Regional Programme Review Group (RPRG) For Elimination of Lymphatic Filariasis in South-East Asia Region

Report of the Seventh Meeting
Jakarta, Indonesia, 19–20 April, 2010

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Contents

The Seventh Meeting of the Regional Programme Review Group (RPRG) for Elimination of Lymphatic Filariasis (ELF) in the South-East Asia (SEA) Region was held in Jakarta, Indonesia, from April 19-20, 2010. The programme of the meeting is given in Annex 1 and the list of participants is shown in Annex 2.

The objectives of the meeting were:

(1) To review the applications submitted by endemic countries for free supply of albendazole based on the annual report received from the countries and recommend to the Regional Director, WHO South-East Asia Region, on the quantity of free supply of this drug for Mass Drug Administration (MDA) and further request the donor for the supply of the required quantity;

(2) To review the progress of lymphatic filariasis (LF) elimination in the nine endemic countries of the Region with a view to identifying and making recommendations on operational and technical issues including research; and

(3) To review strategies and emerging technical issues with a view to providing technical advice to the Regional Director, WHO South-East Asia Region.

1. Opening session

In his message delivered by the acting WHO Representative to Indonesia, the Regional Director, WHO South-East Asia Region, pointed out that lymphatic filariasis, one of the leading causes of permanent disability in the world results in huge economic losses totalling almost US$ 1 billion annually. The disease directly affects 60 million people in the SEA Region constituting 50% of the global burden of the disease. The Region is moving towards achieving the goal of elimination before 2020. Since 2006, all nine endemic countries in the Region have adopted the WHO-recommended two-drug strategy for MDA. The certification process for elimination of lymphatic filariasis (ELF) will be initiated soon in Maldives and Sri Lanka. Four countries: Bangladesh, India, Myanmar and Nepal are expected to

scale up MDA to cover the entire endemic population by 2010 and complete six rounds of MDA using the two-drug regimen by 2015. In spite of all the difficulties, Indonesia recently completed mapping. Research, monitoring and evaluation in identifying specific issues and social, cultural and epidemiological factors that are impeding successful programme performance are important for the success of the programme. Improving MDA coverage in urban areas and among difficult-to-reach populations, intersectoral collaboration among government agencies and appropriate local bodies, social mobilization, and morbidity management are important challenges that need to be addressed.

In her opening remarks Dra. Niniek Kun Nuryatie, Chief, Centre for International Cooperation, Ministry of Health (on behalf of the Director-General of Disease Control and Environmental Health, Indonesia) stated that there were 337 districts endemic for lymphatic filariasis and the elimination programme started in 2005 was gradually expanding and has treated 95 million people. The large population, vast distances, inadequate social mobilization and increasing operation costs continue to be challenges for the programme.

Dr. Sombat Chayaberaja, the Chairman of the RPRG, conducted the meeting.

2. Status of lymphatic filariasis elimination

The Action Taken Report on the recommendations of the sixth RPRG meeting was presented by Dr A. P. Dash, Regional Adviser (VBN), WHO-SEARO. The RPRG noted that appropriate actions had been taken on all the recommendations made by the sixth RPRG meeting held in Dhaka in March 2009.

Dr Ichimori outlined the progress made during the 10 years of the programme and highlighted the dramatic increase in the number of individuals covered, the number of treatments given and the steady decline in the prevalence and microfilaremia rates. The governance pattern had changed and new partners had been enlisted. The Global Programme for the Elimination of Lymphatic Filariasis (GPELF) had redefined the programme steps to include a pre-programme phase, programme phase and a certificate phase. New initiatives were being taken to end the GPELF

in time. These included new implementation strategies and integrated approaches to scale up MDA while revised surveillance guidelines and verification mechanisms would help countries stop treatment. Neglected Tropical Diseases (NTDs) are increasingly gaining the attention of the international donor community. Integrated planning and delivery of the control interventions, distribution of anthelminthic drugs, collection of monitoring data, organization of training activities for the health and school personnel and health education and advocacy in an integrated way are potential pathways for integration with control of other NTDs.

Dr C. P. Ramachandran outlined the success of the programme in the Region and the importance of operational research under programme conditions.

