Report on the virtual meeting of the Regional Programme Review Group (RPRG) for lymphatic filariasis, soil transmitted helminthiasis and schistosomiasis in South-East Asia Region

13–16 July 2020
Report on the virtual meeting of the Regional Programme Review Group (RPRG) for lymphatic filariasis, soil-transmitted helminthiasis and schistosomiasis in the WHO South-East Asia Region

13–16 July 2020
Report on the virtual meeting of the Regional Programme Review Group (RPRG) for lymphatic filariasis, soil-transmitted helminthiasis and schistosomiasis in the WHO South-East Asia Region
SEA-CD-328

© World Health Organization 2020

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO license (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this license, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons license. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the license shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Report on the virtual meeting of the Regional Programme Review Group (RPRG) for lymphatic filariasis, soil-transmitted helminthiasis and schistosomiasis in the WHO South-East Asia Region n. New Delhi: World Health Organization, Regional Office for South-East Asia; 2018. License: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder.

The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in India
## Contents

<table>
<thead>
<tr>
<th>1. Background and recommendations</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Background</td>
<td>1</td>
</tr>
<tr>
<td>1.2 Recommendations</td>
<td>3</td>
</tr>
<tr>
<td>1.3 Approved drug requests</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Summary of country presentations</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Bangladesh</td>
<td>9</td>
</tr>
<tr>
<td>2.2 Bhutan</td>
<td>9</td>
</tr>
<tr>
<td>2.3 India</td>
<td>9</td>
</tr>
<tr>
<td>2.4 Indonesia</td>
<td>10</td>
</tr>
<tr>
<td>2.5 Maldives</td>
<td>10</td>
</tr>
<tr>
<td>2.6 Myanmar</td>
<td>10</td>
</tr>
<tr>
<td>2.7 Nepal</td>
<td>11</td>
</tr>
<tr>
<td>2.8 Sri Lanka</td>
<td>11</td>
</tr>
<tr>
<td>2.9 Thailand</td>
<td>11</td>
</tr>
<tr>
<td>2.10 Timor-Leste</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Technical sessions</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Update from the partners</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14</td>
</tr>
</tbody>
</table>

## Annexes

<table>
<thead>
<tr>
<th>1. List of participants</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Agenda</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Summary of Drug approved for 2021 for the Member Countries in SEA Region</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22</td>
</tr>
</tbody>
</table>
1. **Background and recommendations**

1.1 **Background**

The Regional Director of WHO South-East Asia Region invited members of the Regional Programme Review Group (RPRG) for Lymphatic Filariasis (LF), Soil Transmitted Helminthiasis (STH) and Schistosomiasis (SCH) to review the progress of these programmes from 13 to 16 July 2020 with the following objectives:

1. review the status of national LF and SCH elimination and STH control programmes in each country and how these programmes have been affected by COVID-19 pandemic;
2. provide update on important technical issues and recent developments; and
3. discuss interventions and recommend course corrections to accelerate the LF and SCH elimination and STH control in the region.

The meeting was held virtually in view of the continuing COVID-19 pandemic situation and related travel restrictions. All sessions were conducted on a Zoom platform. The national programme managers for Lymphatic Filariasis (LF), Soil Transmitted Helminthiasis (STH) and Schistosomiasis (SCH) in WHO South-East Asia Region were invited to participate in the meeting and make presentations on progress made so far. All Member countries of SEAR, except Democratic People’s Republic of Korea, and all members of the RPRG participated in the meeting. The list of participants includes programme managers from SEAR Member countries, RPRG members, WHO secretariat (HQ, SEARO and country offices) and invitees from donor/partner agencies (Annexure I). The detailed agenda of the meetings is given in Annexure II. Virtual meeting offered ample opportunities for the participants through chat box and voice interaction.

Dr Ahmed Jamsheed Mohamed, Regional Advisor, Neglected Tropical Diseases, WHO Regional Office for South-East Asia, welcomed the RPRG members and other participants. Dr Jamsheed thanked Prof Be-Nazir Ahmed and Dr Nyoman Kandun for their leadership and valuable contribution made in their tenure as Chair of the RPRG.

Professor Dr Tjandra Yoga Aditama, Ag. Director, Department of Communicable Diseases (CDS), WHO-SEARO, opened the meeting with his remarks. He mentioned that Lymphatic filariasis (LF) is one of the flagship programmes of this Region in line with the NTD road map 2021-2030. Elimination of LF in three countries (Maldives, Sri Lanka and Thailand) have been validated by WHO. Bangladesh is expected to be validated in 2021. Mass drug administration (MDA) is continued in the remaining five endemic countries in the Region. Triple drug regimen is implemented in India and Timor-Leste while Indonesia is planning for triple drug regimen in 2020. Nepal and Myanmar are also preparing for triple drug-based MDA. Professor Aditama noted suboptimal coverage and transmission assessment survey (TAS) failures as major concerns in the Region. The Region accounts for about 54% of global burden of STH and has seen progressive improvement in the coverage of preventive chemotherapy. Suspected schistosomiasis infection in Myanmar was investigated. MDA for the control of schistosomiasis in the small focus of infection in Indonesia is being continued. Professor Aditama stated that COVID-19 had some implications on the timeline of LF elimination and STH control programmes in our Region.

Dr Jamsheed proposed the name of Dr Aditya P Dash, distinguished Scientist & Vice Chancellor of Central University of Tamil Nadu, Thiruvarur, India, as Chairperson which was endorsed by all members of the RPRG. Dr K. Krishnamoorthy, Senior Consultant (LF)
was appointed as Rapporteur. Prof. Dash chaired the meeting and conducted the proceedings.

Dr Mwelece Ntuli Malecela, Director of the Department of Control of Neglected Tropical Diseases, WHO/HQ, addressed the participants on the NTD Roadmap 2030. While complementing three countries that achieved elimination of LF, she wished more countries to achieve this milestone. She also complemented Timor-Leste for the great achievement in implementing triple drug therapy nationwide, through partnership and collaboration, despite operational challenges. Dr Mwelece emphasized on disease-specific targets and crosscutting targets and expectation from countries. She briefed on the role of stakeholders at all levels and in all sectors. She discussed the sustainability plan and projected timeline and mentioned that the concept of multiple approaches and action, partnership and moving together, the NTD roadmap targets can be met.

Dr Jonathan King, Scientist, Control of Neglected Tropical Diseases, WHO/HQ, presented an update on the progress of GPELF. As per the revised global estimates of LF, based on geo-spatial analysis, a reduction from 198.7 million infected people in 2000 to 51.4 million in 2018 has been recorded, which amounts to 74% reduction in the disease burden. NTD roadmap target for GPELF was also presented. The new triple drug regimen has been implemented in 11 countries within two years of its recommendation as an alternate strategy. Globally about 7.7 billion cumulative treatments have been provided so far. About 579 million people are no longer requiring MDA. The reduction in LF infection was about 66% in the Region. However, there is some gap in treating the people requiring MDA. Dr Jonathan mentioned that WHO is preparing a series of guidelines [Field Guide for Alternative MDA, MMDP-Aide Memoire (2nd edition), Safe administration of NTD medicine, Protocol for stopping IDA-MDA and Revised M&E Guidance] to support the Member countries in implementing and evaluating LF elimination programme and enabling the countries to achieve the global target of elimination of LF as public health problem. WHO has coordinated in the procurement and supply of about 2.1 million FTS kits so far for evaluating elimination programme. Dr Jonathan also mentioned about the initiative in generating data on the STH prevalence to assess the impact of STH programme in terms of duration of MDA programme in Member countries.

