Breakout Group Summary Report

This document is intended to capture the key outputs of your breakout discussion, and to be representative of the group as a whole. Please denote your group's topic, presentations and research priorities before the start of the session, and dedicate the latter portion of your session to determining the key discussion points, knowledge gaps and recommended steps. Also, please indicate whether your group's recommendations align with the specified initial priority target. Your report will be shared on the NTD-SC website, and will inform future advisory panel discussions and donor priorities.

Section I
To be filled out before the session begins.

Breakout Topic:

1A: AFRO Mapping: What do the data show, and where do we go from here?

Presentations:

Mapping of NTDs in Africa-A Major Milestone Achieved Towards 2020 Goals (Adiele Onyeze)
Quality Controlled NTD Mapping Surveys: Models that work! (Mutale Senkwe)
Countries Experience : LF Re-Mapping in Tanzania (Upendo Mwingira)
Logistics, Supply Chain Management and Mobile Data Collection (Kisito Ogoussan)
Global Trachoma Mapping Project: Progress (prepared by Tom Millar)
Video: NTD Mapping Survey in Swaziland (WHO AFRO)
NTD Mapping: Central African Countries' Experiences (Sani Lamine Mariama)
New Mapping Challenges (Maria Rebollo)

Research priorities to be discussed:

This session focused on the presentation of new data emerging from AFRO mapping efforts and included discussion of the next steps, both for analyzing the data and for phase 2 of the project.

Form continues on the next page.

Section II

To be filled out as the session concludes.

What were your group's key discussion points?

1) Recognition of the remarkable achievement of the AFRO mapping project for completing 2170 mapping surveys in the last 10 months, more than the combined number of surveys completed in the last 10 years.

2) The need to publish the region mapping survey results as soon as possible.

3) Loa-loa cross reaction with ICT in district co-endemic with LF: in areas with very high prevalence of Loiasis, ICT cards can turn positive. Therefore it is important to look for more reliable test to detect LF. Alternative tests such as Wb123 or PCR could be utilized in these contexts. It is also essential to review previous mapping results in districts considered to be co-endemic to rule out the possibility of false positive ICT results due to the presence of Loa loa.

4) The initial mapping phase to collect initial data is completed, the next phase is to review district by district and refine the data obtained.

5) Outcome of LF mapping in Zimbabwe and in Botswana where the results show very low prevalence:

- Zimbabwe mapping data showed that almost all the implementation units (IU) are endemic for LF. It was noted that 70% of the IUs categorised as endemic have a very low prevalence 1 or 2% of ICT positive. It is then important to look at other means to define endemicity that suits the context.
- Botswana mapping resulted on only one IU with 1% of ICT positive. This prevalence is also very low.
- Historically, Botswana and Zimbabwe were involved in the colonial time on the used DDT for vector control for HAT that could explain the low prevalence of ICT positive obtained for LF during.

6) Most of the IUs in Botswana were determined clearly non-endemic and so not eligible for LF mapping survey according to WHO guideline assessing historical data and medical record. Districts categorised as not eligible for further mapping investigation based on the assessment should be clearly defined and documented. The discussion raised also the need to audit/re-evaluate the mapping process and method used a decade or more ago and to review the results obtained.

7) Borderline LF mapping results: borderline ICT positive prevalence might not be the result of ongoing transmission thus no need for mass drug administration (MDA) intervention. Borderline results need to be communicated properly in order to negotiate with country's program managers to move on, especially when there is no need to implement MDA intervention. Use of the new confirmation mapping tool should be considered in areas where mapping results are uncertain.

8) The mapping exercise allows to define the actual population in need for MDA and thus to produce proper projection for pharma. The WHO weekly epidemiology report (WER) published that more than 100 million people will come off the endemic population targeted for LF MDA because of analysis of the results of mapping. A better estimate will be done as soon as all the mapping is completed.

9) Age-specific population to sample in Oncho hypo-endemic areas: assessment of endemicity level in hypo-endemic areas should target adults to allow for adequate impact assessment of interventions.

10) Podoconiosis: in order to differentiate properly morbidity due to podoconiosis new testing tools need to be developed. The group recommended improving detection technique and tools for podoconiosis.

What knowledge gaps (if any) did your group identify?

1. Alternative tools to detect LF in co-endemic loa and LF IU
2. Population estimate in need of MDA upon mapping results
3. Age specific population to sample for Oncho endemicity in so called hypo-endemic IU for impact assessment.

What next steps does your group recommend?

- Publish mapping results as soon as initial mapping is completed
- Forecast of drugs needed for MDA upon completion of mapping and baseline data
- Review mapping results obtained/collected a decade ago, especially in LF-Loaisis co-endemic districts
- Improve detection technique and tools for podoconiosis.

Do your recommended steps align with the research priorities identified on page 1? ⊙ **Yes** ○ **No**