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Time-Bound Elimination of Neglected Tropical Diseases (NTDs)

More than a billion people across the world, mostly living in the low- and lower-middle-income countries, are affected by neglected tropical diseases (NTDs). At least one NTD is endemic in each of the Member States of the WHO South-East Asia Region. The Region bears the second highest burden of these debilitating infections in the world.

WHO's NTD roadmap, endorsed by the World Health Assembly resolution titled "Neglected tropical diseases" (WHA66.12), has identified specific NTDs with the aim to control, eliminate and, in select few cases, eradicate these diseases with specified time-bound targets. NTDs are also incorporated in the Sustainable Development Goals (SDGs) and find clear mention in SDG 3.3 extending the focus on their elimination beyond 2020. Elimination of the targeted NTDs is a regional health priority, and one of the Flagship Priority Areas, for the WHO Regional Office for South-East Asia. The NTDs targeted for elimination in the South-East Asia Region are lymphatic filariasis (LF), visceral leishmaniasis (VL), leprosy and schistosomiasis, while yaws is targeted for eradication at the global level.

The Region has made commendable progress in moving towards the WHO NTD roadmap targets. India has been formally recognized as being yaws-free while elimination of LF as a public health problem has been acknowledged in Maldives and Sri Lanka. Like any other disease elimination or eradication programme, as we move towards the last mile of eliminating some of the NTDs, new issues and challenges are emerging that need to be carefully addressed to keep the elimination process on track.

The attached Working Paper was presented to the High-Level Preparatory (HLP) Meeting for its review and recommendations. The HLP reviewed the paper and made the following recommendations for consideration by the Sixty-ninth Session of the Regional Committee:

Actions by Member States

- (1) Maintain the support, high-level political commitment and provision of optimum flexible resources needed to accelerate progress towards the elimination of NTDs.
- (2) Consider real-time monitoring of activities at all levels to ensure early identification of bottlenecks and making timely corrections.

- (3) Consider an urgent service-delivery model and targeted approach for the elimination of NTDs.
- (4) Empower and involve communities in the effort to eliminate NTDs.
- (5) Generate and compile disaggregated data to report on coverage and response.

Actions by WHO

- (1) Provide support for the creation of a high-level technical group to identify barriers to a time-bound elimination plan and report back on the same to the honourable health ministers of Member States concerned on a six-monthly basis and to the Regional Committee at every annual session.
- (2) Provide strategic solutions and adopt innovations for strategic problems related to NTD elimination.
- (3) Arrange a high-level regional meeting to advocate for sustained political commitment, cross-border collaboration and identification of bottlenecks and challenges, identify effective and feasible solutions, and promote the adoption of innovative approaches.
- (4) Consider establishing a partners group in the Region to support efforts to eliminate NTDs.
- (5) Develop an appropriate surveillance framework for early local detection of problem and mid-course correction.

This Working Paper and the HLP Meeting recommendations are submitted to the Sixty-ninth Session of the WHO Regional Committee for South-East Asia for its consideration and decision.

Introduction

1. More than a billion people across the world, mostly living in the low- and lower-middle-income countries, are affected by the neglected tropical diseases (NTDs). At least one NTD is endemic in each of the Member States of WHO South-East Region. The Region bears the second highest burden of these debilitating infections in the world. The high densities of population, rapid urbanization, significant cross-border movements, and poor access to sanitation and hygiene have made the Region more vulnerable to these diseases.

2. While some of the neglected tropical diseases are fatal if not treated, almost all of them are associated with permanent disfigurement and disability that leads to social stigma and marginalization. Failure to treat or control these diseases can lead to a vicious cycle of stigma and poverty with a significant economic burden on these marginalized populations and by extension to the entire country.

3. WHO's NTD roadmap, endorsed by the Sixty-sixth World Health Assembly through resolution WHA66.12, has identified specific NTDs with the aim to control, eliminate and, in select few cases, eradicate these diseases with specific time-bound targets. NTDs are also incorporated in the Sustainable Development Goals (SDGs) and find clear mention in SDG 3.3 extending the focus on their elimination beyond 2020. The NTDs targeted for elimination in the South-East Asia Region are lymphatic filariasis (LF), visceral leishmaniasis (VL), leprosy and schistosomiasis, while yaws is targeted for eradication at the global level.

