RECOMMENDATIONS BASED ON THE SEVENTH MEETING OF NEGLECTED TROPICAL DISEASE REGIONAL PROGRAMME REVIEW GROUP FOR PREVENTIVE CHEMOTHERAPY (NTD-PC-RPRG)

In 2017 WHO validated Togo's achievement of elimination of Lymphatic Filariasis as a public health problem.

BERLIN, GERMANY
16-18 OCTOBER 2017

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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 7th meeting held in Berlin, Germany from 16-18 October 2017, RPRG discussed the progress made following the NTD Roadmap towards achieving the 2020 targets for the control and elimination of NTDs. Specific progress made by countries was noted, and challenges identified were discussed and recommendations made.

ACRONYMS

ALB	Albendazole
APOC	African Program for Onchocerciasis Control
BMGF	Bill & Melinda Gates Foundation
CAR	Central African Republic
CCA	Circulating cathodic antigen
CDS	Cluster for Communicable Diseases
CFA	Circulating Filarial Antigen
DEC	Diethylcarbamazine citrate
DRC	Democratic Republic of Congo
END Fund	Ending Neglected Diseases Fund
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
GPELF	Global Program for Elimination of Lymphatic Filariasis
GSK	Glaxo SmithKline
IDA	Ivermectin, Diethylcarbamazine citrate plus Albendazole
IU	Implemention Unit
IST	Inter-country support team
IVM	Ivermectin
JAP	Joint Application Package
KK	Kato-Katz
LF	Lymphatic filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MBD	Mebendazole
MDP	Mectizan Donation Programme
NTD	Neglected Tropical Diseases
ONCHO	Onchocerciasis
OTS	Onchocerciasis Technical Advisory Subgroup
PC	Preventive chemotherapy
PCR	Polymerase chain reaction
PRE-TAS	Pre-Transmission Assessment survey
RPRG	Regional Program Review Group
SCH	Schistosomiasis
SOPs	Standard operating procedures
STH	Soil-Transmitted helminthiases
TAS	Transmission Assessment Survey
TIS	Trachoma Impact Survey
TOR	Terms of Reference
TRA	Trachoma
USAID	United States Agency for International Development
WHO	World Health Organization
WHO AFRO	WHO Regional Office for Africa
WHO/HQ	World Health Organization Headquarters

UPDATES PRESENTED BY SPEAKERS

1. ESPEN focus has shifted from the initial proposed attention to priority countries in 2016, to now focus on all countries endemic for preventive chemotherapy NTDs with emphasis on four priority areas for 2017-2018:

    a. Scaling UP: Reaching 100% geographical coverage of PC –NTDs (AFRO geographical average coverage for 5 PC NTD is 52.6%)

    b. Scaling DOWN: Supporting countries to Stop treatment and achieve WHO Validation/Verification as appropriate.

    c. Strengthening information systems for evidence-based decision-making and measuring progress towards elimination. Enhancing the NTD Portal and better data for higher impact.

    d. Donated medicines to reach those who need them (as part of Dr Moeti's commitment to the CEO Round Table).

2. Global Progress on NTDs amenable by Preventive Chemotherapy (PCT) 2016 shows that an unprecedented 1.495 billion treatments delivered in 2016 to 1.030 billion individuals for at least one disease. Other progress in PCT include:

    a. Publication of new WHO STH Guidelines in 2017;.

http://www.who.int/intestinal_worms/resources/9789241550116/en/

    b. new guideline on the alternative triple therapy with Ivermectin, Diethylcarbamazine and Albendazole (IDA) approach for LF

http://www.who.int/lymphatic_filariasis/resources/9789241550161/en/

    c. coverage evaluation, supervision and data quality

http://www.ntdsupport.org/resources/supervisors-coverage-tool

http://www.ntdsupport.org/resources/coverage-survey-builder-coverage-evaluations

https://www.ntdenvision.org/resource/publication/data_quality_assessment_dqa_for_ntds

    a. Guidance on coverage evaluation, supervision and data quality and e-learning platforms and collaborative forum

https://ezcollab.who.int/pct

b. An updated version of the Country-Integrated NTD-Database was released in October 2017

www.who.int/neglected_diseases/data/ntddatabase/en/.

3. NTD Portal and data sharing: 41 countries have consented to sharing and publishing their maps and related subnational data on the **AFRO/ESPEN NTD portal**; NTD Data used for public health action is now more consistent, accurate and publically available.

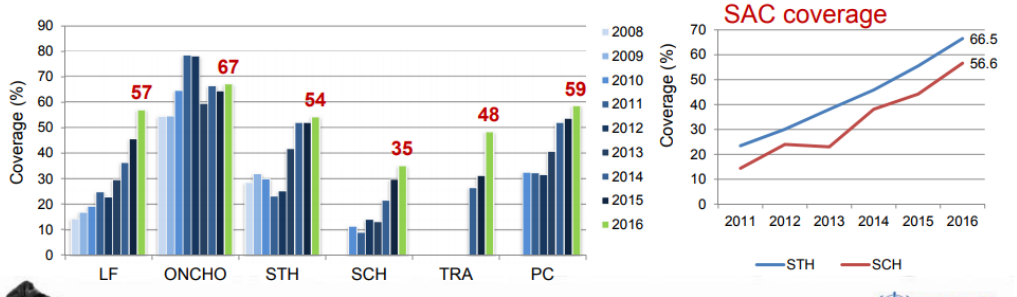
   http://ntd.afro.who.int

4. Accelerated progress to reach 2020 target by scaling up MDA. Eleven out of 17 West African countries scaled up achieving 87% geographical coverage (LF); 87.6% (oncho); 91.1% (STH), 53.8% (Schisto). East and Southern Africa 10 out of 20 countries scaled up as follows; 87.9% (LF), 98.8% (oncho), 82.1 (STH) and 52.6 (Schisto) and in Central Africa 08 out of 10 countries' results indicate 54.9% (LF), 84.9 (oncho), 56.4 (STH) and 37.3% (schisto). A total number of 4,251 IU scaled up MDA in 29 out of 37 countries reporting. Trachoma coverage has raised drasrically from 30% in 2015 to 48% in 2016.

