

Report of the Tenth Meeting of the WHO Strategic and Technical Advisory Group for Neglected Tropical Diseases

29–30 March 2017 WHO, Geneva



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Contents

| | |
|---|-----------|
| 1. Status, progress and challenges of NTD control | 1 |
| 2. A Global Vector Control Response, including WHO pathways and normative guidance for new vector control products | 3 |
| WHO policy recommendations on vector control and the role of STAG..... | 3 |
| 3. Updates from the STAG working groups | 4 |
| Monitoring and Evaluation, and anthelmintic resistance | 4 |
| Capacity Strengthening (WG-CS) | 5 |
| Investment for Impact | 5 |
| 4. Assessment of dossiers to consider additional diseases in the NTD portfolio | 6 |
| Chromoblastomycosis | 6 |
| Podoconiosis..... | 6 |
| Scabies | 6 |
| Snakebite envenoming | 7 |
| 5. Convergence between NTD interventions, monitoring and data systems | 7 |
| 6. Regional NTD perspectives and updates | 8 |
| African Region..... | 8 |
| Region of the Americas..... | 8 |
| Eastern Mediterranean Region..... | 9 |
| Western Pacific Region | 9 |
| 7. Update on the preparation for the global NTD Partners' meeting | 9 |
| Conclusions and closing | 10 |

Abbreviations and acronyms

| | |
|--------|---|
| ALB | albendazole |
| BMGF | Bill & Melinda Gates Foundation |
| DEC | diethylcarbamazine |
| EMP | Essential Medicines and Health Products Department |
| FAO | Food and Agriculture Organization of the United Nations |
| IDM | innovative and intensified disease management |
| IDSP | Integrated Disease Surveillance Programme |
| IIT | incompatible insect technique |
| IRS | indoor residual spraying |
| LF | lymphatic filariasis |
| HAT | human African trypanosomiasis |
| MDA | mass drug administration |
| M&E | monitoring and evaluation |
| NTD | neglected tropical disease |
| OIE | World Organisation for Animal Health |
| ONCHO | onchocerciasis |
| PC | preventive chemotherapy |
| PQ | pre-qualification |
| SCH | schistosomiasis |
| SDG | Sustainable Development Goal |
| SIT | sterile insect technique |
| SOP | standard operating procedure |
| STH | soil-transmitted helminthiasis |
| UHC | universal health coverage |
| VCAG | Vector Control Advisory Group |
| WASH | water, sanitation and hygiene |
| WHO | World Health Organization |
| WHOPES | WHO Pesticide Evaluation Scheme |
| WG | working group |
| zNTD | zoonotic neglected tropical disease |

The tenth meeting of the Strategic and Technical Advisory Group for Neglected Tropical Diseases (STAG-NTD) was held in Salle C of World Health Organization (WHO) headquarters, Geneva, Switzerland 29–30 March 2017.

Day 1

Dr Dirk Engels, Director, WHO Department of Control of Neglected Tropical Diseases, opened the meeting by welcoming STAG members and introducing Dr Ren Minghui, Assistant Director-General, HIV, Tuberculosis, Malaria and Neglected Tropical Diseases. Dr Minghui added his welcome to the STAG members and other participants on behalf of WHO and spoke briefly about the upcoming World Health Assembly, during which a new Director-General of WHO will be elected. He also noted that the meeting agenda would have the STAG consider for inclusion in the NTD Department portfolio four diseases, which would have important implications related to resources of the Department, and mentioned the upcoming NTD Partners' meeting to be held in Geneva in April 2017, which will highlight among other issues the global progress of NTDs.

Dr Engels then introduced the five new members of the STAG and the chairperson of the meeting, Professor Nilanthi de Silva. Professor de Silva also welcomed the members and noted those who could not be present. She also indicated that the achievements discussed during this meeting could be used during the NTD Partners' meeting in April. At the chairperson's request, all those present introduced themselves.

Professor Steve Lindsay, Durham University, and Professor Sarah Cleaveland, University of Glasgow, agreed to be the technical rapporteurs for this meeting. Mr Kai Lashley was the overall rapporteur for the meeting and responsible for the draft report. Annex 1 contains the meeting agenda, and the list of participants can be found in Annex 2.

1. Status, progress and challenges of NTD control

Dr Dirk Engels presented his report on the status, progress and challenges of NTD control during the past year. Among the various achievements discussed was coming within reach of the 2020 PC targets. Dr Engels noted that in 2012 it appeared that these targets were very ambitious, however today they are a distinct possibility (Fig. 1).

