

An African Region free of Neglected Tropical Diseases

Regional Programme Review Group | 2nd Meeting
PREVENTIVE CHEMOTHERAPY



World Health
Organization

REGIONAL OFFICE FOR Africa

NTD PROGRAMME

17 - 20 February 2015
Brazzaville, Congo



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REPORT AND RECOMMENDATIONS



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LIST OF ACRONYMS

AFRO	African Regional Office	NGDO	Non-Governmental Development Agencies
ALB	Albendazole	NPO	National Programme Officer
APOC	African Programme for Onchocerciasis Control	NTD	Neglected Tropical Diseases
ARM	Advocacy and Resource Mobilisation	ONCHO	Onchocerciasis
ATS	Alternative Treatment Strategies	PC	Preventive Chemotherapy
CAR	Central Africa Republic	PZQ	Praziquantel
CDTI	Community-Directed Treatment with Ivermectin	RO	Regional Office
CSA	Committee of Sponsoring Agents	RPRG	Regional Programme Review Group
DRC	Democratic Republic of Congo	SCH	Schistosomiasis
EPIRIF	Epidemiological Report Forms	STAG	Strategic Technical Advisory Group
ESA	East and South Africa	STH	Soil Transmitted Helminthiasis
EU	Evaluation Unit	TAS	Transmission assessment survey
FTS	Filariasis Test Strip	TCC	Technical Coordination Committee
ICT	Immuno-chromatographic Test	TIPAC	Tool for Integrated Planning and Costing
IST	Inter-country Support Team	TFGH	Task Force for Global Health
ITI	International Trachoma Initiative	TRA	Trachoma
IU	Implementation Unit	WA	West Africa
IVM	Ivermectin	WCO	WHO Country Office
JRF	Joint Request Form	WG	Working Group
JRSM	Joint Request for Selected Medicines	WHO	World Health Organization
LF	Lymphatic Filariasis	WHO/HQ	World Health Organization Headquarters
MDA	Mass Drug Administration	WR	World Health Organization Representation



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1. EXECUTIVE SUMMARY

The Neglected Tropical Disease (NTD) Regional Programme Review Group (RPRG) is a technical and advisory group that provides overall strategic and operational review of country and regional NTD programmes with the objective to help accelerate the control and elimination of targeted NTDs in the WHO African Region. The recommendations and decisions of the NTD-RPRG guide national and global efforts to reduce the burden of NTDs in the African Region. The second meeting on Preventive Chemotherapy (PC) of the Regional Programme Review Group (RPRG) of the neglected tropical diseases (NTD) of the WHO Regional Office for Africa (AFRO) was held from 17 to 20 February 2015 in Brazzaville, Republic of Congo. It was opened by the WHO Regional Director for Africa, Dr Matshidiso Moeti after opening statements by the RPRG Chair, Dr Mwelecele Malecela.

The meeting objectives were to a) review progress in mapping, results of NTD mapping and MDA action maps for PC-NTDs; b) review country annual reports on PC-NTD medicine applications and transmission assessment reports for lymphatic filariasis and c) review the overall status of national action plans to scale-up/down interventions, in line with global and regional strategies and milestones towards the 2020 NTD goals. The RPRG reviewed reports and requests from 20 countries and made decisions and recommendations to countries and the Secretariat. Recommendations made to the secretariat included the need to gather and disseminate country reports and requests for RPRG review in in good time to allow adequate time for review. The secretariat was also to ensure adequate country capacity to start and scale up MDA coverage and in monitoring and evaluation by ensuring adequate capacity to conduct TAS and data management systems while facilitating the design and use of reporting formats for PC-NTDs by endemic country programmes. Engaging and reporting on trachoma was identified as key. The secretariat was charged to streamline communication to countries, designate liaison officers, undertake interventions in conflict areas in partnership with available organisations and groups, and also speed up the ongoing mapping project. An operational manual to guide the work of the NTD RPRG was also recommended.

2. INTRODUCTION

The Neglected Tropical Disease (NTD) Regional Programme Review Group (RPRG) is a technical and advisory group that provides overall strategic and operational reviews of country and regional NTD programmes with the objective to help accelerate the control and elimination of targeted NTDs in the WHO African Region. The recommendations and decisions of the NTD-RPRG assist national and multinational efforts to reduce the burden of NTDs in the African Region. This includes achieving the elimination targets for lymphatic filariasis and trachoma by 2020, onchocerciasis by 2025 and advanced control of schistosomiasis and soil-transmitted helminthiasis by 2020.

The second meeting on Preventive Chemotherapy (PC) of the Regional Programme Review Group (RPRG) of the Neglected Tropical Disease Programme (NTD) of the WHO Regional Office for Africa (AFRO) was held from 17 to 20 February 2015 in Brazzaville, Republic of Congo. In order to advise the Regional NTD programme on country NTD plans, interventions and results for scaling up/down large scale preventive chemotherapy (PC); and evaluating impact of programmes towards the 2020 goals, the meeting reviewed the progress in mapping of NTDs to develop Mass Drug Administration (MDA) action maps for PC-NTDs, country annual reports on PC-NTD activities and country medicine applications as well as transmission assessment survey reports and eligibility forms. In addition, the NTD-RPRG reviewed the overall status and the national action plans to scale up or scale down interventions in line with global and regional strategies, and milestones toward the 2020 NTD goals.

3. MEETING OBJECTIVES AND EXPECTED OUTCOMES

The meeting objectives were to a) review progress in mapping, results of NTD mapping and MDA action maps for PC-NTDs; b) review country annual reports on PC-NTD medicine applications and transmission assessment reports for lymphatic filariasis and c) review the overall status of national action plans to scale-up/down interventions, in line with global and regional strategies and milestones towards the 2020 NTD goals.

The NTD-RPRG reviewed the overall status of the NTD Programme in Africa and the national action plans to scale up or scale down interventions in line with global and regional strategies, and milestones toward the 2020 NTD goals. The meeting sessions included a) presentations on various topics such as Mapping, MDAs, TAS, sharing of country experiences, resource mobilisation and advocacy; b) group work to review country report and request forms; c) closed door sessions of the NTD-RPRG members, and separate sessions of country representatives and of the meeting observers, to review NTD specific matters and; d) plenary discussions and adoption of recommendations.

