8th PacCARE meeting
Warwick Hotel Fiji
April 1 2006

Participants:
Dr Leo Makita
Dr Kenner Briand (Marshall Islands)
Dr Viliami Puloka (Tonga) New Caledonia
Dr Jean-Francois Yvon
Dr Josefa Koroivueta Fiji
Dr Eric Ottesen

Ms Minnie Iwamoto (GSK)

Secretariat
Dr Kazuyo Ichimori
Ms Hiroko Watahashi
Ms Masaiyo
Ms Emma Gibbons

Observers
Dr Patricia Graves (STC, rapporteur)
Mr (WHO PNG rep)

Apologies:
None

PROCEEDINGS

Welcome

Dr Jean-Francois Yvon (chair of PacCARE) opened the meeting and welcomed the participants. He expressed appreciation to the Secretariats and organizing committees of PacELF and the GAELF and donors for the two very successful meetings in the last few days.

Approval of minutes of previous meetings (Suva, Fiji, August 2005).

Dr Koroivueta moved that the minutes be approved; this was seconded by Dr. Ichimori.

Terms of reference

The revised terms of reference presented at the last PacCARE meeting, and the summarized comments on them, were reviewed. Dr Makita stated that he had not sent any comments because he approved the revised terms of reference.
Dr Ottesen moved that the revised Terms of Reference with incorporated revisions be accepted. Dr Puloka seconded the motion.

- ACTION: Dr Koroivueta will revise the terms of reference and re-circulate to the members.

Follow-up of country applications and annual reports

At the last meeting in August 2005 the committee had questions about the following re-applications and annual reports and was not able to fully approve them. Clarifications have now been obtained by the secretariat.

American Samoa: The application was approved at the last meeting but the committee requested clarification on the numbers of albendazole tablets. This has now been received and should be amended on both annual report and application as 47,000

Fiji: The application was approved at the last meeting pending clarification of tablet destruction. It was clarified by Dr Koroivueta that the tablets were in small island areas where it was not possible to store them at below 30 deg C for later use. They therefore have to be destroyed and the nursing stations have been instructed not to use them and send them back.

Kiribati: The previous application was NOT approved until the numbers of tablets requested were clarified and the application rewritten. A revised application has been received. The secretariat explained the situation.

- A shipment of 150,000 tablets was approved 'ad hoc' for 2005 use. This was intended by the country to be 2 years supply i.e. approximately double a national population estimate of ~75,000.
- Information received shows that this national population estimate was too low – official census estimate is ~85,000.
- The MDA actually distributed in 2004 (and presumably 2005) numbered over 96,000 tablets of albendazole.
- Therefore they have approximately 50,000 albendazole tablets remaining in 2006 from the 150,000 shipped in 2005.
- Since 2005 was the fifth MDA they are not requesting more albendazole for 2006 but are conducting blood surveys.
- The remaining albendazole tablets will be kept for possible targeted future use (expiry in Aug 2008).
- The application is therefore retrospectively APPROVED.

A 13 yr old child in Kiribati experienced a convulsion immediately after MDA in 2003. A letter from Kiribati Ministry of Health and Medical Service explained the case details but did not give previous medical history. GSK was aware of this case but had not previously seen the details.

- ACTION: GSK representative to request through the PacCARE committee, further details of child's medical history prior to and after MDA.

Tonga: The application was previously CONDITIONALLY approved pending clarification of DEC and lost albendazole stock. The report received suggested that stock classes as 'lost' was actually distributed, but not recorded, not returned from remote island, or taken for absent family members or neighbours who may have received doses elsewhere. Thus Tonga's application is fully APPROVED.

Tuvalu: The application was previously approved pending clarification of numbers and ICT survey results. The survey results have now been provided so this application is APPPROVED.

Review of country re-applications and annual reports

Four reapplications have been submitted. The meeting adjourned for 20 minutes to allow time for members to review the applications.

Fiji:

- A question was asked about the excess (~100,000) numbers of albendazole tablets used in 2005. Dr Koroivueta responded that this is due to the census estimates being 3 years old and thus underestimating the true population.
- Dr Ichimori noted also that excess tablets (up to 40% more in some cases) are shipped to some smaller islands in order to avoid opening packages. Excess is supposed to be returned but this does not always happen.
- Fiji's application is ACCEPTED.