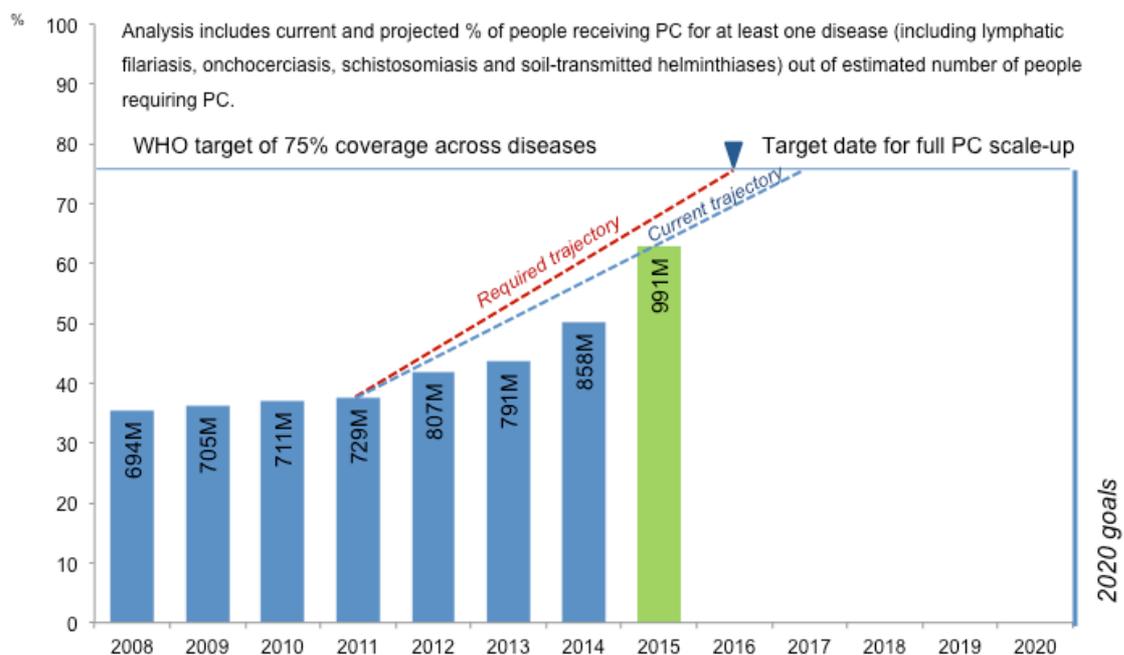


Fig 1. Projected PC global targets 2020

Other highlights included the following.

- At the end of 2016, 186 Member States were certified free of dracunculiasis (eight yet to be certified) – with just 25 human cases reported in 2016. Uncertainty remains as to the significance of ongoing transmission in dogs in Chad, Ethiopia and Mali, however.
- India has demonstrated that interruption of yaws is feasible, and research in yaws has yielded promising data: mass drug administration (MDA) of azithromycin is very effective in reducing prevalence; there is similar efficacy of single dose azithromycin of 20mg/kg vs 30mg/kg; the evaluation of 1.2 billion treatments delivered (or 1 billion people reached) and the development of a non-treponemal bead-based immunoassay as part of a multiplex testing system for use in large-scale surveillance has been completed.
- Almost 1 billion (998 million) individuals protected by one of the five preventive chemotherapy diseases.
- All 21 Latin American countries have implemented universal screening for Chagas disease among blood donors, as have European countries, Australia, Japan and the United States.
- The human African trypanosomiasis (HAT) elimination target is on track.
- Elimination of visceral leishmaniasis in the South-East Asia Region is on track, as per a memorandum of understanding between Bangladesh, Bhutan, India, Nepal and Thailand, with the introduction of single-day single-dose injection of liposomal amphotericin B (AmBisome) with the support from WHO, well planned indoor residual spraying (IRS) and partners' support (though there has been no significant reduction in East Africa and Latin America).
- While over 1 million cases of cutaneous leishmaniasis have been treated through 2015, control is still a key challenge (access to medicine), particularly in areas of conflict.
- Research into Buruli ulcer has shown that oral combination therapy with rifampicin and streptomycin for 8 weeks is effective against a disease that 10 years ago was untreatable; a new diagnostic is now available for use at peripheral health centres, and treatments are in place.
- Integration of NTD interventions is a priority, with initial emphasis on linking case management of skin NTDs to other community-based interventions to increase effectiveness.
- The 2009 guidelines for dengue are being updated, and a vaccine for dengue control is licensed in 13 countries; studies on insecticide resistance of *Aedes* mosquitoes have been initiated.
- A Zika virus Strategic Response Plan was established in 2016; the topic of global vector control will be discussed at the World Health Assembly in May 2017, and a draft resolution will be considered there, in relation to the draft global vector control response (see below).
- Transformation of the WHO Pesticide Evaluation Scheme (WHOPES) to a scheme called Pre-Qualification (PQ) Vector Control started in 2016 and will be fully operational in 2019.
- The Vector Control Advisory Group (VCAG) established a few years ago is currently being strengthened so it can more nimbly manage emerging innovations in the field of vector control.
- Zoonotic NTDs and the area of One Health: negotiations are under way for establishing a revolving fund to sustainably fund vaccinations, which seems a good model for other zoonotic NTDs to adopt. There are opportunities for integrating control and treatment of *Echinococcus granulosus* with vaccine against rabies (which would require cross-sector collaboration).
- The NTD Department will continue the area of capacity strengthening and communications, despite some staff changes this year.
- There has been significant progress on the SDG-NTD indicator "total number of people requiring interventions against NTDs" – cases are decreasing.
- There is a need for the NTD Department to mitigate risk in the coming years; due to funding uncertainties stemming from political events over the past year, financial contributions may decrease – though support from other donors is expected to remain stable.

