MEETING OF THE NEGLECTED
TROPICAL DISEASE REGIONAL PROGRAMME
REVIEW GROUP FOR PREVENTIVE
CHEMOTHERAPY (NTD-RPRG)**

REPORT AND RECOMMENDATIONS

DAKAR, SENEGAL 10TH TO 12TH APRIL, 2017



EXPANDED SPECIAL PROJECT
FOR ELIMINATION OF
NEGLECTED TROPICAL DISEASES



World Health
Organization
REGIONAL OFFICE FOR
Africa

SUMMARY

The WHO-AFRO Neglected Tropical Disease Regional Programme Review Group (NTD-RPRG) for Preventive Chemotherapy (PC) serves as the technical advisory group to the Regional Director of World Health Organization Regional Office for Africa (WHO-AFRO) for the review of national programmes for control and elimination of NTDs amenable to PC in the WHO African region.

The NTD-RPRG advises on the overall regional policies and strategies ranging from strengthening government ownership, partnerships and resource mobilization, to intensifying access to interventions and services delivery, monitoring and evaluation (M&E), and research, to enhance the performance of national NTD programmes. In this context, the NTD-RPRG reviews national plans of action, annual reports, M&E protocols and survey reports, applications and reapplications for donated medicines. In addition, it makes recommendations on the development of national plans for NTDs to be consistent with national public health policies and regional goals and strategies.

During its 6th meeting held in Dakar from 10th to 12th April 2017, it discussed the progress made towards achieving the 2020 Roadmap Targets for the control and elimination of NTDs. Specific progress made by countries was noted, and challenges identified were discussed and recommendations made.

Updates were provided by various speakers in the following areas:

1. Global progress on NTDs preventive chemotherapy showing that an unprecedented 1.232 million treatments were delivered in 2015;
2. The potential usefulness of WB123 antibody test in surveillance, mapping, routine clinical use, and the WB123/Ov16 biphase for coordinated evaluation of LF and Oncho;
3. Priority areas for operational research for use of WB123 and the WB123/Ov16 biphase in transitioning from control to elimination of LF and Oncho;
4. Interim guidance on POC-CCA thresholds for use in intervention decisions;
5. The new AFRO NTD Portal with actionable insights showing that 44 countries require PC, 603.4 million people require treatment and that only 309.4 million (50.9%) are currently receiving treatment in 30 countries. The portal would be launched during the NTD Summit in Geneva on the 20th May 2017;
6. Proposal for onchocerciasis elimination mapping in 2196 districts in the region where endemicity is still unknown;
7. Update on Advocacy, Communications, and Resource Mobilization Strategy to Strengthen ESPEN's Partnerships & Impact, supported by Speak Up Africa (SUA);
8. Status of ALB, MEB, PZQ delivery 2016/2017 showing that 2.4 billion tablets were donated in 2015, and 988.4 million people were treated, and that country missions to recover unaccounted medicines recovered 132 million tablets of donated medicines equivalent to the value estimated value of US\$ 5.7 million;
9. Trachoma Expert Committee (TEC) report by ITI showcasing best practices in tracking Zithromax shipment to endemic countries, and that despite the progress with 14.2 million people no longer requiring antibiotic treatments, 185 million remain at risk of trachoma globally;
10. Report on onchocerciasis elimination committees, with the update that the following countries had established elimination committees; Benin, Burkina Faso, Cameroon, Ethiopia, Ghana, Guinea, Liberia, Malawi, Mali, Niger, Nigeria, Senegal, Sierra Leone, Tanzania, Togo and Uganda, and the following countries needed to establish national committees; Chad, Guinea Bissau, DRC, Burundi, Equatorial Guinea;
11. PC Medicine supply chain challenges as the back bone of the PC program with a request to the RPRG to support the development of a guidance manual, capacity building, piloting of a PC-medicine information system and sharing of best practices; and
12. The status of the Mectizan donation programme (MDP) 30 years on, 7.03 billion tablets (2.5 billion treatments) in 29 years, and proposed milestones for the 30th anniversary commemoration.

The progress report on implementation of the 5th NTD-RPRG meeting recommendations showed a response rate of 71.4% from countries, with only two countries pending with updating medicine stocks. From 12 countries that were asked to declare their medicine stocks, declared amounts increased from 110.5 million to 247.5 million tablets after revision. This reduced the amounts of medicines requested by 163.3 million tablets.

