



Summary report, action points and recommendations of the first joint meeting on preventive chemotherapy and case management NTDs Libreville, Gabon, 20-22 June 2017

Summary Report

The first joint meeting of Preventive Chemotherapy (PC) and Case Management (CM) NTDs, organized by the WHO Regional Office for Africa, was held at the Radisson Blu Hotel in Libreville, in parallel with open-days on 10 years of fight against NTDs in Central Africa.

The overall objective of this 1st Joint Meeting on PC and CM NTDs was to undertake a mid-term review of implementation of the NTD Regional Strategic Plan for 2014-2020 and NTD National Master Plans.

The specific objectives of the meeting were to: 1) Review regional and national interventions and activities conducted from January 2014 to June 2017; 2) Draw lessons learned and best practices; 3) Identify the challenges and constraints encountered during implementation of intervention and 4) Formulate action points and recommendations to improve the implementation of the annual plans and activities for the period July 2017 to December 2020.

The meeting was attended by 135 participants: 56 national NTD programme coordinators and managers, nine (9) NTD-RPRG Members of the CM sub-group, 43 NTD partner delegates from Africa, Europe and the Americas, including 23 for PC-NTDs and 20 for CM-NTDs, and 27 members of the WHO secretariat, including four (4) from WHO Headquarters, one (1) from the Global Leprosy Programme based at SEARO (1), eight (8) from the Regional Office, one each from the IST West Africa (1) and Central Africa (1) and 12 from WHO Country Offices.

The meeting was officially opened on 20 June 2017 by Professor Léon Nzouba, Minister of Health and Population of Gabon, after a welcome address by the WHO Representative in Gabon, Dr Boureima Hama Sambo, and messages from two partners representing the PC-NTDs, Dr Frank Richards, and the CM-NTDs, Dr Julien Aké.

The first plenary presentation was made by Dr Magda Robalo, Director Communicable Diseases to situate the context of the meeting, explain the rationale for choosing Libreville in Central Africa and present the expected outcomes of the meeting.

On day one, the work was conducted in plenary sessions and reviewed implementation of two of the strategic pillars of the NTD Regional Strategic plan 2014-2020 and NTD National Master plans, namely Coordination, Government Ownership, Collaboration and Partnership on one hand, and Planning, Advocacy and Resource Mobilization on the other hand. Day two included thematic group sessions, which were language specific (1

English-speaking and 2 Francophone groups), covering the other two strategic pillars: Scaling up control, elimination and eradication interventions and Monitoring-Evaluation, Surveillance and Research.

The third day was dedicated to reporting back to plenary on the thematic and language specific sessions of the previous day and to prepare the synthesis report, the action points and the recommendations to be adopted by the meeting.

The Open-days on ten years of NTD control in Central Africa, inaugurated by the Minister of Health and Population of Gabon, included exhibitions of posters describing the evolution of the epidemiological situation of human African trypanosomiasis (HAT), leprosy and Buruli ulcer, as well as lymphatic filariasis, onchocerciasis, schistosomiasis, geo-helminthiasis and trachoma; and on progress and challenges in the fight against these diseases. A total of 25 posters have been exposed, in addition to the documentation on NTDs and a sample of diagnostic equipment used for parasitological diagnosis of NTDS. Throughout the three days of the meeting, documentary films on IEC and NTD control interventions were projected.

Action points and Recommendations

At the end of the three-day work of the First Joint Meeting on Neglected Tropical Diseases (NTDs) for Preventive Chemotherapy (PC) and Case Management (CM),

Taking into account the commitment of countries in the region to implement the Global Roadmap for NTDs, the 2014-2020 Regional Strategic Plan for NTD Control and the National Master Plans for NTD Control,

Cognizant of the need to strengthen integration of activities against NTDs, promote intersectoral collaboration and the increasing need to coordinate and facilitate cross-border interventions,

Supporting joint planning for greater effectiveness, efficiency and greater impact of interventions in countries,

The meeting adopted the following action points and recommendations:

A. To countries:

1. Coordination, Government Ownership, Collaboration and Partnership

- Establish a National Committee for the Elimination of Neglected Tropical Diseases (NTDs) in each country and, if necessary, specific subgroups according to endemic diseases targeted for elimination

- Ensure multisectoral approaches and inter-programme collaboration at different levels of the health system for the control, elimination and eradication of NTDs (water, sanitation, hygiene, school health, maternal and child health, and environment)

- Facilitate political commitment, dialogue and funding to ensure synchronized interventions in cross-border areas, including special strategies for reaching out to refugees, internally displaced people and for accessing insecure areas to deliver NTD interventions.