2. A Global Vector Control Response, including WHO pathways and normative guidance for new vector control products

Professor Steve Lindsay opened his discussion of the WHO's global vector control response by indicating that this strategy is a potential "game changer" with respect to vector control. It was noted during the meeting that the *Global vector control response* was approved by the Executive Board (EB) of WHO in January 2017, and with a few revisions, will be discussed for adoption at the World Health Assembly in May 2017. This represents an achievement in the area of vector control, particularly in light of the fact that approximately 80% of the world's population is exposed to at least one vector-borne disease and such diseases account for 17% of the global disease burden. The *Global vector response report* is a strategy document that aims to fill the current gap in vector control.

Professor Lindsay also noted that country leadership within the context of the vector response is key, stating that the strategy was launched due to overwhelming support from Member States. Development of a resolution for consideration at WHA70 was proposed by Fiji and supported by five other EB members (Canada, China, Colombia, New Zealand, USA) and four EB non-members (Australia, Brazil, Panama, Switzerland). Five countries offered to work on the resolution (Australia, China, Colombia, Fiji, New Zealand). Preliminary cost estimates of the strategy have been made, and these will be presented at the World Health Assembly in May 2017.

Dr Raman Velayudhan reviewed the work of the VCAG, noting that the advisory group has reviewed 14 new (or variant) product classes (on which the STAG assists), 50–60% of which are in the final stages of development, and indicated that new guidelines on vector control are in progress. He also discussed a number of areas and products on which the VCAG is working, among them *Wolbachia*-infected mosquitoes, sterile insect releases and genetically-modified mosquitoes, to reduce the transmission of mosquito-borne diseases, as well as traditional approaches such as IRS and insecticide-treated bednets.

The 5th Annual meeting of WHO's VCAG on new tools/approaches to vector control was held in Geneva in November 2016. The main subject of the meeting was to review three new potential vector control approaches to target malaria and *Aedes*-borne diseases, and to finalize recommendations to WHO on optimal pathways for evaluating new vector control interventions, including expected evaluation methods, data requirements and efficacy indicators. The interventions reviewed are sterile insect technique (SIT) and incompatible insect technique (IIT) and two gene drive approaches.

VCAG concluded that the combined SIT/IIT technology has potential for long-term control of *Ae. aegypti* and *Ae. albopictus* mosquitoes. It strongly recommends further entomological and epidemiological field trials to validate the use of this intervention and its claims of efficacy.

VCAG encourages further development of tools utilizing gene drive-based technologies while recognizing that these strategies are still in the early phases of development, and that important challenges lie ahead for their development and deployment. More evidence from laboratory-based studies is needed before semi-field or open field-testing should be undertaken against disease.

WHO policy recommendations on vector control and the role of STAG

Vector control is an essential component of disease prevention. Specific vector control interventions are recommended by WHO primarily based on evidence of their impact on disease (e.g. epidemiological efficacy). The WHO NTD Department is responsible for developing policy recommendations for dengue vector control,¹ while considering the broader context of control or elimination of other vector-borne diseases within the Department. A policy recommendation is a position statement, recommendation, information note or other guidance document issued by WHO. The most recent of these takes precedence over any prior recommendations issued.

¹ With the support of the technical working group and/or the STAG.

This information session was to: a) outline the key principles of the revised evaluation process for vector control products, b) clarify which vector control interventions currently have a WHO policy recommendation; and, c) define the extent to which current recommendations apply to new tools that are currently being evaluated by WHO or that will be submitted for evaluation in future, so as to determine their evaluation pathway under the revised evaluation process. The current interventions recommended for vector control of dengue and other NTDs include space spray, larvicides, IRS, insecticidal nets and individual protection through repellents.

3. Updates from the STAG working groups

Members of five of the STAG working groups summarized the reports of their meetings and presented recommendations for endorsement by STAG and transmission to WHO. After lively discussions and debate, STAG noted and endorsed the recommendations of the working groups as summarized below. Unless otherwise noted, the chairpersons of the respective working groups presented the summaries. For complete reports of the working groups, see Annex 3.

Monitoring and Evaluation, and anthelmintic resistance

Summary presented by Dr Pamela Mbabazi, on behalf of the chairperson of the working group. Access the full report of the Monitoring & Evaluation Working Group.

Recommendations to the STAG included the following points.

1. Endorse the new human African trypanosomiasis (HAT) indicator with improved metrics: Area at risk reporting <1 case/10 000 people per year.
2. Approve the convocation of an onchocerciasis subgroup within the Working Group on Monitoring and Evaluation (M&E) to develop guidance on onchocerciasis elimination issues and related M&E framework for different programme stages.
3. Adopt and endorse use of the NTD coverage index for comparative monitoring of NTD programmes and reporting on universal health coverage (UHC).

STAG members endorsed the recommendations of the working group.

An update on anthelmintic resistance was also given. The NTD Secretariat has developed a tool to measure the efficacy of anthelmintics administered to patients, and guidelines about its use, which are currently available. Implementation at the country level (initially in countries with long-term use of anthelmintics such as in Zanzibar, United Republic of Tanzania) has shown that efficacy has not been reduced. The NTD Department will continue to implement this tool and monitor the efficacy of anthelmintics distributed. A scenario has been developed to implement in the event resistance is discovered (utilizing different drug combinations). This scenario was shared with the Bill & Melinda Gates Foundation (BMGF) to secure funding, but after long discussion was rejected.

Access to Quality-Assured Essential Medicines

Summary presented by Professor Nilanthi de Silva, chairperson of the working group.