4. Elimination of the targeted NTDs is a regional health priority and one of the Flagship Priority Areas for the WHO Regional Office for South-East Asia. This has raised the NTD profile in the Region and ensured high-level commitment and additional resource allocation for these diseases. The Region has made commendable progress in moving towards the WHO NTD roadmap targets. This is the result of the high-level political commitment, dedication of the national programmes and health-care workers, and the generous support and contribution from partners and drug donors. Like any other disease elimination or eradication programme, as we move towards the last mile of eliminating some of the NTDs, new issues and challenges are emerging that need to be carefully addressed to keep the elimination process on track. WHO will continue to support Member States and engage with partners to assist countries meet their national NTD elimination targets.

Regional situation

5. Nine countries in the Region, with the exception of Bhutan and the Democratic People's Republic of Korea, are endemic for LF. All three filariasis parasites are found in the Region, though *W. bancrofti* accounts for around 95% of the cases. About 57% (632 million people) of the global population currently requiring mass drug administration and 50% (60 million) of the global population estimated to be infected with lymphatic filariasis live in the Region. The LF elimination programme follows a two-pillar strategy: interruption of transmission through mass drug administration (MDA) administered annually to the entire at-risk populations; and treatment and care of the people affected by chronic filariasis with the objective of morbidity management and disability prevention (MMDP). A total of 528 out of the 1000 LF-endemic implementation units (IU) requiring MDA in the Region have successfully brought down the Microfilaraemia (Mf) rate to less than 1%, demonstrated the achievement through successful transmission assessment surveys (TAS), and stopped MDA.

6. Bangladesh, Maldives and Sri Lanka are in the post-MDA surveillance phase. Elimination of LF as a public health problem in Maldives and Sri Lanka has been validated and formally acknowledged by WHO. Thailand has prepared the country dossier and is waiting for the third and final TAS in 2017 before validation of LF elimination. Bangladesh has completed MDA in all districts and moving towards post-MDA surveillance. MDA is ongoing in India, Indonesia, Myanmar, Nepal and Timor-Leste. Except for Indonesia and Myanmar, all countries have achieved 100% geographical coverage of MDA. Two districts in Myanmar where MDA has not started are believed to be low-endemic but need to undertake a survey to establish this and take decision either to start MDA or be removed from endemic group. India has stopped MDA in 72 districts of the 255 endemic districts requiring treatment and TAS is planned in another 93 districts in 2016 and early 2017. Indonesia introduced an annual national MDA campaign in 2015, increasing the treatment coverage remarkably by reaching 142 of the 194 districts that required treatment. Nepal has stopped MDA in 20 out of 61 districts requiring treatment and is planning to undertake TAS in 15 additional districts.

7. Kala-azar, or visceral leishmaniasis, is endemic in three countries in the Region (Bangladesh, India and Nepal), with sporadic cases reported from Bhutan and Thailand. The kala-azar elimination target of less than one case per 10 000 population has been achieved in all endemic districts in Nepal (for the last three consecutive years), in 96 out of the 100 endemic *upazilas* in Bangladesh (96%), and in 488 out of 611 endemic blocks in India (80%). Blocks in India reporting more than one case per 10 000 people are now limited to just three states: 90 blocks in Bihar, 27 blocks in Jharkhand and 6 blocks in West Bengal. The Region reported 8138 kala-azar cases and 8 deaths in 2015 witnessing the lowest dip in the history of the disease in the Region. The successes of the Region on kala-azar have been recognized globally. In view of the progress seen, SEARO has developed a protocol and guidance document for validation of elimination of kala-azar as a public health problem and the readiness of endemic countries for validation of kala-azar elimination as a public health problem will be assessed soon.

8. Yaws is the only NTD currently endemic in the Region that is targeted for global eradication. Three countries in the region – India, Indonesia and Timor-Leste – have been mapped to be endemic for yaws. India has eliminated yaws with the last reported case being in the year 2004. A strong surveillance programme since then confirmed that India is free from yaws, and this has been verified by an international verification team in 2015. In 2016, India's yaws-free status was formally acknowledged by WHO, becoming the first country to receive this recognition globally. In 2015 Indonesia adopted the new WHO strategy of mass treatment with single-dose azithromycin, which has made the yaws treatment simple and convenient. Indonesia plans to roll out MDA in all yaws endemic districts in 2016 and move to the surveillance phase in 2017. Though yaws is endemic in Timor-Leste, the actual disease burden and endemicity mapping has never been done. WHO is working in Timor-Leste for a national survey to identify yaws-endemic districts and the at-risk population. The survey is expected to be undertaken during the third quarter of 2016 with the plan of starting mass treatment with azithromycin towards the end of 2016.

