

PART II:
5TH REGIONAL PROGRAM REVIEW GROUP
MEETING

Opening Session

Welcome by Chair, Introductions, and Expected Meeting Outcomes

João Batista Vieira, Chair

The Regional Program Review Group (RPRG) Chair, Dr. João Batista Vieira, acknowledged the presence of Dr. Mauricio Sauerbrey, Director of the Onchocerciasis Elimination Program for the Americas (OEPA), and the recent arrival of the representative for Guyana, Dr. Shamdeo Persaud. He said he hoped the meeting would help the RPRG fulfill its mandate to analyze the Action Plans of member countries, generate knowledge to improve technical and scientific capacity, and share practical experiences to be applied to the national programs, and he summarized the RPRG guidelines as defined in the terms of reference (see Appendix):

- *Review [country drug] Applications and Re-applications*
- *Provide Guidance to Countries in Development of their PELF [Program to Eliminate Lymphatic Filariasis]*
- *Review the Implementation and Progress of the National Programs (how they have been carried out, and their operational performance) and identify new recommendations aimed at improving and perfecting them*
- *Provide Technical Guidance in the Implementation of the Recommendations of the TAG [Technical Advisory Group], the central organism of the World Health Organization (WHO) responsible for devising general recommendations and scientific/technical guidelines for the country programs*
- *Identify Operational Research Issues (continuing discussions covered in the Regional Program Managers Meeting [RPMM])*
- *Advise PAHO [Pan American Health Organization]/WHO on Matters Related to Certification of Elimination [of lymphatic filariasis (LF) transmission], an issue that is becoming more important as more countries as their focal points reach the point of pre-elimination. TAG, the RPRG, and the international observers and scientists working together on these programs must help in the implementation of techniques, methods, and instruments to help measure elimination, to determine the best methods of verification, and to help develop epidemiological monitoring for implementation of the subsequent follow-up required*
- *Advocate and Support the Member Countries in Seeking Political Commitment from Government. Developing, and maintaining systematic commitment from the national governments is critical for ensuring successful program development and sustainability.*

He stressed that the group's terms of reference should be kept in mind by members, and that the stated objectives would be fulfilled at the meeting. He also called for a review of the guidelines for the composition, selection, and rotation of RPRG members, including the proper procedure for adding new members, and for a clarification of related procedures (e.g., how to determine new members, required length of service, and how nominations and selections should be communicated) via formal recommendation of the countries. The Chair then mentioned several ex-officio and current members, as well as future members, including the diethylcarbamazine citrate (DEC)-salt expert, engineer Trevor Milner, and the social mobilization expert, who had yet to be chosen, and referred meeting participants to the RPRG membership roster (see Appendix for the complete list).

Designation of Chair, Review of Designations of Regional Program Review Group (RPRG) Members, and Adoption of Agenda

Steven K. Ault, Secretariat

Designation of Chair

The RPRG Secretariat, Dr. Steven K. Ault, reviewed the fact that Dr. João Batista Vieira had been elected as RPRG Chair at the 2004 meeting in Suriname and had thus far completed one year as chairperson. He explained that although Dr. Vieira was fully eligible to continue as Chair for at least one additional year the group had the option to elect a new chairperson. He reiterated that the role of the RPRG was to nominate and select the Chair, through group discussion, and confirmed that the decision to re-elect Dr. Vieira for a second year as RPRG–Americas Chair or nominate another person for the position would be covered as the next agenda item. He explained that he, as the Secretariat, could not make any nominations, and opened the floor for nominations by other RPRG group members. Dr. Shamdeo Persaud of Guyana nominated Dr. Vieira to continue as Chairman, and Dr. Patrick Lammie of the Centers for Disease Control and Prevention (CDC)/Atlanta seconded the motion. The Secretariat called for any additional nominations or comments and [receiving none] requested agreement on Dr. Vieira’s nomination from the third remaining RPRG member, Dr. Ana Maria Aguiar, who concurred. With no other comments from the audience, the Secretariat requested for official consideration of the nomination by acclamation of RPRG members, and with the group’s approval declared that Dr. João Batista Vieira would continue as Chair of RPRG–Americas for one additional year.