The NTD-RPRG was requested to review 20 medicine applications for Preventive Chemotherapy; for Lymphatic filariasis (LF), Onchocerciasis, Schistosomiasis (SCH) and Soil-transmitted helminthiasis (STH); and 4 transmission assessments surveys (TAS) dossiers from Benin, Burkina Faso, Madagascar and Guinea Bissau.

The meeting was chaired by the outgoing Chair, Dr. Mwelecele Ntuli Malecela, assisted by Dr. Ricardo Thompson, the Vice-Chairperson, who now takes over as acting Chair.

SUMMARY OF GENERAL RECOMMENDATIONS

TO WHO:

- Use existing opportunities (e.g. training sessions, country missions) to facilitate in-person meetings between the NTD-RPRG liaisons and country teams, by informing and inviting country liaisons to meetings/trainings as appropriate;
- Make use of Trachoma/NTD cross-border partnership meetings as helpful platforms for RPRG Liaisons and Secretariat to meet and interact with national NTD coordinators;
- The Secretariat should remain in continuous communication with countries and the partners supporting countries and maintain a schedule of annual Programme review and planning meetings at the country-level as well as be informed of other opportunities (which some partners share online), and determine participation of the NTD-RPRG and the Secretariat, where appropriate and feasible, and activity driven.
- Noting that countries are at liberty to provide feedback and send updated data sets if the data used for the development of NTDs maps on the AFRO NTD portal are not representative of the situation as they know it or that they could agree to have the maps launched with the understanding that the data shall be refined along the way, the Secretariat is asked to keep a close communication with the countries and ensure that those that have questions get appropriate and timely response;
- Encourage countries to provide mapping data with dates and georeference information of the survey points so that follow up can be made to track progress towards elimination, acknowledging that disease transmission is often focal and district level aggregated data may not always be representative of the situation. Noting that 13 countries in the Region have established National Onchocerciasis Elimination Expert Advisory Committees, and the importance of determining how these countries will be supported and what guidance should be given to the other countries as they put their NOEACs' in place, the Secretariat should review the guidance note to countries on formation and functioning of NOEACs' with the understanding that countries can contextualize the guidelines;
- Acknowledging the evolution of efforts to control PC-NTDs and that new tools can be used to refine existing maps, clear guidance is necessary to the countries to determine when mapping data needs to be updated considering the dates when the surveys were conducted as well as information on tools and methods used in the surveys;
- Make use of existing opportunities (and provide new ones) for meetings of country teams in clusters based on sub-regions to discuss program information and accelerate progress Develop an online

repository of data on countries on a platform that members can access and use to prepare for country missions or to inform the review process, including sharing previous mission reports and other relevant documents via NTD Portal, Dropbox and/or Google Drive ;

- Reference tracking systems that are currently in use or underdevelopment as we consider online tracking and review of dossiers;
- Provide guidance to countries and support them in the process of making decisions on stopping mass drug administration (MDA);
- Document the resource gaps at the country level, and work with Speak Up Africa to draw up a workplan for capacity building at the country level to develop resource mobilization skills, and the Secretariat to share the same with the relevant NTD-RPRG sub-committee;
- RPRG Liaisons should be formally introduced to the countries they have been assigned to including the TOR, through the national WHO country office and be copied in the process. Likewise, in some cases the governmental authorities or employers of the liaisons should be formally informed to facilitate the participation of the members in RPRG related activities
- Encourage countries to maintain updated drug inventory reports to avoid overstocking of drugs in a country or giving the impression that drugs are lost.
- Build capacity of countries for onchocerciasis surveys for elimination and processing of samples under the leadership of the Secretariat
- Confirm and report on the status of onchocerciasis in Equatorial Guinea;
- Use the experience of the Trachoma Expert Committee with online tracking and review system to strengthen the AFRO review system;
- Follow up on the report of WHO AFRO led survey on lab capacity in Africa conducted in 2014 for possible updating, in the context of the capacity building needs for NTD impact assessment surveys
- Harmonize the TIPAC with the WHO JAP form to avoid use of outdated JAP forms;
- Encourage donors to share information on support to countries to use to identify and address funding gaps.