Dr Jamsheed, Regional Advisor, Neglected Tropical Diseases, WHO-SEAR, presented an update on the LF elimination and STH control programme in the Region. During 2019, 4 out of 5 countries requiring LF-MDA carried out MDA and about 348.8 million people were treated. India and Timor-Leste treated about 42.5 million people with IDA. Indonesia and Myanmar are preparing to implement IDA in selected districts in 2020 and 2021 respectively. MDA has been stopped in about 70% of total implementation units in the Region. Annual rounds of PCT for STH control were carried out in all endemic countries in 2019. STH prevalence surveys were initiated to assess the impact of treatment in many of the endemic countries. Dr Jamsheed further stated that under schistosomiasis elimination programme, MDA was conducted in the lone focus area of infection in Indonesia covering 19,222 people. SEARO supported a regional training on MMDP and an expert mission to Myanmar to conduct workshop on accelerated plan for LF elimination. Dr Jamsheed mentioned that all Member countries of SEAR submitted joint action plans (JAP) but there are cases of late submission and gaps in completeness. Only 2 countries submitted inventory reporting. The challenges faced by countries in implementing programmes due to COVID-19 pandemic included delay in conducting planned activities, logistic issues related to movement restrictions, expiry of RDT kits, task-shifting of staff and diversion of funds.
1.2 Recommendations

The RPRG acknowledges WHO initiatives in developing guidelines on IDA, MMDP, safe administration of IDA medicines, protocol for stopping IDA-MDA and revised protocol for monitoring and evaluation to support LF elimination programme in the Member States. The Group also acknowledges the continued technical support along with training that WHO extended to the Member States of the region.

The Group also noted with appreciation that WHO has renewed ICMR-Vector Control Research Centre as the WHO Collaborating Centre for Research and Training for Lymphatic Filariasis and Integrated Methods of Vector Control.

Recommendations to the Secretariat

➢ The remarkable progress made by countries in the Region towards LF elimination is commendable; however, sustaining these gains will depend on implementation of robust post-TAS3 and post-validation surveillance. A technical meeting is urgently needed to provide support to countries with questions about how to develop M&E guidelines for post validation of LF elimination programmes.

➢ The RPRG recommends WHO to replace any expired FTS and BRT as a result of delayed survey activities during the COVID-19 restrictions to enable programmes to undertake the postponed TAS surveys once restrictions are eased.

➢ As some countries in the Region have undertaken IDA based MDA, it is recommended that the current M&E guidelines in the context of IDA be carefully examined and updated/strengthened.

➢ In view of declining prevalence and intensity of STH infections through successful MDA campaigns in the region, WHO should provide appropriate guidance on reduction of treatment frequency and innovative survey strategies for assessment of the real picture for low prevalence settings.

➢ WHO to develop a standardized SOP and provide expert support to assess schistosomiasis endemicity in Member States of the Region of seeking support.

➢ The Group recommends WHO to extend all possible support, including collaboration with FAO/OIE, to the schistosomiasis elimination programme of Indonesia to address the persistence of high infection rate in animals and snails.

➢ The Group recommends WHO to organize a virtual consultation for Nepal to support the country in resolving issues related to apparent increase in TAS failures, confirmatory mapping and other issues highlighted by the programme.

Member Countries

A. RPRG Recommendations applicable to more than one country

➢ The Group recommends all Member countries to align NTD programmes with the new NTD road map

➢ RPRG noted late submission and gaps in completeness of JAP and urges all Member countries to complete their submissions to WHO before the deadline.
➢ The Group recommends all Member countries to have close follow up and monitoring of the stock balance and expiry status of available medicines in their warehouses and submit inventory reports in the JRF and JRSM when the JAP is submitted to WHO

➢ RPRG expressed its concern that due attention was not given to the second pillar of Global LF Elimination programme and recommends countries to expedite assessment of chronic disease burden and strengthen primary healthcare to deliver the MMDP essential package of care. (all LF endemic countries)

➢ The Group recommends all Member countries to resume suspended NTD related activities in line with country specific COVID-19 situation, national guidelines and WHO guidance with risk-benefit assessment and taking all necessary precautions to mitigate the risk of COVID-19 transmission

➢ In order to minimize impact of missed treatment rounds due to COVID-19 pandemic the Group recommends countries to consider the following: aim to increase coverage as much as possible in all subsequent rounds of LF/SCH MDA and STH deworming; maintain the annual cycle by adhering to the original MDA dates/month after resuming the MDA programme; add Ivermectin to DEC and ALB where possible, in the case of LF MDA. (all Member Countries)

➢ Recommend the all Member countries to use standard terminologies in reporting PC based interventions, especially the use of epidemiological and programme coverage as defined in WHO guidelines.

➢ To prevent reintroduction among countries validated for elimination of LF as a public health problem, the Group recommends considering a single course of IDA/DA to the migrants coming from LF endemic countries on arrival/registration as presumptive treatment for LF

➢ IDA-MDA is being planned in more districts across different countries in the coming years. While this is being commended, all efforts should be made to achieve and maintain high treatment coverage as higher efficacy of IDA cannot compensate for poor coverage (all LF endemic Countries)

➢ In view of increasing TAS failures, RPRG recommends further breakdown of EUs into smaller units (next lower administrative levels) to identify areas of ongoing transmission for focused intervention. Countries are also encouraged to build capacity to deal with pre-TAS and TAS failures. (all LF endemic countries)

➢ All Member countries implementing MDA are recommended to establish a strong system of monitoring and management of adverse event by developing clear SOPs, incorporating community awareness messages, establishing functional rapid response teams and coordination with national pharmacovigilance agencies.

➢ All countries are recommended to conduct periodic assessment of the STH control and other NTDs, using LF-TAS platform wherever applicable, and to adapt the PC frequency to new epidemiological situation.

➢ Countries are encouraged to document measures such as WASH, IEC, etc. while reporting MDA based STH control activities
➢ To ensure high treatment coverage of implementation each IU the Group recommends making it mandatory for each IU to undertake supervisor’s coverage assessment followed by immediate mop up treatment where required. Countries are also recommended to undertake periodic independent Coverage Evaluation Survey (CES) to inform the programme on the gaps and future course of correction. *(all Member Countries)*

➢ Countries that have not registered ivermectin (IVM) for human use should consider initiating this process so supplies of the drug is available for LF and other NTDs where IVM is the drug of choice. *(all Member Countries)*

### B. Country specific recommendations (Also refer to recommendations under A)

#### Bangladesh

➢ The LF programme was congratulated for the progress achieved both in stopping MDA and completing post MDA assessment in all, and especially one IU for taking measures for generating a national morbidity map.

➢ After assessing risk of COVID-19 situation, the Group recommends the country to consider community based TAS3 in the event of continued closure of schools. On completion of successful TAS3, the dossier may be updated and submitted for validation.

➢ The RPRG, while complimenting the country on the high coverage rates achieved in STH programme, notes that report on the preventive chemotherapy provided to pre-SAC was not shared with WHO and recommends the country to provide this report in the JRF in future reporting.

#### Bhutan

➢ The RPRG compliments the innovative approach of involving school teachers and treating children by house visits for STH control.

➢ The low prevalence rates found in the 2017 STH prevalence survey suggests that the country does not require twice yearly deworming. The Group takes note of the planned additional STH survey and recommends completing that in 2021 and consider scaling down deworming frequency.

#### Maldives

➢ The RPRG recommends prioritization of LF post-validation activities including presumptive treatment of migrant workers from LF endemic countries, surveillance though existing health facilities and health programmes and strengthening integrated vector control.

➢ The Group congratulated Maldives for achieving low STH prevalence rates found in 2019. It is recommended that the country develops further plans for using routine laboratory surveillance for STH infections, and for discontinuation of the school-based deworming programme.

#### India

➢ The RPRG noted with appreciation the remarkable scaling up of the national deworming programme for school children during 2017 - 2019.

➢ Because of the reduction of the donation of Albendazole for STH by GSK, the country is advised to plan for the increase of local procurement.
➢ As the LF programme advances necessary steps should be taken to identify all areas with uncertain LF endemicity and WHO recommended confirmatory mapping protocol should be used to ascertain endemicity in these districts. Further the programme is urged to report disaggregated results of these assessments to RPRG and WHO.

➢ The programme is recommended to expand IDA considering the available resources and capacity of the programme to achieve safe and adequate MDA coverage.