Review of Designations of RPRG Members

The Chair proceeded to the next agenda item, filling vacancies to cover diethylcarbamazine citrate (DEC)-salt strategy, and confirmed the previously accepted recommendation to appoint Dr. Trevor Milner. He then listed the two nominations for the social marketing and communication position, Linda Lloyd and Helen Leoncini, and opened the floor for any additional nominations of persons to assist members of the RPRG in the areas of DEC-salt and social communication.

DEC-salt expert

The Secretariat cited the uncertainty experienced at last year’s RPRG meeting regarding the situation of Dr. Milner, who was nominated as the micronutrient and DEC-salt specialist for the RPRG, explaining that at the time of the meeting the nominee was a Pan American Health Organization (PAHO) staff member and was therefore ineligible for RPRG membership, but that effective this month, he had finished his contract with PAHO and was now a freelance consultant, which allowed for his formal acceptance on the RPRG as of November 2005. He added that Dr. Milner was not able to make the meeting as he was in the process of terminating his former position at PAHO but that he extended his deepest apologies and promised to work actively with the program managers and the RPRG as both a consultant and an RPRG member. He then asked if there were any objections or comments regarding the nomination of Dr. Milner or the micronutrient/DEC-salt consultant post in order to reaffirm whether the nomination was acceptable to the members. Dr. Shamdeo Persaud, Program Manager for Guyana, said it was vital to retain Dr. Milner on the RPRG, as there were still some challenges with [DEC-salt] production and other issues and that he fully supported Dr. Milner’s membership. He added that the group might like to receive more information about the candidates for the social mobilization specialist position, which he described as also very critical.

Social mobilization expert

The Secretariat proceeded to list the qualifications of the two nominees for social mobilization expert, explaining that Dr. Linda Lloyd was a public health specialist in anthropology, sociology, and behavioral approaches to disease control and disease intervention who worked in California as a consultant to PAHO, World Health Organization (WHO), and other agencies; had extensive experience in the region, principally with the dengue programs; was fluent in Spanish; and was the one person recommended last year (by the Secretariat) as a possible candidate. He followed with a description of Dr. Helen Leoncini, whom he said was a socio-research professor at Johns Hopkins University who was fluent in Spanish and English and had worked extensively in a similar vein as Dr. Lloyd. He suggested the agenda item be divided into two steps, beginning with a request for the names of any other individuals members thought would be good candidates for the position, which would then be recorded by the Secretariat, who would initiate contact with them. He explained that in response to initial contacts from the Secretariat last year, both Linda Lloyd and Helen Leoncini, who was recommended by the previous RPRG Chair, Dr. Guillermo Gonzalves, had expressed interest in the position. He said nominees should live in the Americas region, as it was difficult to bring individuals from other continents, and opened up the floor for discussion, requesting any additional names for recommendation. Receiving none, he proceeded to the second point of discussion.

The Chair concluded the discussion of the agenda item by stressing the importance of Spanish, English, and preferably Portuguese fluency on the part of the social communication specialist, and reiterated that RPRG members could nominate candidates via the Secretariat, who would keep the contact information and appoint the person considered to have the profile most favorable to the program. The Secretariat asked participants to recommend other candidates verbally or pass their names to Dr. Vieira or himself so that the nominations could be followed up. He said that upon his return to Washington he would collect the current CVs of the two candidates, pass them on to RPRG members, and ask for recommendations on which of them members believed would be the most useful for the program and their work. He added that he would do the tally and that currently there were only two candidates. He said the floor was still open to receive other names, but urged members to submit their recommendations by the end of the day. He said he expected to fill this post in about two weeks, which would allow the new RPRG member to begin working with Guyana and other countries (e.g., Haiti, Dominican Republic [DOR], and Brazil) interested in receiving support from the social mobilization expert.