4. OPENING CEREMONY

The second meeting on Preventive Chemotherapy (PC) of the Regional Programme Review Group (RPRG) of the Neglected Tropical Diseases Programme (NTD) of the WHO Regional Office for Africa (AFRO) was held from 17 to 20 February 2015 in Brazzaville, Republic of Congo. It was opened by the WHO Regional Director for Africa, Dr Matshidiso Moeti, who highlighted the increased leadership and commitment of the Governments of the African Region in their efforts to tackle NTDs; appreciated the support provided by partners in contributing to the achievements of NTD targets, goals and objectives; and acknowledged the role of the NTD-RPRG as critical to the rapid scale up of interventions to ensure that all NTDs are tackled at all levels. In her opening speech Dr Moeti referred to the Regional Committee report and resolution on NTDs (AFR/RC63.R6) which urged member states in Africa to rapidly scale up NTD interventions towards the 2020 goals of elimination. Progress of the mapping project was acknowledged while she re-emphasized WHO's commitment towards achieving the mapping targets within the scheduled time. In that regard, the role of the NTD-RPRG was acknowledged as critical to the rapid scale up of interventions to ensure that all NTDs are tackled at all levels.

The RPRG Chair, Dr Mwelecele Malecela congratulated the Regional Director, Dr Matshidiso Moeti on her appointment and indicated that the NTD community in Africa and globally stood to benefit from her immense experience and pragmatic approach. She hoped that the secretariat would take advantage of the RPRG to ensure that the AFRO based NTD Programme is successful by dealing with issues of capacity building, strengthening of the country voice and partner support.

Other speakers at the opening ceremony included Dr. Francis Kasolo, Director, Disease Prevention and Control Custer (DPC) who gave the welcome remarks and Dr. Benido Impouma, the Regional NTD Advisor, who presented the objectives and expected outcomes of the meeting. The three-day meeting was chaired by Dr. Mwelecele Malecela, the RPRG Chair.

5. OBJECTIVE 1

REVIEW OF PROGRESS IN MAPPING, RESULTS OF NTD MAPPING AND MDA ACTION MAPS FOR PC-NTDS

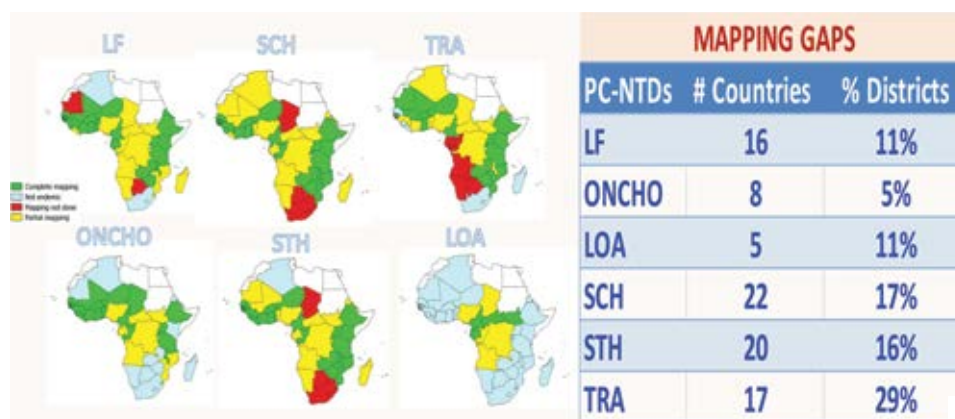
5.1 Update on mapping of the PC-NTDs

Presenter: Dr. Nana-Kwadwo Biritwum, PC-NTDs Medical Officer, WHO/AFRO

Summary of Presentation

The mapping project, entitled “Shrinking the Map and Accelerating the Elimination of NTDs” which is a collaboration between the WHO/AFRO, Bill and Melinda Gates Foundation (BMGF) and Task Force for Global Health (TFGH) is aimed at completing the mapping of NTDs in the African region in order to provide reliable information for planning interventions for populations at-risk of NTDs and research to operationalize new tools for mapping and NTD surveillance. Through this project an electronic data management system is being set up. Since the inception of the project a total of 1,034 districts have been fully mapped for PC-NTDs. This has increased the number of fully mapped countries from 10 to 20. However, 9 countries involving 1229 districts are re-scheduled to complete mapping by March 2015 while the target is to complete the mapping by December 2015. Concerns about delays in implementing the human resource plan, setting up of the data management system and the low financial consumption rate were expressed. The regional office affirmed its commitment to solve the concerns raised, complete and achieve the set objectives and milestones of the project within the agreed time frame.

High burden of NTD in the African region



5.2 Use of SMART phone for mapping data collection

Presenter: Dr. Kisito Oggousson, NTD Support Center, TFGH

Summary of Presentation

The mobile data collection and reporting system—LINKS system is being used in over 40 countries and also extensively by the Global Trachoma Mapping Project was introduced in this presentation.

This system focuses on country data ownership and builds local and regional data collection and training capacity. It was indicated that training on its use had been piloted in the Gambia and Swaziland for mapping of NTDs. Concerns about country access and ownership of data with the application of the LINKS system were expressed but these concerns are addressed by the system.

LINKS has brought together multiple implementing partners in the NTD and global health community. Thousands of individuals worldwide have been trained to use LINKS



5.3 Review of Country Mapping Dossier

Break out group sessions followed by the RPRG closed door meeting were employed for this review. Five countries presented mapping reports of which 2 (Gabon and Nigeria) were approved, 2 (DRC and Sao Tome & Principe) were given partial approval and 1 (Zambia) was not approved pending further documentation. The mapping plan presented by Gambia also granted partial approval for schistosomiasis and soil transmitted helminthiasis mapping while mapping of lymphatic filariasis (already mapped) was not approved. Sao Tome and Principe was requested to provide missing information on SCH-STH mapping and MDA work-plan before getting mapping results approval by the RPRG.

5.4 Discussions

The NTD-RPRG acknowledged the commitment to have mapping of NTDs in the region completed by the end of 2015. However, this carries the risk of mapping in countries where other assessments such as the transmission assessment surveys (TAS) or operational research would suffice. Since there are short timelines which needed to be respected, country support teams from the WHO secretariat were tasked to move with speed and also explore the use of local capacity in research and academic institutions to support mapping and assessments required by countries. In order to beat down on delays in funding and ensure countries receive funds on time the work of ISTs needed to be coordinated better through the WHO secretariat.