➢ The Group noted that Varanasi conducted two rounds of IDA with reported coverage of above 70%. The programme reported more than 1% mf rate in one of the random sites. The RPRG notes that the impact assessment was done after one round of MDA and recommends repeating it six months after MDA2 and share the data with the RPRG to enable further guidance.

➢ The RPRG recommends an independent evaluation of the LF elimination programme in India comprising of national and international experts.

➢ On the request made by the programme for DEC medicated salt use in Varanasi, the Group is of the view that it is optional for the programme to consider as a supplementary intervention. The programme may review past attempts to introduce the strategy and experience gained and challenges encountered.

➢ The Group notes with concern the recurring challenges faced by pharmaceutical donors and WHO, related to shipment of WHO donated drugs and frequent rejection of shipments owing to lack of storage space at GMSDs. The Group urges the national programmes to take this issue more seriously, take full ownership and resolve it internally through dialogues between the respective departments.

➢ The Group recommends developing national strategy and guiding documents before proceeding with the MMDP workshops at the state level.

➢ The Group recommends the STH programme to report disaggregated coverage reports for globally recommended target population (up to 15 years) vs India specific target population (up to 19 years) to make it comparable globally.

➢ The Group notes the planned impact assessments by the STH programme and recommend undertaking these assessments after at least 5 annual rounds of deworming.

**Indonesia**

➢ While appreciating the plan of implementing IDA for LF elimination in three districts, the Group encourages inclusion of more districts under IDA taking into consideration the experience from the piloted IDA districts.

➢ Pre-TAS or TAS is being postponed in 2020 in 85 districts. The programme is encouraged to develop plans and mobilize additional resources, build capacity and partnerships to overcome this backlog and meet future needs.

➢ The programme is encouraged to continue the work on MMDP capacity building and expand it to achieve 100% geographic coverage.
➢ The Group noted that SCH infection in humans measured using Kato Katz technique is very low. The Group recommend on the use of a more sensitive diagnostic for SCH.

➢ The Group notes relatively higher SCH infection in snails and rats and recommends effective implementation of the existing multisectoral action plan to sustain the gains achieved from MDA.

➢ Recommend continuation with plans for STH prevalence survey and impact assessment in 2021.

**Myanmar**

➢ The Group noted that Paletwa district from Chin state in 2017 and Maungdaw district from Rakhine state in 2019 passed Pre TAS but TAS1 is pending due to conflicts in these areas. The Group recommends exploring alternate approaches such as enlisting support of local partners/groups or other public health programmes to conduct TAS1 as soon as possible.

➢ It is noted that Yemethin district was listed as one IU for MDA. This district is now divided and has two new districts (Dekkhinathiri and Oattarathiri) and considered three separate EUs. It is recommended that pre-TAS surveys be conducted in each of the three EUs with two sites (one sentinel and one spot-check). In case there is no sentinel site in the given EU, two spot-check sites can be selected as per the TAS guideline.

➢ It is planned to conduct pre-TAS in 15 districts in 2021. The programme is encouraged to plan and conduct pre-TAS surveys well, using TAS checklist to maintain high quality, with necessary training of the health personnel.

➢ To accelerate elimination of LF the Group recommends adopting IDA MDA in districts that fail in pre-TAS or TAS1. The Group further recommends providing the pre-TAS and TAS1 results of the 15 districts for further advice on IDA implementation.

**Nepal**

➢ The Group noted the guidance sought for the use of dried blood sample (DBS) for confirmatory mapping in 12 districts. If the country proposed Mini-TAS for confirmatory mapping, FTS can be used as it is point of care diagnostic. DBS can be used to detect antigen and antibody using ELISA tests for other infections to extend the value of the survey.

➢ The RPRG congratulates the country for the progress made so far in assessing the chronic disease burden in some districts and performing hydrocele surgeries. The programme is encouraged to expand chronic disease burden assessment to more districts and strengthen the health system to provide essential package of care to lymphoedema/elephantiasis patients and continue with progress in hydrocele surgeries.

➢ The Group encourages use of IDA strategy in districts reported suboptimal effect of MDA with DA in a phased approach, ensuring good preparation including microplanning, enhanced social mobilization, and delivery strategies informed by research, to achieve high coverage.

➢ The apparent increase in TAS failures requires thorough investigation and a systematic response including using existing checklist and operational research.
➢ Strengthen the school-based deworming programme, to enable records of treatment coverage and impact assessment in all endemic districts.

**Sri Lanka**

➢ While recommending continuation of post validation surveillance utilizing the existing Anti-Filariasis Campaign infrastructure, the Group recommends analysis of parasitological and entomological data to identify areas with increasing risk of transmission for early response.

➢ The Group noted that Mf prevalence in migrant population is as high as 4.4% with relatively higher parasite count and recommends presumptive treatment of migrant workers from LF endemic countries.

➢ The Group observed the reports of *B. malayi* prevalence in all the provinces, though the prevalence is very low. Possible role of zoonotic transmission from cats/dogs can be explored for appropriate action if warranted.

➢ Establish mechanisms for continued surveillance on STH infections while scaling down community-based deworming activities.

**Thailand**

➢ The strong commitment of the LF programme to surveillance is congratulated.

➢ While recommending continuation of all the four major post validation surveillance strategies, the Group recommends mobilizing government funding to bridge the gap that is currently observed.

➢ Given the results of the STH 2019 survey, consider stronger focus on hookworm control in adults.

**Timor-Leste**

➢ Congratulate Timor-Leste on establishing a well-integrated NTD control programme that has achieved high coverage rates in the last 4 years.

➢ The Group noted with appreciation that the country has prepared an integrated surveillance plan using TAS platform covering LF, STH, Yaws and scabies. The Group recommends that appropriate measures to control scabies and Yaws can be initiated based on the prevalence.

➢ In view of the possible postponement of TAS planned in 7 EUs, the Group recommends following the WHO guideline targeting grade I and II students if school based TAS is planned.

➢ Assess for the presence of Mf in all persons testing positive with either RDT in either pre-TAS or TAS.

➢ While conducting integrated clinical survey for yaws and scabies, the programme is encouraged to consider inclusion of screening for other skin NTDs such as leprosy and LF.

➢ It is noted that Kato-Katz technique is used for STH survey and the samples are processed in the national laboratory. The time for transfer of samples from the field to the laboratory and the time taken for processing the samples should be considered to complete observation within the specified period. To mitigate risk of lost sensitivity due to delay in processing, laboratory space at
municipality level health facilities may be used to process stools from remote districts given that basic safety precautions are taken.

➢ The Group compliments Timor-Leste for the high levels of STH MDA coverage rates in the last 4 years. The country is encouraged to use the data from integrated TAS to decide on the frequency of MDA for STH.

1.3 Approved drug requests

The RPRG approved 499 million treatments and donation of 274.3 million albendazole tablets and 1129.5 million DEC tablets for 2021 for LF elimination programme in the Region; 2.1 million Mebendazole and 405.1 million albendazole tablets for STH control programme. For Schistosomiasis control programme in Indonesia, the Group approved 28 000 treatments and 0.07 million praziquantel tablets for 2021 (Annexure IV).

2. Summary of country presentations

2.1 Bangladesh

With 18 out of 19 endemic districts cleared TAS3, the programme is planning to conduct TAS3 in the last remaining district in September 2020. On completion of the survey, the dossier will be submitted. As many as 5200 health staff were trained on MMDP and 1500 MMDP kits have been distributed in 2018-19. Community clinics play a major role in lymphoedema management. With enhanced priority, over 2500 hydrocelectomy surgeries were carried out and the facilities have been established in sub-district and district level hospitals. Chronic patients were followed through m-health during COVID-19 pandemic.

About 40 million children are targeted for biannual STH-MDA in the country. The coverage was above 97% in 2019. STH survey conducted in three districts in 2019 showed overall infection prevalence ranging from 2.2% to 37% in different districts and round worm infection was common. STH survey is proposed in Dhaka corporation area in 2020. Postponement of MDA round and difficulties in the management of drug storage were the major consequences of COVID pandemic in the country.