Preventive chemotherapy in 2016 – African Region

PC implementation	LF	ONCHO	STH		SCH		TRA	PC[5]
			PreSAC	SAC	SAC	Adults		
Number of countries requiring PC[1]	32	27	42		41		25	44
Number of people requiring PC	371.2M	197.3M	97.5M	176M	100.3M	88.4M	171.3M	592M
Number of countries implemented and reported	24	22	27	33	29	14	23	39
Proportion (%) of districts implemented PC[2]	73	88	ND	80	49	ND	ND	ND
Proportion (%) of districts achieving effective coverage[3]	78	86	ND	69	83	ND	85	ND
Number of people treated	211.4M	132.2M	45.1M	143.5M	67.9M	13.4M	82.9M	379M
Coverage (%)[4]	**57**	**67**	**32**	**67**	**57**	**11**	**48**	**59**

[1] Number of endemic countries moved to post-treatment surveillance stage is not included in total.
[2] Proportion of known endemic districts implementing PC in countries that reported on PC interventions.
[3] Proportion of districts implementing PC achieving the defined effective coverage for the disease ≥65% for LF and ONCHO, ≥75% for STH and SCH, and ≥80% for TRA.
[4] Coverage is calculated as the number of people in need of PC and treated out of population requiring PC.
[5] PC - population requiring and receiving PC for at least one disease (LF, ONCHO, STH and SCH).



LF – lymphatic filariasis; ONCHO – onchocerciasis; STH – soil-transmitted helminthiases; SCH – schistosomiasis; TRA – trachoma
PreSAC – preschool-aged children (1–4 years); SAC – school-aged children (5–14 years); Adults – people aged ≥15 years

World Health Organization

Global status of preventive chemotherapy in 2016

PC implementation	LF	ONCHO	STH		SCH		TRA	PC
			PreSAC	SAC	SAC	Adults		
Number of countries requiring PC[1]	53	31	103		52		39	112
Number of people requiring PC	856.4M	198.2M	267.5M	568.7M	111.3M	95.2M	190.2M	1500M
Number of countries implemented and reported	40	24	58	72	36	21	31	81
Proportion (%) of districts implemented PC[2]	72.5	87.3	ND	ND	ND	ND	46.0	ND
Proportion (%) of districts achieving effective coverage[3]	78.9	85.9	ND	ND	ND	ND	85.0	ND
Number of people treated	495.6M	131.2M	166M	467.2M	69.3M	17.2M	85.2M	1024M
Coverage (%)[4]	**57.9**	**66.2**	**50.5**	**68.9**	**52.0**	**13.9**	**44.8**	**62.3**

[1] Number of endemic countries moved to post-treatment surveillance stage is not included in total.
[2] Proportion of known endemic districts implementing PC in countries that reported on PC interventions.
[3] Proportion of districts implementing PC achieving the defined effective coverage for the disease ≥65% for LF and ONCHO, ≥75% for STH and SCH, and ≥80% for TRA.
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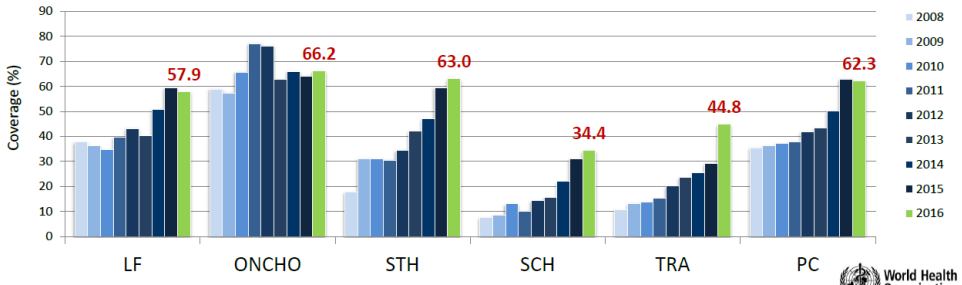

LF – lymphatic filariasis; ONCHO – onchocerciasis; STH – soil-transmitted helminthiases; SCH – schistosomiasis; TRA – trachoma
PreSAC – preschool-aged children (1–4 years); SAC – school-aged children (5–14 years); Adults – people aged ≥15 years

World Health Organization
Source: WHO/NTD

Global status of preventive chemotherapy in 2016 – lymphatic filariasis

PC implementation	AFR	AMR	EMR	SEAR	WPR	GLOBAL
Number of countries requiring PC[1]	32	4	1	5	11	53
Number of people requiring PC	371.2M	7.8M	13.4M	449.3M	14.7M	856.4M
Number of countries implemented and reported[2]	24	4	1	5	6	40
Proportion (%) of districts implemented PC[3]	73	86.1	12.5	90.8	37.9	72.5
Proportion (%) of districts achieving effective coverage[4]	77.5	48.6	0	88.9	84.8	78.9
Number of people treated	211.1M	4.1M	0.9	272.9M	6.5M	495.6M
Coverage (%)[5]	**56.9**	**52.6**	**6.9**	**60.7**	**44.3**	**57.9**

[1] Number of endemic countries moved to post-treatment surveillance stage is not included in total.
[2] Number of countries reporting data on PC implementation. Countries submitting blank reports are not included in total.
[3] Proportion of known endemic districts implementing PC in countries that reported on PC interventions.
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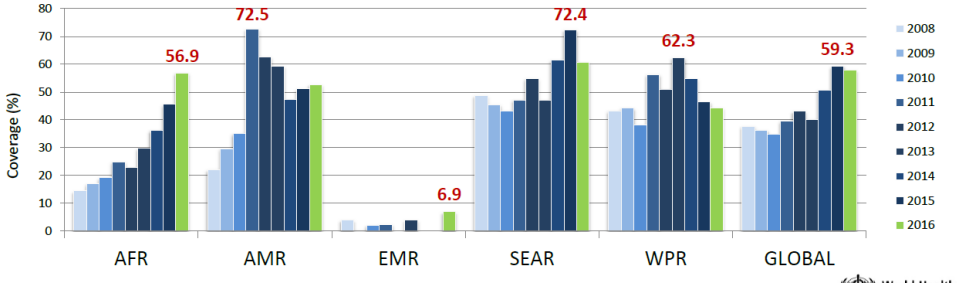

AFR – African Region; AMR – Region of the Americas; EMR – Eastern Mediterranean Region; SEAR – South-East Asia Region;
WPR – Western Pacific Region

World Health Organization
Source: WHO/NTD

Global status of preventive chemotherapy in 2016 – schistosomiasis

PC implementation	AFR SAC/Adults	AMR SAC	EMR SAC/Adults	SEAR SAC/Adults	WPR SAC/Adults	GLOBAL SAC/Adults
Number of countries requiring PC[1]	41	2	4	1	4	52
Number of people requiring PC	100.4M/88.4M	1.6M	8.2M/4.7M	4K/19K	1.1M/2.1M	111.3M/95.2M
Number of countries implemented and reported[2]	29/14	1/1	2/2	1/1	3/3	36/21
Proportion (%) of districts implemented PC[3]	48.2	ND	33.3	100	90.6	48.2
Proportion (%) of districts achieving effective coverage[4]	87	ND	40.6	0	13.8	84.6
Number of people treated	67.9M/13.4M	4K/12K	1.3M/2.4M	1.3K/4K	170K/1.3M	69.3M/17.2M
Coverage (%)[5]	**57.9/10.9**	**0.2/0.2**	**15.4/49.4**	**34.3/21.2**	**15.1/63.1**	**52/13.9**