Dr Eric Ottesen provided an assessment of the health and economic impact of the programme and described the LF-related benefits and the 'Beyond-LF' benefits. The LF-related effects included protection of newborns and the prevention of progression of those already infected leading to a saving of approximately US $ 21 billion. Treatment of children and women of childbearing age for intestinal parasites significantly reduced anaemia, increased weight, and decreased maternal and infant mortality. The US government had initiated several steps to provide more resources for the integrated control of NTDs. A series of partnerships would support these activities ensuring accountability and facilitation of effective implementation. Several countries already had successful NTD programmes supported by NGOs and the distribution of nearly US $ 1.4 billion worth of drugs for NTDs had been facilitated during the last three years.

Dr A. P. Dash provided an update on the implementation status of ELF in the Region. Mapping had been completed in the Region and a uniform two-drug policy had been adopted by all the endemic countries. Maldives and Sri Lanka are ready to start the process of 'verification' for ELF. Indonesia and Timor-Leste will need additional support and resources to scale-up MDA to cover the entire endemic population. Significant reductions in Mf rates had been achieved in all the countries and in many implementation units (IUs) the rates had dropped below 1%. The progress in implementation of disability alleviation activities was slower than MDA implementation. The complementary role of vector control needs to be carefully examined. Difficulties in DEC procurement, monitoring Mf levels,

absence of post-MDA surveys continue to be important challenges to the programme.

Mr Samiran Deb, in his presentation reiterated the commitment of GlaxoSmithKline (GSK) to the programme. A new albendazole production line had been commissioned in Nashik, India and 145 million tablets had been supplied so far. Fifty countries have commenced LF elimination programmes using mass drug administration with albendazole and shipments to the SEA Region constituted 61% of the 1558 million treatments donated as of April 2010. New initiatives by the company for tropical diseases included pricing promise for Least Developed Countries (LDCs), flexible patents for developing world diseases and development of new compounds for malaria control.

3. Progress made by Member States

3.1 Bangladesh

Nearly 76 million of the country's 147 million people are considered at risk of LF with 34 of the 64 districts (IU) being endemic for LF. In 2009, MDA was undertaken in 19 IUs with a population of approximately 35 million with a reported coverage of 93%. Sufficient funds for LF elimination were available from the World Bank funded Health Nutrition Population Sector Programme. Of the 19 IUs where MDA has been undertaken until 2009 and proposed to be undertaken in 2010, one IU – Panchagarh - had completed nine rounds. Three have completed eight rounds and three have completed six rounds of MDA. A detailed analysis of these seven IUs was under process to explore the possibility of stopping MDA in these IUs.

In 2010 in the same 19 IUs (35 million population) the DEC procurement is being done within the country. The reapplication requested 29.85 million tablets of albendazole from WHO-GSK for the next round (35 million – 5.15 million of GSK tablets in stock).

The RPRG noted that MDA had been carried out in Dhaka city and the Mf rate was greater than 1% in some IUs even after several rounds of MDA and appreciated the social mobilization efforts of Lepra.

Recommendations

The RPRG:

- Appreciated the sustained progress made by the country and its efforts to develop integrated approaches for control.
- Approved the request for 29.85 million tablets of albendazole to carry out MDA in all the 19 IUs.
- Recommended that further verification may be done with ICT kits to examine the feasibility of stopping MDA in the five IUs that are currently negative.
- Urged the programme to identify the reasons for the persistence of mf levels above 1% in some IUs even after several rounds of MDA.
- Placed on record its appreciation of the social mobilization efforts supported by NGOs and its initiatives to implement various disability alleviation activities.

3.2 India

In 2009, the country proposed to cover the entire endemic population of 600 million in 250 districts with the two-drug regimen, with 300 million albendazole tablets to be supplied by WHO (GSK donation) and 300 million to be purchased by the Government of India. However, GSK could supply only 220 million tablets and there have been delays in government procurement of albendazole. Hence, the 2009 MDA has been staggered up to May 2010. As of mid-January 2010, MDA-two drug regimen was completed in 51 IUs of five states and four UTs covering a total population of 129.10 million. MDA is planned to be completed in the remaining 199 IUs in April-May 2010. Two IUs have completed 12 rounds, three have completed 11 rounds, three have completed 10 rounds, 12 have completed nine rounds, four have completed seven rounds, and 34 have completed six rounds of MDA. Of the 58 IUs which have completed six or more rounds of MDA, only seven IUs have received >5 rounds of the two-drug regimen, the remaining have received 2-drugs in 1-3 recent rounds and DEC alone previously. The Mf rate in the majority of these 58 IUs is

well below 1%. The country requested 600 million tablets of albendazole for the next round of MDA in November 2010.