2.2 Bhutan

Prevalence of STH was assessed to be 1.4% in 2017. Two rounds of MDA were conducted with every school having one health co-ordinator. MDA is conducted in close collaboration with the Ministry of Education. The programme proposes to conduct national survey in 2021 to decide on the future strategy for STH control. There were no significant implications on the STH activities during COVID-19 pandemic as the deworming services reached the students through their class teachers of the respective schools in the orange zone.

2.3 India

Out of 257 LF endemic districts, MDA is continued in 146 districts, and 98 districts are under post MDA surveillance. TAS is planned in 19 districts. IDA, introduced in 2018, currently cover about 70.2 million people in 23 districts, and is being scaled up. Confirmatory mapping was done in 33 districts and identified 7 additional districts as endemic. The programme has obtained approval for enhanced budget for LF elimination programme.
In 2019, 116 million treatments in February and 293 million in August were provided for STH control. The coverage was 73% against the recommended coverage of 75%. STH survey results showed reduction in STH prevalence in 13 states compared to baseline survey of 2015. Implications of COVID-19 lockdown included difficulties in treating the children in view of closure of schools, disruption of MDA rounds and delay in implementing activities and supply chain. Coping measures were introduced and strategy revised by involving different cadres of service providers, and treatment by house visits, virtual review meetings and drug distributor’s training.

2.4 Indonesia
There are 236 districts endemic for LF with all the three parasite species and about 102 million people at the risk of infection. MDA for LF is continued in 118 districts, 30 districts have cleared TAS3. IDA is planned in 3 districts and preparatory activities have been initiated. About 46 million children were treated under STH programme. There has been an increase in the number of children treated. Impact of STH was assessed in 92 districts indicating that the infection was below 5% in majority (63%) of the districts. An assessment survey on SCH infection showed 0.1% in human, 16.4% in rats and 3.5% in snail. Multisectoral plan of action for SCH is being implemented, focusing on environmental management methods.

Distribution of MMDP kits to patients and trainings were conducted during COVID-19 lockdown.

2.5 Maldives
Post validation surveys are carried out since 2016. All the islands including non-endemic islands are covered with screening of children in the schools using FTS. In 2019, 2370 children from 13 schools were screened and none was found positive for filarial infection. Vector surveillance for LF has been integrated with dengue programme.

STH survey, conducted in 2018 showed that all the screened children were negative for STH infection. Improved sanitation, access to clean water and hygiene practices are attributed to the low prevalence of infection in the country. In 2019, two rounds of MDA were conducted with about 70% coverage. The country is proposing discontinuation of mass treatment and integrate case detection through lab screening and routine sample collection.

Implications of COVID-19 pandemic included delays in STH-MDA activities and filariasis survey in schools. Consequently, FTS cards became unusable due to expiry.

2.6 Myanmar
Achieving 100 percent geographical coverage in 2017, the country has planned a new national strategy for 2021-2025 for LF elimination. Out of 65 endemic districts, MDA is continued in 15 districts and 46 districts are under post-MDA surveillance. TAS was not conducted in two districts due to security reasons. Pre-TAS is proposed to be conducted in all the 15 MDA districts in 2021. The districts that fail in pre-TAS or TAS will be subjected to IDA in 2021. Line listing of cases is in progress in the endemic districts for MMDP.

School based MDA programme for STH is implemented to cover school children. Community based activities are undertaken to cover out of school children (2-5 years). Due to COVID-19, only community-based treatment was done targeting about 17.5 million children. STH prevalence survey, conducted in 2019-20 to assess the impact of 14 years of
MDA showed prevalence of 51%, with about 40% Trichuris infection. WHO expert mission to assess endemicity of SCH found conducive environment for SCH. However, none of the samples was confirmed.

During COVID-19 lockdown, virtual meetings, training and advocacy activities were carried out. WHO has provided support for preparing national guideline for IDA. The country proposes to plan IDA in selected districts, prepare guidelines and conduct confirmatory mapping in 2020.

2.7 Nepal

LF is endemic in 63 districts with about 25 million people at risk of infection. Post-MDA surveillance is in progress in 50 districts with MDA is continued in the remaining districts. Three districts failed in pre-TAS and five districts failed in TAS3. MDA was continued in 13 districts in 2020. Pre-TAS is planned in 9 districts in 2020. The country proposes to conduct IDA in the districts that fail in pre-TAS and TAS. Mapping of cases is done using m-health tools in 13 districts and paper-based tools in 10 districts. Confirmatory mapping has been planned to cover 12 uncertain districts. Planned activities were interrupted due to COVID-19 pandemic. Due to possible delay in conducting TAS, the FTS kits (expire in September) may become unusable.

Biannual MDA targeting pre and SAC are covered since 2000 to control STH. MDA is integrated with vitamin A supplementation and WASH. Due to COVID-19 lockdown, only pre-SAC were covered in 2020. STH survey is planned to assess the impact of the programme.

2.8 Sri Lanka

Having obtained acknowledgement of validation of elimination of LF as a public health problem, parasitological and entomological surveys are continued under anti-filaria campaign as post validation activities. In addition, parasitological surveys were conducted in non-endemic areas and none was found infected with LF. Screening of migrant workers showed 4.4 % Mf prevalence. MMDP activities are continued and patients visiting anti-filaria clinics are treated. Both parasitological and entomological surveillance activities were disrupted due to COVID-19 pandemic.

A revised STH control strategy has been developed based on STH prevalence and is being implemented since 2019. Accordingly, annual round of MDA covering pre-SAC for four years in high prevalence areas (10 to 20%), 2 years in moderate prevalence areas (1-10%) and no routine programme in low prevalence areas (<1% prevalence) are followed. During COVID-19 lockdown, MDA was done through routine MCH activities.

2.9 Thailand

Post validation survey included mass screening of people in 10% of total previous endemic IUs, at every 2 years in 10 provinces ( bancroftian area) and every year in Narathiwat (malayi area), vector surveys in 1% of total previous endemic IUs in each province, screening of cats in 10% of previous B. malayi endemic IUs and continuation of MDA among migrants, blood survey and vector survey in migrant camps (sentinel sites). FTS was used in bancroftian area and microscopy (Mf) was used in B. mayai area.

Blood surveys in Narathiwat province (87 IUs) showed 19 new (Mf) cases in 4 districts in human and 11 Mf cases in cats. No antigen positive case was detected in bancroftian area. Screening of migrants from 2018-2020 during migrant work permit process (n=: 1
365 925) did not show any one positive for Mf. In sentinel site, a total of 6191 migrants were screened for filarial antigenaemia and antigenaemia rate was less than 0.1% and this trend was similar for the last 3-4 years. Quality of lymphoedema services was evaluated and out of 14 indicators, 3 indicators had low scores and are attributed to high staff turnover in those facilities. Decreased budget in the regional offices for post validation activities and delay in the procurement of FTS were some constraints experienced.

National survey on STH was conducted in 2019. Overall prevalence was 9.8% and periodical survey results showed decreasing trend. Hook worm was predominant (4.47%). There were delays in carrying out surveillance activities related to both LF and STH due to COVID-19 pandemic.

2.10 Timor-Leste

With integrated NTD control programme developed in 2014, three rounds of MDA with high coverage were completed by 2018 and one round of IDA was conducted in 2019. Pre-TAS assessment showed that antibody prevalence was <2% in all the sentinel and spot-check sites in 12 districts. In one district, the antibody prevalence was more than 2%. Integrated school-based TAS including STH, Yaws and scabies is planned in the 12 qualified districts. Line listing of clinical cases is in progress and a follow-up system of MMDP activities. LF patient’s follow-up system for MMDP has been established in 70 CHCs with the support of WHO. In 2019, about 89% coverage was achieved in STH MDA. STH survey, conducted in six localities in Dili showed prevalence ranging from 7.6% to 47.4% in different localities.

3. Technical sessions

Impact of the COVID-19 pandemic on lymphatic filariasis and soil-transmitted helminthiasis: a model-based analysis by Dr Deirdre Hollingsworth, Assistant Professor of Epidemiology, University of Warwick, UK.