Recommendations to the STAG included the following points.

1. Maintain the NTD Department's role in continuing to implement and coordinate medicine forecasting and supply chain issues as per the standard operating procedures (SOPs) developed by the working group.
2. Transfer oversight of pharmacovigilance and quality-assurance issues to WHO's Essential Medicines and Health Products (EMP) Department.
3. Conclude the activity of the working group.

STAG members endorsed the recommendations of the working group.

Capacity Strengthening (WG-CS)

Dr Francesco Rio, on behalf of chairperson of the working group, presented a summary of the points to be discussed by the working group, which had not had an opportunity to meet over the past year. Therefore, the areas of the working group were not discussed by the STAG, but are included below for future consideration by the WG-CS.

The principal areas under discussion by the working group are:

1. Decentralize activities from WHO headquarters to WHO collaborating centres and institutions to allow a greater number of players to be involved in the capacity-strengthening process and to facilitate the process of regional/country adaptation. This will require that such centres assume responsibility for a range of activities supported by funds from national, bilateral, WHO and nongovernmental development organizations including quality assurance of laboratories, training courses and dissemination of new WHO materials and guidelines (such responsibility will also reduce costs and ensure more rapid response time in line with country needs).
2. Provide in-service training to facilitate and maintain high standards for timely drug applications and a strengthened supply chain, and assume an advocacy role within countries to ensure NTDs are central to any health training (such an approach will ensure training is compatible with regional-specific country needs).
3. Ensure that capacity-strengthening activities, particularly those at the district level or equivalent, are embedded in routine health service personnel training to ensure sustainable knowledge on recommended best practice.
4. Ensure that at national level new technical developments and products are incorporated into national programmes and disseminated into practice within time frames compatible with national capacity and resourcing.

As there will be a change in team leader of the capacity building team due to Dr Rio's retirement in April 2017, it was suggested to delay the next meeting of the working group until the new team leader is in place.

Zoonotic Neglected Tropical Diseases

Summary presented by Professor Eric Fèvre, chairperson of the working group, and Bernadette Abela-Ridder, Team Leader, zNTD, WHO.

Recommendations to the STAG included the following points.

1. Encourage the zNTD WG and the stakeholders in the area of veterinary public health to take a lead role in coordinating One Health activities within WHO, including through continued interactions with the Tripartite partnership (FAO/OIE/WHO) and integrating with initiatives in those organizations (e.g. access to veterinary public health commodities and the Global Health Security Agenda).
2. Ensure advocacy on zNTDs at the NTD Global Partners' meeting (Geneva, 19 April 2017).
3. Support the development of a stockpile/vaccine bank for biologicals of relevance to zNTD control, with a focus on human rabies vaccine and immunoglobulins.
4. Support the use of pig vaccination as a means of cysticercosis control for public health benefit.

STAG members endorsed the recommendations of the working group.

Investment for Impact

Summary presented by Dr Uzoma Nwankwo, chairperson of the working group.

Recommendations to the STAG included the following points.

1. Note the progress that has been made in building the economic evidence for NTD interventions and their place in the Sustainable Development Goal (SDG) framework.
2. Endorse the reorientation of the working group in its membership and processes towards more applied work in countries on financing strategy and guidance.

STAG members endorsed the recommendations of the working group.

Day 2

4. Assessment of dossiers to consider additional diseases in the NTD portfolio

After a summary of the proceedings of day 1, Professor de Silva turned to the first item of the agenda of day 2: consideration of four additional diseases to the NTD portfolio.

She reminded STAG members of the criteria by which diseases could be recommended for inclusion in the portfolio, either in category A (meet all the criteria), category B (meet some of the criteria) or category C (not recommended for inclusion in the portfolio). Diseases in category A are listed in the portfolio, and receive full resources of the NTD Department. Those listed in category B are included in the portfolio, but receive limited resources from the Department – though they do receive prominent exposure on the Department's website and in its literature, opening the door to increased advocacy and funding by other stakeholders and donors.

Professor de Silva then reminded STAG members of the process by which diseases could be added to the list for the STAG's review: requests should come via one or more Member States, after which a dossier of evidence is submitted. It was noted that three of the four diseases submitted were not initially championed by a Member State, though particular Member States did write letters of support for these three diseases. It was noted that in this case, the STAG would review the diseases that did not follow the protocol, but that subsequent applications would need to follow it or be rejected. It was also agreed that one of the criteria in selection of disease for support from NTD Department should be that the said disease should demonstrate the need for global response, international efforts and support.

What follows is a summary of the discussions and recommendations made by the STAG. Where notes follow the recommendation, these should be considered as part of the recommendation.

Chromoblastomycosis

Summary presented by Professor Nilanthi de Silva. The STAG subcommittee recommended inclusion of this disease into category B, after which there was extensive discussion and debate by the STAG leading to a consensus about the following recommendation.

Recommendation: Chromoblastomycosis should be added to the NTD portfolio in category B together with mycetoma and other deep mycoses.

Podoconiosis

Summary presented by Dr Uzoma Nwankwo. The STAG subcommittee recommended inclusion of this disease into category A or B, after which there was much discussion and debate by the STAG.

Recommendation: Podoconiosis should not be included in the NTD portfolio (category C).