The RPRG noted that the current capacity of GSK is insufficient to supply more than 300 million tablets and urged the company to explore the feasibility of allocating more tablets for the next round of MDA. The issue of non-availability of sufficient ICT cards to assess IUs for stoppage of MDA was also discussed by the group. The need to simplify the process of verification and certification was emphasized by members of RPRG. The country could consider a staggered implementation of MDA based on the availability of albendazole.

Recommendations

The RPRG:

- Placed on record its appreciation of GSK's support to the programme in India by establishing a new production facility in Nashik and the additional supply of 70 million tablets of albendazole for the 2009 MDA activities.
- Approved the conduct of the 2010 round of MDA in all the 250 IUs covering 510 million people and approved the supply of 300 million tablets by GSK along with the detailed schedule of the quantity and destination of the shipments.
- Urged the country to submit a final report in July after the completion of MDA along with the stock position of albendazole obtaining at that time.
- Requested GSK to consider supplying additional tablets of albendazole after receiving the final report and reviewing its supply position.
- Recommended a joint WHO and Ministry of Health assessment (with resources from WHO Hq) of the 58 districts where the Mf rate is less than 1% before a decision to stop MDA is taken.

3.3 Indonesia

A mission to the country suggested by the sixth RPRG had made several recommendations regarding the planning and implementation of MDA. Mapping completed recently showed that 337 of the 472 districts with a population of 124 573 966 were endemic. The programme had expanded to include 99 of the endemic districts. Special population groups named TPE (Tenaga Pelaksana Eliminasi) were used to distribute the drugs either door-to-door or at community congregations. MDA was discontinued fully or partially in seven provinces (370 550 population) before the criteria for stopping treatment were met apparently due to lack of funds for conducting the MDA. Disability alleviation activities and training programmes were conducted at the provincial level. All the albendazole tablets that were received were used. However the final stock position would be known only after the MDA was completed in the remaining districts. Lack of social mobilization and advocacy for MDA along with paucity of funds and poor accessibility of some regions were some of the constraints faced by the programme. In addition delays in the procurement of drugs and fear of side effects adversely affected the implementation of MDA.

In its reapplication, the country sought albendazole to treat 56 035 117 people including 19 033 004 treated in previous rounds. It proposed to exclude 11 IUs while including an additional three IUs.

The RPRG was concerned that the MDA was being implemented in new districts, had been stopped in other districts which had not met the criteria for elimination and that the coverage was only partial in other districts. The population in these partially covered districts should be assessed and MDA completed. The country should prepare a plan to access funding to ensure further scaling up to achieve the goal of elimination by 2020.

Recommendations

The RPRG:

- Congratulated the country on its successful mapping of all the endemic districts

- Approved the supply of 57.69 million tablets of albendazole to cover 56 035 117 individuals in the proposed districts along with 1 658 637 persons living in 11 districts where MDA was stopped in 2009.
- Strongly recommended that stoppage of MDA should be done in 11 districts following WHO guidelines.
- Recommended a visit to the country by the RA-VBN or RPRG members to assist the country in developing a plan to scale up MDA, and in improving data collection.
- Encouraged the country to mobilize additional funds for operational costs and DEC procurement through partnerships.
- Urged the country to prepare a National Plan for ELF so as to achieve the goal of elimination by 2020.

3.4 Maldives

- MDA had been completed in the single island that had been found to be endemic.

Recommendation

- The RPRG recommended the commencement of the process for the verification of elimination in the country, once the WHO revised guidelines are ready (with assistance from WHO).

3.5 Myanmar

The country had been conducting MDA since 2001 and the coverage had been uniformly high. The MDA round of 2009 is to be completed in 2010. During 2007 and 2008, night blood surveys in sentinel and spot check sites of Katha, Kalay and Tamu revealed no positivity by both Mf blood surveys and testing with ICT card tests among 2-4 year children. However, at other locations high Mf rates persisted despite several rounds of MDA. The country reported significant delays in the procurement of DEC through its local WHO budget. It also reported inadequate operational funds especially for social mobilization, IEC, morbidity management, monitoring and evaluation.

