Western Pacific Region Programme Review Group

Nadi Fiji, 3 June 2011

Attendees: Prof CP Ramachandran (Chair), Dr Kevin Palmer, Dr Padmasiri Aratchige, Dr Hervé Bossin, Ms Molly Brady, Dr Corrine Capuano, Dr Eva Christophel, Dr Patricia Graves, Dr Wayne Melrose, Dr Eric Ottesen, Ms Masayo Ozaki, Dr Abdur Rashid, Dr Le Anh Tuan, Dr Lasse Vestergaard, Prof Tai Soon Yong, Dr Zhang Zaixing

Observers: Ms. Kim Koporc (Children Without Worms) and Ms Azadeh Baghaki (World Vision Australia)

The meeting opened with a brief discussion on the history of the Regional Programme Review Group (RPRG) and the new WHO initiative to expand RPRGs to include other neglected tropical diseases (NTDs) and drug donations.

RPRG Terms of Reference

A draft revised terms of reference was circulated for comments. The group discussed the mandate of an expanded RPRG, whether the focus should be on programmatic and/or technical support to WHO and countries, and the ability of such a group to support an increasing number of programmes. The group decided that the RPRG's mandate should be to advise WHO on the appropriateness of drug donation applications as well as other technical and programmatic issues. While it might be helpful to assign RPRG members to backstop certain countries, any contact with countries or country visits would need to happen in coordination with the WHO regional office. Specific recommendations were made to change the draft terms of reference by:

- Under responsibilities, combining bullets 5 and 6
- Under responsibilities, combining bullets 1, 2 and 4
- Under responsibilities, changing bullet 3 to read 'to review and advise countries on national plans for integrated LF elimination and control/elimination of other neglected tropical diseases'
- Under responsibilities, add a bullet on resource mobilization
- Under composition, changing to 10-12 members with programmatic expertise in LF (2), STH (2), SCH (1), FBT (1), other NTDs (1), epidemiology.M&E (1), vector control (1), behavior change communication (1), health systems (1), with understanding that some members might cover more than 1 field of expertise.
- Under meetings, RPRG should meet annually and a sentence should be included about ongoing communication, e.g., quarterly conference calls.

WHO RO will establish a Sharepoint to share documents and information among RPRG. Further ideas on how to best communicate within the RPRG, as well as with the programme managers, should be sent to WHO RO.

Recommendations to WHO HQ on GPELF M&E Manual

The group discussed the new GPELF M&E MDA manual and proposed the following suggestions for WHO HQ:

- 1-2 sentences on small populations should be inserted into the manual and the Task Force/CDC should modify the Survey Sample Builder to account for small population sizes.
- The body of the manual should include 1-2 sentences on the algorithm for following up positive cases (instead of just the figure in the annex p 93).
- Explore making a Pacific supplement to the manual that covers in more details how to follow up positive cases, in terms of contact tracing and treatment, using the Pacific surveillance strategy, as well as new research results from Hayley Joseph.

Given that the use of blood films or ICTs in sentinel site monitoring, the use of ICTs in transmission assessment surveys, and the potential use of antibody testing in LF programmes, as well as the use of stool surveys in STH programmes, involve collection of human specimens, the WHO RO will discuss with the WPRO ethics committee what type of approval is needed before implementing these surveys, if they are technically or financially supported by WHO. The approval for collecting these samples will most likely need to go through the national ethics committee, as well as the WPRO ethics committee, particularly if antibody testing will be done (given that this is not included in M&E manual at present and therefore falls under research and not programme assessment).

Ethical issues in surveys

Ethical issues associated with taking human specimens during assessment surveys were raised and discussed, especially those for tests that are not accepted for routine diagnosis and are therefore likely to be classified as research. Funding bodies and national governments vary in their ethical requirements which are stricter now than in the past, but the new M&E guidelines do not include any advice on this issue. National MOH and LF programs are responsible for obtaining necessary clearances for surveys as appropriate and possible. The WHO RO will discuss with the WPRO ethics committee what type of approval is needed before implementing these surveys, if they are technically or financially supported by WHO, and provide that information to countries and the RPRG.

Regional NTD Action Plan

The RO aims to have the regional action plan reviewed and approved by the Regional Committee next year, so it needs to be on the agenda a year in advance. It needs to be finalized, including indicators and resources needed, with the consensus of the programme managers by May 2012. The RPRG members agreed to review a draft in September, specifically looking at the indicators.

Annual Reports and Drug Reapplications

1. Philippines
    - The group had two questions for the programme manager regarding the annual report:
        - Which provinces have stopped MDA?
        - What are the plans to improve coverage in provinces with low coverage levels (<50%)?

- The group approved the total of 28,438,284 tablets of albendazole requested in the reapplication form.

2. Fiji
   - After hearing a summary of the annual report, the group voiced a concern with the drop in support by the Fiji government (50% less than previous years) and recommended that the government continue its previous strong support to the LF programme. The Task Force agreed to support the test and treat strategy in 5 pilot islands for a second year, including an assessment.
   - The population to be treated in the reapplication form was the same as in past years, even though MDA has stopped in at least one division. The group recommended that Masayo discuss with the Fiji programme to determine the appropriate population to be treated that includes the two divisions with ongoing MDA and drugs needed for the test and treat strategy. The programme should then submit a revised application.
   - Fiji receives ICTs through JICA support, which is based on estimates of number of cards needed two years in advance. The quantity secured for Fiji this year is sufficient for the planned transmission assessment survey in Western division. If the test and treat strategy is expanded to the entire Eastern division (population approximately 40,000), there may not be sufficient ICTs.