[1] Number of endemic countries moved to post-treatment surveillance stage is not included in total.
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[3] Proportion of known endemic districts implementing PC in countries that reported on PC interventions.
[4] Proportion of districts implementing PC achieving the defined effective coverage for the disease ≥65% for LF and ONCHO, ≥75% for STH and SCH, and ≥80% for TRA.
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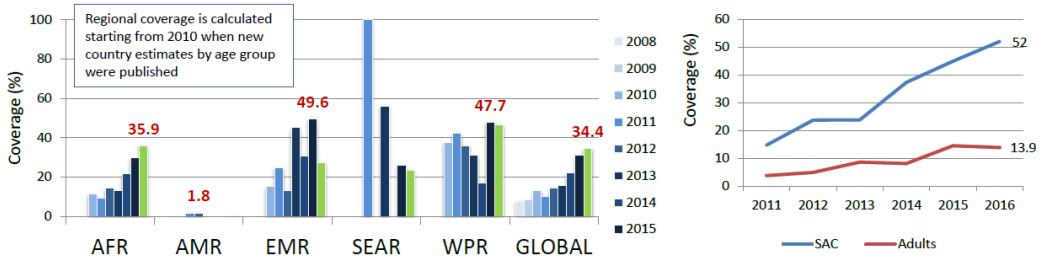
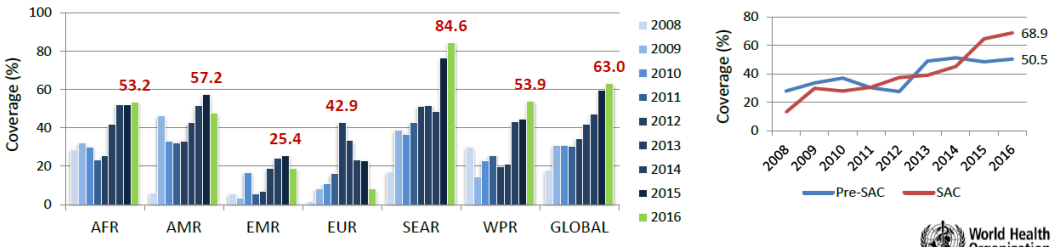


AFR – African Region; AMR – Region of the Americas; EMR – Eastern Mediterranean Region; SEAR – South-East Asia Region; WPR – Western Pacific Region

World Health Organization
Source: WHO/NTD

Global status of preventive chemotherapy in 2016 – soil-transmitted helminthiases

Preschool-aged children (1–4 years)	AFR	AMR	EMR	EUR	SEAR	WPR	GLOBAL
Number of countries requiring PC[1]	42	25	7	6	8	15	103
Number of people requiring PC	97.4M	12.5M	25.1M	1M	107.1M	24.4M	267.5M
Number of countries implemented and reported[2]	27	9	2	0	7	13	58
Number of people treated	45M	7.9M	5.4M	0	94.1M	13.6M	166M
Coverage (%)[5]	**31.9**	**35.8**	**21.4**	**0**	**75.4**	**55.7**	**50.5**
School-aged children (5–14 years)	**AFR**	**AMR**	**EMR**	**EUR**	**SEAR**	**WPR**	**GLOBAL**
Number of countries requiring PC[1]	42	25	7	6	8	15	103
Number of people requiring PC	175.9M	31.4M	49.9M	1.8M	247.5M	62.2M	568.7M
Number of countries implemented and reported[2]	32	13	5	2	8	12	72
Proportion (%) of districts implemented PC[3]	79.2	73.9	38.1	ND	70.6	96.5	75.9
Proportion (%) of districts achieving effective coverage[4]	68.5	47.2	37.6	ND	70.4	72.7	67.7
Number of people treated	140.1M	26.3M	24.5M	1.9M	240.4M	34M	467.2M
Coverage (%)[5]	**65.1**	**52.2**	**17.4**	**12.7**	**88.6**	**53.1**	**68.9**



AFR – African Region; AMR – Region of the Americas; EMR – Eastern Mediterranean Region; EUR – European Region; SEAR – South-East Asia Region; WPR – Western Pacific Region

World Health Organization
Source: WHO/NTD

Global status of preventive chemotherapy in 2016 – onchocerciasis

PC implementation	AFR	AMR	EMR	GLOBAL
Number of countries requiring PC[1]	27	2	2	31
Number of people requiring PC	197.3M	31K	824K	198.2M
Number of countries implemented and reported[2]	21	2	1	24
Proportion (%) of districts implemented PC[3]	87.3	100	80	87.3
Proportion (%) of districts achieving effective coverage[4]	86	100	75	85.9
Number of people treated	130.9M	21K	267K	131.2M
Coverage (%)[5]	**66.3**	**68.7**	**32.3**	**66.2**

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[3] Proportion of known endemic districts implementing PC in countries that reported on PC interventions.
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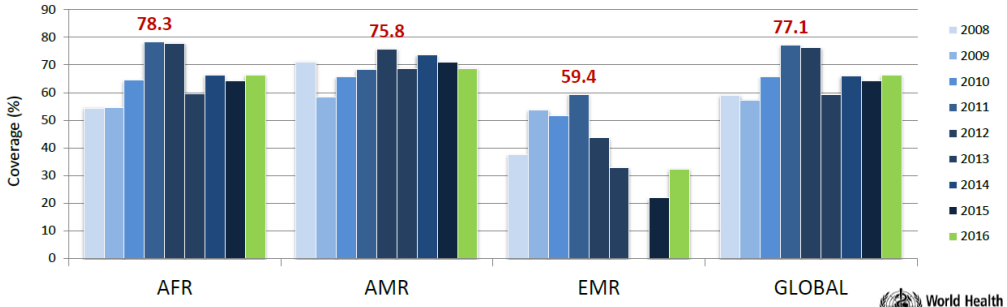

AFR – African Region; AMR – Region of the Americas; EMR – Eastern Mediterranean Region.