TO NTD-RPRG:

- Review the guidance note to countries on formation and functioning of NOEACs' with the understanding that countries can contextualize the guidelines;
- Support classification of countries depending on the current progress towards elimination (ESPEN is studying the possibility of a country SCORE Card), needs and gaps in implementation to facilitate targeted support. This needs to reference the priority countries identified by ESPEN;
- When possible support the various partner activities, including annual review and annual programmes, planning meetings and workplans which in many cases can be done online;
- All the sub-committees should develop their TORs and share among the RPRG members and then forward to the Secretariat for harmonization;
- Address the issue of transmission zones and its operationalization for onchocerciasis elimination and define implementation and evaluation areas in the context of co-endemicity, especially between LF and oncho;
- Promote the review of guidelines on the formation of NTD and disease specific elimination committees (Planning and Implementation Sub-Committee) and to specifically address issues related to transmission zones, breeding sites and vector collection sites (M&E and OR Sub-Committee);
- Global JAP Submission Deadlines of April 15 and August 15th: Suggestion that AFRO RPRG meeting to be held in May ; and
- Form a technical sub-Committee on Schistosomiasis to address urgent operational and policy issues.

TO MEMBER STATES:

- Provide to ESPEN individual and site level mapping and other M&E data, including geocoordinates, to enable adequate support towards elimination.
- Integrate data collection during TAS with existing tools http://www.who.int/lymphatic_filariasis/global_progress/transmission_assessment_survey/;
- Low MDA coverage reported consistently in some countries requires assessment and action (Note for Secretariat: Countries to be identified when sending individual country recommendations);
- Countries with IUs that have implemented LF MDA rounds above the recommended number (5-6), are encouraged to identify the factors delaying TAS evaluations ; and
- Post Elimination Certification Surveillance in Togo should continue and care provided for those still affected by morbidity.

SUGGESTIONS FROM OBSERVERS

- There is need to improve quality and timeliness of JAP submissions. Greater use of the integrated NTD Database could be a game changer;
- Disseminate RPRG recommendations more widely among country stakeholders, to enable better support for program managers, including on the medicines application journey - until drugs arrive in country;
- Quick feedback to countries on TAS results will allow more efficient use of resources – drugs and funding;
- National programs would benefit from more support from WHO-NPO in completing the JAP; and
- Request RPRG support in the engagement of partners to support completion of JAP as appropriate, and to provide partners access to final JAP forms – in interest of strengthening national program role in leadership, coordination, and transparency.

RPRG RECOMMENDATION ON SCHISTOSOMIASIS ADVOCACY IN THE AFRICAN REGION

- Recognizing that schistosomiasis is a focal disease, and that current implementation is mostly at district level thus leading to treatment of non-endemic countries, and further the prevalent “school-based approach” leaves out sections of the population otherwise recommended for treatment in high prevalence regions, that cases of extreme morbidity are still observed in several areas, the goal to eliminate morbidity by 2025 may not be on target. The NTD- RPRPG notes that extreme morbidity from Schistosomiasis is unacceptable and recommends as follows:

TO MEMBER STATES:

- Delineate schistosomiasis distribution in order to adequately target MDAs to true foci of the disease
- Governments should encourage programmes to optimize use of the donated drugs;
- Governments should encourage programmes to include MDA for adult communities and out of school populations

TO WHO:

- Intensify advocacy to governments for Schistosomiasis;
- Using the NTD mapping data, outline high-risk areas for prioritization;
- Advocate to the donors to maintain supply of drugs to endemic countries and encourage new donors;
- Advocate to the donors to include supply of drugs to endemic countries for adult communities and out of school populations
- Encourage countries to improve collaboration with WASH; and
- Support advocacy towards the production of paediatric dose of praziquantel;