2. Planning for results, Advocacy and Resource Mobilization for Programme Sustainability

- By December 2017, finalize and validate national Master Plans by 2020 to combat NTDs and develop a 2018 implementation plan with the support of WHO and Partners

- Advocate for strengthened commitment of Member States in the fight against NTDs in order to allocate domestic budget lines for NTDs and ensure the disbursement of funds dedicated to NTD programmes

- Identify challenges and opportunities for scaling up Mass Medicine Administration (MMA) in countries not achieving 100% geographical MMA coverage for the five PC-NTDs; especially in countries/areas affected by insecurity/conflicts/crises or receiving displaced/migratory populations

- Develop and submit to ESPEN Action Plans to achieve 100% geographic coverage for the five PC-NTDs by 2018.

3. Scaling up interventions for Preventive Chemotherapy and Case Management

- Complete mapping of PC-NTDs, especially for onchocerciasis, and conduct rapid PC-NTDs prevalence surveys to scale up integrated interventions for control, elimination and eradication, using WHO recommended protocols

- Conduct annual joint planning and identify opportunities for integration of field interventions for greater cost-effectiveness and efficiency (e.g., census of hydrocele or trichiasis cases during active screening for Human African Trypanosomiasis (HAT) or leprosy cases; and Sensitization (IEC) on skin NTDs during Mass Medicine Administration (MMA) campaigns by community distributors).

4. Monitoring & Evaluation, Surveillance and Research

- Countries that already use the Country Integrated NTD Database (CIND) for PC and CM NTDs and the District Health Information System version 2 (DHIS2) for leprosy should:

- continue to use the CIND and mobilize resources for training of relevant health workers for its use at sub-national level and at health district (or equivalent) level
- continue to use the DHIS2 for leprosy data, expand its use at sub-national level and in health districts (or equivalent) and integrate other CM-NTDs as soon as possible

- Countries that use the Joint Reporting Forms (JRFs) in Microsoft Excel files for PC and the DHIS2 for leprosy:
 - o Adopt the CIND for PC and expand the use of both systems (CIND and DHIS2) to the health district level (or equivalent) including for other CM-NTDs
- Countries that do not use the CIND and the DHIS2:
 - o Adopt the CIND for PC and the DHIS2 for leprosy with inclusion of other CM-NTDs
- Strengthen surveillance (passive and integrated) to document the elimination of targeted NTDs
- Pursue the best practice of openly sharing monitoring and evaluation (M & E) data on NTDs at district level to strengthen cross-border planning, collaboration and coordination. This includes timely submission and sharing of M & E data with AFRO, including the sharing of relevant data through the NTD portal.

B. To partners

- Allow more flexibility for the use of funds made available to countries for the implementation of NTD activities in the agreed annual work plans
- Align their multi-faceted technical, material and financial support with NTD National Master Plans
- Advocate with member states for strengthened government ownership and domestic resource allocation to NTD Programmes.

C. To the World Health Organization (WHO)

- Advocate with Member States for strengthened government ownership and domestic resource allocation to NTD Programmes
- Provide specific technical and logistical support to countries for capacity building for NTD control actors, especially for those in charge of the health information system
- Provide historical data on onchocerciasis from the OCP and APOC Programmes to countries that do not have them; as well as processed data for the five PC-NTDs starting with the data currently available in the NTD portal
- Provide guidance to countries on field implementation of onchocerciasis elimination mapping, entomological and epidemiological surveys for the stopping of onchocerciasis Mass Medicine Administration (MMA), and integrated surveys for stopping MMA for Lymphatic Filariasis and onchocerciasis, as well as impact surveys for reducing the frequency of treatments for

schistosomiasis and soil-transmitted helminthiasis, in line with WHO recommended protocols and guidelines

- Guide countries on the validity, practical use and interpretation of new diagnostic tests such as the POC-CCA for intestinal schistosomiasis, Wb123, Ov16 rapid diagnostic tests (RDT) or Ov16 / Wb123 biplex, as soon as these are validated and recommended for use by WHO
- Establish and promote a remote support system for capacity building at the country level
- Encourage countries to invest in morbidity management and disability prevention (MMDP) in the implementation of National programmes
- For ESPEN specifically, support countries achieving less than 100% MMA geographical coverage for the five PC-NTDs to achieve full coverage by 2018. This support should include technical and operational aspects as required, coordination with partners and mobilization of resources for full coverage of the five PC-NTDs in the WHO African Region
- Continue to develop the NTD Portal as a platform for data collection, analysis and sharing with countries and stakeholders, while ensuring that historical and current data at the district level (including MMA coverage, impact assessment and drug supply) are made available by countries and stakeholders
- Support the establishment of surveillance sentinel sites to document the elimination of human African trypanosomiasis as a public health problem
- Encourage and support operational research for streamlining intervention strategies against NTDs and making available more performant diagnostic and treatment tools
- Contribute to the development by NTD Department in WHO/HQ of a generic protocol for M&E of NTD programmes, including PC and CM NTDs.

Done at Libreville, on 23 June 2017

By the rapporteurs and the WHO/AFRO secretariat