This decision was made because the STAG noted that management of podoconiosis is included in the morbidity management of lymphatic filariasis (LF), and is already included in the Department's mandate. Therefore a note was recommended along with the STAG recommendation: Podoconiosis is specifically mentioned and is addressed by the NTD Department under LF prevention and control. It is hoped that this continued exposure will enable increased advocacy and attention to the disease and its control. There is no specific further global response action to be taken by the NTD Department.

Scabies

Summary presented by Professor Steve Lindsay. The STAG subcommittee recommended inclusion of this disease into category A.

STAG members were in agreement that scabies should be added to the NTD portfolio, along with other ectoparasites.

Recommendation: Scabies should be included in the NTD profile in category A, together with other ectoparasites.

This recommendation comes with the following note: Before large-scale activities associated with scabies prevention and control can begin, certain steps need to be carried out, such as mapping the disease's prevalence, adding scabies as an indication for the use of ivermectin and moxidectin in WHO's Essential Medicines List, ensuring affordable access to avermectins and developing guidelines for their public health use. Research on scabies is recommended in order to improve control efforts, including determining whether long-lasting insecticidal nets reduce scabies morbidity.

Snakebite envenoming

Summary presented by Dr Mwelecele Malecela, Chief Research Scientist, National Institute for Medical Research, United Republic of Tanzania.

The STAG subcommittee recommended inclusion of this disease into category A, after which there was much discussion and debate by the STAG. Snakebite met all the criteria for inclusion, and the recommended protocol was followed for its submission. However, as a non-infectious condition, it is different than all other NTDs handled by the Department.

During the discussion it was noted that snakebite is an injury and the envenoming a disease, both of which overwhelmingly affect agricultural workers who are among the poorest populations on the planet. Besides the latter being one of the criteria used to determine inclusion in the NTD portfolio, it was noted that snakebites (and bites from other animals such as scorpions) also fall under the category of occupational health and injury prevention. As such, the programmatic approach to its prevention and control needs to be cross-sectoral. In all instances there needs to be involvement of WHO's Essential Medicines Department to ensure the availability and quality assurance of antivenom sera.

Recommendation: STAG recommends that WHO addresses the issue of snakebite envenoming, but it is unsure that the programmatic aspects of this would be best handled by the NTD Department.

It was decided therefore to defer this decision to WHO's senior management, while noting that the NTD Department could offer a comparative advantage in the following programmatic areas:

- Snakebite envenoming is immediately amenable to effective control through a coordinated strategy focused on improving access to antivenoms and improved case management to poor and marginalized populations at sustainable cost; this is an area already scaled within the NTD Department.
- Many of the people at risk of snakebite are agricultural workers and subsistence farmers exposed to other risks emerging at the human-animal interface – an area already managed by the Department.
- NTD has experience in working with international partners including the pharmaceutical industry, which produces antivenoms.
- The principles of prevention and injury management of snakebite are similar to those of rabies. In addition antivenoms are similar to rabies immunoglobulins with regard to manufacturing and delivery. Rabies is managed within the NTD Department.
- It has been argued that the answer to the global burden of snakebite requires a multi-faceted holistic approach from laboratory to patient. The NTD department has experience in managing complex and diverse diseases and acting as a hub around which other departments can cluster specific contributions.

STAG noted the following caveat: that any additional responsibilities associated with snakebite being included in the NTD portfolio should come with additional resources.

5. Convergence between NTD interventions, monitoring and data systems

Summary presented by Dr Gautam Biswas, Coordinator, Preventive Chemotherapy and Transmission Control, and Dr Daniel Dagne, Coordinator, Innovative and Intensified Disease Management, WHO Secretariat.

The WHO Secretariat is working on streamlining and integrating various monitoring and data systems it currently uses to assess disease burden and target interventions. This includes integration with universal

health coverage and SDG goals (e.g. harmonized indicator for NTD monitoring in relation to SDGs) and other health interventions (water, sanitation & hygiene, food safety) and other sectors besides health (e.g. ministries of education, environment). The overall goal of this work is to enhance cross-sectoral collaboration (a central theme of One Health) and reduce the workload of all those involved in reporting – at country, regional and national levels – while maintaining the progress thus far achieved.

Drs Biswas and Dagne proposed the following way forward: a situation analysis to determine ways to streamline and enhance collaboration:

- online survey across countries;
- strengthen it with outcomes from country visits made as part of existing workplan;
- analyse diversity and opportunities for convergence in consultation with WHO regional offices.

STAG members endorsed the Secretariat's work in this area.

6. Regional NTD perspectives and updates

There has been substantial progress in eliminating NTDs within WHO regions. Four regional perspectives were presented and are summarized below.

African Region

Presented by Drs Alexandre Tiendrebeogo, NTD focal point for the Regional Office for Africa, and Dr Maria Rebollo, Team Leader, ESPEN (by WebEx).

There has been momentum in controlling NTDs in the African Region, though remote populations and areas experiencing conflict continue to present challenges to NTD control and elimination.

Dr Tiendrebeogo discussed the Expanded Project for Elimination of Neglected Tropical Diseases (ESPEN), launched in May 2016 and managed by the regional office. ESPEN provides among other things coordinated mapping of five PC-NTDs. Only South Sudan and South Africa have yet to be mapped, though the latter is scheduled for mapping at the end of 2017.

Highlights include the following points.