TABLE 1: SUMMARY NTD-RPRG COMMENTS, DECISIONS, AND RECOMMENDATIONS ON JOINT APPLICATION PACKAGES FROM 21 COUNTRIES

#	COUNTRY	COMMENTS	(# OF TABLETS) DECISION	RECOMMENDATIONS AND ACTION POINTS FOR COUNTRIES	REMARKS FOR THE SECRETARIAT
2017 JAP					
1	CAR 2017		Approved: Albendazole for LF: 1734000 PZQ: 369,000 Ivermectin: 4,616,000	Mobilize resources for PC interventions	
2	Cabo Verde 2017		Approved: Mebendazole for STH: 36,000		
3	Chad 2017	<ul style="list-style-type: none"> LF MDA coverage is at 24% which is below effective therapeutic coverage threshold. Make Effort to achieve therapeutic coverage of over 65% Quantity of medicine to be revised based on STH treatment plan. 	Approved (after revisions were made): Albendazole for LF: 2,692,000 Mebendazole for STH: 495,000 Praziquantel: 315,000	<ul style="list-style-type: none"> Revise the JRSM form by putting the correct number of treatment rounds. Review the quantity ordered of Mebendazole. For this, "Revise the Treatment Plan/STH for the 4 districts (ABDI, ADRE, BOKORO and BOUSSO and precisely remove the number of tablets related to these 4 districts that are not eligible for STH treatment. Compared to MDA/LF, the program must make a special effort to achieve a satisfactory therapeutic coverage rate. 	<p>Chad is commended on the following:</p> <ul style="list-style-type: none"> Submission of all required documents for drug application Reporting on drug stock situation Scaling up the program from 32 districts in 2016 to 44 districts in 2017
4	Gabon 2017	<ul style="list-style-type: none"> High prevalence of onchocerciasis in some areas 	<p>Approved (subject to postponing MDA schedule to allow for procurement)</p> <p>Albendazole for LF: 585,056 Albendazole for STH: 374,236 Praziquantel: 1,225,788</p>	<p>The high cost of implementation: over USD 350,000 needs to be addressed</p> <p>Co-endemicity onchocerciasis-loiasis and other filariasis, there is need for mapping</p>	<p>Recommendations:</p> <ul style="list-style-type: none"> WHO / AFRO / ESPEN - Country to discuss the country situation so as to move forward effectively

#	COUNTRY	COMMENTS	(# OF TABLETS) DECISION	RECOMMENDATIONS AND ACTION POINTS FOR COUNTRIES	REMARKS FOR THE SECRETARIAT
5	Guinea Bissau 2017		Approved: Albendazole for LF: 146,600 Albendazole for STH: 256,000 PZQ: 360,000	Country Needs to present the available baseline data for LF and any additional Oncho evaluation data that may be available. Data on which decisions for treatment of Schisto and STH MDA plan is based should also be presented.	
6	Liberia 2017	<ul style="list-style-type: none"> The entire country is endemic for oncho (15 districts); For LF all country in endemic (13 districts) except Boni and Gborpolu districts Epi Data for LF is available for only 5 districts (2010) yet treatment is done in all endemic districts Since these data were collected in 2010 – it would be important to document the MDA history for the sites especially those with low prevalence. 	Approved: Praziquantel: 621,000 Ivermectin: 6,604,000	<p>Apply for pre-TAS for districts with very low prevalence (or zero prevalence in sentinel sites since 2006).</p> <p>MDA 1 undertaken in all sites except Boni, Bong, Gborpolu, Maryland and Sinoe</p> <p>MDA 3 only conducted in Boni. It is not clear why the other 4 districts were not treated in the JRF – please clarify</p> <p>Correct the amount of Ivermectin requested for Boni and Gborpolu Clarify if any Pre-TAS is planned or conducted</p>	
7	Senegal 2017		Approved: PZQ: 3,726,000 Albendazole for STH: 1,797,000 Albendazole for LF: 5,798,000 Ivermectin: 15,953,000		
8	South Africa 2017	<ul style="list-style-type: none"> Endemic for STH and SCH, but applied for medicines for STH only. 52 administrative districts to be treated. 7 million Mebendazole tablets requested to treat 7million SAC. 	Approved in Retrospect Mebendazole for STH: 6,144,000	Country is requested to provide treatment report for Schistosomiasis and to make a request for current drug needs	

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9	South Sudan 2017	<ul style="list-style-type: none"> • Programme staff are new and require technical support • Endemicity for SCH, STH LF and Oncho • Security issues but can implement in 7 States. • Requesting 13 million Ivermectin tablets (4.4million in stock); PZQ 1.8 million and 3 million tablets of Albendazole (2 million in stock) - ALL estimates. Also gets Albendazole from World food programme • Treatment planned for July-August 2017 • Request for medicines- Ivermectin and Albendazole and funding to support MDA. 	<p>Approved: Albendazole for LF: 3,087,000 PZQ: 1,845,000 Ivermectin: 1,710,113</p>		<p>Technical support is required</p> <p>Consider financial support for distribution of medicine Medicines request approved but distribution to be supervised by ESPEN. Clarify the shelf life of available IVM and ALB</p>