A Model has been developed to predict the impact of COVID-19 by several collaborators from NTD model consortium. This model describes impact of delay or postponement of NTD activities along with mitigation measures that could be adopted for recovery. Delay might be for 6, 12 and 18 months and impacts will be also different in terms of getting elimination on time targeted for elimination, for example MDA for LF. However, the impacts are based on different geography. For recovery of getting elimination on time for LF, extra round of MDA might be needed to catch up the time line of elimination of LF and high coverage (above 80%) round may minimize the impact of delay of MDA in achieving LF elimination. The model is based on some predictions such as coverage and access to the MDA for LF and mean delay is less than the number of missed MDA. The prediction showed that minimum mitigation measures, 3 years of 80% coverage, 1 year of biennial MDA and 1 year of IDA is required. This is expected to achieve elimination of LF as public health problem early by 1, 2.5, and 3 years respectively. Settings with >25% prevalence as of 2018, should continue to implement accelerated mitigation strategies beyond recommended durations.

For STH, the delay in achieving the target is dependent on the transmission intensity. In the absence of any mitigation measures, the programme could catch up in two years for Ascaris and more time is required for Trichuris. High prevalence settings will have challenges in meeting the goals under current strategies.
**Community based activities in the context of COVID-19 by**

*Dr Albis Gabrielli, Team Leader, Knowledge Management/Strategic Information and Analytics, Neglected Tropical Diseases at WHO-HQ.*

There are sets of WHO documents on COVID-19 and NTDs. Document related to community-based activities of NTDs is one of them. General guidance was issued on 1st April 2020 incorporating postponing community-based interventions, continuing diagnosis and treatment and re-purposing of health workers. Document for community-based intervention prepared by WHO/UNICEF/IFRC included broad recommendations, specific recommendation for specific diseases and other recommendations. NTD community-based services included preventive chemotherapy, individual case management, vector control and water, sanitation and hygiene services. Preventive chemotherapy can be delayed based on the situation. Dr Albis stated that there is a need to assess risk-benefit analysis to decide whether to do or not to do PC. Risk is increased with COVID-19 transmission, burden on health services, and strain on resources. Benefit of interventions against NTDs include reduced morbidity and mortality and use of drugs that may be expired. Implementation of community-based interventions is dependent on national regulations of member countries. It may apply to whole or portion of the country.

**Safety of administration of NTD medicines and responding to SAEs by**

*Dr David Addiss, Global Health Ethics Officer & Director, Focus Area for Compassion and Ethics.*

Dr Addiss explained about the increased awareness and scrutiny on NTD programmes and massive scale-up in MDA. Simultaneously, there are concerns on safety such as Loa loa associated encephalopathy and choking-related deaths. Naturally, World Health Organization and all partners working on elimination and control of NTDs takes safety issues seriously. In this context, WHO is developing and updating training modules on the safety of administration of NTD medicine and responding of the SAEs together with partners with a focus on compassion and ethics.

**Lessons learned from IDA implementation by Dr Jonathan King.**

Dr Jonathan presented experiences from LF endemic countries that implemented IDA, the alternative strategy to accelerate LF elimination. During 2018-2019, eight countries implemented IDA covering about 13.07 million people. Early planning and partner coordination were observed to be the key for success of the programme. Best practices for effective implementation in different countries were identified. Impact on STH, scabies and ecto-parasites were added benefits of IDA. Innovations in MDA implementation included dosing pole for height-based dosing, directly observed therapy (using ink or cards), school based followed by community treatment, timing and locations targeted for improved compliance and microplanning. Dr Jonathan concluded from the experience that IDA is feasible to implement and, early planning and partner coordination are essential. Increased number of tablets was not an obstacle to community participation. Height-based dosing was found to be practical and signalled to the community that IDA was a new approach. Monitoring, management and reporting of adverse events has improved in programmes implementing IDA.
Impact of COVID-19 on global NTD supply (medicines and diagnostics) chain by Dr Afework Hailemariam Tekle, Department of Control of Neglected Tropical Diseases (NTD), WHO.

Dr Afework gave an overview on the process of and different stages of the procurement supply chain. Due to human resource shortage during COVID-19 lockdown in pharma companies, only a few companies had to shift to COVID-19 related production. There were API (Active Pharmaceutical Ingredient) shortages from India and China but not significant since it was stockpiled for this year. There were late or no green light approvals due to attention given to COVID-19 supplies or border closures. Shipping depends on the availability of air and sea freight, closed borders etc. and when services were available, there was increased cost and time. There were delays in customs clearance due to HR shortages. Warehousing was affected as there were no trucks to send goods to warehouse, labour shortages etc. All countries in SEA Region postponed MDA but intend to do it in 2020. As a way forward, Dr Afework stated that all countries have postponed planned MDA, but 2020 supplies are anticipated to receive as planned. Hence, the countries are to work closely with WHO and pharma donors to ensure continuous supply of NTD medicine for MDA/case management as planned for 2020. Continuous engagement and communication with pharmaceutical donors are required to monitor shipment forwarders and WHO Regional Office to monitor the situation (weekly, fortnightly, monthly) through teleconferences. WHO HQ monitors continuously each shipment until delivery and is closely following up with countries on available stock balance and expiry status in their warehouses. Millions of Praziquantel tablets with a short shelf-life of two years may expire if there are delays in implementation. WHO is also looking at alternative ways to deliver commodities.

4. Update from the partners

The following partners participated in the meeting and presented an update:

- GlaxoSmithKline (GSK)
- Merck Mectizan Donation Program (MDP)
- Johnson &Johnson
- Research Triangle International (RTI)
- Bill & Melinda Gates Foundation (BMGF)
- USAID
Annex 1

List of participants

**Bangladesh**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Organization</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Mohammad Jahirul Karim</td>
<td>Asst. Director and Deputy Program Manager</td>
<td>Filarisis Elimination, STH Control and</td>
<td><a href="mailto:jahirulkarim@gmail.com">jahirulkarim@gmail.com</a></td>
</tr>
<tr>
<td>Dr. ASM Sultan Mahmood (Syeed)</td>
<td>Technical Consultant</td>
<td>Filarisis Elimination &amp; STH Control</td>
<td><a href="mailto:syeed25@gmail.com">syeed25@gmail.com</a></td>
</tr>
<tr>
<td>Bangladesh</td>
<td></td>
<td>CDC, Directorate General of Health Services (DGHS) MoHFW, Dhaka Bangladesh</td>
<td></td>
</tr>
</tbody>
</table>

**Bhutan**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Organization</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sonam Wangchuk</td>
<td>Sr Program Officer</td>
<td>Health Promotion Division</td>
<td><a href="mailto:sonamw@health.gov.bt">sonamw@health.gov.bt</a></td>
</tr>
</tbody>
</table>

**DPR Korea**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Organization</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Nupur Roy</td>
<td>Additional Director</td>
<td>Ministry of Health &amp; Family Welfare</td>
<td><a href="mailto:nupur.nvbdcp@gmail.com">nupur.nvbdcp@gmail.com</a></td>
</tr>
<tr>
<td>Dr Sila Deb</td>
<td>Deputy Commissioner</td>
<td>MoHFW</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>New Delhi, India</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Email: <a href="mailto:nupur.nvbdcp@gmail.com">nupur.nvbdcp@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Dr Wint Phyo Than</td>
<td>Deputy Director</td>
<td>Department of Public Health, MoHS</td>
<td><a href="mailto:wintphyothan@gmail.com">wintphyothan@gmail.com</a></td>
</tr>
<tr>
<td>Dr Thet Htar Swe</td>
<td>Medical officer</td>
<td>VBDC, Department of Public Health, MoHS</td>
<td><a href="mailto:thethtar.666@gmail.com">thethtar.666@gmail.com</a></td>
</tr>
</tbody>
</table>