- Finalize and launch NTD portal, including PC-NTD mapping portal.
- Scale up and sustain MDA to 100% of endemic countries.
- Support countries for scaling down and stopping MDA for LF, ONCHO and trachoma.
- Support validation of LF, ONCHO and trachoma elimination dossiers.
- Complete burden assessment of Buruli ulcer, leishmaniasis and yaws.
- Support dracunculiasis eradication certification activities and promote yaws eradication strategy.
- Achieve HAT elimination and sustain leprosy elimination.
- Sustain control of Buruli ulcer and leishmaniasis.

Region of the Americas

Presented by Dr Santiago Nicholls, Regional Advisor for Neglected Infectious Diseases, Regional Office for the Americas.

Dr Nicholls began his presentation by noting that the 55th Directing Council of the Americas Region adopted the "Plan of action for the elimination of neglected infectious diseases and post-elimination actions 2016–2022" in September 2016. The plan seeks to interrupt transmission and eliminate eight NTDs, prevent, control and reduce the burden of five others and assess the regional epidemiological situation with respect to other neglected infectious diseases affecting groups living in vulnerable conditions. The plan also seeks to reduce the risk of recrudescence or reintroduction of diseases in the post-elimination phase, though Dr Nicholls admitted that post-elimination surveillance was a challenge for the region.

Dr Nicholls then presented a summary of the current status of LF, ONCHO, SCH, STH, trachoma, Chagas disease, cutaneous and mucosal leishmaniasis, visceral leishmaniasis, leprosy and taeniasis/cysticercosis,

highlighting the achievements and challenges vis-à-vis the 2020 elimination goals in WHO's NTD Roadmap. He highlighted the verification of elimination of ONCHO in four (Colombia, Ecuador, Guatemala and Mexico) of the six endemic countries and the recent validation of elimination of trachoma as a public health problem in Mexico. Dr Nicholls concluded his presentation mentioning that important challenges remain to be addressed in the Americas Region in cross-cutting issues, i.e. morbidity management and disability prevention, M&E and intersectoral integration, particularly with the water, sanitation and hygiene (WASH) sector.

Eastern Mediterranean Region

Presented by Dr Albis Gabrielli, NTD focal point for the Regional Office for the Eastern Mediterranean.

There has been momentum in controlling NTDs in the Eastern Mediterranean Region, which deserves particular recognition given the number of remote populations and areas experiencing conflict within the region. For example, control and elimination efforts are continuing in Afghanistan and the Syrian Arab Republic via deworming programmes against STH.

Highlights include the following points.

- Leishmaniasis: increasing access to health services by closing drug gap and ensuring a viable mechanism for drug procurement by countries.
- SCH: full treatment coverage in Somalia and Sudan; elimination as a public-health problem in Egypt and Yemen; verification in low-endemic countries.
- STH: full treatment coverage and elimination as a public-health problem
- LF: full treatment coverage in Sudan; validation in Egypt and Yemen.
- ONCHO: scale up of MDA in Yemen, and this is also a focus in Sudan.
- Dracunculiasis: certification of Sudan in 2017 (it is the only remaining country in the region to be certified).
- Trachoma: validation of the Islamic Republic of Iran; completion of mapping and scale-up in all countries of the SAFE strategy: surgery for trichiasis, antibiotics, facial cleanliness and environmental improvement.
- Leprosy: no new cases exhibiting grade-2 disabilities, but five countries still have pockets of intense transmission.
- Mycetoma: finalize roadmap to implement resolution WHA69.21.

Western Pacific Region

Presented by Dr Aya Yajima, NTD focal point, WHO Regional Office for the Western Pacific.

There has been momentum in controlling NTDs in the Western Pacific Region (e.g. five countries were validated as having eliminated LF as a public health problem in 2016–2017), though remote populations continue to present a challenge to NTD control and elimination.

Dr Yajima noted that there are 13 NTDs endemic among 28 countries and territories in the Region. She also noted that data show that there is an immediate increase of prevalence of Asian SCH once MDA stops. To combat this, the Regional Office engaged the WASH sector to underscore the need to maintain vigilance and jointly improve sanitation in areas experiencing Asian SCH. This is an example of the Regional Office's goal of expanding focus from PC to other cross-sector interventions to ensure that control and elimination efforts remain on track, including veterinary public health, vector control and integrated case management.

7. Update on the preparation for the global NTD Partners' meeting

Dr Engels summarized the activities related to the global NTD Partners' meeting, noting that it is timed to coincide with a high-level roundtable organized by BMGF at which Bill Gates and CEOs of various companies will attend in Geneva mid-April. The first NTD Partners' meeting convened in 2007, under the theme "The turning point"; it was aptly named because since that time a great deal of progress has been made in the area of NTDs. The second Partners' meeting will provide an opportunity to highlight that progress, thank and congratulate stakeholders for their work, and continue to advocate on behalf of NTDs among a wide range of

stakeholders and donors (particularly important in light of potential funding gaps in the coming years). Also in focus will be the NTD Department's aim to highlight those "who are still left behind" within the context of the SDG Framework of "no one left behind", in the context of looking to targets for the year 2030.