6. OBJECTIVE 2

REVIEW OF COUNTRY ANNUAL REPORTS ON PC-NTD PROGRAMME, PC-NTD MEDICINE APPLICATIONS AND TRANSMISSION ASSESSMENT REPORTS FOR LYMPHATIC FILARIASIS

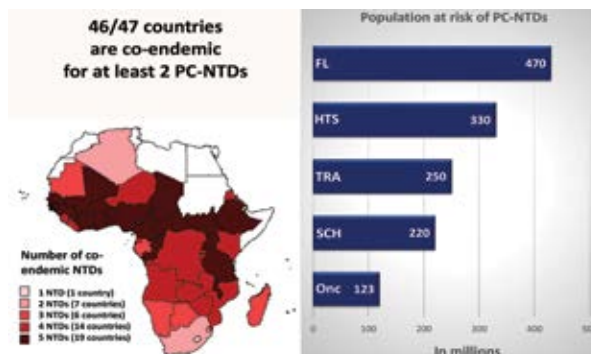
6.1 Updates on mass drug administration scale-up and scale-down plan and joint applications for selected medicines

Presenter: Dr. Lamine Diawara, PC NTD Focal Person, IST-WA

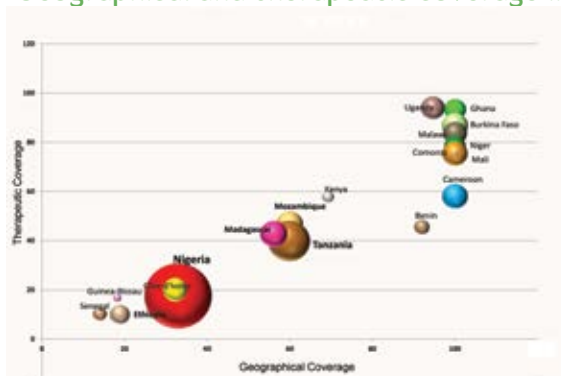
Summary of Presentation

The limited progress being made in increasing mass treatment coverages of PC-NTDs was mentioned which are still far below the expected percentages, except for onchocerciasis. However, the situation varies according to countries with one country, Togo, being at LF post MDA surveillance phase, nine (9) countries (Burkina Faso, Comoros, Ghana, Malawi, Mali, Niger, Sierra-Leone, Tanzania and Uganda) having 100% geographic coverage and undertaking TAS for stopping MDA for LF in some implementation units, while other countries still need to scale up and reach 100% geographic coverage (13 countries) or start LF MDA (12 countries).

Heavy NTD burden in the African Region



Geographical and therapeutic coverage in 2013



6.2 Experience from the field: Integrated NTD MDA and Measles campaign in Tanzania

Presenter: Dr. Upendo Mwingira, National NTD Programme Coordinator, Tanzania

Summary of Presentation

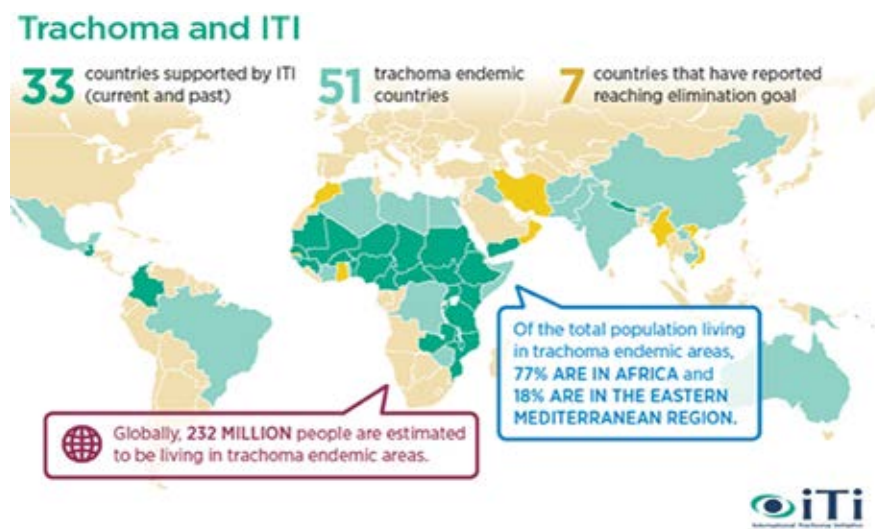
Tanzania implemented the Integrated Measles-Rubella vaccination campaign in October 2014 countrywide. This campaign was undertaken to maximize treatment coverage, reduce duplication of efforts and enhance cost effectiveness of delivering the different intervention packages. It covered four interventions with good coverage. Coverage for the Measles Rubella (9m-<15 years) was 97%, Vitamin for 6-59 months was 109%, Mebendazole for 12-59 months was 115% and albendazole/ivermectin for 5 years and above was 75%. The campaign was noted as having been successful with many lessons learnt with the need to document and replicate this strategy in other countries.

6.3 Elimination of Blinding Trachoma

Presenter: Dr. Teshome Gebre, African Regional Director, ITI

Summary of Presentation

In this presentation it was estimated that the global endemic population for trachoma was about 46 million out of which 45 million belonged to the African region. Of this population 21 countries were receiving support from ITI and 19 of them were distributing Zithromax and out of 1361 known endemic districts only 422 were distributing Zithromax. It was requested that trachoma mapping, drug requests and mass drug administration and other activities of trachoma in the region be shared with the RPRG while exploring the possibility of streamlining some of the trachoma activities into the NTD activities particularly at the country level.