The RPRG noted that there were significant obstacles to the procurement of DEC and albendazole for the programme. The RPRG confirmed that a shipment of albendazole had been made in March 2010. It would be difficult for the country to scale up its operations unless timely drug supplies were ensured. MDA had to be initiated in many districts.

Recommendations

The RPRG:

- Noted with concern the delays in the implementation of MDA due to difficulties in the procurement of drugs and lack of funds to cover operational costs.
- Recommended that the 2009 round of MDA be completed in May 2010 and the 2010 round be completed in December 2010.
- Approved the supply of 13.4 million tablets of albendazole for the next round of MDA to be conducted in December 2010.
- Recommended the procurement and supply of DEC by WHO Headquarters for the 2010 round of MDA.
- Recommended a mission to the country to assist in planning its two rounds of MDA in 2010 and procurement of DEC

3.6 Nepal

The annual report of the country showed that about 8.3 million people were covered in the 2009 round of MDA carried out in 2010. Drug distribution was done by house-to-house visits by drug distributors and also by distribution at booths. The MDA timing was coordinated both regionally and nationally. Disability alleviation activities were being conducted according to the national guidelines. However, no data for this activity in 2009 was provided in the annual report. The report mentioned details of the social mobilization efforts undertaken by the country. The country planned to conduct its next round of MDA in 2011 and requested a total of 16.1 million tablets of albendazole for treatment in of 36 districts. The MDA was planned to be completed in 4 to 8 weeks.

The RPRG noted that although 31 districts were targeted, in 2009 reports had been received from only 5 IUs (till February 2010), since MDA

for 2009 started in February 2010 due to late receipt of drugs. The plan to include 10 new districts was not supported with adequate baseline data.

Recommendations

The RPRG:

- Appreciated the efforts of the country to rapidly scale up its operations to achieve the target of elimination.
- Approved the supply of 13.5 million tablets of Albendazole from GSK for the next round of MDA.
- Urged the country to submit its final report of the 2009 MDA as soon as the round of treatment is completed.
- Requested the country to provide the baseline data for the additional 10 districts that are proposed to be included in the next round of MDA.

3.7 Sri Lanka

The RPRG noted that MDA has been stopped in Sri Lanka and appreciated the efforts taken by the country to rapidly complete its programme.

Recommendations

The RPRG:

- Recommended the initiation of the steps for verification of elimination with assistance from WHO.
- Recommended the feasibility of the use of the Brugia rapid test in the pockets of Brugian infections in the country.

3.8 Thailand

Thailand had completed MDA in almost the entire country except in the Narathiwat province where MDA was continuing. The persistence of microfilaremia in this area was due to a combination of many factors. All efforts were being made to complete the MDA in this area. The 2010 round

of MDA would be completed in May 2010. The country had requested for 0.1 million tablets of albendazole for its 2011 round.

Recommendations

The RPRG:

- Approved the supply of 0.1 million tablets of albendazole for the MDA round of 2011.
- Recommended the initiation of steps for verification of elimination with assistance from WHO in 2010/2011.
- Recommended the feasibility of the use of the Brugia rapid test in the country.

3.9 Timor-Leste

The RPRG noted with concern the lack of any activity in the country due to a variety of factors. No report or reapplication had been received from the country.

Recommendation

- The RPRG recommended an urgent mission to the country (VBN/RPRG) to assist the country in reviving the MDA programme and also to identify the resources required to carry out the activities.

4. Technical discussions and updates on programme implementation in relation to Regional Strategic Plans

Dr Patrick Lammie in his presentation on regional approaches to Neglected Tropical Diseases (NTD) control and elimination pointed out that NTDs have captured interest in a crowded global health landscape and that support from USAID and DFID and others was available. The elimination of NTDs was specifically mentioned as an objective of the Obama Global

Health Initiative and there was a high probability of increased bilateral support. There was a need to adapt programmes to local epidemiology and priorities, promote regional ownership and innovative partnerships, increase advocacy and resource mobilization, and develop technical and managerial capacity. Examples of success abound in many regions and the core objectives and the goals of regional financial mechanisms were well defined. Total integration packages that include water and sanitation and integration with other programmes need to be developed. Regional NTD plans with a clear analysis of gaps in country coverage and realistic assessment of financial needs with an advocacy focus on countries with specific needs should be developed. The RPRGs for NTDs should provide a transition strategy for LF and also identify regional priorities for control and elimination.