3. Kiribati
   - The group had three questions for the programme manager regarding the annual report:
     - In what age range were the hydrocele and lymphedema cases found during the CTS survey?
     - What is the correct antigen prevalence in the Line Islands (one table says 1.5%, the other says elimination criteria met)?
     - What were the results from the 4434 people examined for microfilaraemia in sentinel sites?
   - The group approved the 43,500 tablets of albendazole from GSK and 184,000 tablets of DEC (50mg) from WHO requested in the reapplication form. Even though this number only includes treating the population of South Tarawa, and not the test and treat targeted population, it was thought that there would be enough buffer to cover the remaining population targeted for the test and treat strategy.

4. Laos PDR
   - The group requested that the WHO country office consult with the national programme to determine the baseline antigen and microfilaraemia levels in the endemic districts and surrounding districts, given that a district with 27% positive antigen results was next to districts with <1% antigen positivity. This will be important for verification purposes when trying to determine the evidence for non-endemicity in the districts surrounding those classified as endemic.

- The group approved the request for 99,000 tablets of albendazole.

Other Country-Specific Recommendations

1. Federated States of Micronesia

   Yap: A stopping MDA survey was conducted in Yap State in 2007-2008. A post-MDA surveillance survey should be conducted in 2011-2012. Given the logistical difficulties of reaching all the outer islands in the state, a standard TAS cannot be implemented. The secondary school enrolment rate is high. A sample size of at least 1000 students should be tested. All first-year secondary school students in all public and private secondary schools should be tested. If calculations show that this will not yield a sample of 1000, then all second-year secondary school students also should be included in the testing. The home addresses of the students should be included in order to determine if all islands are represented and to track back if necessary. If positives are found, further consultation with WHO would be necessary. A second post-MDA surveillance survey should be conducted in 2014.

   Kosrae, Pohnpei, Chuuk: For the other 3 states, a survey should be done in each state to confirm non-endemicity. This survey should test at least 1000 secondary school students, starting with first-year secondary school students and expanding upwards if necessary. The WHO RO, as secretariat of the RPRG, will send a letter to the MoH with these recommendations.

2. Brunei

   Brunei should implement 2 rounds of MDA in 4 targeted sub-districts, as recommended by the previous consultation meeting. One year after the 2nd round is finished, a TAS survey should be implemented in at least 400 children. Given that the number of first- and second-year primary school students in the 3 targeted districts might be less than 400, it is recommended to expand upwards to include third-year students, etc. until at least 400 children can be sampled. The WHO RO, as secretariat of the RPRG, will send a letter to the MoH with these recommendations.

3. Wallis and Futuna

   Wallis and Futuna has been implementing MDA for ~50 years. In 2006 they implemented a stopping MDA C survey, with an Antigen prevalence of <1%. They should implement a post-MDA surveillance survey in 2012 following TAS guidelines. Given that the number of first- and second-year primary school children is less than 1000 (the recommended lowest sample size for the TAS for *Aedes* areas), the programme should expand the age range to test all children in primary school years 1-4 to reach at least 1000 samples. The WHO RO, as secretariat of the RPRG, will send a letter to the MoH with these recommendations. In addition, WHO will work with partners to find funds to support procurement of ICTs.

4. Marshall Islands

   Marshall Islands conducted MDA in 2 islands from 2002-2006. A 2007-2008 survey done on 7 islands, with oversampling on the 2 endemic islands, found 1/1559 antigen positive. Over 80% of secondary-school-age children go to secondary schools on 4 main islands. For the first post-MDA surveillance survey, the programme should test all first-year secondary school students from all

public and private schools on the 4 main islands. The home addresses of the students should be included in order to determine if all islands are represented and to track back if necessary. If positives are found, further consultation with WHO would be necessary. ICTs can be provided by WHO. The WHO RO, as secretariat of the RPRG, will send a letter to the MoH with these recommendations.

5. New Caledonia
   Hervé Bossin will follow up with Pasteur Institute colleagues in New Caledonia contacts to see if there is a way to get further information on LF situation there. The Pasteur Institute might be interested in conducting ICT and entomological surveys in areas of reported LF transmission (northeastern part of main island and 1 other island).

6. China
   The WHO country office is following up with China on submission of the annual report for other NTDs.

Other Issues

- Adverse events
  The group agreed that reporting on and responding to adverse events was an issue that needed more attention at global, regional, and country levels. The group agreed that the RO should work with country programmes to inform them of the reporting process and WHO country offices should support national programmes to develop clear guidelines about what information is required to report and follow up on adverse events. It was also recommended that each country have a focal point in the Ministry of Health to work with the programme manager, i.e., someone from the national food and drug department (if such a department exists). By early 2012, the Task Force should have materials explaining how to report and respond to adverse reaction, which could be modified for country situations.

- Test and Treat Strategy
  The RO will explore submitting the test and treat strategy as alternative to MDA implementation to the STAG-NTD for endorsement, using reports from Fiji as operational research results and reports from Tuvalu and Kiribati as programme implementation results.

- Vector Control
  The group discussed the outstanding gaps in regional knowledge of LF vectors, impact of vector control strategies, and capacity to implement vector control measures. As a first step in filling some of these information gaps, the RO will contact Scott Ritchie at JCU and Herve Bossin on how to move forward with risk assessment and entomological surveillance, in coordination with other vector-borne diseases, including identifying expertise in each country of who does what in vector control.

- Historical Review of PacELF Progress

Patricia Graves will look into engaging Wellcome Trust in supporting students in historical review of LF programme.

The next RPRG meeting will likely be in March 2012. The secretariat would report back to the group the outcomes of the WHO HQ RPRG meeting in July.