World Health Organization

Source: WHO/NTD

Global status of preventive chemotherapy in 2016 – trachoma

PC implementation	AFR	AMR	EMR	SEAR	WPR	GLOBAL
Number of countries requiring PC[1]	25	3	4	0	7	39
Number of people requiring PC	171.3M	5.2M	10.8M	0	2.8M	192.1M
Number of countries implemented and reported[2]	24	3	1	0	3	31
Number of people treated	82.9M	0.286M	1.8M	0	0.277M	85.2M
Coverage (%)[3]	**48.4**	**5.5**	**16.6**	**0**	**9.8**	**44.8**

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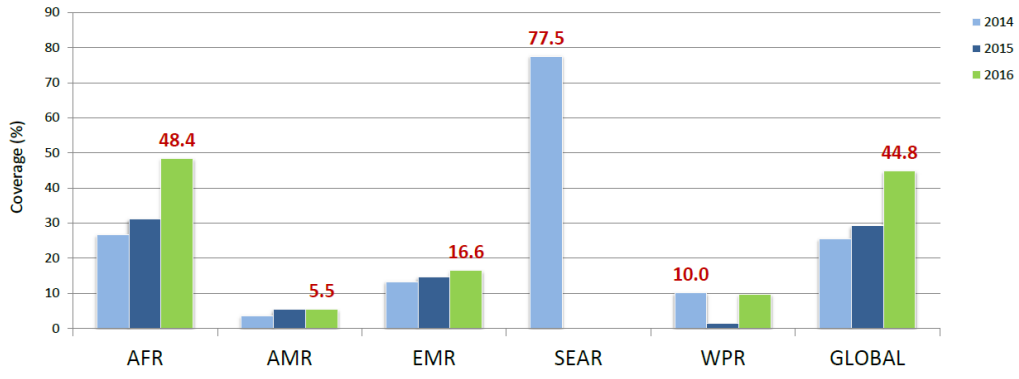

AFR – African Region; AMR – Region of the Americas; EMR – Eastern Mediterranean Region; SEAR – South-East Asia Region; WPR – Western Pacific Region

World Health Organization

Source: WHO/NTD

5. Lymphatic Filariasis transmission assessment surveys (TAS) implementation and forecasting showed that in 2016, 399 TAS1, 115 TAS2 and 18 TAS 3 were

conducted, while 121 Pre-TAS, 153 TAS1, 193 TAS2, and 21 TAS3 are projected for 2018.

6. Update on country plans for snail control for schistosomiasis showed that between October 2016 to September 2017 at least three workshops have been held to train country programme managers from 21 countries (Benin, Burundi, Burkina Faso, Cameroon, Cote d'Ivoire Ethiopia, Ghana, Madagascar, Malawi, Mali, Mozambique, Niger, Nigeria, The Sudan, Tanzania Mainland & Zanzibar, Uganda, Zambia, Zimbabwe, Zimbabwe, Senegal, Togo, Rwanda) to develop costed work plans for implementing integrated snail control activities.

7. Report on ESPEN Lab specified that 6 countries (Senegal, Guinea, Sierra Leone, Liberia, Ghana) developed onchocerciasis evaluation plans and protocols; and that technical support was provided to Sierra Leone, Liberia, Ghana, Guinea Bissau, Benin, Guinea on delineation of transmission zones, building capacity of entomologists and laboratory training on sample processing.

8. Progress on the integration of NTDs into the African Leaders Malaria Alliance (ALMA) Scorecard.

9. The new WHO PCT data portal will display updates on coverage by disease, region, use of donated PC medicines, country profiles and five disease specific modules with interactive platform to display and map disease specific indicators and comparative performance section by type of the coverage. http://ntd.afro.who.int ; WHO/HQ ESPEN NTD Portal; http://apps.who.int/gho/cabinet/pc.jsp .

10. The newly released JAP is now customized, validated and versioned with analytic tools and some new indicators added. This can be downloaded on this website http://www.who.int/neglected_diseases/preventive_chemotherapy/reporting/en/

11. The presentation noted a decrease in the number of people needing "A, F and E" (where TF>5%) in the African region from ~278 million in 2007 to ~171 million in 2016. Extraordinary progress on baseline trachoma mapping was made during the life of the Global Trachoma Mapping Project. However, there are still 87 secure districts in six countries that are suspected to be endemic but which currently do not have funds to complete mapping (as well as 39 districts in two other countries that are presently too insecure to undertake mapping and 4 countries where funding for mapping is secured). It is estimated that $1 931 000 is required to map these 87 districts. The estimated funding gap presented for elimination of trachoma from the African continent is $208 million USD.

12. Progress report on Oncho elimination in 2016 in the African Region showed that 130 million people were treated, an increase of 11 million from 2015, representing more than 65% of the people requiring treatment. More than 800,000 people are no longer in need of treatment in the region. The first meeting of the Onchocerciasis Technical Advisory Subgroup (OTS) took place in Geneva in October 2017. The OTS is beginning to provide input on a variety of onchocerciasis priorities, including *Onchocerciasis elimination mapping* aiming to identify all ivermectin naïve areas where onchocerciasis transmission is active and intervention required to achieve elimination. Key points of discussion and recommendations from the first OTS meeting were presented.

13. Updates were presented on Triple therapy for LF and upcoming pilot activities in Africa in non oncho endemic areas (for example, Kenya).

14. Revision of Schistosomiasis guidelines is ongoing and a meeting to be held in Geneva in February 2018 will finalize this process.

RECOMMENDATIONS

A. TO WHO:

1. Strengthen communication and engagement of RPRG members :

- Delays in dissemination of RPRG recommendations persist, an analysis of the determinants should be urgently made to correct the situation.
- The RPRG requests a clear line of communication with ESPEN/AFRO to better manage the relationship.
- If the role of the RPRG Liaison is to be maintained, communication expectations with countries and role should be clarified.
- RPRG Liaisons should be formally introduced to countries via email with copies to the National program officers (NPO) from WHO country offices (WCO), and NTD program manager from MoH.
- Timely presentation of country dossiers to RPRG members by ESPEN is crucial for proper review ahead of meetings.
- Review the design of the RPRG meetings clearly highlighting the issues on which the RPRG has to deliberate.
- Given the number of countries in the region, consider splitting the review of country programs among the two meetings to allow an in-depth analysis of each of them.
- Strengthen process for rolling reviews intended to take place between meetings.

2. Review of Joint Application Package:

- RPRG should not be responsible for the detailed review of the JAP, TAS, TIS applications and reports.
    - That should be the responsibility of the secretariat;
    - Summary findings and issues should be reported to the RPRG for final advice; and
    - All RPRG members should have access to the full country applications or reports.
- Ensure the quality of the data transmitted to the RPRG for review by: 1) increasing awareness of program managers on the importance of quality of the reported data; and, 2) a consensus review of these data by stakeholders through conducting Technical Review in the country prior to transmission

3. Enhance the visibility of NTD Master Plans:

- Make the country Master Plan publically accessible and highly visible as soon as possible (before end of March 2018) to support countries in implementation.

4. Joint Request for Selected PC Medicine and supply chain management:

- Provide country-specific support for drugs management, particularly for the management of balances.
- Explore the possibilities of using the presence of RPRG members/NTD experts in their respective countries to leverage their support in resolving specific problems such as the supply chain management.
- Place the drugs request form on the WHO website for the areas co-endemic for loiasis (JRSM loa) and translate the existing version into French and Portuguese as most of the affected 9 countries are Francophone or Lusophone by April of 2018 (Nigeria being Anglophone).
- Design and implement a process that will provide transparent information on drug applications from submission, through corrections, drug shipment and arrival in country. Ensure that roles and responsibilities and timelines are clear for every step of the process.

