



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **49th DIRECTING COUNCIL**

### **61st SESSION OF THE REGIONAL COMMITTEE**

*Washington, D.C., USA, 28 September-2 October 2009*

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CD49.R19 (Eng.)  
ORIGINAL: ENGLISH

### ***RESOLUTION***

#### ***CD49.R19***

### **ELIMINATION OF NEGLECTED DISEASES AND OTHER POVERTY-RELATED INFECTIONS**

#### ***THE 49th DIRECTING COUNCIL,***

Having reviewed the document *Elimination of Neglected Diseases and other Poverty-related Infections* (Document CD49/9), and considering:

- the existence of previous PAHO and WHO mandates and resolutions to address neglected diseases and other infections related to poverty that can be eliminated or drastically reduced;
- the Region of the Americas' extensive experience in implementing elimination strategies for communicable diseases and the encouraging advances in reducing the burden of these diseases;
- the need to fulfill the "unfinished agenda," since the proportion of those affected remains high among the poorest and most marginalized people of the Americas;
- the need to address the social determinants of health in order to effectively reduce the health, social, and economic burden of neglected diseases and other diseases related to poverty;
- the current opportunity to eliminate or drastically reduce the burden of these diseases with available tools;

- the importance of working to eliminate infectious diseases for which adequate and cost-effective public health interventions exist, but which still continue to afflict the peoples of the Americas;

***RESOLVES:***

1. To urge the Member States to:
  - (a) commit themselves to eliminate or reduce neglected diseases and other infections related to poverty for which tools exist, to levels so that these diseases are no longer considered public health problems by 2015;
  - (b) identify priority neglected diseases, vulnerable populations that have lagged behind, gaps in epidemiological information, and the priority geographic areas for intervention (“hot spots”) at subnational levels in the countries;
  - (c) review existing specific national plans to control or eliminate these diseases and, where needed, develop new ones that rely on a comprehensive approach and consider social determinants of health, the International Health Regulations (2005), when appropriate, interprogrammatic strategies, and inter-sectoral actions;
  - (d) work to provide sufficient resources to ensure the sustainability of national and subnational control programs, including personnel, drug supplies, equipment, health promotion materials, and other needs;
  - (e) implement prevention, diagnostic, treatment, vector control, and elimination strategies in an integrated way and with broad community participation, so that they contribute to the strengthening of national health systems, including primary health care and the health surveillance systems;
  - (f) explore and, where appropriate, promote a range of incentive schemes for research and development, including addressing, where appropriate, the de-linkage of the cost of research and development and the price of health products, for example, through the award of prizes, with the objective of addressing diseases which disproportionately affect developing countries;
  - (g) mobilize additional resources and involve potential partners within the countries, as well as bilateral and multilateral development agencies, nongovernmental organizations, foundations, and other stakeholders;
  - (h) provide support for the promotion of research and scientific development related to new and improved tools, strategies, technologies, and methods to prevent and control neglected diseases, such as the development of accessible diagnostic tests, safer medications, and timely diagnostic mechanisms to reduce late complications in these diseases;

- (i) approve the goals and indicators for the elimination and reduction of neglected diseases and other infections related to poverty considered as priorities by the Member States and listed in Annexes A and B of this resolution;
- (j) work to strengthen the monitoring mechanisms for neglected diseases and to increase access to available disease control tools.

2. To request the Director to:

- (a) continue advocating for an active mobilization of resources and promote the development of close partnerships to support the implementation of this resolution;
- (b) provide technical cooperation to the countries for preparing national plans of action and submitting financing proposals to the trust fund for the elimination of neglected diseases and other poverty-related infections and to other sources ;
- (c) promote the identification, development, and use of evidence-based interventions that are technically and scientifically sound;
- (d) promote the implementation of current PAHO/WHO guidelines for the prevention and control of the included diseases;
- (e) promote research and scientific development related to new or improved tools, strategies, technologies, and methods for the prevention and control of the neglected diseases and their consequences;
- (f) support the strengthening of surveillance systems and primary health care, as well as the monitoring and evaluation of the national action plans being implemented;
- (g) strengthen cross-border collaboration among the countries which share the same diseases;
- (h) continue to support and strengthen the mechanisms for acquiring medications, such as the Strategic Fund, so as to treat neglected diseases at the best cost in order to increase access.

