

YAWS STRATEGY DEVELOPMENT

REPORT OF A MEETING, 27–28 OCTOBER 2014, ATLANTA, GA, USA



World Health
Organization



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CONTROL OF NEGLECTED TROPICAL DISEASES
WORLD HEALTH ORGANIZATION

AND

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EXECUTIVE SUMMARY

Yaws, a neglected tropical disease that affects millions of poor people worldwide, can be treated with a single dose of azithromycin. The World Health Organization (WHO) has targeted yaws for eradication by 2020. In 2012, WHO developed the Morges strategy for the eradication of yaws. Some progress has been made since 2012 with implementing the Morges strategy, but a significant scale-up is needed to reach the goal of eradication of yaws by 2020.

WHO and the Task Force for Global Health (TFGH) convened a meeting and conducted a needs assessment on how to scale up the Morges strategy. The meeting concluded that: (i) yaws should be classified by WHO as both a 'preventive chemotherapy' and an 'intensified case management' disease; (ii) mapping of the distribution of yaws at global, country, district and village levels must be completed so that the burden of the disease is known and countries can be selected for treatment; (iii) consensus is needed on definitions of the disease; (iv) diagnostic strategies and algorithms must be developed; (v) treatment strategies must be defined in order to estimate the amount of azithromycin that will be needed to scale up global eradication of yaws; (vi) there is enough knowledge to implement the Morges strategy, and operational research to improve the programme should therefore be conducted during the scale up; (vii) funding must be mobilized for implementation of the Morges strategy and for operational research; (viii) commitment from politicians and partners for yaws eradication must be enhanced; and (ix) collaboration with water, sanitation and hygiene (WASH) programmes, and other neglected tropical disease programmes is essential.

The yaws programme managers and public health and laboratory experts advised WHO and the Member States endemic for yaws to: (i) draft a comprehensive roadmap for the upscaling of the Morges strategy, including a timeline for all required activities, taking into account the priorities, roles and responsibilities of all stakeholders; (ii) establish an International Coalition for Yaws Eradication (ICYE) that can assist WHO with coordination, advocacy and mobilization of resources to scale up the Morges strategy, with focus by ICYE working groups on specific aspects such as epidemiology, diagnostics, treatment, monitoring and evaluation, operational research, implementation, knowledge management, communication and partnerships; and (iii) plan annual follow-up meetings to assess progress.

The participants agreed that eradication of yaws by 2020 is feasible; but scaling up of the Morges strategy should start as soon as possible. Operational research aimed at unanswered questions should be conducted while programme activities are under way.

1. BACKGROUND

Yaws is a preventable and treatable infectious disease that has been eliminated from most of the world. WHO has targeted yaws for eradication by 2020, as outlined in resolution WHA66.12 on neglected tropical diseases (NTDs), adopted by the World Health Assembly in 2013, and the WHO roadmap on NTDs, published by WHO in 2012. The disease is caused by *Treponema pallidum* spp. *pertenue* (TPP). Yaws is transmitted by skin-to-skin contact. Children under 15 years of age are mostly affected. The disease is self-limiting in most cases, but in 10% of untreated cases, permanent disfiguring disability and sometimes painful lesions of the skin and bones may develop (the nose is often affected). Yaws can be cured with a single injectable dose of benzathine penicillin or a single oral dose of azithromycin.

In 2012, WHO developed the Morges Yaws Eradication Strategy to eradicate yaws from the endemic countries. One of its important recommendations is to use mass drug administration (MDA) with a single dose of azithromycin as a treatment strategy. In 2013, WHO organized a meeting to draft guidelines for programme managers and criteria for the certification of countries.

Medicins Sans Frontières carried out the first implementation of the Morges strategy in the Congo in 2012. Ghana, Papua New Guinea and Vanuatu began implementation on a pilot basis. Some 90 000 people were treated with azithromycin in 2012-2013 in the Congo, Ghana, Papua New Guinea and Vanuatu, with marked reductions in the prevalence of clinical yaws. A combined trachoma and yaws survey was carried out in the Solomon Islands. A new rapid dual non-treponemal and treponemal point-of-care syphilis test (DPP*, Chembio) has been evaluated for use against yaws in Ghana, Papua New Guinea and the Solomon Islands and in Vanuatu for yaws eradication efforts. Baseline azithromycin resistance studies have been carried out in Ghana, Papua New Guinea and Vanuatu.

A meeting on Yaws Strategy Development was organized by the World Health Organization (WHO) and the Task Force for Global Health (TFGH) in Atlanta, Georgia, USA on 27–28 October 2014. The agenda is contained in Annex 1 and the list of participants in Annex 2.

GOAL

The goal of the consultative meeting was to develop a global strategic plan for yaws eradication.

GENERAL OBJECTIVES

The purpose of the strategy development meeting was to review the progress made so far and to use the lessons learnt to develop a plan for 'gradual scale-up' of implementation of the Morges strategy in selected countries.

SPECIFIC OBJECTIVES

1. To review the current knowledge of yaws, by
 - discussing the epidemiology of the disease
 - reviewing the lessons learnt from the pilot projects implemented in Ghana, Papua New Guinea and Vanuatu
2. To identify unanswered questions and critical gaps in the current knowledge of yaws, by
 - identifying operational research areas related to yaws eradication
 - setting out a timeline to reconcile the gaps
 - planning how to generate new knowledge to refine the Morges strategy

3. To plan demonstration projects and operational research that will answer the questions generated, by
 - defining the roles and responsibilities of different stakeholders in the yaws eradication efforts
 - exploring ways of mobilizing the necessary funds and azithromycin to assist the gradual scale-up in selected countries.

2. OPENING OF THE MEETING

Dr Mark Rosenberg, President and Chief Executive Officer, TFGH, opened the meeting. He requested that all the participants express their expectations from this meeting. Dr Rosenberg emphasized that eradication of yaws from the world is feasible but not easy. Lessons can be learnt from the other disease eradication programmes: smallpox, dracunculiasis and polio. Issues must be synthesized from multiple perspectives: think big and think bold. More than 1.3 million Rotary International club members are largely responsible for moving towards eradication of polio. The support of such global organizations and that of others should be harnessed to eradicate yaws. As the implementation of interventions progresses and disease prevalence decreases, the tools and strategies may also change; however, implementation of the Morges strategy can be expanded without knowing all the answers, and the strategy need not be perfect in the beginning.

Dr Dirk Engels, Director, WHO Department of Control of NTDs, indicated that enhanced collaboration between different NTD elimination programmes and various partners is emerging globally. A simple and effective tool is available for yaws eradication. There is therefore both an opportunity and a need to develop a gradual scale-up plan to achieve the target of yaws eradication by 2020.

Dr Mark Rosenberg was the Chair. Dr Huub Gelderblom and Dr Chandrakant Revankar were the rapporteurs.

3. PRESENTATIONS AND DISCUSSION

Dr Kingsley Asiedu, WHO Department of Control of NTDs, in his presentation on the current situation of yaws at global level, highlighted that 100 countries have been noted to be yaws endemic at some time, of which 13 are

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