5. Alternative treatment for Loa and LF co-endemic areas:

- Support countries to implement Albendazole treatment biannually for Loa Co-endemic areas by enhancing regional training/planning.

6. Onchocerciasis laboratory capacity in the region:

- Develop criteria for laboratory assessment across the region by June 2018.

7. Disease specific presentations and analysis:

- Integrate the presentations for different diseases evaluations and reports by country.

8. NTD Elimination sub committees:

- Formalize the process of setting up the NTD elimination sub committees (Oncho/STH/Schisto) by end of April 2018.
- Consider providing financial support to Elimination committees, avoiding overlap where other stakeholders already support these.

9. Presentations of JAP summary and reports:

- Review the format to present joint applications package and country summary reports.

10. Enhance resource mobilization:

- Encourage domestic resource mobilization and work with countries to embrace this approach.

B. TO ALL STAKEHOLDERS

1. NTD Master Plans:

- Utilize the country Master Plans to align their projects with their subsequent financial year as applicable
- Ensure involvement of all stakeholders in the planning process. Support countries to evaluate implementation against master plans. Revise annual workplans according to lessons learnt during those evaluations, towards an outcome based approach.

2. Mapping of implementing partners at national level:

- Conduct partner mapping at district/disease/activity/country level to help coordination and define support gaps.

3. Implementation of vector control activities for schistosomiasis

- Provide technical and financial support to countries to implement vector control activities for schistosomiasis and to report back to ESPEN the support provided.

4. Implementation of Ivermectin/DEC/Albendazole (IDA) Triple therapy for LF:

- Support transition to IDA for specified IUs in non-oncho countries and report on at the next RPRG meeting.

5. Trachoma elimination target:

- Mobilize more resources for the trachoma elimination, starting with the finalization of the mapping where substantial efforts still need to be made and with funding for SAFE strategy implementation where trachoma-endemic areas have been identified during mapping but funding for SAFE is missing.

C. TO MEMBER STATES

1. TAS report and eligibility request submission:

- Encouraged to submit maps alongside the TAS report and eligibility request when submitting request.

2. Based on the data reported in 2016 (only to those countries that submitted report)

	POPULATION REQUIRING TREATMENT (X1000)						2016 COVERAGE						RECOMMENDATIONS
country	LF	ONC	SCH. SAC	SCH SAC + Adults	STH PreSAC+ SAC	TRA	LF	ONC	SCH SAC	SCH SAC+ Adults	STH	TRA	To countries reporting in 2016
Angola	5,396	5,553	3,282	5,124	11,235	NA	1	2	50	32.8	26	NA	SCH: scale up LF: implement Albendazole twice a year in Loa coendemic areas STH: co-implement with LF and SCH. Scale up treatment for Oncho: Commit to oncho elimination Given the good Schistosomiasis Preventive Chemotherapy coverage (PC) already achieved, work to improve the co-implementation of PC for Lymphatic Filariasis and Soil Transmitted Helminths and begin treatment with Albendazole twice a year in Lymphatic Filariasis endemic districts
Botswana	NA	NA	151		236	NA	NA	NA	0		29	NA	STH: scale up Given the good Soil Transmitted Helminths (STH) Preventive Chemotherapy (PC) coverage achieved, implement PC for Schistosomiasis alongside STH, at least for school-age children
Burundi	NA	1,698	1,012	2,983	3,927	2,467	NA	80	91	30.9	96	0	TRA: scale up Given the high coverage of Onchocerciasis, Schistosomiasis and Soil Transmitted Helminths Preventive Chemotherapy (PC) already achieved, restart PC for trachoma Oncho: impact assessments or assess transmission

Chad	3,182	3,820	2,070		381	6,139	51	68	0		6	38	**TRA: scale up** **SCH: start MDA** **Given the good coverage achieved in Trachoma, Onchocerciasis and Lymphatic Filariasis Preventive Chemotherapy (PC), implement PC for Schistosomiasis alongside the other diseases** **Oncho: impact or transmissions assessments**
Comoros	514	NA	NA	N/A	195	NA	0	NA	NA	N/A	0	NA	**LF: scale up** **STH: scale up** **Implement Preventive Chemotherapy for Lymphatic Filariasis and Soil Transmitted Helminths**
Congo	963	597	69	164	1,685	NA	12	79	25	18.2	3	NA	**LF, SCH, STH: scale up** **Work to return the Preventive Chemotherapy coverage levels to those achieved in 2015** **Oncho elimination mapping, impact assessments**
Djibouti	NA	NA	NA	N/A	111	0	NA	NA	NA	N/A	0	100	**STH: scale up** **Work to return the Soil Transmitted Helminth Preventive Chemotherapy coverage levels to those of 2015**
Equatorial Guinea	420	99	30		145	NA	0	0	0		0	NA	**LF, SCH, STH: scale up** **Initiate Preventive Chemotherapy for Lymphatic Filariasis, Schistosomiasis and Soil Transmitted Helminths** **Oncho: elimination mapping for oncho on the mainland**
Gabon	346	76	165	183	459	NA	0	0	36	36.7	14	NA	**LF: start Albendazole twice a year** **SCH, STH: Scale up** **Confirm Lymphatic Filariasis mapping (potential absence based on previous results)** **Oncho: complete oncho elimination mapping**
Gambia	NA	NA	108		82	0	NA	NA	0		47	100	**TRA: support dossier development** **Given the good coverage achieved in Soil Transmitted Helminths (STH) Preventive Chemotherapy (PC), implement PC for Schistosomiasis alongside STH, at least for school aged children**
Guinea-Bissau	1,565	485	130		512	1,075	0	0	0		33	88	**LF,SCH: scale up** **Extend the progress observed in Soil Transmitted Helminths and Trachoma Preventive Chemotherapy to the other three endemic NTDs (Schistosomiasis, Lymphatic Filariasis and Onchocerciasis)** **Oncho: commit to oncho elimination, impact assessment**
Lesotho	NA	NA	NA		531	NA	NA	NA	NA		0	NA	**STH: scale up** **Initiate Preventive Chemotherapy for Soil Transmitted Helminths**