Adoption of Agenda

The Chair proceeded to the next topic, the adoption of the agenda, and asked everyone to review the agenda and inform him of any modifications or adjustments. He noted there would be some gaps, due to travel problems caused by Hurricane Wilma that prevented some from attending the meeting, but said he and the Secretariat would try to organize the agenda into sections, by main component, more or less in the format of the Technical Advisory Group (TAG) meetings. Following the introduction, he said he planned to address the most formal subjects first, followed by administrative topics, and then technical-scientific material. He said there was also a section for presentation and analysis of the national plans, followed by technical-scientific topics, and strategies and opportunities to increase the dynamism of the national programs. He said the final topic was a discussion on resources and other general RPRG matters, followed by presentation and discussion of the Action Points, including an opportunity for members and observers to add or modify the recommendations. He said the group was interested in hearing members' brief analysis of the format and organization of the agenda. Receiving no objections, he motioned to formally accept the agenda described above and proceeded to the section on analysis of the national programs, starting with the presentation and discussion of the Action Plan of the DOR.

Agenda

5th Regional Program Review Group (RPRG) Meeting for LF Elimination in the Americas

Place: Hotel Tryp Corobici, POB 2443, Autopista General Canas, Sabana North, San José, Costa Rica
For Emergencies: PAHO/WHO Office: Tel. (+597) 471.676 Fax: (+597) 471.568

27 October 2005

Item	Time	Activity	Speaker(s)
1		Opening Session Locale: Hotel Tryp Corobici	
1.1	8:00–8:10am	Welcome by Chair, Introduction, and Expected Meeting Outcomes (10 min.)	João Batista F. Vieira, Chair; and Steven K. Ault, Secretariat
1.2	8:10–8:30am	a) Review of Designation for Members of RPRG and RPRG Member Rotations (with Discussion) b) Filling RPRG vacancies: DEC-salt strategy support; social communications (20 min.)	Chair and Secretariat
1.3	8:30–8:40am	Adoption of Agenda (10 min.)	Chair
2		Presentation and Analysis of Plans of Action for 2006: National Strategies and Plans for LF Elimination	
2.1	8:40–9:10am	Dominican Republic: Two-drug MDA reapplication planned (30 min.)	Dr. José Manuel Puello,* Manuel González, and Mary Janet Díaz Romero
	9:10–9:30am	Group Discussion (20 min.)	All meeting participants
2.2	9:30–10:00am	Haiti: Two-drug MDA reapplication planned; MDA strategy may add DEC-salt (30 min.)	Patrick Lammie (on behalf of Marie Denise Milord*)
	10:00–10:20am	Group Discussion (20 min.)	All meeting participants
	10:20–10:30am	Coffee break (10 min.)	
2.3	10:30–11:00am	Brazil: No drug application yet; mixed strategies (selective and MDA) (30 min.)	Helen Freitas
	11:00–11:20am	Group Discussion (20 min.)	All meeting participants

* Unable to attend the meeting due to travel constraints caused by hurricanes in the Caribbean region