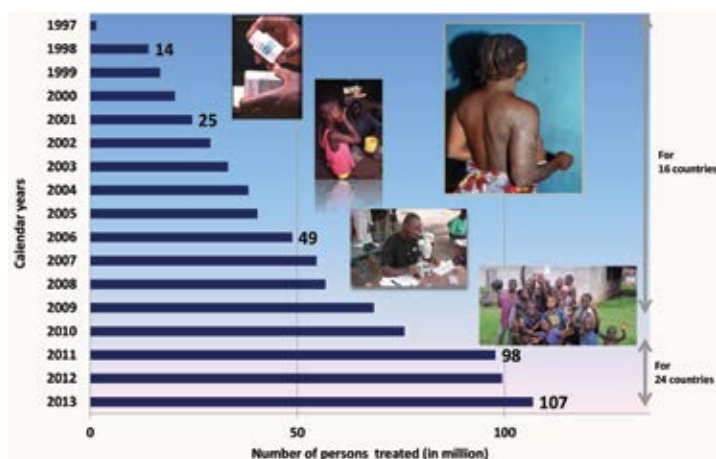
6.4 Status of Onchocerciasis elimination in the WHO African Region

Presenter: Dr. Afeworke Tekle, Epidemiologist, WHO/APOC

Summary of Presentation

Disease mapping, ivermectin treatment, co-implementation, monitoring and evaluation and the status of elimination of onchocerciasis formed the key points of this presentation. Some of the challenges of the programme were noted to include financial constraints, conflicts in some countries, Loa loa co-endemicity, insufficient technical capacity in some countries with poor performance, ebola virus disease outbreak and cross-border issues for elimination. Next steps on the programme includes documentation of the status of onchocerciasis by country, scale up of MDA, entomological and epidemiological evaluations, support to countries in evidence based decision making and confirmation of onchocerciasis elimination. In problematic areas the programme intends to provide guidance on alternative treatment strategies (ATS).

Trend in number of persons treated with Ivermectin in Africa for Onchocerciasis elimination, 1997 - 2013



6.5 Review of Country Applications for Medicines, Intervention Scale Up/Down Plans

Further group work and RPRG closed door sessions were employed for this review. Fourteen countries submitted requests for PC-medicines. Of them, Seven (Burkina Faso, DRC, Mali, Tanzania, Congo, Nigeria, Ghana) were approved, two (Angola, Chad) granted partial approval and five (Cote d'Ivoire, Mauritania, Mozambique, Guinea, CAR) were not approved.

6.6 Discussions

6.6.1 Implementation of Lymphatic Filariasis

Several issues on programme implementation of lymphatic filariasis were discussed. These bordered on reaching full geographic coverage in 15 countries, starting MDAs in 12 countries, conducting transmission assessment surveys to facilitate the decision to scale-down MDAs and the application of alternative treatment strategies. The need for WHO secretariat to share information for support and involve the Regional Director and the secretariat in advocating for support with partners for countries were identified as key in addressing some of these issues.

Country context in-depth analysis and performance were to form the basis for alternative treatment needs. Plans to scale up treatment coverage required agreements with country programmes and therefore the WHO secretariat with technical support from the RPRG were requested to work towards these goals.

6.6.2 Delivery in conflict areas

Several people living in endemic communities particularly in conflict zones are not being reached by the current interventions. The NTD-RPRG recognizes that there are other organizations and groups with vast experience in delivering interventions to such communities. The secretariat was tasked to identify organizations and groups working in conflict areas and to seek partnership with them. Through such mechanism, the Secretariat and the countries, with the support of the RPRG could jointly define the conflict areas and put measures in place to reach populations at-risk of NTDs with interventions.

6.6.3 Operations research

Since operational research is fundamental to improve technical delivery of programmes, several issues emerged in the meeting that required the attention of the research community. These included a review of delivery strategies with a focus on cost effectiveness and efficiency, exploratory studies on the linkages between NTDs and immunization, malaria control and other health interventions. In this vein, a proper analysis and documentation of the Tanzanian experience to provide lessons for other countries should be done.

Concerns were expressed about implementation challenges likely to be experienced by APOC supported countries due to the 2015 funding gaps as APOC closes. A copy of the report of the current situation analysis being conducted by APOC to be presented to the CSA in March of 2015 was requested for by the RPRG. For future comprehensive programme reviews standard operating procedures should be developed to guide the work of the NTD-RPRG and WHO secretariat.

Separate discussions held by the country programme managers in attendance and the observers also produced some views. On planning and implementation the programme managers urged the RPRG to ensure that programme implementation is not affected adversely by the closure of APOC and disengagement of NGOs in some countries. On mapping they also requested that the RPRG advocates for the timely provision of technical and financial support to facilitate quality mapping.

6.6.4 Morbidity Management

Acknowledging that morbidity management was critical to the achievement of elimination and also noting that there had been limited focus on the management of morbidity in the African Region mainly with reference to trachoma and lymphatic filariasis. To address this gap, the RPRG decided on the formation of a working group to address morbidity within the Region (see annex 2).

Development of adequate capacity for morbidity management and disability prevention, training and retraining of personnel, provision of infrastructure and equipment, financial support for neglected aspect of the NTD programmes needed to be given some priority. It was recognised that the building of synergies was important to mobilising resources both domestically and internationally, advocacy to countries to engage relevant groups such as WASH, Education and other health programmes. Regarding monitoring, evaluation, surveillance and research, the programme managers were of the view that RPRG's review to harmonise the reporting tools and forms to incorporate indicators including all formats and indicators for all the PC-NTDs including onchocerciasis and trachoma was necessary at this point.

6.6.5 Drug Applications

It was noted that drug application reviews and approvals have been undertaken by the drug donors within the past 2 years with limited support from the NTD-RPRG. The involvement of the NTD-RPRG in reviewing data should be considered as necessary to the approval process. The WHO secretariat together with the NTD-RPRG should devise strategies that would allow decision making in-between NTD-RPRG meetings. This could involve liaison members reviewing the applications in-between RPRG meetings, based on need. However, support and encouragement to country programmes to be consistent with requirements to meet treatment schedules needed to be provided.

7. SESSION

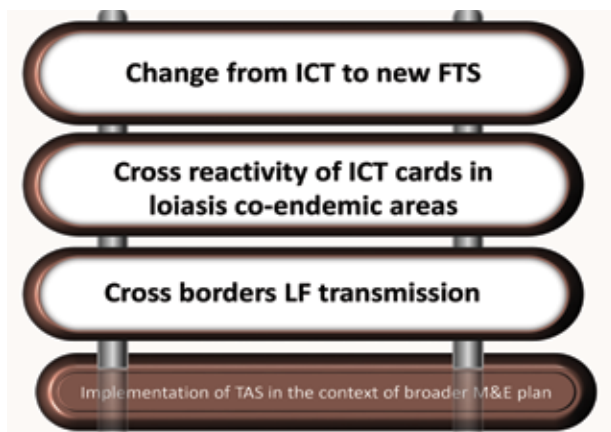
REVIEW OF COUNTRY TAS ELIGIBILITY AND TAS REPORT FORMS

7.1 Lymphatic Filariasis Transmission Assessment Survey (TAS) status in WHO African region

Presenter: Dr. Alex Tiendrebeogo, CM-NTDs Medical Officer, WHO/AFRO

The presentation outlined the status of LF MFA and surveillance in the AFRO Region and the TAS report and eligibility review for 2014 and 2015. It noted some of the challenges of the TAS surveys as including the change from the ICT card tests to the new FTS, cross-reactivity of ICT cards in loa loa co-endemic and finally cross-border transmission of lymphatic filariasis.

