

# Action Points: Discussion, Finalization, & Adoption

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## Introduction

The Chair introduced the final session—the declaration of RPRG recommendations or suggestions established at the meeting—otherwise known as “Actions Points,” noting that the Secretariat had compiled an initial draft from the output of the work sessions, which was copied and distributed to all participants for discussion. The Secretariat explained that in last year’s meeting in Suriname, the RPRG Action Points session were left incomplete due to time constraints, so this year’s Action Points were compiled throughout the meeting to create a preliminary draft. He asked participants to take 5 minutes to review the list and provide comments/corrections for key elements and to communicate minor points/corrections to the Secretariat by email at a later date.

## Recommendations

### REGION

- Program managers should, as soon as possible, provide the Secretariat with updated demands/forecasts for 2006–2009 for the following items: immunochromatographic test (ICT) cards, diethylcarbamazine citrate (DEC) tablets (50-mg and 100-mg), DEC *materia prima*, DEC-salt, and albendazole tablets.
- RPRG, Pan American Health Organization (PAHO), and World Health Organization (WHO) need to better coordinate with the countries for the timely review of reapplications (at least one year prior to the mass drug administration [MDA]) and their delivery to WHO/Geneva.
- Information on ICT cards, DEC tablets, DEC-salt, and albendazole should be posted on a website and regularly updated; use of the Emory University, Centers for Disease Control and Prevention (CDC), PAHO, and WHO websites for this purpose should be explored (dissemination via the Emory website may be the fastest; the Secretariat to confirm with GlaxoSmithKline (GSK), Binax, and WHO if this proposal is acceptable.)
- Develop new instruments for surveillance. In Brazil (BRA), the idea of establishing a barrier area needs feedback from WHO (Technical Advisory Group [TAG]).
- Adapt the RPRG process so that requests are considered for drugs for future years rather than just the current year.
- [RPRG:] Provide a letter of support for Dr. Marie Denise Milord re-emphasizing the public health importance of the efforts in Haiti (HAI), which also affect the program in the Dominican Republic (DOR) (e.g., Hispaniola integration).
- The Secretariat should gather estimates of the comparative costs of the new technologies being tested in the region (i.e., evaluation of elimination of transmission) such as ICT, polymerase chain reaction (PCR), synthetic risk index, and serology, and present the results to RPRG next year.
- The Secretariat should coordinate a process for the region to prepare a guide or manual for epidemiological surveillance in frontier areas and for the issue of international migration (e.g., between Guyana [GUY], Trinidad & Tobago [T&T], and Suriname [SUR]; and HAI and the DOR). The issue and the manual to be developed can also be brought to the attention of Border

Commissions (e.g., BRA–GUY; SUR–GUY), and the integration of lymphatic filariasis (LF) surveillance with other diseases of importance at the border or among migrants should be considered.

- Identify cases of morbidity in endemic areas.
- For evaluation of elimination of transmission in Individual Foci, RPRG should:
  - Form a subgroup to develop a protocol and help oversee the evaluations (this group could be composed of Helen Freitas, Patrick Lammie, Abraham Rocha, Gilberto Fontes, Mauricio Sauerbrey)
  - Develop a standardized protocol and circulate it among the RPRG, program managers, and Global Program to Eliminate Lymphatic Filariasis (GPELF) for comments (e.g., get comments from the South Pacific region, etc.)
  - Develop a process (a dossier [also discussed at TAG]) and use Belém as an example of a set of model data for the dossier.
  - Geographic, ecological, and epidemiological characteristics should be part of the set of characteristics for evaluation.
- Disseminate positive results and achievements regarding elimination of LF in the Americas.

#### *DOMINICAN REPUBLIC*

- Confirm epidemiological evidence from the north and east of the country to determine whether or not those areas are new foci.
- Recommend that mapping of the rest of the foci in the country be completed as soon as possible, as proposed by the program manager (which depends on the delivery of ICT cards in early 2006).
- As a part of the mapping exercise, map areas adjacent to the La Ciénaga foci with similar environmental conditions.
- Plan to work with neighbors in Hispaniola to collaborate in efforts to eliminate LF; recommend South–South cooperation between DOR–HAI.
- Recommend that morbidity surveys accompany future mapping efforts.
- [PAHO representatives:] Follow up with WHO to confirm the shipment of albendazole tablets in October 2005 (the program manager is not aware of the arrival of the shipment). Tablets may be arriving in November [this must be re-confirmed].
- Encourage the national LF program to further develop the morbidity component, and address the current disarticulation in surgery carried out at Hospital Jaime Mota (identified as a weakness by the program manager).
- Encourage improvement in the information management system (a need identified by the program manager).

#### *HAITI*

- Due to the anticipated lack of funding for continuing MDA as of 2006, RPRG and PAHO/WHO should work with Haiti immediately to identify solutions.
- Recommend that Haiti continue to research and monitor the problem of systematic non-compliance in some areas of the country and look for solutions.
- Address the following operational questions:
  - Will DEC-salt distribution reach enough people to end transmission?
  - With initial antigen levels of about 5%, how many cycles of coverage are needed? Is five cycles enough? Is two cycles enough?

- With respect to Haiti's reapplication, the RPRG seeks clarification on the projected need for DEC tablets for 2006 and beyond (which appears to be inconsistent with upscaling), and on the projected populations to be covered with MDA each year through 2009.
- Recommend that Haiti consider establishing coordination meetings with the Dominican Republic LF program at the earliest opportunity (2005 or early 2006).