The meeting will feature a celebratory morning session welcoming the many high-level figures who have already pledged to attend and a more strategic technical afternoon session. Following the NTD Partners' meeting, Uniting to Combat Neglected Tropical Diseases is organizing an event with celebrities under the theme "women in focus". During this event, awards will be bestowed for those groups doing extraordinary work in the area of NTDs and will be celebrating the 10-year anniversary of the PLoS-NTD journal, among other activities. Dinner will follow.

The global NTD partners meeting will be followed by a three-day NTD summit grouping various diseases and theme-specific meetings.

Conclusions and closing

The chairperson summarized the outcomes of the meeting, and STAG members thanked the WHO Secretariat for a year of excellent work.

Dr Ren Minghui closed the meeting by thanking STAG members. He noted that STAG had reviewed and addressed several important issues, such as reviewing the evidence for inclusion of four diseases into the Department's portfolio. He also mentioned he was looking forward to the upcoming Partners' meeting, as it will provide an opportunity to highlight the progress achieved over the past 10 years, bring increased attention and advocacy efforts to the diseases addressed by the Department, and increase the momentum in eliminating them.

The successes achieved among NTDs show that the NTD community is not overambitious when discussing elimination of diseases – the evidence shows that on several fronts, progress is being made towards this goal.



World Health Organization

Tenth Meeting of the Strategic and Technical Advisory Group on Neglected Tropical Diseases (STAG-NTD) 29-30 March 2017

WHO/HQ, Geneva, Salle C

Agenda - Day 1

| Time | Wednesday, 29 March 2017 | |
|-------|---|--|
| 09H00 | Welcome remarks <i>including appointment of rapporteurs</i> | Dr REN Minghui, ADG/HTM Prof. N. de Silva, STAG-NTD Chair Dr D. Engels, Director, NTD |
| 09H15 | Report from Director, NTD on status, progress and challenges with NTD control | Dr D. Engels, Director, NTD |
| 10H45 | <i>Coffee Break</i> | |
| 11H15 | A Global Vector Control Response, including WHO regulatory pathways and normative guidance for new vector control products | Dr S. Lindsay, STAG member and Dr R. Velayudhan, Coordinator, NTD/VEM |
| 12H30 | <i>Lunch</i> | |
| 14H00 | Updates from the STAG Working groups (10' each) M&E + anthelmintic resistance; Access to medicines; Capacity Strengthening; Neglected Zoonotic Diseases; NTD Financing | Dr G. Biswas, Coordinator NTD/PCT Prof. N. de Silva, STAG-NTD Chair Dr F. Rio, Team Leader, CCB/NTD Dr Eric Fèvre, Chair WG NZDs Mr C. Fitzpatrick, NTD |
| 15H30 | <i>Coffee break</i> | |
| 16H00 | Discussion on continued relevance of STAG Working groups, and proposed changes | Plenary discussion |
| 17H30 | <i>End of day session</i> | |
| 19H00 | Evening Dinner (Cave Valaisanne) | |



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Agenda - Day 2

| Time | Thursday, 30 March 2017 | |
|-------|---|---|
| 09H00 | Assessment of dossiers to consider additional diseases in WHO's NTD portfolio: <ul style="list-style-type: none">✓ Chromoblastomycosis✓ Podoconiosis✓ Scabies✓ Snakebite envenoming Formulation of recommendations to Director General | Presentations by selected STAG members – plenary discussion |
| 10H30 | <i>Coffee break</i> | |
| 11H00 | Convergence between NTD interventions, monitoring and data systems | NTD Coordinators and Team Leaders |
| 12H30 | <i>Lunch</i> | |
| 14H00 | Regional NTD perspectives and updates (15' each) AFRO, AMRO/PAHO, EMRO, EURO, SEARO, WPRO | Regional NTD focal points |
| 15H30 | <i>Coffee break</i> | |
| 16H00 | Update on Second NTD Partners' Meeting (19 April 2017) and NTD Summit (20-22 April 2017) | Dr D. Engels, Director, NTD |
| 16H45 | Conclusions and closure of the meeting | Prof. N. de Silva, STAG-NTD Chair; Dr D. Engels, Director, NTD; Dr REN Minghui, ADG/HTM |
| 17H30 | <i>End of meeting</i> | |



World Health Organization

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List of participants

MEMBERS

AHMED, Professor Be-Nazir

Professor, Department of Microbiology, National Institute of Preventive and Social Medicine (NIPSOM);
Former, Director of Disease Control & Line Director of Communicable Disease Control, Ministry of Health and
Family Welfare (MHFW) Bangladesh.

Cell Phone: +88 01819454279, +88 01914198680

E-mail: dbenazirahmed@yahoo.com , benazir1959@gmail.com

AL-KOHLANI, Dr Abdul Hakim*

Director-General of Diseases Control and Surveillance, Sector of PHC, MoPH&P
Republic of Yemen

E-mail: aalkohlani@yahoo.com / Cell phone; +00967777980912;

BEN ISMAIL, Professor Riadh (Observer in 2017)

Institut Pasteur, Tunis, Tunisia

E-mail: riad.benismail@pasteur.rns.tn or riad.benismail@gmail.com / Tel: 216 71783022

BOELAERT, Professor Marleen (Observer in 2017)

Institute of Tropical Medicine, Antwerp, Belgium

E-mail: mboelaert@itg.be

BOULOS, Professor Marcos

Health Secretary of the Government of the State of Sao Paulo, Brazil

E-mail: mboulso@usp.br

CASTALIA, Dr Rosa

National Health Foundation/Fundação Nacional de Saúde - FUNASA/ Ministry of Health

E-mail: rosa.castalia@saude.gov.br; Castalia46@gmail.com or casalia@uol.com.br

CLEAVELAND, Professor Sarah

Professor, Comparative Epidemiology, Institute of Biodiversity, Animal Health and Comparative Medicine,
University of Glasgow, Glasgow, UK

E-mail: sarah.cleveland@glasgow.ac.uk / Tel: +44 (0) 141 330 5346

DE SILVA, Professor Nilanthi (Chair)

Dean and Professor of Parasitology and Dean, Faculty of Medicine, University of Kelaniya, Sri Lanka.