Mauritania	NA	NA	413		NA	294	NA	NA	0		NA	0	**Complete confirmatory mapping of LF** **TRA: scale up** **SCH: scale up** **Re-establish Preventive Chemotherapy for Schistosomiasis and Trachoma (if districts still have TF of 5% or above)**
Mozambique	20,180	18	5,803	14,257	11,988	6,473	74	0	93	43.3	57	45	**Good coverage achieved in Soil Transmitted Helminths (STH), Schistosomiasis, Trachoma, and Lymphatic Filariasis Preventive Chemotherapy (PC)** **Confirm Oncho transmission before scaling down MDA for LF** **Oncho: Oncho elimination mapping, starting at Malawi border**
Namibia	NA	NA	206		811	NA	NA	NA	0		21	NA	**SCH: scale up** **STH: scale up** **Implement Preventive Chemotherapy for schistosomiasis alongside Soil Transmitted Helminths, at least for school-age children**
Rwanda	NA	NA	969		4,380	NA	NA	NA	0		100	NA	**Given the high coverage of Soil Transmitted Helminths (STH) Preventive Chemotherapy (PC) already achieved, implement PC for Schistosomiasis alongside STH, at least for school-age children** **Oncho: Oncho elimination mapping**
Sao Tome and Principe	188	NA	4		81	NA	0	NA	0		0	NA	**Establish sustained Preventive Chemotherapy for the three endemic NTDs (Lymphatic Filariasis, Schistosomiasis and Soil Transmitted Helminths)**
Somalia	NA	NA	319		4,904	NA	NA	NA	0		0	NA	**SCH: scale up** **STH: scale up** **Implement Preventive Chemotherapy for Schistosomiasis and Soil Transmitted Helminths**
South Africa	NA	NA	2,550		3,888	NA	NA	NA	0		100	NA	**SCH: scale up** **Given the high coverage of Soil Transmitted Helminths (STH) Preventive Chemotherapy (PC) already achieved, implement PC for Schistosomiasis alongside STH, at least for school-age children**
South Sudan	1,660	7,532	1,494	2,630	4,808	1,959	0	0	28	16.1	41	9	**TRA: scale up as security permits** **Improve the co-implementation of Preventive Chemotherapy for Lymphatic Filariasis, Onchocerciasis and Soil Transmitted Helminths**
Sudan	13,394	501	4,988		17,181	4,980	7	53	24		7	36	**Continue the progress made since 2015 in increasing Preventive Chemotherapy coverage across the five endemic NTD** **Oncho: scale up where feasible, oncho elimination mapping**

3. Recommendations on SCH Impact assessments

Impact assessments for Schistosomiasis should be conducted after a period of 5 years of consistent MDA. Impact assessment reports were received from 6 countries including Benin, Burkina Faso, Mali, Sierra Leone, Senegal and Togo.

Country	Implementation Status	Data Source	Summary Review	Comments and Recommendations
Benin	MDA started in 2008. National coverage 45.7% in 2015. 2.3 million treatments delivered for SAC.		• 2003 baseline rapid assessment (questionnaire) in 88 communes, 105,048 SAC interviewed. • Prevalence of history of haematuria: 12%. 46 communes were classified as low risk, 41 as moderate risk and 12 as high risk. Re-assessment survey in 2014: in 30 communes, 7500 SAC were tested. • 1 commune had prevalence ≥50%, • 17 commune have moderate prevalence and • 12 have low prevalence. Impact assessment (2016): 18100 SAC by Kato Katz and Urine filtration. • 33 communes are low endemic, • 36 as moderate risk • 8 as high risk communes SH prevalence was 16%, SM 2.5%.	Continue with MDA Improve the national coverage

Burkina Faso	MDA started in 2005. 42.9 million PZQ treatment have been delivered SAC and adults 12 rounds of MDA	-EPIRF 2016 -NTD master plan 2012-2016 -Report of the schistosomiasis programme review 2012 -WHO bulletin: schistosomiasis in Burkina after a decade of control	Background Baseline survey 2005 in 63 districts: 11 districts high endemicity (P≥50%); Sahel, Nord and Centre-Est. 46 as moderate (P10-49%) 6 districts as low endemic (P<10%). Sentinel site (22 schools) regularly followed. 53.9% for *S. haematobium* and 6.16% for *S. mansoni* sentinel sites baseline. In 2013, 22 sentinel sites, 3514 school children were tested. The adjusted prevalence was 8.76% for *S. haematobium* and 0.3% for *S. mansoni*. Heavy infection >5 % found in Sahel and Centre Est. Impact assessment (2016): in 18 sentinel sites, 2865 SAC. Prevalence was 3.4% for SH and 0.04% for *S. mansoni*. Two sites have prevalence of heavy infection ≥5%.	Overall a great impact has been achieved however, hotspots remained. Impact survey should be conducted not only in sentinels sites but to include other spot check areas as well. Refinement mapping is required for better understanding of the current endemicity
Mali	Mainly in the Niger and Senegal river basin MDA since 2006 More than 27 million PZQ treatments 47/65 districts are endemic	EPIRF 2016 GHO NTD master plan 2011-2015	Background Baseline survey in 2004 by SCI, SH is more prevalent Prevalence 9.5% -53.8% 2010 sentinel sites in 2010: SH of 87.8% in Segou (67% in 2006), 55.9% in Macina (25% in 2006) and 29.1% in San compared to 19% in 2006. *S. mansoni* prevalence was 17% in the same surveyed sites in 2010. Impact assessment in 34 districts 77 sites in 2016 16 districts have prevalence <10% (2 districts have 0% prevalence) 12 district have prevalence 10-49 % 6 districts have >=50%	Complete the evaluation in the rest of the country. More than 50% of the district surveyed have moderate to high prevalence after 12 rounds of MDA. Evaluate the quality of the MDA (coverage) More supervision during the MDA Pay particular attention to hotspots areas.
Sierra Leone	Started MDA 2009. National coverage reached in 2010. 7 rounds of MDA. 2014 round was missed due to Ebola outbreak	EPIRF 2016 EPIRF 2015 NTD master plan	Background: Mapped in 2008, Moderate to high Prevalence in 5 districts (Kono, Koinadugu, Kenema, Kailahun, and Tonkolili) and parts of Bo and Bombali. 1.8 million people at risk The baseline prevalence of *S. haematobium* was 0.9% and for *S. mansoni* 17%. Impact assessment in 2016 in 12 regions 64 sites 3184 SAC SH Prevalence is 1.8% (0%-7%) Heavy infection varies from 0%-2% SM prevalence 13% (0.4%-39%) 5 regions have moderate prevalence (13.9-39.5%) 7 regions have low prevalence (0.4%-8.2%) The proportion of heavy infection is <5% in 11/12 regions (0.0%-9.9%)	Country may readjust the MDA to the re-assessment prevalence