**India**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Organization</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Lita Renata Sianipar</td>
<td>Head</td>
<td>Subdirectorate (Program Manager) of Filarisis and Helminthias</td>
<td><a href="mailto:litairenata26@gmail.com">litairenata26@gmail.com</a></td>
</tr>
<tr>
<td>Dr Solihah Widayastuti</td>
<td>Chief</td>
<td>Section of Filarisis program</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subdirectorate of Filarisis and Helminthias</td>
<td><a href="mailto:ikanugroho126@gmail.com">ikanugroho126@gmail.com</a></td>
</tr>
</tbody>
</table>

**Indonesia**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Organization</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Phyo Phyo Kyaw</td>
<td>Deputy Director</td>
<td>School Health Division</td>
<td><a href="mailto:phyo2kyaw.dr@gmail.com">phyo2kyaw.dr@gmail.com</a></td>
</tr>
<tr>
<td>Dr. Aye Nyein</td>
<td>Su, Medical Officer</td>
<td>School Health Division</td>
<td></td>
</tr>
</tbody>
</table>

**Maldives**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Organization</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Aminath Shihama</td>
<td>Public Health Programme Assistant</td>
<td>HPA</td>
<td><a href="mailto:shihama@health.gov.mv">shihama@health.gov.mv</a></td>
</tr>
</tbody>
</table>

**Myanmar**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Organization</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Nay Yi Yi Linn</td>
<td>Deputy Director (VBDC) and Program Manager (Dengue/LF)</td>
<td>Vector borne Disease Control program</td>
<td><a href="mailto:nayyiyilinn@gmail.com">nayyiyilinn@gmail.com</a></td>
</tr>
<tr>
<td>Dr Wint Phyo Than</td>
<td>Deputy Director (VBDC)</td>
<td>Department of Public Health, MoHS</td>
<td><a href="mailto:wintphyothan@gmail.com">wintphyothan@gmail.com</a></td>
</tr>
<tr>
<td>Dr. Aye Nyein</td>
<td>Su, Medical Officer</td>
<td>School Health Division</td>
<td></td>
</tr>
</tbody>
</table>

**Pakistan**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Organization</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Philippines**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Organization</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Vietnam**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Organization</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dr Khin Sandar Aung
Deputy Director
Central Epidemiology Unit
Department of Public Health
MoHS
Email: khinsandaraung@mohs.gov.mm

Nepal
Mr Kedar Raj Parajuli
Senior Public Health Administrator, Family Welfare Division
DoHS
Kathmandu, Nepal
Email: parajulikedar90@yahoo.com
Mr Pradip Rimal
Senior AHW Officer
Department of Health Services
Kathmandu, Nepal
Email: pradiprimal2029@gmail.com

Sri Lanka
Dr Manjula Kariyawasam
Consultant Epidemiologist
Epidemiology Unit
Ministry of Health
Colombo, Sri Lanka
Email: kariyawasammp@gmail.com
Dr Hiranya Jayawickrama
Consultant Community Physician
Family Health Bureau
Ministry of Health
Email: senanij@hotmail.com

Thailand
Dr. Thanawadee Thantithaveewat
Medical Officer, Senior Professional Level Division of Communicable Diseases Department of Disease Control
Ministry of Public Health
Email: thanawadee.tt@gmail.com
Dr. Onpirul Yurachai
Veterinarian
Division of Communicable Diseases Department of Disease Control Ministry of Public Health
Email: dek_vet_ka@hotmail.com
Mrs. Oranard Wattanawong
Public Health Technical Officer
Division of Communicable Diseases Department of Disease Control
Ministry of Public Health
Email: Oranard.wat@gmail.com
Mrs. Tanaporn Toothong
Public Health Technical Officer
Division of Vector Borne Diseases Department of Disease Control
Ministry of Public Health
Email: tanaporn18@yamil.com
Timor-Leste
Dr Josefina Clarinha Joao
National Director of Disease Control MoH.
Email: jclarinha@gmail.com
Ms Martha Albenia Santos
Chief of the Department of Communicable Diseases Control
MoH.
Email: beni_santos67@yahoo.com
Mr Jose Liu
Head of the NTD department
MoH
Email:

RPRG Members
Dr Nyoman Kandun
Chair
National Task Force for LF Elimination Programme
Ministry of Health
Jakarta, Indonesia
Email: n_kandun@Country LEa.com
Dr Be-Nazir Ahmed
Country Lead
ASCEND Bangladesh
Flat 98 Crown Agents
House 25, Road 11, Block F, Banani
Dhaka, Bangladesh
Email: benazir1959@gmail.com
Prof. R C Mahajan
SN Bose INSA Research Dept. of Parasitology
Postgraduate Institute of Medical Education & Research (PGIMER)
Chandigarh, India
Email: indurc43@gmail.com
Dr Dasaradha Ramaiah Kapa
Independent Consultant LF expert
12 Bhaktavatsalam Street
Tagore Nagar, Lawspet
Pondicherry, India
Email: ramaiahk@yahoo.com
Dr Aditya P Dash
Distinguished Scientist
Vice Chancellor
Central University of Tamil Nadu
Thiruvarur,
Tamil Nadu, India
Email: apdash@gmail.com
Ms Sunsanee Rojanapanus,
Public Health Technical Officer
Bureau of Disease Control
Ministry of Public Health
Bangkok, Thailand
Email: srojanapanus@yahoo.com
Dr Patrick Lammie
NTD Support Centre
Task Force for Global Health
325 Swanton Way
Decatur, GA 30030  
Email: plammie@taskforce.org

Dr Kyaw N Sein  
National Consultant  
WHO-Myanmar,  
Bahan Township  
Yangon, Myanmar  
Email: seink@who.int

Dr Nilanthi Renuka de Silva  
Dean and Professor of Parasitology  
Faculty of Medicine  
University of Kelaniya  
P.O. Box 6, Ragama  
Sri Lanka  
Email: nrdesilva@gmail.com

Dr Suma Krishnasasstry  
Professor  
Department of Medicine  
Government T.D. Medical College Hospital  
Alappuzha, Kerala, India  
Email: sumatk@gmail.com

Dr K. Krishnamoorthy  
Senior Consultant (LF)  
Indiranagar  
Pondicherry  
Email: drkgkmurthy@gmail.com

Dr Basudev Pandey  
Director  
Epidemiology & Disease Control Division  
DoHS  
Kathmandu, Nepal  
Email: drbasupandey@gmail.com

Prof. Dr. Shahnila Ferdousi  
Director,  
Disease Control & Line Director Communicable Disease Control  
Directorate General of Health Services (DGHS)  
Dhaka 1212, Bangladesh  
Email: fhshahnila@yahoo.com

Dr. Siti Nadia Tarmizi  
Director of Vector Borne and Zoonotic Diseases Prevention and Control  
Ministry of Health  
Indonesia  
Email: nadiawiweko@gmail.com

Dr Priyadarshani Samarasinghe  
Director  
Anti Filariasis Control Programme  
Ministry of Health  
Colombo, Sri Lanka  
Email: aipsamarasinghe@gmail.com

Invitedes from Donor/Partner agencies

Dr Keyla Laserson  
Deputy Director, Infectious Disease India Office  
Bill & Melinda Gates Foundation  
Capital Court, 3rd Floor, Left Wing  
Palam Marg, New Delhi  
Email: Kayla.Laserson@gatesfoundation.org

Dr Bhupendra Tripathi  
Country Lead  
Elimination Programme – NTD  
BMGF – India Country Office  
Capital Court, 3rd Floor, Left Wing  
Palam Marg, New Delhi  
Email: Bhupendra.tripathi@gatesfoundation.org

Dr Takayuki Hida  
Director  
Eisai Co.Ltd  
4-6-10 Koishikawa  
Bunkyo-ku, Tokyo  
Japan  
Email: t-hida@hhc.eisai.co.jp

Dr Wei Wang  
Sustainability, Eisai Co., Ltd.  
Add: 4-6-10 Koishikawa, Bunkyo-ku, Tokyo  
Email: w4-wang@hhc.eisai.co.jp

Dr Mark Bradley  
Director  
Global Health Programs,  
Glaxo SmithKline  
980 Great West Road  
Brentford, Middlesex  
TW8 9GS, United Kingdom  
Email: mark.h.bradley@gsk.com