Challenges and Issues



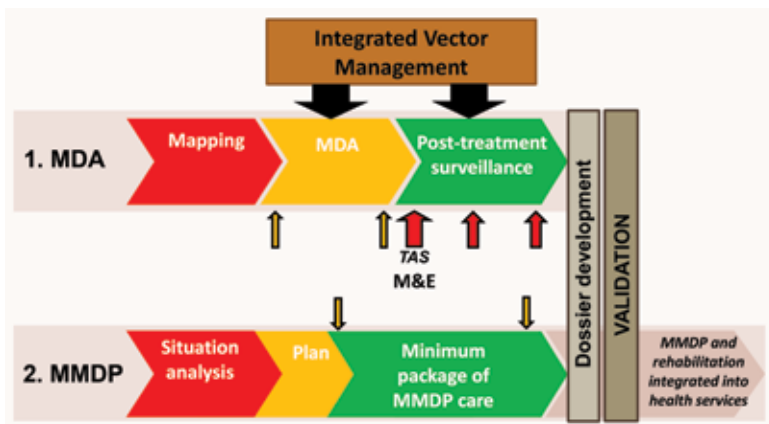
7.2 Outcomes of the NTD STAG M&E WG Meeting

Presenter: Dr. Jonathan King, LF/NTD, WHO/Headquarters


According to the aims of the global programme which are to stop the spread of lymphatic filariasis, reduce infection prevalence to low levels at which transmission becomes considered unsustainable, reduce suffering and improve quality of life and provide access to a basic recommended package

of care for MMDP serve Challenges of monitoring and evaluation identified particularly with LF elimination were being addressed with the introduction of the new FTS. It was noted that the FTS has the same specificity as the ICT cards; it is more sensitive than the ICT cards and more stable to field conditions. The FTS is therefore now recommended to replace the ICT in mapping, monitoring and TAS. The development of an elimination dossier template was ongoing for LF and emphasised the importance of MMDP in achieving certification of lymphatic Filariasis elimination. Scenarios with regards to monitoring and evaluation such as the case of areas identified with mapping as being endemic but recording zero baseline prevalence had been identified for addressing.

GPFLF Strategic Framework



Filariasis Test Strip (FTS)



Characteristic	Binax ICT	Alere FTS
Cost		✓
Storage		✓
Shelf life		✓
Results window		✓
Sensitivity*		✓
Specificity*	✓	✓
Labelling	✓	
Handling	✓	

*Weil et al. AJTMH 89: 11-5 (2013)

7.3 Review of TAS Survey Reports and Eligibility Requests for Lymphatic Filariasis

Group Work and RPRG Closed Door

The RPRG recognized countries that have made tremendous achievements towards the LF elimination agenda and particularly acknowledged the efforts of certain countries. Burkina Faso was included for completing mapping, reaching 100% geographical coverage and completing TAS in 11 IUs. Togo has reached and completed TAS III as a country. Uganda has also completed and TAS in 11 EUs and requesting to undertake TAS in 6 EUs. Finally Malawi was acknowledged as having made tremendous progress in LF elimination.

Transmission assessment survey reports were submitted for review by 4 countries (Ghana, Malawi, Uganda, Burkina Faso) and all were approved. TAS eligibility requests were submitted by 5 countries and 4 (Ghana, Uganda, Mali, Burkina Faso) were approved fully while one country (Tanzania) received partial approval.

From the TAS eligibility forms reviewed by the RPRG members, there appeared to be limited clarity on the understanding of countries on the eligibility for the TAS. To address this issue, the Secretariat (WHO HQ) was tasked to share information with countries on the TAS eligibility, questions around pre-TAS and TAS has to be agreed upon by the RPRG on case-by-case basis and guidelines on conducting TAS in urban areas has to be developed and included in the SOPs on urban areas.

8. OBJECTIVE 3

REVIEW OF THE OVERALL STATUS OF NATIONAL ACTION PLANS TO SCALE-UP /SCALE-DOWN INTERVENTIONS IN LINE WITH THE GLOBAL AND REGIONAL STRATEGIES AND MILESTONES TOWARDS THE 2020 NTD GOALS

8.1 Session 6: Review implementation of NTD coordination mechanism, advocacy and resources mobilisation activities

8.1.1 Issues of RPRG Coordination and mechanism, advocacy and resource mobilisation

Presenter: Ambassador Michael Marine, Chairman, GNNTD-SVI

This presentation focused on the present climate for NTD Advocacy and Resource Mobilization (ARM). It noted the Addis Ababa NTD commitment of December 2014 which requested for an increase in domestic contributions to NTD programmes while other major developments were recorded at the WHO Regional Committee for Africa resolution on NTDs (2013) and the African Heads of State Resolution on NTDs (2014). Several new global and national coordination mechanisms such as the STH Coalition and the Global Schistosomiasis Alliance had been formed to support the NTD Programme.

Challenges of NTD advocacy and resource mobilization were noted to include limited access to key decision makers and management of multiple partners and also suggested the formation of an NTD-RPRG Advocacy and Resource Mobilisation Working Group.

8.1.2 Updates on advocacy, coordination and resource mobilization in countries: Tanzania's Experience

Presenter: Dr. Upendo Mwingira, National NTD Programme Coordinator, Tanzania

NTD coordination in Tanzania is mainly undertaken through advocacy events at the international, national, regional and district levels with various stakeholders. Locally some of these advocacy

events have been used to demonstrate ingestion of the drug in public in the presence of local media by prominent individuals. The programme has several partners whose support are coordinated through partner planning meetings undertaken annually, such as the joint annual planning meeting, the NTD Taskforce and Technical Working Group meetings. Resource mobilisation was done through joint planning meetings between the Ministry of Health and the different partners with proposal development and local resource mobilisation. The different financial years of the various partners presented a significant challenge to the programme. The meeting recommended proper documentation of Tanzanian experiences and sharing with other country programmes.