Tel.: +94 11 2911143; E-mail: nrdesilva@gmail.com

DHARIWAL, Dr A.C.

Director, National Vector Borne Disease Control Program,

Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India, Delhi

Tel: 91-11-22185936, 37, Mob: 09968070427. E-mail: dracdhariwal@gmail.com

FEVRE, Professor Eric

Chair of Veterinary Infectious Diseases; Kenya: International Livestock Research Institute, Nairobi, Kenya | **UK:** Institute of Infection and Global Health, University of Liverpool, UK
E-mail: Eric.Fevre@liverpool.ac.uk | Tel1 (voip): +44 151 324 1241 | Tel2: +254 20 422 3329; Mobile: +254 722 545 345

LEONARDO, Professor Lydia

Professor and Chair, Department of Parasitology, College of Public Health, University of the Philippines, Manila, The Philippines
E-mail: leonardolydia7@gmail.com / Tel: 63 9176242429.

LINDSAY, Professor Steve

School of Biological and Biomedical Sciences, Durham University, UK
E-mail: s.w.lindsay@durham.ac.uk

MABEY, Professor David (Observer in 2017)

Professor of Communicable Diseases, Clinical Research Unit, London School of Hygiene and Tropical Medicine, London
E-Mail: David.Mabey@lshtm.ac.uk

MALECELA, Dr Mwelecele Ntuli*

Chief Research Scientist, National Institute for Medical Research, Dar-es-salaam, Tanzania
E-mail: mwelentuli@gmail.com / Tel +2552121400 Fax +2552121360.

NG, Dr Lee Ching

Director, Environmental Health Institute, National Environment Agency, Singapore, Singapore.
E-mail: NG_Lee_Ching@nea.gov.sg

NING, Dr Xiao

National Institute of Parasitic Diseases, Chinese Centre for Disease Control and Prevention, Shanghai, China
E-mail: ningxiao116@126.com

NWANKWO, Dr Uzoma

Senior Medical Officer/Health Economist, Zonal Coordinator: South-South Nigeria, Division for Control and Elimination of Neglected Tropical Diseases, Department of Public Health, Federal Ministry of Health, Shehu Shagari Way, PO Box 082, Garki - Abuja, Nigeria
E-mail: mr.nwankwo@gmail.com

RICHARDS, Dr Frank O. Jr*

Director, River Blindness, Lymphatic Filariasis, Schistosomiasis & Malaria Programs
The Carter Center, 1149 Ponce de Leon Avenue (Kirbo Building), Atlanta, GA 30306, USA
E-mail: frich01@emory.edu / Tel: +1 404-420 3898; Fax: +1 404-420-3881;

SILVA SANTELLI, Dr Ana Caroline

E-mail: anacarolina.santelli@gmail.com

TRAORE, Professor Mamadou Souncalo

Director of the National Institute for Research in Public Health and Professor of Epidemiology and Public Health at Bamako University, Mali
E-mail: traorem@afribonemali.net
Tel: 223-2022-5277; Fax: 223-2022-96 58; Mobile: 223-6675- 9051;

Rapporteur

Mr Kai LASHLEY

WHO Secretariat

Dr Ren Mingui, ADG/HTM/HQ

Dr P. Alonso, Director, GMP/HQ (or representative)

Dr K. Miyagishima, Director, FOS/HQ (or representative)

Dr M. Neira, Director, PHE/HQ (or representative)

Dr J. Reeder, Director, TDR/HQ (or representative)

Dr D. Engels, Director, NTD/HQ

Dr B. Abela-Ridder, Team Leader, Zoonotic Neglected Diseases, NTD/HQ

Dr G. Biswas, Coordinator, Preventive Chemotherapy and Transmission Control, NTD/HQ

Dr D. Dagne, Coordinator, Innovative and Intensified Disease Management, NTD/HQ

Mr C. Fitzpatrick, Health Economist, NTD/HQ

Mr A. Moloo, Communication Officer, NTD/HQ

Dr F. Rio, Team Leader, Capacity Building, NTD/HQ

Dr D. Sankara, Team Leader, Guinea Worm Eradication Programme, NTD/HQ

Dr R. Velayudhan, Coordinator, Vector Ecology and Management, NTD/HQ

Ms L. Aimé-McDonald, Assistant - Ms C. Suchet, Programme Assistant, NTD/HQ

NTD Regional Focal Point

AMRO – Dr Santiago Nicholls

EMRO – Dr A. Gabrielli

EURO*

SEARO – Dr M. Jamsheed

WPRO – Dr Aya Yajima