Ms Tijana William  
Director  
Supply Planning and Finances  
Global Health Programs  
Glaxo SmithKline  
980 Great West Road  
Brentford, Middlesex  
TW8 9GS United Kingdom  
Email: tijana.x.williams@gsk.com

Ms Molly Brady  
Senior Manager on the RTI NTD team  
RTI International  
701 13th Street NW, Suite 750  
Washington, DC 20005-3967  
USA  
Email: mbrady@rti.org

Dr Dharmapal Prasad Raman  
Resident Program Advisor  
Act | East , Nepal  
Kathmandu  
Email: dpraman@rti.org

Dr Alexis Serna  
RTI International  
Washington DC  
Email: amserna@rti.org

Dr Nandini Pillai  
RTI International
Report on the virtual meeting of the Regional Programme Review Group (RPRG) for lymphatic filariasis, soil-transmitted helminthiasis and schistosomiasis in the WHO South-East Asia Region

Washington DC
Email: npillai@rti.org
Dr Rand Carpenter
Deputy Director
Mectizan Donation Programme
330 West Ponce de Leon
Decatur, Georgia, 30030, USA
Email: rcarpenter@taskforce.org
Dr Rubina Imtiaz
Director
Children Without Worms (CWW)
Task Force for Global Health
325 Swanton Way
Decatur, GA. 30030. USA
Email: rimtiaz@taskforce.org
Dr Yao Sodahlon
Director
The Mectizan Donation Program
330 West Ponce de Leon
Decatur, Georgia 30030
USA
Email: ysodahlon@taskforce.org
Dr Louise Kelly-Hope
Centre for Neglected Tropical Diseases
Liverpool School of Tropical Medicine
Pembroke Place, Liverpool
England, UK
Email: Louise.Kelly-Hope@lstmed.ac.uk
Dr Robert Henry
Senior Public Health Advisor (NTD)
USAID
1300 Pennsylvania Avenue NW
Washington, DC 20004
United States of America
Email: rhenry@usaid.gov
Ms Lynn Leonard
Johnson & Johnson Global Public Health – Global Program Leader, STH
700 US Route 202 South, Raritan, NJ 08869 USA
Email: LLeonard@its.jnj.com
Dr Sharad Bartakaki
Asia Region Manager and
Visceral Leishmaniasis Lead
ASCEND
Dhaka, Bangladesh
Email: sharad.Bartakaki@ascend.crownagents.com
Dr Deirdre Hollingsworth
Email: deirdre.hollingsworth@bdi.ox.ac.uk
Dr David Addis
Email: daddiss@taskforce.org

WHO Secretariat

Headquarters
Dr Mwelecele Ntuli Malecela
Director
Department of Neglected Tropical Diseases (HTM/NTD/PCT)
Email: malecelam@who.int

Regional office
Dr Ahmed Jamsheed Mohamed
New Delhi, India
Email: jamsheedm@who.int
Dr Zaw Lin
New Delhi, India
Email: zlin@who.int
Dr B.N.Nagpal
New Delhi, India
Email: nagpalb@who.int

Country office
Dr Mya Sapal Ngon
Dhaka, Bangladesh
Email: ngonmm@who.int
Dr Sabera Sultana
Dhaka, Bangladesh
Email: sultanas@who.int
Dr Sonam Wangdi
Thimphu, Bhutan
Email: wangdism@who.int
Dr Sonal Gagan
Pyongyang, DPR Korea
Email: gagans@who.int
Dr Alexandra Vokaty
New Delhi, India
Email: vokatya@who.int
Dr Dhruv Pandey
New Delhi, India
Email: Pandeyd@who.int
Report on the virtual meeting of the Regional Programme Review Group (RPRG) for lymphatic filariasis, soil-transmitted helminthiasis and schistosomiasis in the WHO South-East Asia Region

84. Dr Dr. B.P. Dutta
Odisha, India
Email: duttab@who.int

85. Dr. Kamalakar Lashkare
Maharashtra, India
Email: lashkarek@who.int

86. Dr. Manjulata Sharma
Madhya Pradesh, India
Email: msharma@who.int

87. Dr. Pritam Roy
West Bengal, India
Email: proy@who.int

88. Dr. Rajesh Pandey
Bihar, India
Email: pandeyr@who.int

89. Dr. Sarosh Jamil
Chhattisgarh, India
Email: jamils@who.int

90. Dr. Devendra Singh Tomar
Jharkhand, India
Email: tomard@who.int

91. Dr. Tanuj Sharma
Uttar Pradesh, India
Email: sharmata@who.int

Dr Achmad Naufal Azhari
Jakarta, Indonesia
Email: azharia@who.int

Dr Listy Handayani
Jakarta, Indonesia
Email: handayanil@who.int

Dr Badri Thapa
Yangon, Myanmar
Email: thapab@who.int

Dr Md. Rahaman
Yangon, Myanmar
Email: rahmanmdr@who.int

Dr San San Win
Yangon, Myanmar
Email: wins@who.int

Dr Khin Oo Mon
Yangon, Myanmar
Email: khinoommon30@gmail.com

Dr Aishath Thimna Latheef
Male, Maldives
Email: latheefa@who.int

Dr Lungten (Zangmo) Wangchuk
Kathmandu, Nepal
Email: wangchukl@who.int

Dr Usha Kiran
Kathmandu, Nepal
Email: kiranu@who.int

Dr Presila Samaraweera
Colombo, Sri Lanka
Email: samaraweerap@who.int

Dr Navaratnasingam Janakan
Colombo, Sri Lanka
Email: janakann@who.int

Dr Deyer Gopinath
Bangkok, Thailand
Email: gopinathd@who.int

Dr Jung Younghee
Dili, Timor-Leste
Email: yh3jung@gmail.com

Dr Sung Hye Kim
Dili, Timor-Leste
Email: kimsu@who.int
Annex 2

Agenda

### Day 1: Monday 13 July 2020 (Times are Indian Standard Time – GMT +5.30 Hrs)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:30 – 15:40</td>
<td>Opening Remarks</td>
<td>Dr Tjandra Yoga Aditama</td>
</tr>
<tr>
<td>15:40 – 15:45</td>
<td>Appointment of the Chairperson and Rapporteur</td>
<td>Ahmed Jamsheed Mohamed</td>
</tr>
<tr>
<td>15:45 – 16:05</td>
<td>Global and Regional Updates</td>
<td>Jonathan Kind/Jamsheed</td>
</tr>
<tr>
<td>16:05 – 16:25</td>
<td>NTD Road map 2030</td>
<td>Mwelecele Malecela</td>
</tr>
<tr>
<td>16:25 – 16:45</td>
<td>Country presentation: India</td>
<td></td>
</tr>
<tr>
<td>16:45 – 17:05</td>
<td>Country presentation: Indonesia</td>
<td></td>
</tr>
<tr>
<td>17:05 – 17:25</td>
<td>Country presentation: Myanmar</td>
<td></td>
</tr>
<tr>
<td>17:25 – 17:45</td>
<td>Discussion</td>
<td>Led by the Chair</td>
</tr>
</tbody>
</table>

### Day 2: Tuesday 14 July 2020 (Times are Indian Standard Time – GMT +5.30 Hrs)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:30 – 15:40</td>
<td>Recap of Day 1</td>
</tr>
<tr>
<td>15:40 – 16:00</td>
<td>Country presentation: Timor-Leste</td>
</tr>
<tr>
<td>16:00 – 16:20</td>
<td>Country presentation: Nepal</td>
</tr>
<tr>
<td>16:20 – 16:40</td>
<td>Country presentation: Bangladesh</td>
</tr>
<tr>
<td>16:40 – 17:00</td>
<td>Country presentation: Bhutan</td>
</tr>
<tr>
<td>17:00 – 17:20</td>
<td>Country presentation: Maldives</td>
</tr>
<tr>
<td>17:20 – 17:40</td>
<td>Discussion</td>
</tr>
</tbody>
</table>