8.1.3 Discussions and Conclusions

Generally the RPRG acknowledged the diversity of country needs. While some countries needed to map and scale-up to achieve full geographic coverage others had to scale down treatment towards elimination. There is therefore the need for close linkages between the countries, the WHO Secretariat and the RPRG. In line with this, the NTD-RPRG acknowledged the need to appoint liaison persons to work with the secretariat to support country programmes. Several issues were identified by the RPRG for consideration. These included the need to expand discussions of the RPRG beyond lymphatic filariasis elimination, the use of the reporting and drug application package for PC-NTDs, integrating STH evaluation with the TAS and the use of alternative platforms for drug delivery particularly in areas without the Community-Directed Treatment with Ivermectin (CDTI). The secretariat (WHO) was tasked to include other NTDs on the agenda of the next RPRG meeting, encourage countries to use the joint report and drug application package and also disseminate the new WHO Integrated Protocol for conducting the TAS and STH evaluation to countries. The WHO was also requested to undertake timely follow up and support to countries to submit their joint application package in response to delayed submission of reports.

The observers in their report offered their continued support as needed to the RPRG and Ministries of Health. However, they indicated that they were unclear on the remit of the RPRG and suggested some prioritisation of the terms of reference of the RPRG. They also called on the Ministries of Health to ensure integration, working with the WHO and all partners in order to facilitate work. They indicated as highly valuable the presence of programme managers as part of the review process during which time advice and communication on several issues from the RPRG could be provided. Noting the disconnect between the decision of the RPRG and that of WHO HQ on drug allocation, they suggested the use of the LINKS data collection system, the TIPAC, the integrated NTD database and the NTD supply chain forum for planning and forecasting tool and other platforms to support and improve on this system. They proposed a reporting format for countries to include mapping, impact assessments and the TAS for all PC-NTDs to provide useful updates on programmes to all partners and donors. They urged the RPRG to take the opportunity of the new AFRO leadership to enhance advocacy on NTDs.

Communication was identified as a challenge at all levels of the programme involving partners, the NTD-RPRG, WHO secretariat, the WHO Country Office and the Ministries of Health. The need to streamline communication channels and therefore in order to engage NPOs in NTD activities and pass on information to ministries of health, information from the RPRG to the Ministries of Health had to follow the standard WHO communication channels through the WR with copies to the programme managers for follow up. Such communication could include information on the reasons why certain requests reviewed could not be approved and also on stakeholders' interaction with countries.

The capacity of many countries to analyse data was recognised as a gap leading to lack of accurate data at both country and regional levels. Particular reference was made to mapping where technical support has been limited to training and supervision of survey teams, while reporting and analysing mapping reports and results were neglected during the actual mapping exercise. Addressing this need was seen as a means of quality assurance for the process. Supporting real-time data capture, encouraging use of country databases, establishing a repository of data that would be accessible to country teams to ensure that programme managers have access to accurate information and finally linking data to analytic frameworks to inform reporting and advocacy are all measures which could support data management. The WHO secretariat and the RPRG were to consider how best to provide this support.

The challenge of reporting from countries to the RPRG was acknowledged. Delays in reporting due to the absence of clear guidelines on reporting dates and channels to countries were noted. The WHO secretariat was entreated to gather country reports and request for review in good time and to share the RPRG meeting agenda and reports for review well ahead of meetings to allow adequate time for review and concrete feedback.

Clarity on linkages between the RPRG and other technical working groups (apart from the TCC) needed to be provided as well. This required clear communication and sharing of review reports and decisions between the RPRG and other NTD technical groups to ensure synergies. The secretariat (WHO) was asked to include trachoma in the annual joint reporting package with the engagement of the trachoma community in joint actions.

9. KEY ACTION POINTS

9.1 Summary of recommendations to the secretariat is provided in table 1.

Table 1: Summary of recommendations made to the secretariat

Areas	Recommendations
Preparation of the RPRG meetings	Gather country reports and requests for review in good time and share with the RPRG meeting agenda and reports for review well ahead of meetings to allow adequate time for review and concrete feedback
LF programme implementation	Provide support to countries to scale up MDA coverage in 13 countries and start MDA in 12 countries
Medicine applications	Ensure full involvement of the NTD-RPRG in reviewing and approving country applications during and in-between NTD-RPRG meetings
Communication	Streamline communication by ensuring that the RPRG decisions and recommendations are communicated to countries through standard WHO channels Designate liaison officers (NPOs in WCOs, WHO staff in ISTs and RO) to interact with designated RPRG members on country specific issues
Data Management and Use	Provide technical support countries for development of database system, data management, retrieval and use for better public health decision-making
Linkage between RPRG and other NTD Technical Groups	Ensure clear communication on sharing of review reports and decisions between the NTD RPRG and other NTD technical groups for synergies. Include trachoma in the annual joint reporting package to facilitate engagement of the trachoma community
Delivery in conflict areas	Seek partnerships with organisations and groups working in conflict areas to support NTD interventions
Operational research	Facilitate operational research on NTDs by strengthening linkages between the research community and the RPRG
Mapping of PC NTDs	Speed up the ongoing mapping project through potential use of local research capacity and academic institutions, timely provision of funds and reporting among others
Transmission Assessment surveys	Build country capacity on conducting impact assessment surveys and share relevant information on TAS eligibility and report forms
Reporting	Facilitate the development and use of formats for country reports on all PC-NTDs, including the use of the Joint Reporting Forms (JRF) on PC and the Epidemiological Report forms (EPIRF) on PC-NTDs and country profiles

10. ACTION POINTS FOR THE RPRG

To strengthen its support to the Secretariat and countries, the RPRG will undertake the following:

- Form four (4) working sub-groups to address critical issues on integrated NTD programme at country level. These include a) Planning and implementation; b) Monitoring, evaluation and operational research; c) Advocacy and resource mobilization; and d) Morbidity Management and Disability Prevention
- Develop an operational manual for the NTD RPRG
- Appoint liaison persons to work with the secretariat to support country programmes

11. COUNTRY DOSSIER REVIEW, DECISIONS AND RECOMMENDATIONS

The RPRG recognized countries that have made tremendous achievements towards the elimination agenda and particularly acknowledged the efforts of these countries which were Burkina Faso, Togo, Uganda and Malawi. In all 20 countries submitted reports and requests for review by the RPRG. Six countries presented mapping reports of which 2 (Gabon and Nigeria) were approved and 2 (Ethiopia and Zimbabwe) given partial approval. There were 14 medicines requests. Seven (Burkina Faso, DRC, Mali, Tanzania, Congo, Nigeria, Ghana) of them were approved, two (Angola, Chad) received partial approval and five (Cote d'Ivoire, Mauritania, Mozambique, Guinea, CAR) were not approved. Transmission assessment survey reports were submitted for review by 4 countries (Ghana, Malawi, Uganda, and Burkina Faso) and all were approved. TAS eligibility requests were submitted by 5 countries and 4 (Ghana, Uganda, Mali, Burkina Faso) were approved fully while one country (Tanzania) received partial approval.