4.1 Filariasis test available in assisting the elimination programme

Dr Rahmah Noordin presented an overview of the antibody base tests developed for detection of Brugian infection. The test had evolved from a dipstick assessment to its current card-based format after a series of modifications and improvements. The tests had undergone extensive clinical and field-based evaluations and had a high sensitivity and specificity. Recently a combined test that could detect both Brugian and Bancroftian infections had been developed. The decline in positivity after treatment could be used as a useful tool for stopping MDA in Brugia areas.

The test costs ranged from US$ 3 to US$ 5 depending on the combinations used.

4.2 Operational research studies ongoing under the Gates Grant

Dr Eric Ottesen provided a glimpse of the current studies being carried out worldwide. These included tools and strategies for stopping MDAs and for post-MDA surveillance, identifying determinants of programme success or challenges and development of supplemental tools to improve programme effectiveness. Under the Gates Grant initiatives new algorithms for stopping MDA and surveillance were being evaluated and these would shortly be available for wide usage. An important step was to automate the process of data gathering in the field. Ongoing clinical trials were evaluating increased

rhythm and increased dosages of MDA drugs to increase the efficiency of MDA tools. In addition, the supplementary role of vector control was being assessed in a large-scale field trial in India. Health and economic impact studies were being carried out to improve the advocacy efforts of the programme and identify funding opportunities for LF elimination in the context of increased interest in NTD funding.

The RPRG discussed the need for improving MDA coverage and the reporting of severe adverse effects of drugs and improving the current methods for surveillance and evaluation. The need to scale up disability alleviation activities in the Region and rapidly initiate the verification process of elimination was endorsed by the members. The RPRG finalized its recommendations for the supply of albendazole (please see summary of albendazole requirement at Annex-I) and summed up its general recommendations.

5. General recommendations

The RPRG appreciated the efforts of the countries of the Region towards elimination of lymphatic filariasis. Two countries (Sri Lanka and Maldives) have stopped MDA and are ready to embark on verification of elimination. Other countries have rapidly scaled up their efforts to achieve the targets of elimination.

The RPRG thanked the SEARO secretariat for the Action Taken Report on the recommendations of the sixth RPRG Report that was presented to the group.

The RPRG examined and endorsed the Regional Strategic Plan for 2010-2015 and noted that many targets identified for 2010 have already been met.

The group expressed its deep appreciation to GSK for establishment of a separate production unit at Nashik, India, to cater for the Regional needs of albendazole. The RPRG also appreciated the generous support received by Nepal and Bangladesh from other agencies such as USAID, RTI, JICA, LEPRA and DFID.

Acknowledging that many of the issues raised at the meeting could be effectively addressed in consultation with the programme managers, the RPRG recommended that the next RPRG meeting should be held back-to-back with the programme managers meeting. Considering that requirement of albendazole should be submitted to GSK latest by April, the Eighth RPRG meeting may be held in April 2011.

Recognizing the increasing opportunities for funding for NTDs and the unique positioning of the LF elimination programme as an entry point for other NTDs, the RPRG urged the development of a regional NTD strategic plan with support from WHO headquarters and analysis of funding gaps to utilize these emerging opportunities.

The RPRG noted with concern that the MDA scale-up has been delayed in some countries and that the countries require assistance in planning, implementing and monitoring their LF elimination programmes. The RPRG strongly recommended visits by the members / VBN to Myanmar (to identify preparedness and planning for the next rounds of MDA, DEC supplies etc), Nepal (planning of future rounds and inclusion of new IUs), Timor-Leste (to revive the elimination programme and identify opportunities for integration) and Indonesia (scale-up MDA, improve data collection and develop national plan) to assist these countries in their efforts to eliminate LF. The RPRG recommended that allocation of adequate funds for the organization of such missions to assist these countries may be explored by WHO (HQ/SEARO).