2018 JAP

10	Benin 2018	<ul style="list-style-type: none"> • The 2012-2016 NTD master plan has expired • The coverage (MDA1) is very low in many districts. and very high ratio of mectizan use per person treated: 3.3tabs/ treatment • For alb 1.65 tabs/ treatment • The Programme used TIPAC to generate JRSM which doesn't have room for the M&E planned in 2018 (sheet "country_info") • Programme well-funded (USAID-NTD) • Benin is paying the city tax imposed on the medicines 	<p>Approved Albendazole for LF: 13,397 Albendazole for STH (SAC): 8,684 Praziquantel (SAC): 2,939 Ivermectin – optional: 43,282</p>	<p>The Master plan is expired, there is need to develop a new plan 2017-2021</p> <p>Use WHO updated JRSM form (The TIPAC JRSM form is out of date, and macro deactivated) Identify the determinants of low coverage and have them addressed. Take action to correct the apparent inadequate tablet use</p>	<p>This a very mature and well-funded programme capable of implementing the plan but many implementation units are not reaching the effective coverage also with higher tablets/ treatment</p>
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11	Chad 2018		Approved subject to further revisions as indicated	<ul style="list-style-type: none"> Review the quantity ordered for Mebendazole. For this, "Revise the Treatment Plan / STH for the 5 districts (ABDI, ADRE, BOKORO, BOUSSO and BA-ILLI) and remove the number of tablets related to these 4 districts that are not eligible for STH treatment. 	<p>Congratulate Chad on:</p> <ul style="list-style-type: none"> Report on the stock situation of medicines Scaling up of the program: <ul style="list-style-type: none"> 32 districts in 2016 44 districts in 2017 73 districts in 2018
12	Cote d'Ivoire 2018		<p>Approved following revisions: Albendazole for LF: 76,301 Albendazole for STH (SAC): 17,770 Praziquantel (SAC): 4,049 Ivermectin: 96,820</p>	<ul style="list-style-type: none"> Distribution schedule: take into account the distribution month of the previous year (2017 to plan the 2018 MDA, respecting the deadlines between two treatment rounds). Approve drug application – number of tablets requested for: ALB (LF), PZQ and IVM Review the quantity ordered for ALB (EAS). For this, "Revise the Treatment Plan / STH for the 54 districts listed in Table 1" of the review document, to remove the number of tablets corresponding to 54 districts that are not eligible for STH treatment. 	<p>To congratulate Côte d'Ivoire on:</p> <ul style="list-style-type: none"> Good treatment coverage
13	Ethiopia 2018		<p>Approved: Medicine request is approved for ongoing 2 rounds MDA/year For the proposed 4 rounds/year for onchocerciasis treatment for elimination in selected Woredas, a detailed justification dossier is requested.</p>	<p>Ethiopia is requested to submit dossier justifying change of treatment (4 rounds/year) strategy</p>	

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14	Gabon 2018		Approved subject to review medicine stocks		
15	Ghana 2018	<ul style="list-style-type: none"> • Endemic for Oncho, LF, SCH & STH • Number of admin. district 216 • All supporting docs submitted • Drugs requests for Alb. Tablets- 1,054,822 for LF and 7,089,317 for STH • PZQ. Tablets- 16,451,995 • IVM. Tablets- 31,357,555 for Oncho. and LF • Treatment planned for June/July and for Oct./ Nov. 	Approved subject to review of medicine stocks		<p>Clarify 2nd round of STH treatment in the JRSM but not in the AW-PC</p> <p>Treatment interval for Oncho should be 6 months and not 4months as in the work plan. Confirm the need for 31 million tablets of IVM since Ghana is scaling down</p> <p>Tentative Approved pending resolution of the above concerns</p>
16	Lesotho 2018	<ul style="list-style-type: none"> • Endemicity is for STH only • Supplemental request was made for 2017 for treating in Sept 2017 • 7/10 districts require MDA • complete missing data in some districts where assessments were done • 2018 treatment is scheduled in Feb and Sept • Drugs for second round of 2017 already sent to the country. 	Approved subject to review of medicine stocks	<p>Do not use donated drugs for Pre-SAC</p> <p>Complete EPI data</p> <p>Apply for Mebendazole due to high Trichuris Trichiura rate</p>	<p>Commended for treating Pre-SAC but should not use the donated drug.</p> <p>Complete epid. data in the EPIRF form for some districts</p> <p>Clarify whether</p> <p>Mebendazole should be preferred in view of the high prevalence of Trichuris Trichiura</p> <p>WHO to clarify and consider funding request approve</p>
17	Kenya 2018	<ul style="list-style-type: none"> • Endemic for SCH, STH and LF • No EPIRF among supporting docs submitted • Requests for DEC, ALB. And PZQ LF-3,766,174 SCH- 2,165,306 STH- 7,137,295 • Medicine stock balance submitted • Treatment dates Feb. and August 2018 	Medicine request approved subject to review of medicines in stock, and requested Epi data.	To submit the EPIRF to justify the medicine request	Data sharing between implementing partners and NTD programme should be addressed