2.4	11:20–11:50am	Guyana: DEC-salt strategy (30 min.)	Shamdeo Persaud
	11:50am–12:30pm	Group Discussion (20 min.)	All meeting participants
	12:30–1:30pm	Lunch (1.0 hour)	Hotel Restaurant
3		Technical and Scientific Matters: Surveillance, Monitoring and Evaluation	
3.1	1:30–1:50pm	Surveillance and Management of Imported Cases, Residual Morbidity and Border Areas: Toward Further Lines of Cooperation between Guyana, Suriname, Trinidad and Jamaica (20 min. including discussion)	Discussion Panel: Shamdeo Persaud, Matilde Eersel,* B. Shivnauth,* Dave Chadee,* Ana Maria Aguiar, and Gina Watson*
3.2	1:50–2:20pm	Validation of Tools for Verification of Elimination of Transmission, 2004–2005: PCR and Xenomonitoring Results from Belém and Maceió, Brazil (10 min.)	Eliana Rocha, UFAL
		Environmental Risk Index—Use in Evaluation, Monitoring, Intervention, and Surveillance of PELFs	Zulma Medeiros, Fiocruz / CPqAM
		Results of Experimental Comparative Studies of Sensitivity & Specificity of ICT cards and Og4C3 by CPqAM/Recife in Brazil (10 min.)	Abraham Rocha, Fiocruz / CPqAM
	2:20–2:40pm	Group Discussion (20 min.)	All meeting participants
3.3	2:40–2:50pm	Current (2005) WHO Guidelines for “Monitoring and Epidemiological Assessment of the Programs to Eliminate LF at Implementation Level” (10 min.)	Patrick Lammie
3.4	2:50–3:30pm	Verification of Interruption of Transmission in <u>Individual</u> Foci: Where do we go in the Americas? (40 min.)	Discussion Panel: Chair, Helen Freitas, José Luis Garcés F., Eric Ottesen, Patrick Lammie, and Secretariat
	3:30–3:45pm	Coffee Break (15 min.)	
4		Resources & Opportunities To Sustain, Scale Up and Improve National Elimination Programs	
4.1	3:45–4:00pm	Experiences from OEPA (Onchocerciasis Elimination Program for the Americas) (15 min.)	Mauricio Sauerbrey

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	4:00–4:10pm	Discussion (10 min.)	
4.2		Resources for “South–South” Cooperation	
4.2.1	4:10–4:20pm	CPqAM / Fiocruz, Recife, Brazil (10 min.)	Abraham Rocha, Zulma Medeiros, and Ana Maria Aguiar
4.2.2	4:30–4:40pm	UFAL, Brazil (10 min.)	Gilberto Fontes and Eliana Rocha
4.2.3	4:40–4:50pm	IDCP, Dominican Republic (10 min.)	Victor Pou
4.2.4	5:00–5:15pm	Comments from the National and Municipal Program Managers: “How To Better Tap These Resources To Meet National Program Needs? Comments on Enhancing Cooperation & Coordination” (15 min.)	Marie Denise Milord,* Manuel González, Helen Freitas, Tereza Lyra, and Herbert Charles S. Barros
5		Other RPRG Matters	
5.1	5:15–5:25pm	a) Selection of Regional Representation in GAELF–RCG b) Vacancies in RPRG c) Technical Cooperation through RPRG Coordination (2005–2006) d) Program Manager and RPRG Meetings: Risk of Resource Shortages in 2006 e) ICT Cards: Forecasting Needs and Mobilizing Supplies: Need for a Regional Pool and Its Financing	Discussion led by Chair and Secretariat
5.2	5:25–5:35pm	Presentation of Table of Drug Forecasts ¹ (10 min.)	Secretariat
5.3	5:35–5:40pm	Comments from Global Partner GSK and Discussion (5 min.)	Larry M. Mulligan-Gibbs
5.4	5:40–5:45pm	Mobilization of Resources for the Americas (5 min.)	Chair and Secretariat
	5:45–6:00pm	Break and Caucus for Action Points (15 min.)	
6		Action points	
6.1	6:00–6:30pm	a) Presentation of Action Points b) Discussion, Finalization and Adoption of Action Points (30 min.)	Chair and Secretariat
6.2	6:30pm	Closing Remarks and Adjournment	Chair and Secretariat

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¹ **Attention Program Managers** of Haiti, Dominican Republic, Guyana, and Brazil, for the Table of Drug Forecasts, please present the Secretariat (S. Ault) with a written statement of your anticipated needs (forecasts) for both DEC (tablets or *materia prima* for DEC-salt) and albendazole for 2006–2009, PRIOR TO THIS AGENDA ITEM! This presentation depends on your data. Thank you—Secretariat.