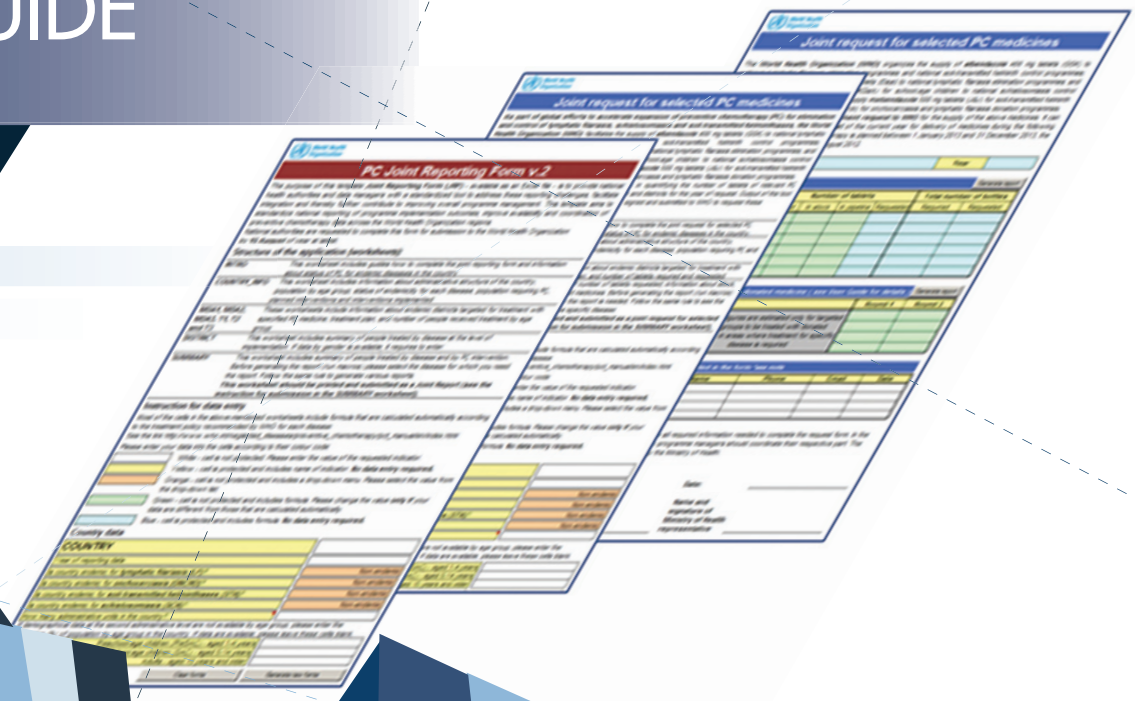
JOINT REQUEST FOR SELECTED PREVENTIVE CHEMOTHERAPY MEDICINES

AND

JOINT REPORTING FORM

A USER GUIDE



World Health Organization

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WHO Library Cataloguing-in-Publication Data

Joint request for selected preventive chemotherapy medicines and joint reporting form: a user guide.

1.Neglected diseases - prevention and control. 2.Endemic diseases - drug therapy. 3.Parasitic diseases - drug therapy. 4.Anti-infective agents - therapeutic use. I.World Health Organization.

ISBN 978 92 4 150549 9 (NLM classification: WC 680)

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BACKGROUND

What is preventive chemotherapy?

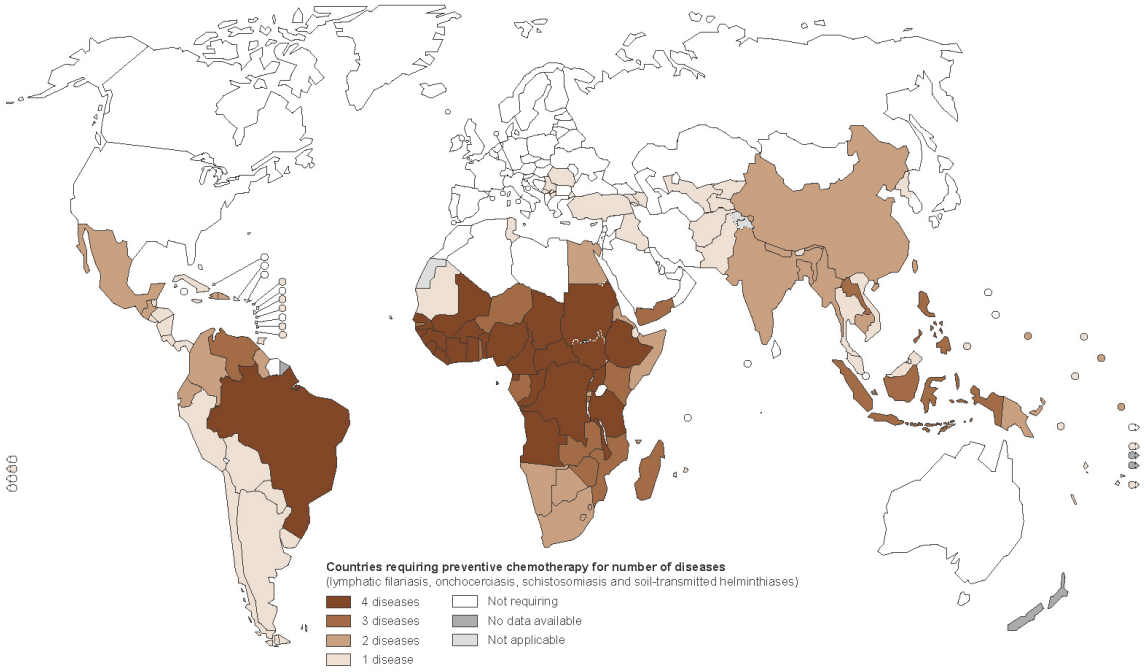
Preventive chemotherapy (PC) is defined as the single administration of quality-assured medicines, either alone or in combination, for use as a public-health tool against selected neglected tropical diseases (NTDs). The World Health Organization (WHO) recommends preventive chemotherapy as one of the key public-health interventions against five NTDs: lymphatic filariasis, onchocerciasis, soil-transmitted helminthiases, schistosomiasis and blinding trachoma. The aim of preventive chemotherapy is to control morbidity in populations at risk of infection or illness and eventually to eliminate some of these diseases, alongside other interventions such as management of chronic cases and disability, control of vectors and their intermediate hosts, veterinary public health, and provision of safe water, sanitation and hygiene[1]. The WHO roadmap targets implementation of preventive chemotherapy interventions with high coverage to ensure that the goals set for these five diseases are reached by 2020 and that selected regional and sub-regional milestones are achieved by 2015[2].