#### BRAZIL

- Forecast and communicate their needs for DEC tablets and ICT cards to PAHO/WHO and the RPRG.
- Clearly identify sentinel sites in the municipalities in all existing and planned MDA treatment areas in the annual plan documents.
- Convene a technical advisory group and undertake review of criteria for inclusion of albendazole and for initiating mass treatment, considering the opportunity to reduce the number of treatment cycles over the years (as well as the opportunity to receive free albendazole in support of a two-drug treatment regime).
- [Bélem:] Plan surveillance efforts with the national partners and PAHO and develop a checklist for surveillance (which should then be passed on to WHO for comments).

#### GUYANA

- Strongly consider the use of subsidies to increase the supply of DEC-salt.
- Enhance social mobilization efforts and initiate efforts to target low-income communities.
- Re-assess the health messages and develop health communication strategies, especially with respect to reaching poorer communities. (The *Healthy Communities Initiative* may be an effective vehicle for part of this communication and should be explored thoroughly.)
- Undertake monitoring and evaluation efforts in early 2006 at the sentinel sites (both fixed and mobile) along with the DEC-salt coverage survey.
- Increase efforts to procure new supply of DEC powder.

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The Chair noted the above list was not definitive but was rather a compilation of suggestions and recommendations noted during the work sessions as a measure of the discussions that arose during the presentations, which was open for additions. He noted that the Secretariat had assured members that they should not be concerned at the moment with the exact form in which it was written and could amend it later based on observations collected at the meeting. He stressed that the current task was to complete the document and circulate it among the country program managers, who together with other group members, could analyze it in more detail and return their suggestions to the Secretariat, who would put it in a final, definitive format.

The Secretariat added that the objective was to capture critical items that were missing, and that any minor items that were missing could be communicated later by email. After capturing all of the critical items [at the meeting], the Secretariat said he would send a draft to all program managers, with copies to RPRG members, to give them the opportunity to refine the language, correct any errors, make the content politically acceptable to their governments, and approve a final document. He then opened the floor for suggestions about key items that should be added to either the general or country-specific recommendations.

## Key points missing

**Dr. Abraham Rocha** relayed a general recommendation for Belém from his research group (the University of Alagoas [*Universidade Federal de Alagoas*; UFAL], the Secretariat of Health of Belém, the Tropical University of Medicine of Belém, and PAHO, together with the Aggeu Magalhães Research Center [*Centro de Pesquisas Aggeu Magalhães*; CPqAM], and the National Reference Service for LF) in regard to the process of developing the dossier that was enclosed and recorded in the area of monitoring. He said the group felt that the main discussion points about tools or guidelines to be followed should be made available so that group members could then decide to accept items definitively or adapt them in regard to maintaining monitoring in Belém. He said both the research group and the administration of Belém felt strongly that despite the fact that no LF cases had been found, the LF campaign in Belém should not stop, and suggested that if the list of points were distributed the group could make a check-list, adapt it to their specific conditions, and raise points for discussion by group members.

**Dr. Zulma Medeiros** complemented the previous comment with respect to criteria [for certification of interruption of transmission] by noting that although it had been well established that after interruption there was a period of use of instruments for certification, after certification nothing was done, putting the area at risk of reintroduction of the disease. She expressed concern that without monitoring, reintroduction could occur within three years of elimination, and asked what instruments or methodology would be used as tools, and how much time would be allotted for this type of review. She said [monitoring staff] were necessary in areas where elimination was receiving certification in Brazil, particularly Belém, and that criteria must be defined more clearly (e.g., what would be done for monitoring in the more limited areas, what would be considered an endemic area, or a focal point, what would be considered a barrier area, and which instrument be used to monitor the barrier area with respect to population introduced into the area).

**Dr. Ana Maria Aguiar** requested that the *Action Points* include the questions raised in the group discussion on the problem of morbidity in order to clearly convey the crucial need for case identification or registered confirmation of strongly suspected cases in endemic areas as well as the group's conclusions about morbidity.

**Dr. Manuel González** agreed that the three previous suggestions be included, along with content from the last part of the meeting related to the possibility of cooperation between countries. He explained that he was referring more to South-South cooperation than to that between the DOR and Haiti regarding efforts to collaborate on LF elimination. He noted there was also a section where data needed to be corrected, regarding information from the GSK representative about the shipment of albendazole for the DOR (i.e., contrary to what was said in the discussion following the DOR presentation, the shipment of albendazole was supposed to arrive in November 2005). He also suggested that text in the section on the DOR, regarding the recommendation that [Emory University] create a webpage to provide follow-up data, and that reapplications should be submitted with at least one year's notice, be amended to include the other countries. The Chair noted that the discussion would remain open until the time of meeting participants' departure and that participants could continue to pass on recommendations (*Actions Points*) as well as suggestions on format but with a focus on missing content. He re-emphasized the RPRC's commitment to making the recommendations as transparent as possible, developed in a team format, and said that after receiving the contributions they would distribute a preliminary document to the program managers, who could discuss it with their teams and return it to the Secretariat with suggestions for the final format, including changes to make it more acceptable and palatable to national authorities to ensure political commitment. He asked all participants, especially those in management functions, to remember that the PELFs were programs of elimination and not simply control programs, and as such deserved special attention and resources. He asked them to view the LF programs—along with the programs for elimination of onchocerciasis, trachoma, and river blindness—within a special context related to the specific group of illnesses that if eliminated may not produce an effect of great magnitude but could bring a political benefit (e.g., prestige to governments that obtained their elimination, beyond humanitarian considerations). He thanked members for their participation and asked that they remember the importance of building the capacity to keep all of their operations functioning and to put into practice, cleverly and artfully, all of the knowledge generated at the meeting.