Senegal	Started in 2006 8 rounds of MDA Over 8.6 million treatment delivered. Progressive replacement of S. mansoni by S. haematobium.	NTD master plan 2011-2015 EPIRF 2016 NTD brief	Background: The baseline survey in 2003 in 31 districts SH prevalence ranging from 17.6% to 48.8%. SM: Senegal river basin prevalence above 80% with high intensity infection. Impact assessment in 15 sites in 2016. The overall prevalence of *S. haematobium* was 31.2% (6.9% - 96.5%) 2 sites positive for *S. mansoni* with 36.2% in Yetti Yone (Richard Toll) and 4.2% in Keur Momar.	The prevalence is still very high. More investigation needed to understand the low impact of the PC. Evaluate coverage and efficacy of Praziquantel Impact survey in the other regions of the country
Togo	MDA started in 2010	EPIRF 2016 GHO NTD master plan 2012-2016	Background MDA started in 2010 for SAC & Adults SAC and adults were targeted 12.6 million treatments were delivered between 2010- 2016 The baseline data in 2009 in 549 USP In more than 50% of the USP the prevalence was≥20%. Impact assessment in 2015 in 1096 sites 4.7% of the sites have prevalence ≥50% 34% of the site have moderate prevalence 29.2% of the site were negatives	Continue MDA in endemic areas. Country may readjust the MDA to the re-assessment prevalence

4. Recommendations on STH Impact assessments

Impact assessments for Soil Transmitted Helminthiases should be conducted after a period of 5 years of consistent MDA. Impact assessment reports were received from 7 countries including Benin, Burkina Faso, Mali, Niger, Sierra Leone, Senegal, Togo.

Country	Implementation Status	Data Source	Summary Review	Comments and Recommendations
Benin	PC started in 2003 with the LF programme 7.1 million treatments to SAC 19.3 million treatments to PSAC.	EPIRF GHO NTD master plan	2009 Baseline survey support by WHO, 757 SAC National STH prevalence 5.2% (0% - 4.2%) in the Central region, and 13% in the Southern region. 2.9% for Ankylostoma and 2.1% for Ascaris. Re-assessment survey in 2014 in 30 communes in 150 schools of after at least 5 rounds of MDA for STH. Prevalence of 1.20% - 60.00%. Ascaris: 0.40% -23.20%. Trichuris : 1.2% -9.6%. Impact assessment survey (2016): 77 communes, 18100 SAC, Kato Katz. The overall prevalence was 22.9%. 5.5% for Ascaris, 1.2% for Trichuris 17.03% for Ankylostoma. Only 4 communes have a proportion of heavy infection ≥5%. However 46 Communes still have STH prevalence ≥20%.	Continue MDA, Improve WASH

Burkina Faso	Deworming started with the Lymphatic filariasis programme in 2003. 75% of SAC were covered in 2005. 48.5 million treatments delivered to SAC and 16.9 million treatments to PSAC.	EPIRF 2016 GHO NTD master plan	2008 Sentinel sites survey STH 0 - 15.4%. 2010 follow up survey: only two districts had prevalence above 10% (10.8% in Panamaso and 12.4% in Noumonso). 2016 Impact assessment –2 types - *Sentinel site survey* Survey conducted in 2016 in 18 sentinels in 18 districts using Kato Katz 160 children have been included per site A total of 2828 SAC have been tested The overall prevalence of STH was: 0.0% for Ascaris 0.3% for Ankylostoma 0.07 % for Trichuris The prevalence was below 2% in all the surveyed sites *b. STH survey during TAS* 6 evaluation units (17 districts) 193 schools surveyed 1889 children aged 6-7 years tested Prevalence are: - Ascaris 0.4% - Ankylostoma 0.6% Trichuris 0.05%	The infection seems to be under control in the areas that have been surveyed. (the sample is adequate) Country may readjust the MDA to the re-assessment prevalence
Mali	MDA for SAC since 2003 MDA for PSAC from 2007. 32 million treatments have been provided for SAC more than 23 million treatments for SAC with high coverages.	EPIRF 2016 NTD master plan Sentinel site survey report 2009 (SCI)	2004 Baseline survey in the regions of Kayes, Koulikoro, Segou, Sikasso, Bamako, Tombouktou, Gao and Mopti Ascaris and Hoookworm 0% -0.4% An cylostoma 0% -17.4% 2006 Sentinels site survey Hookworm 5.77% Ascaris 0.0%). Trichuris, 0.48%). <u>Impact assessment in</u> 34 districts, 77 sites 4672 SAC examined by Kato Katz Prevalence are: 0% Ascaris 0.1% Ankylostoma 0.04% Trichuris Prevalence <2% in all the districts	The infection seems to be under control in the areas that have been surveyed (the sample is adequate) Country may readjust the MDA to the re-assessment prevalence (especially Sikaso)

Niger	Large scale deworming programme since 2006 LF programme since 2007 Pre SAC also targeted during Immunisation campaigns.		2005 baseline survey in 120 villages (6534 SAC surveyed), STH prevalence was 4.2%. 0-3.4 % Ascaris 0-2.8% hookworm 0-2.8% of Trichuris. Impact assessment in 2014 in 30 district by Kato-katz and concentration method, 4370 SAC 00.0% for Ascaris and Trichuris 0.1% for Ankylostoma . 2015 survey conducted in 2015 in Diffa and Tahoua region in 3350 SAC. The prevalence of Hookworm and Trichuris was 0% and the prevalence of Ascaris was 0.48%.	Country may readjust the MDA to the re-assessment prevalence
Senegal	Started 2003, SAC PSAC (from 2013). 19 million treatments to SAC 12 million treatments in total.	NTD master plan 2011-2015 EPIRF 2016 NTD brief	Baseline The 2002/2003 mapping carried out in 63 schools of the regions of Tambacounda, Matam, and Saint Louis found an overall prevalence of intestinal parasites of 22.1%. Ascaris 7.1%. 2009-2010 survey in 16 districts STH prevalence ranging from 0-13.4%. The prevalence was 0% in 9 /16. Districts Impact assessment in 2015 in Richard Toll, Tambacounda, Pete, Podor, Keur Momar Sarr, Linguere, Kedougou, Dianke Makha, Koumpentoum, Kanel and Ranerou; In 801 SAC by Kato Katz. 0.7% (0-2.1%) for Ascaris with 0% heavy infection 0% for ankylostoma 0.2% for Trichuris (0-2%) with 0% of heavy infections.	The infection seems to be under control in the areas that have been surveyed (but the sample is small) Reduce the frequency of PC for STH to the re-assessment prevalence Expand survey to other regions
Sierra Leone	Large scale MDA started in 2003. PSAC and SAC National coverage was reached in 2010. The MDA have been conducted regularly with high coverage, apart from 2014 missed round due to Ebola outbreak.	EPIRF 2016 EPIRF 2015 NTD master plan 2011-2015	In 2008 mapping was conducted for SCH and STH in SAC in 14 districts. All 14 districts had moderate prevalence (20%- 50%) for *Ascaris lumbricoides, Trichuris trichiura* and Strongyloides but high prevalence for Hookworm 7.2% for Ascaris, 3.0% for Trichuris, 0.09% for Strongyloides 30.8% for Hookworm. Impact assessment in 14 regions, 74 sites, 50 SAC per site by Kato Katz, total 3632 SAC The prevalence of STH was: Ascaris: 4.35% (0-8.8%); heavy and moderate 0% Hookworm: 14.9% (1.2%-33%). heavy infection.8% and the moderate 2%. Trichuris: 0.7% (0%-2.9%) with 0% of heavy infections	The country should continue with PC for STH once a year.