The RPRG also raised several issues of concern which included;

- Drug and TAS application reviews and approvals in-between RPRG meetings
- Several countries have not submitted reports while others had reports that needed to be revised and submitted to the Secretariat. These reports will be reviewed by two members of the group that reviewed them during the RPRG. When available, recommendations would be passed to the Chair for final communication to countries
- Country specific recommendations on the RPRG Review from February 17-20 are provided in the annex.

Table 1: NTD-RPRG decisions and recommendations to countries on reviewed report

N°	Countries	Mapping Plan	Mapping Report	Joint Request for Selected Medicines (JRSRM)	Transmission Assessment Survey Report	Transmission Assessment Survey Eligibility Request	Comments
1	Angola			Approved for IVM for Oncho but not for ALB and PZQ for other PC	Approved	Approved	There was no MDA work-plan attached to the request and availability of funds for PC was not indicated. The request for other medicines is suspended until provision of missing forms and information
2	Burkina Faso			Approved	Approved	Approved	Programme manager is requested to submit a proposal to justify twice-yearly treatment for LF for review. The RPRG commended the country for moving to TAS III.
3	CAR			Not approved			There was no report on the last MDA
4	Chad			Approved for Oncho and for LF in 4 districts under CDTI			Requested to provide information on Loa loa co-endemicity in one region and to undertake baseline surveys for LF in the 4 districts starting MDA. The country should consider twice yearly Albendazole treatment in other 4 non-CDTI districts
5	Congo			Approved			Check the Loa loa areas
6	Cote d'Ivoire			Not approved			There was missing information required to support the application
7	DRC		LF mapping approved in Kinshasa but the rest not approved	Approved			-Methodology used in Kinshasa for SCH not appropriate for a focalised NTD -Equatorial Guinea mapping, stopped due to Ebola, should be completed and consider the overlap of loasis and false positivity of ICT cards -To apply WHO/MEC/TCC guidelines in the use of Ivermectin in Loa loa areas

Table 1: NTD-RPRG decisions and recommendations to countries on reviewed report (cont'd)

N°	Countries	Mapping Plan	Mapping Report	Joint Request for Selected Medicines (JRSM)	Transmission Assessment Survey Report	Transmission Assessment Survey Eligibility Request	Comments
8	Gabon		Approved				-Finalize mapping for Oncho, STH & SCH -Generate a map of co-endemicity
9	Gambia	Mapping not approved for LF and trachoma, but approved for SCH-STH.					-No need to undertake mapping for the two diseases (LF and Trachoma) -Collect existing information on LF and TRA
10	Ghana			Approved	Approved	Approved for TAS I and TAS III	Concerns about budget deficit (1 million out of 2 million budget) Results for TAS I and II provided during the meeting -Need technical assistance -Correct Oncho population targets -Confirm missing Praziquantel info
11	Guinea			Not approved			-Comment the team for LF achievements. -Letter to include concerns on lack of NTD integration
12	Malawi				Approved		
13	Mali			Approved		5 EUs approved but 1 not approved	The 4 million shortfall of Albendazole approved for expedited shipment
14	Mauritania			Not approved			No report, plan or formal application
15	Mozambique			Not approved			-No work plan -Rough assessment of drug needs

Table 1: NTD-RPRG decisions and recommendations to countries on reviewed report (cont'd)

N°	Countries	Mapping Plan	Mapping Report	Joint Request for Selected Medicines (JRSM)	Transmission Assessment Survey Report	Transmission Assessment Survey Eligibility Request	Comments
16	Nigeria		Approved	Approved			-Need for support supervision -Explore use of local expertise No treatment in non-CDTI areas
17	Sao Tome & Principe		Not approved, pending submission of missing documents				Sao Tome and Principe is requested to re-submit SCH and STH mapping results with details at district level data as well as the PC work-plan for 2015
18	Tanzania			Approved		Approved TAS in 12 but not in 2 EU	Change re-mapping to evaluation
19	Uganda			Approved	Approved for all 11 EUs	Approved for all 8 EUs	The country is commended for successful TAS carried out in 11 EUs and encouraged to undertake TAS in 8 eligible EUs
20	Zambia		Trachoma mapping not approved				Trachoma mapping did not follow WHO guidelines with inconsistencies between the report and the protocol

ANNEX 1. WORKING GROUPS OF THE NTD-RPRG ON PREVENTIVE CHEMOTHERAPY

1. Planning and Implementation

1. Mary Amuyunzu-Nyamongo - Chair
2. Yao Sodahlon-Vice Chair
3. Margaret Mafe
4. Eliezer Ngoran
5. Moses Bockarie
6. Njeri Wamae

2. Monitoring, Evaluation and Operational Research

1. Ricardo Thompson-Chair
2. Patrick Lammie-Vice Chair
3. Khumbo Kalua
4. Moussa Sacko
5. Narcis Kabatereine

3. Morbidity Management and Disability Prevention

1. Johnny Gyapong-Chair
2. Rasoazananamiarana Lisy-Vice Chair
3. Abdou Amza
4. Andre Yebakima
5. James Mwansa

4. Advocacy and Resource Mobilization

1. Mwelecele Ntuli Malecela - Chair
 2. Michael Marine-Vice Chair
 3. Francisca Olamiju
 4. Julie Jacobson
 5. Teshome Gebre
 6. Ngozi Njebuome
1. Planning and Implementation
 1. Mary Amuyunzu-Nyamongo - Chair
 2. Yao Sodahlon-Vice Chair
 3. Margaret Mafe
 4. Eliezer Ngoran
 5. Moses Bockarie
 6. Njeri Wamae