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18	Mali 2018	<ul style="list-style-type: none"> With the exception of trachoma, the data provided (country data, geographical coverage, epidemiological data, annual work plan, etc.) are of good quality. The stock of IVM tablets is too high (11 million tablets) Adequate funds are available as country has financial support from several NGDO partners (USAID, HKI, SS etc). 	<p>Approved :</p> <p>Albendazole for LF: 10066 Albendazole for STH (EAS): 5017 Praziquantel (EAS): 3222 Ivermectin: 15103</p>	<ul style="list-style-type: none"> Trachoma data is missing Explain the large stock of IVM (11 million tablets) 	
19	Niger 2018	<ul style="list-style-type: none"> Master plan 2016-2020 done This is a continuation programme. The 2016 (instead of 2017 which is under preparation) coverages are very good. The country is planning to implement the TAS already approved in 2016 Programme well-funded (USAID-NTD) This a very mature and pretty well funded programme capable of implementing the plan 	Approved subject to review of medicine quantities	To revise and resubmit the JRF to reflect the right treatment year (2016); and Provide the drug inventory report following the MDA in the summary sheet	
20	Swaziland 2018	<ul style="list-style-type: none"> Only STH and SCH are endemic. Request is made for 2018 medicines treatment in June 2018 STH- request for 2 districts 228,290 tablets Schistosomiasis is in 54 districts, 120,000 SAC, 300,000 PRZ tablets required 	Approved subject to review of medicine stocks	Medicine request and funding is approved pending further discussion with Secretariat on the quantities and funding availability	<p>Drugs approved provisionally and funding request for PZQ recommended</p> <p>Congratulate country on domestic financing for procurement of drug.</p> <p>Government procurement of ALB for pre-SAC children 135,454 pupils and 274,981 women of child bearing age and adults is commendable</p>

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22	Cameroon 2018	• Review of medicine quantities is ongoing			
23	Mozambique 2018	• Medicine review with country is ongoing			
24	Senegal 2018	• Review of medicine quantities is ongoing			
25	Sierra leone 2018	• Review of medicine quantities is ongoing			
26	Togo 2018	• Review of medicine quantities is ongoing			

TABLE 2: OUTCOMES OF THE RPRG CLOSED SESSION ON COUNTRY LF TAS DOSSIERS FOR 8 COUNTRIES

#	COUNTRY	TYPE OF DOSSIER	NUMBER OF EUS	NUMBER OF IUS	DECISION	RECOMMENDATION
1	Guinea Bissau	Pre-TAS			Differed until technical support to country is arranged	Not clear the baseline data to inform ongoing MDAs, in 2010 there was no positive cases. The country wishes to expand MDA to two regions. Fact finding by experts mission to country before decision can be made. There is co-endemicity with Oncho and only onco treatment has been ongoing. There was no treatment until 2010 when the programme restarted. Coverage has been very low. Define clearly evaluation units during the expert visit.
2	Burkina Faso	TAS1	9 EUs	22 IU	Approved	Use checklists for supervision
		TAS3	3 EUs			
3	Benin	TAS1	6 EUs	13 IU	TAS1 Approved in indicated IUs	Approved for Bonou, Agbangnizoung and 3 IU of Ouinhi+ EU (except Cove IU) are eligible for TAS
		TAS 3	6 EUs	23 IU	TAS 3 approved in the 6 EUs	Pre-TAS were done and passed in the above IUs More MDA with effective coverage are needed in Allada+ which has low coverage
4	Madagascar	TAS Report TAS 1	2 EU	4 IU	Approved	Stop MDA in Mamavo and go to Post-MDA surveillance

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