- ACTION: Dr Koroivueta will make a further response to the questions about Fiji's drug numbers.

French Polynesia:

- In 2006 they will be doing 7th round of MDA, but there appears to be significant persisting microfilaraemia in the reported blood surveys. However these were after the 3rd MDA so may be out of date.
- Coverage seems good but is based on drugs distributed in individual prepackaged age-specific doses sent to 300 distribution sites. The pre-packaging process takes 4-5 months. Treatment is not directly observed. The time allotted to MDA seems too short to be credible.
- Since MDA is a routine in French Polynesia they do not sense any urgency to do independent coverage surveys, improve coverage or move towards elimination. Unexpectedly, they did not attend the PacELF meeting.
- The current programme manager will be leaving in June.
  - ACTION: Dr Yvon to contact the outgoing program manager to assess the situation and encourage them to adopt the PacMAN book strategies especially to conduct a C survey urgently. Dr Yvon will also be meeting soon with a senior staff person from Institut Malardé. Every effort should be made to engage the new programme manager as soon as possible after he/she arrives and encourage them to attend the next PacELF meeting. In future reports more justification is needed for why MDAs should be continued.
- The application is APPROVED but more information is requested about why they are seeking more tablets than total population size.

Papua New Guinea:

- The programme roll-out in 2005 was well planned and implementation plan for 2006 is good.
- A question was raised about the DEC numbers which were at least 20% over the population estimate. Dr Makita and Mr. (WHO) clarified the reasons for this. Firstly it is to allow for census inaccuracies and population growth since the 2000 census. Secondly it is because sometimes children under 2 are given albendazole.
- The drugs go directly to PNG and need to be received in Oct-Nov each year in order to coordinate with bednet distribution early in the following year. This should not be a problem. However storage space issues have to be resolved in the country.
- The PNG application is APPROVED.

Wallis and Futuna

- APPROVED

Review of new Post-MDA reapplication and annual report:

At present, only countries still doing MDA have to provide annual reports by February each year. No information is available from other countries (even from endemic countries after they stop MDA) unless they come to the PacELF meetings. This is not satisfactory because the period after 5 rounds and a C survey is a crucial period of decision-making, and drugs may need to be ordered in time for a subsequent round of partial or complete MDA. Therefore the last meeting recommended revision of the annual report and re-application forms for use by countries after the fifth round. This was done by Dr Ichimori and Dr Mark Bradley, but has not yet been officially submitted to the TAG. The forms were presented to this committee for review and discussion.

1) Re-application form for albendazole supplies after conducting the C survey

- It was suggested that the name of the form be changed to "after five rounds of MDA" since some countries might not have done a C survey.

- The purpose of this form is partly for countries to justify their future strategy of continuing MDA. Therefore blood survey results must be available. The committee can decide on the evidence whether a future strategy is appropriate before approving request for albendazole.
- There is no standard form for C survey results – they can be reported under the usual data information system or on the country annual (periodic) report.

2) PacELF country periodic (yearly) report.

- The purpose of this form is to inform PacELF of what is happening in each country. C survey results can be included on this form.
- As a trial, all countries were sent this form prior to 8th PacELF meeting. 13 out of 22 responded. A response is needed even if nothing was done.

    - ACTION: all committee members to comment on the forms by 14 April 2006 to Dr Koroivueta. Secretariat to remind them a few days before this deadline. He will then circulate back to the committee and subsequently it will go to the TAG

Other business

At the GELF meeting a new format for the RCG was proposed since it was ineffective since the last GAELF meeting. It will be similar to a board with ~30 members and meet twice a year to be proactive and functional. The PRG chairs will be members but two more members from each region are needed. How should these nominated? Dr Joe clarified that the members do not have to be programme managers but should be people who can translate and promote policy. It was not certain that PacCARE had the mandate to choose these members although it is a representative committee from Pacific countries. A strong case was put by Dr Makita and Dr (WHO rep) for PNG to provide one of the members since it is a large country and a lot hinges on its success. Dr Puloka suggested Mr Tekotai or the Director of Public Health of Cook Islands as another choice. Dr Ichimori mentioned that we should consider a country's position (e.g. reaching elimination) as a possible criterion for memebership.

- Other nominations from PacCARE members should be sent to Dr Yvon (Chair) who will compile them and circulate PacELF membership about the choice.

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