9. In 2014, the WHO South-East Asia Region contributed 72% of the global new leprosy cases and 74% of the new child leprosy cases reported, indicating ongoing transmission. Six countries, i.e., Bangladesh, India, Indonesia, Myanmar, Nepal and Sri Lanka, are considered high-endemic, contributing 99.8% of new cases from the Region in 2014. Similar trends were observed in the Region for the past 10 years. There has also been a slight increase in the reported cases of grade-2 disabilities. In 2014, the Democratic People's Republic of Korea reported "zero" new cases. Bhutan, Maldives and Timor-Leste reported less than 100 new cases while Thailand reported 220

new leprosy cases. Democratic People's Republic of Korea and Maldives reported zero new child cases in 2014, signifying reduced transmission of the disease. Bangladesh eliminated leprosy at the national level in 1998 but challenges to subnational elimination persist. In 2015, there were only two high-endemic areas — the district of Nilphamari and the Metropolitan area of Dhaka. Grade-2 disability rates reduced to 8.2% in 2015 from 11.29% in 2014. Bangladesh has taken initiatives to introduce electronic registration and tracking of leprosy cases to improve monitoring of the Leprosy Programme up to the subnational levels, and has introduced an innovative approach for new case-detection. With this, new case-detection has gradually increased and the Grade-2 disability rate has decreased.

10. Schistosomiasis continues to be prevalent in the Region only in Indonesia – in a small focus restricted to two districts in Central Sulawesi with about 20 000 populations at risk. The schistosomiasis elimination programme in Indonesia is based on mass treatment with praziquantel and vector (snail) control with environmental management. The disease elimination efforts are, however, challenged by difficult geographical terrain, lack of safe water supply and sanitary latrines in the households of endemic areas, poor local ownership and support and inadequate efforts on snail control.

Challenges and strategic issues

Strategic challenges to the elimination of NTDs in the Region include the following:

- Persistence of high microfilaraemia rate in a few districts of the Region, despite five or more rounds of annual MDA;
- Achievement of elimination target in some of the LF endemic districts based on first TAS seem to be failing (mostly *Brugia* endemic) as per follow-up surveys;
- Emergence of new foci: new VL cases are being reported from previously non-endemic areas;
- Persistence of post-kala-azar dermal leishmaniasis (PKDL) patients and asymptomatics is a potential community reservoir for further transmission of the disease;
- Cross-border collaboration: as most of these diseases enter the last phase of elimination, a strong cross-border collaboration is becoming increasingly important as part of the end-game strategy;
- Lengthy treatment for post-kalar-azar dermal leishmaniasis and lack of consensus on the role of PKDL in diseases transmission;
- Schistosomiasis control heavily relying on preventive chemotherapy with little or weak efforts on vector control and environmental management, resulting in sub-optimal achievement.

Operational challenges

- **Coverage:** Ensuring the required level of treatment coverage, especially in urban areas and marginalized populations such as those living in tribal areas, is a challenge.
- **Stagnation of leprosy case detection:** There is evidence of ongoing transmission and late diagnosis.

- **Quality of drugs and commodities:** Validation and quality control of diagnostics and quality assurance of locally procured drugs in particular is a challenge.
- **Community involvement:** There is inadequate community mobilization and involvement of community in NTD interventions.

Conclusions

11. From the discussion, it was evident that there is a strong political commitment of every Member State to eliminate NTDs from the Region. The possible solutions to accelerate the progress towards elimination can be real-time monitoring dashboard with disaggregated data, integration with health service delivery, collaboration with other national health programmes such as polio, technical innovations and strong cross-border collaboration. Therefore, WHO/SEARO will:

- Continue high levels of advocacy to ensure political commitment and adequate resource mobilization in endemic countries.
- Work closely with the three levels of the Organization to identify bottlenecks and provide timely support to the national programmes to accelerate progress.
- Strengthen the capacity of the Regional Office for technical backstopping and work more closely with Member States.
- Pilot new innovations to fast-track progress and support Member States on implementation measures.
- Strengthen monitoring and evaluation of the NTD programme and develop tools to track and monitor progress real-time for timely intervention and course correction.
- Provide crucial flexible funding to bridge critical funding shortfalls in key interventions.
- Develop a real-time tracking tool to monitor the time-bound elimination of neglected tropical diseases, with the WHO Regional Office for South-East Asia serving as secretariat. Three-level access and monitoring of the progress of the tool must be ensured for timely and effective corrective measures. These three levels are:
 - Senior decision-makers from the ministries of health of Member States
 - WHO Representatives to country offices
 - WHO-SEARO Senior Management