ANNEX 2. 2ND RPRG MEETING AGENDA

DAY 1 FEBRUARY 17, 2015

Timing	Activity/Topic	Facilitator/Presenter
08:30-09:00	Registration of participants	Secretariat
09:00-10:00	Opening session <ul style="list-style-type: none"> Welcome remarks by Dr F. Kasolo, DPC, Director Objectives and expected outcomes of the meeting, Dr B Impouma, NTD Regional Advisor Remarks by the Dr M. Malecela, NTD-RPRG Chair Opening speech by Dr M. Moeti, Regional Director 	Master of ceremony
10:00-10:30	Group Photo and Coffee Break	
Objective 1: Review progress in mapping, results of NTD mapping and MDA action maps for PC-NTDs		
Session 1: Meeting agenda and follow-up of the recommendations of the previous meeting		
10:30-11:15	<ul style="list-style-type: none"> Administrative announcements and security briefing Adoption of the RPRG meeting agenda Review of follow-up actions from 2014 RPRG meetings Highlights of the NTD programme since the last RPRG 	ASO/FSO RPRG chair
Session 2: Update on mapping of PC NTDs and review of mapping dossiers		
11:15-12:00	<ul style="list-style-type: none"> Update on mapping of PC NTDs (20 minutes) Use of smart phone for mapping data collection (10 minutes) Discussions (15 minutes) 	WHO/AFRO TFGH
12:00-13:00	Review of country mapping dossiers <ul style="list-style-type: none"> DRC :LF, SCH, STH (and TRA) Ethiopia: SCH, STH (and Oncho) Gabon LF: SCH, STH (and Oncho/ Loasis) Gambia Mapping plan and budget Nigeria: LF, SCH and STH Sao Tome e Principe, SCH and STH Zimbabwe: LF, Trachoma Zambia :Trachoma (Brief presentations by participating countries) 	RPRG Members & Observers
13:00-14:00	Lunch	
14:30-16:00	Review of country mapping dossiers (cont'd)	Group works
15:30-16:00	Review of Country mapping dossiers : deliberations	RPRG Members
16:00-16:20	Coffee Break	
16:20 - 17:10	Plenary session: summary of recommendations	All participants
17:10	Wrap up of the day	Chairperson

DAY 2 FEBRUARY 18, 2015

Timing	Activity/Topic	Facilitator/Presenter
Objective 2: Review country annual reports on PC-NTD programmes, PC-NTD medicine applications and transmission assessment reports for lymphatic filariasis		
Session 3: Updates on PC NTD interventions		
09:00 –09:25	Updates on Mass Drug Administration, scale up/down and joint applications for PC medicines	WHO/AFRO
09:25–09:45	Experience from the field: Integrated NTD MDA and Measles campaign in Tanzania	Tanzania
09:45-10:10	<ul style="list-style-type: none"> • Elimination of Blinding Trachoma (10 minutes) • Status of Oncho elimination in the WHO African Region (15 minutes) 	ITI APOC/TCC
10:10-10:30	Discussions	
10:30-11:00	Coffee Break	
Session 4: Review of country applications for medicines, intervention Scale up/down Plans		
11:00-13:30	Review of MDA reports, medicine applications and intervention scale up/down plans: <ul style="list-style-type: none"> • Angola • Burkina Faso • DRC • Ghana • Nigeria • Tanzania (Brief presentations by participating countries)	Group work of NTD-RPRG Members & Observers
13:30-14:30	Lunch	
14:30-15:30	Review of MDA reports, medicine applications and intervention scale up/down Plans (cont'd)	Group work
15:30-16:00	Review of Country mapping dossiers : deliberations	RPRG Members
16:00–16:30	Coffee Break	
16:30-17:20	Plenary session: summary of recommendations	All participants
17:20-17:30	Wrap up of the day	Chairperson

DAY 3 FEBRUARY 19, 2015

Timing	Activity/Topic	Facilitator/Presenter
Objective 2: Review country annual reports on PC-NTD programmes, PC-NTD medicine applications and transmission assessment reports for lymphatic filariasis		
Session 5: Review of country eligibility and report forms on TAS		
08:30-09:00	<ul style="list-style-type: none"> • Outcomes of the NTD STAG M&E WG Meeting (10 minutes) • LF transmission assessment survey status in WHO African region (10 minutes) Discussion (10 minutes) WHO/HQ 	WHO AFRO

Timing	Activity/Topic	Facilitator/Presenter
09:00-10:30	Review of the TAS survey reports and eligibility requests <ul style="list-style-type: none"> • Malawi: report • Ghana: report • Burkina Faso: report • Mali: report and Eligibility • Uganda: report and Eligibility (Brief presentations by participating countries)	Group works of NTD-RPRG Members & Observers
10:30–11:00	Coffee Break	
11:00-13:00	Plenary session: Summary of Recommendations	RPRG Members
13:00-14:30	Lunch	
Objective 3: Review the overall status of national action plans to scale-up/down interventions, in line with global and regional strategies and milestones toward the 2020 NTD goals		
Session 6: Review implementation of NTD coordination mechanism, advocacy and resource mobilisation activities		
14:30-15:45	<ul style="list-style-type: none"> • Issues for RPRG on coordination mechanism, advocacy and resources mobilisation (20 minutes) • Updates on advocacy, coordination and resource mobilisation in countries: Experience from countries: Tanzania and Uganda (15 minute presentation for each country) Discussion (35 minutes)	GNNTD Countries All participants
15:45-16:15	Coffee Break	
16:15- 17:00	RPRG closed door meeting	RPRG members
17:30	Wrap up of the day	Chairperson

DAY 4 FEBRUARY 20, 2015

Timing	Activity/Topic	Facilitator/Presenter
Session 7: Specific recommendations to countries		
08:30-10:30	Review of RPRG report and recommendations to countries	Rapporteurs
10:30–11:00	Coffee Break	
11:00-13:00	Review of RPRG report and recommendations to countries	All Participants
13:00-14:30	Lunch	
Session 8: Conclusions and recommendations to countries and AFRO		
14:00-15:30	Discussions and drafting of the conclusions and recommendations of the NTD-RPRG	Rapporteurs and Secretariat
1530-16:00	Coffee Break	
16:00-16:30	Closing ceremony	AFRO

ANNEX 3. LIST OF PARTICIPANTS

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