Delivery of preventive chemotherapy interventions requires a rational decision-making process to optimize the use and management of resources. Interventions are therefore planned and implemented in an integrated and coordinated manner where appropriate to maximize programme efficiencies, increase cost effectiveness, raise the visibility of otherwise neglected diseases, improve the acceptability of interventions in affected populations, and enhance ancillary and synergic impacts while reducing the risk of drug resistance. In areas where multiple diseases targeted by preventive chemotherapy are transmitted in the same geographical area in the implementation level (*Figure 1*), integrated and coordinated interventions are delivered to treat these diseases simultaneously. The decision to integrate activities is based on optimization criteria such as cost-effectiveness, enhanced impacts, political advantage, logistic convenience, timing and safety.

[1] *Sustaining the drive to overcome the global impact of neglected tropical diseases. second WHO report on neglected tropical diseases.* . Geneva, World Health Organization, 2013. (http://www.who.int/iris/bitstream/10665/77950/1/9789241564540_eng.pdf).

[2] *Accelerating work to overcome the global impact of neglected tropical diseases. a roadmap for implementation*. Geneva, World Health Organization, 2012. (http://www.who.int/neglected_diseases/NTD_RoadMap_2012_Fullversion.pdf).

Figure 1 Distribution of countries requiring preventive chemotherapy by number of diseases, 2011



Population requiring preventive chemotherapy

In principle, the recommended age group targeted for preventive chemotherapy and the frequency of the intervention are defined according to the risk of infection in each implementation area or unit (e.g. districts, provinces). The level of risk is determined by the prevalence of infection in a sample population of each disease in an implementation unit (*Table 1*).

Table 1 Recommended frequency and population targeted for preventive chemotherapy by disease

Disease	Prevalence threshold	Age group targeted for treatment	Frequency of treatment
Lymphatic filariasis	Prevalence of infection ≥1%	Total population	Once a year
Onchocerciasis	Prevalence of infection ≥40% or Prevalence of palpable nodules ≥20%	Total population	Once a year
Schistosomiasis	≥50% by parasitological methods (intestinal and urinary schistosomiasis) or ≥30% by questionnaire for visible haematuria (urinary schistosomiasis)	SAC and at-risk adults	Once a year
	≥10% but <50% by parasitological methods (intestinal and urinary schistosomiasis) or <30% by questionnaire for visible haematuria (urinary schistosomiasis)	SAC and at-risk adults	Once every 2 years
	<10% by parasitological methods (intestinal and urinary schistosomiasis)	SAC	
Soil-transmitted helminthiases (STH)	Prevalence of any STH infection ≥50%	PreSAC and SAC	Twice a year
	Prevalence of any STH infection ≥20% but <50%	PreSAC and SAC	Once a year

Adults (aged 15 years and older); PreSAC, preschool-age children (aged 1-4 years); SAC, school-age children (aged 5–14 years)

The population requiring preventive chemotherapy is estimated accordingly for each implementation unit and updated annually based on latest epidemiological and demographical information (*Table 2*).

Table 2 Estimates of the population requiring preventive chemotherapy annually by disease

Lymphatic filariasis	Total population living in endemic districts
Onchocerciasis	Total population living in endemic districts
Schistosomiasis	In high-risk areas: total population of SAC and adults In moderate-risk areas: 1/2 of SAC population and 1/3 of adult population* In low-risk areas: 1/3 of SAC population*
Soil-transmitted helminthiases	Total population of PreSAC and SAC living in endemic districts

* For details of estimations, including assumptions applied, see: Schistosomiasis: population requiring preventive chemotherapy and number of people treated in 2010. *Weekly Epidemiological Record*, 2012, 4:37–44; also available at http://www.who.int/wer/2012/wer8704.pdf; accessed March 2013.

Recommended medicines for use in preventive chemotherapy

The selection of anthelmintic medicines recommended by WHO for use in public health

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