### Day 3: Wednesday 15 July 2020 (Times are Indian Standard Time – GMT +5.30 Hrs)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:30 – 15:40</td>
<td>Recap of Day 2</td>
</tr>
<tr>
<td>15:40 – 16:00</td>
<td>Country presentation: Thailand</td>
</tr>
<tr>
<td>16:00 – 16:20</td>
<td>Country presentation: Sri Lanka</td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>16:20 – 16:40</td>
<td>Discussion</td>
</tr>
<tr>
<td>16:40 – 17:00</td>
<td>Impact of the COVID-19 pandemic on lymphatic filariasis and soil-transmitted helminthiasis: a model-based analysis</td>
</tr>
<tr>
<td>17:00 – 17:20</td>
<td>Community based activities in the context of COVID-19</td>
</tr>
<tr>
<td>17:20 – 17:40</td>
<td>Strategy/operational research to address hard to reach population for MDA to enhance coverage</td>
</tr>
<tr>
<td>17:40 – 18:00</td>
<td>Safety of administration of NTD medicines and responding to SAEs</td>
</tr>
</tbody>
</table>

**Day 4: Thursday 16 July 2020 (Times are Indian Standard Time – GMT +5.30 Hrs)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:30 – 15:40</td>
<td>Recap of Day 3</td>
<td></td>
</tr>
<tr>
<td>15:40 – 16:00</td>
<td>Lessons learned from IDA implementation</td>
<td>Jonathan King</td>
</tr>
<tr>
<td>16:00 – 16:20</td>
<td>Impact of COVID-19 on global NTD supply (medicines and diagnostics) chain</td>
<td>Afework Tekle</td>
</tr>
<tr>
<td>16:20 – 16:50</td>
<td>Updates from partners</td>
<td></td>
</tr>
<tr>
<td>16:50 – 17:00</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>17:00 – 17:40</td>
<td>RPRG Discussion and Recommendations</td>
<td>Led by the Chair</td>
</tr>
<tr>
<td>Country</td>
<td>Population (M)</td>
<td>LF</td>
</tr>
<tr>
<td>---------</td>
<td>----------------</td>
<td>----</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>156</td>
<td></td>
</tr>
<tr>
<td>Bhutan</td>
<td>51.2</td>
<td></td>
</tr>
<tr>
<td>DPR Korea</td>
<td>0.73</td>
<td></td>
</tr>
</tbody>
</table>

### Summary of Drug approved for 2021 for the Member Countries in SEA Region

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (M)</th>
<th>Drug Approved</th>
<th>MDA Date</th>
<th>Expected Arrival of Drugs in Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>156</td>
<td>Albendazole tablets</td>
<td>Apr-21</td>
<td>Oct-21</td>
</tr>
<tr>
<td>Bhutan</td>
<td>51.2</td>
<td></td>
<td>May-21</td>
<td>Aug-21</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>0.73</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### 1st round

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (M)</th>
<th>Drug Approved</th>
<th>MDA Date</th>
<th>Expected Arrival of Drugs in Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>156</td>
<td>Albendazole tablets</td>
<td>Apr-21</td>
<td>Oct-21</td>
</tr>
<tr>
<td>Bhutan</td>
<td>51.2</td>
<td></td>
<td>May-21</td>
<td>Aug-21</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>0.73</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2nd round

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (M)</th>
<th>Drug Approved</th>
<th>MDA Date</th>
<th>Expected Arrival of Drugs in Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>156</td>
<td>Albendazole tablets</td>
<td>Apr-21</td>
<td>Oct-21</td>
</tr>
<tr>
<td>Bhutan</td>
<td>51.2</td>
<td></td>
<td>May-21</td>
<td>Aug-21</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>0.73</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Target population approved

- Bangladesh: 156
- Bhutan: 51.2
- DPR Korea: 0.73

---

### No. of treatments approved

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (M)</th>
<th>No. of treatments approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>156</td>
<td></td>
</tr>
<tr>
<td>Bhutan</td>
<td>51.2</td>
<td></td>
</tr>
<tr>
<td>DPR Korea</td>
<td>0.73</td>
<td></td>
</tr>
</tbody>
</table>

---

### Expected arrival of date of drugs in country

- Bangladesh: Oct-21
- Bhutan: Aug-21
- DPR Korea: |

---

### Planned MDA date

- Bangladesh: Apr-21
- Bhutan: May-21
- DPR Korea: |

---

### No. of albendazole tablets approved

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (M)</th>
<th>No. of albendazole tablets approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>156</td>
<td></td>
</tr>
<tr>
<td>Bhutan</td>
<td>51.2</td>
<td></td>
</tr>
<tr>
<td>DPR Korea</td>
<td>0.73</td>
<td></td>
</tr>
</tbody>
</table>

---

### Expected arrival of date of drugs in country

- Bangladesh: Oct-21
- Bhutan: Aug-21
- DPR Korea: |

---

### No. of DEC tablets approved

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (M)</th>
<th>No. of DEC tablets approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>156</td>
<td></td>
</tr>
<tr>
<td>Bhutan</td>
<td>51.2</td>
<td></td>
</tr>
<tr>
<td>DPR Korea</td>
<td>0.73</td>
<td></td>
</tr>
</tbody>
</table>

---

### Target population approved

- Bangladesh: 156
- Bhutan: 51.2
- DPR Korea: 0.73

---

### No. of albendazole/mebendazole tablets approved

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (M)</th>
<th>No. of albendazole/mebendazole tablets approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>156</td>
<td></td>
</tr>
<tr>
<td>Bhutan</td>
<td>51.2</td>
<td></td>
</tr>
<tr>
<td>DPR Korea</td>
<td>0.73</td>
<td></td>
</tr>
</tbody>
</table>

---

### Expected arrival of date of drugs in country

- Bangladesh: Oct-21
- Bhutan: Aug-21
- DPR Korea: |

---

### No. of Praziquantel tablets approved

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (M)</th>
<th>No. of Praziquantel tablets approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>156</td>
<td></td>
</tr>
<tr>
<td>Bhutan</td>
<td>51.2</td>
<td></td>
</tr>
<tr>
<td>DPR Korea</td>
<td>0.73</td>
<td></td>
</tr>
</tbody>
</table>

---

### Expected arrival of date of drugs in country

- Bangladesh: Oct-21
- Bhutan: Aug-21
- DPR Korea: |
Report on the virtual meeting of the Regional Programme Review Group (RPRG) for lymphatic filariasis, soil-transmitted helminthiasis and schistosomiasis in the WHO South-East Asia Region

<table>
<thead>
<tr>
<th>Country</th>
<th>Post MDA surveillance</th>
<th>Not requested</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sri Lanka</td>
<td>20.3</td>
<td>Not requested</td>
<td>NA</td>
</tr>
<tr>
<td>Thailand</td>
<td>67.5</td>
<td>Not requested</td>
<td>NA</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>11.4</td>
<td>Not requested</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Row</th>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1830.66</td>
<td>499.0</td>
<td>274.32 M</td>
<td>1129.54 M</td>
</tr>
<tr>
<td></td>
<td>1129.54 M</td>
<td>274.32 M</td>
<td>1830.66</td>
<td>499.0</td>
</tr>
</tbody>
</table>

Dr Aditya P Dash
Chairman
Dr. Nyoman Kandun
Member
Dr. Be-Nazir Ahmed
Member
Dr. R.C. Mahajan
Member
Dr. Kapa D. Ramaiah
Member
Ms. Sunanee Rojanapanus
Member
Dr. Patrick Lammie
Member

Dr. Kyaw N Sein
Member
Dr. K. Nandh R De Saha
Member
Dr. Suma Krishnaswamy
Member
Dr. R. K. Krishna
Member
Dr. Basudev Pandey
Member
Dr. Shahnila Ferdousi
Member
Dr. Siti Nadia
Member
Dr. Priyadharshinei
Member

23
Report on the virtual meeting of the Regional Programme Review Group (RPRG) for lymphatic filariasis, soil transmitted helminthiasis and schistosomiasis in South-East Asia Region

13–16 July 2020