The RPRG noted that the MDA rounds in some countries were not synchronized with the calendar years and recommended that by 2010 all countries should complete their scheduled MDA of 2010 by the end of the year as far as possible.

The RPRG recommended the use of Brugia rapid test in Indonesia, Thailand and other areas of the Region as part of the efforts to initiate verification of elimination of Brugian filariasis.

The protocol for stopping MDA and verification of elimination is being developed by WHO. The RPRG recommended the use of this protocol.

The RPRG noted with concern the slow progress in the implementation of activities related to disability management. The RPRG

recommended the scaling up of these activities by enhanced training and exploring opportunities of working with groups in the area of limb and skin care in Member States and also urged revision of the reporting formats in order to include information on disability prevention / alleviation.

Two members from the Region originally nominated to the Representative Contact Group of the Global Alliance for the Elimination of Lymphatic Filariasis have since moved out of the programme. The RPRG nominated the following two representatives as Contact Group Representatives:

(1) Mr Arun Bharoka, Director, Vector Borne Diseases, Ministry of Health & Family Welfare, Government of India, Nirman Bhawan, New Delhi 110011

(2) Dr Rita Kusriastuti, Director of VBC, Directorate General DC & EH, Minstry of Health, Jalan Percetakan Negara No 29, Jakarta Pusat, PO Box 223, Post Code 10560

Summary of albendazole requirement of countries in the SEA Region approved by the 7th RPRG meeting held at Jakarta, Indonesia, April 19-20, 2010

Country	No.of treatments approved	No. of Albendazole tablets to be shipped	Expected arrival date of drugs in country	MDA scheduled for 2010	Remarks
Bangladesh	29.85 million	29.85 million	Oct-10	Nov-10	Dinajpur, Rajshai, Meherpur, Pothukali, Borguna - IU to be evaluated for stopping treatment
India	510 million	300 million	March:75 million to Kolkata June: 75 million to Hyderabad September: 25 million to Hyderabad / 50 million to Mumbai	Nov-10	

			November: 35 million to Chennai / 40 million to Mumbai		
Indonesia	57.69 million	57.69 million	32.3 million in July 25.39 million in September	Jul-10	Second shipment subject to preparedness report from country
Maldives	NIL	NIL	NA	NA	NA
Myanmar	18.9 million	13.4 million	Dec-10	01-Dec	Albendazole for 2010 MDA round DEC to be supplied by WHO Hq (21 million in May 2010 and 48 million tablets in December 2010)
Nepal	13.5 million	13.5 million	Dec-10	Feb-11	Full report to be made available in June 2010 including baseline data for 10 new districts
Sri Lanka	NIL	NIL	NA	NA	NA
Thailand	0.1 million	0.1 million	Mar-11	MDA scheduled for 2011	MDA of 2010 to be completed in May 2010 Report to be submitted
Timor-Leste	1 million	1 million			GSK will release albendazole at the request of SEARO 2.5 million DEC to be supplied by WHO HQ

Annex 1

Agenda

- Registration
- Opening session
- Status of Lymphatic Filariasis Elimination Programme
- Progress made by the Member States
- Mobilization of resources for the LF and other NTD
- Technical discussion and updates on programme implementation in relation to Regional Strategic Plans:
  - Improving MDA coverage
  - Severe adverse effects of drugs
  - Improving surveillance and evaluation
  - Disability alleviation
  - Stopping of MDA
  - Verification of LF elimination
  - Operational issues and research needs
- Conclusions and Recommendations
- Closing

Annex 2

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Lymphatic filariasis (LF) is one of the leading causes of permanent disability and a major impediment to socioeconomic development. The South-East Asia Region accounts for the highest burden of LF with 65% of the global population at risk and 50% of the infected people living in 9 of the 11 Member States. The seventh meeting of the Regional Programme Review Group (RPRG) for Elimination of Lymphatic Filariasis in the South-East Asia Region, held on 19-20 April 2010, in Jakarta, Indonesia, reviewed the progress of LF elimination in the Region, identified problems and made technical and operational recommendations to scale up mass drug Administration (MDA) and disability management by endemic countries.

This report synopsizes the deliberations at the meeting and its recommendations.

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