Togo	Regular deworming since 2003, with LF programme. PSAC were targeted since 2004. 13.5 million treatments for PSAC and 10.5 million treatments for SAC	EPIRF 2016 NTD master plan 2012-2016	The baseline survey carried out in 2009 in 549 USP (unites de soins périphériques) 4 districts as high endemicity 22 districts as moderate risk and 4 districts as low risk. Impact assessment in 2015 after 12 years/rounds, using LQAS in 1096 sites. In each site, 15 SAC were sampled; total SAC 16,440 SAC by Kato-Katz technique 32.9% Hookworm (1.7% having heavy infection), 0.2% Trichuris 0.3% Ascaris.	Continue MDA, strengthen WASH.

5. SUMMARY RECOMMENDATIONS ON JOINT APPLICATIONPACKAGES FROM 14 COUNTRIES

COUNTRY	Issues raised	Recommendation	
Angola	*Loa loa* endemic country: how should LF endemicity be interpreted in the light of potential cross reactivity?, Issues with Medicine inventory.	Start treatment with Albendazole twice a year in LF endemic districts. Confirm endemicity of LF by Wb123 due to potential cross reactivity between *Loa loa* and *Wuchereria bancrofti* antigens in FTS. The inventory of medicines was resubmitted by WCO	*Approved*
Burkina Faso		Address pending issues on medicine inventory: Unaccounted tablets (tentative): - ALB (LF): at least 2M completed. - Discuss with country to reduce the number of PZQ tablets requested to be less than 7M There is need to revise the population at risk on SCH given the scarcity of distribution of the disease in the country.	Approved
Burundi		Address pending issues on medicine inventory: Unaccounted tablets (tentative): - PZQ: 2M	Approved
CAR	Issues with Medicine inventory:	Country justified by looting during crisis and expiration. Unaccounted number of medicine tablets -PZQ: 381,833, ALB: 1,703,654.	Approved
Congo	For many LF endemic districts (line 21, 23, 24 …) population requiring PC is 0. Need to be corrected. Drug inventory: there should still be 2M ALB/LF and 2M ALB/STH.	LF endemic districts were revised. Please address issues with medicine inventory	Approved
DRC	Medicines inventory issues raised around PZQ. No information of adequate availability of funds	Ensure appropriate measures are in place to prevent and treat potential SAE according to MEC guidelines. In LF and *Loa loa* only endemic areas where there is no Oncho use ALB twice a year. Clarify PZQ tablets in stock when 2017 MDA is completed. Clarify funding sources.	Approved
Eritrea	Forms not properly filled. No historical data on coverage available for the review	ESPEN Secretariat has reviewed and updated the application with WCO and MoH.	Approved
Liberia		Address pending issues on medicine inventory: Unaccounted tablets (tentative): - ALB (LF): 10,809,333	Approved

Madagascar		Review pending issues on medicine inventory: Unaccounted tablets (tentative) (2016): - ALB for LF: 4,466,311 - MBD for STH: 8,322,943 - PZQ: 1,017,378	Approved
Malawi	In some districts population planned for ONCHO treatment is higher than total population of the district The number of ALB tablets requested seems over-estimated, but this is due to a request for a research study (786K). .		Approved
Mauritania	There is no Report for 2016, and we don't know yet if 2017 MDA was conducted or not	Address pending issues with medicines inventory Unaccounted tablets (tentative): - PZQ: 925,400 - ALB (STH): 1,959,174	Approved
Uganda	Under reported treatment figures in their JRF of 2013 – 2015. Due to this, there is a large number of unaccounted medicine tablets:).	Address pending issues with medicine inventory: 5M ALB (LF), ALB/MEB (STH	Approved
Tanzania - Mainland		Address pending issues on medicine inventory: Unaccounted tablets (tentative): - ALB (LF): 9,552,773 - ALB (STH): 17,822,349	Approved
Nigeria			Approved

6. SUMMARY JOINT APPLICATIONPACKAGES REVIEWED OUTSIDE RPRG SESSION

COUNTRY	Status as of 23 November 2017
Botswana	JRSM pre-filled by ESPEN and sent to country for finalization. No feedback received from country yet.
Comoros	JRSM pre-filled by ESPEN and sent to country for finalization. No feedback received from country yet.
Equatorial Guinea	Request reviewed and cleared by AFRO. Donation process started.
Gambia	Request reviewed and cleared by AFRO. Donation process started.
Guinea	Request reviewed and cleared by AFRO. Donation process started.
Guinea Bissau	Request reviewed and cleared by AFRO. Donation process started.
Namibia	No request received
Rwanda	Request reviewed and cleared by AFRO.
Sao tome & Principe	JRSM pre-filled by ESPEN and sent to country for finalization. No feedback received from country yet.
South Africa	Request reviewed and cleared by AFRO. Donation process started.
South Sudan	JRSM pre-filled by ESPEN and sent to country for finalization. No feedback received from country yet.
Tanzania - Zanzibar	Request being revised with country.
Zambia	JRSM pre-filled by ESPEN and sent to country for finalization. No feedback received from country yet.
Zimbabwe	JRSM pre-filled by ESPEN and sent to country for finalization. No feedback received from country yet.

7. RECOMMENDATIONS ON LF TAS

Country	Type of dossier	# of EUs	#of IUs	Decision	Recommendation
Benin	TAS	6	13	Approved	Provide explanation on the change of the denominator
Burkina Faso	TAS 1 TAS 2 TAS 3	1 4 4	1 6 16	Approved	Add a map in each application*
Cameroon				Will be reviewed later by RPRG	Add a map in each application*
Madagascar	TAS1	2	5	Approved	Add a map in each application*
Mali	TAS 1 TAS 2 TAS 3	4 17 1	26 38 2	Approved	Note that for TAS 1 the 26 districts have not reached 65% therapeutic coverage in all 5 rounds of MDA.
Niger	TAS 1	14	14	Approved	Add a map in each application*
Tanzania	TAS 2	34	45	Approved	Add a map in each application*
Uganda	TAS 2	8	17	Approved	Add a map in each application*

*Support to do the maps can be requested to ESPEN

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