Annexes

*(Ninth plenary, 2 October 2009)*

**Presence of neglected diseases and other infections related to poverty, by country, and total number of countries where each disease occurs in Latin America and the Caribbean, according to the criteria set forth below<sup>1</sup>**

Country	Disease											
	Chagas' Disease	Congenital syphilis	Human rabies transmitted by dogs	Leprosy	Lymphatic filariasis	Malaria	Neonatal tetanus	Onchocerciasis	Plague	Schistosomiasis	Soil-transmitted helminthiasis	Trachoma
Anguilla	-	..	-	-	-	-	-	-	-	-	X	-
Antigua and Barbuda	-	..	-	-	-	-	-	-	-	-	X	-
Argentina	X	X	X	X	-	X	X	-	-	-	X	-
Aruba	-	..	-	-	-	-	-	-	-	-	X	-
Bahamas	-	X	-	-	-	-	-	-	-	-	X	-
Barbados	-	..	-	-	-	-	-	-	-	-	X	-
Belize	X	X	-	-	-	X	-	-	-	-	X	-
Bolivia	X	X	X	X	-	X	X	-	- <sup>b</sup>	-	X	-
Brazil	X	X	X	X <sup>a</sup>	X	X	X	X	X	X	X	X
Cayman Islands	-	..	-	-	-	-	-	-	-	-	X	-
Chile	X	X	-	-	-	-	-	-	-	-	X	-
Colombia	X	X	X	X	-	X	X	X	-	-	X	-
Costa Rica	X	X	-	X	-	X	-	-	-	-	X	-
Cuba	-	X	X	X	-	-	-	-	-	-	X	-
Dominica	-	..	-	-	-	-	-	-	-	-	X	-
Dominican Republic	-	X	X	X	X	X	X	-	-	-	X	-
Ecuador	X	X	-	X	-	X	X	X	X	-	X	-
El Salvador	X	X	X	X	-	X	X	-	-	-	X	-
French Guiana	X	..	-	-	-	X	-	-	-	-	X	-
Grenada	-	..	-	-	-	-	-	-	-	-	X	-
Guadeloupe	-	..	-	-	-	-	-	-	-	-	X	-
Guatemala	X	X	X	X	-	X	X	X	-	-	X	X
Guyana	X	X	-	X	X	X	-	-	-	-	X	-
Haiti	-	X	X	X	X	X	X <sup>a</sup>	-	-	-	X	-
Honduras	X	X	-	X	-	X	X	-	-	-	X	-
Jamaica	-	X	-	X	-	-	-	-	-	-	X	-
Martinique	-	..	-	-	-	-	-	-	-	-	X	-
Mexico	X	X	-	X	-	X	X	X	-	-	X	X
Montserrat	-	..	-	-	-	-	-	-	-	-	X	-
Netherlands Antilles	-	..	-	-	-	-	-	-	-	-	X	-
Nicaragua	X	X	-	X	-	X	X	-	-	-	X	-
Panama	X	X	-	X	-	X	X	-	-	-	X	-
Paraguay	X	X	-	X	-	X	X	-	-	-	X	-
Peru	X	X	X	X	-	X	X	-	X	-	X	-

<sup>1</sup> PAHO/HSD/CD. Epidemiological Profiles of Neglected Diseases and Other Infections Related to Poverty in Latin America and the Caribbean. Presented at the Consultation on a Latin American and Caribbean Trust Fund for the Prevention, Control and Elimination of Neglected and Other Infectious Diseases. Washington, DC, 15-16 December 2008. Available at: [http://new.paho.org/hq/index.php?option=com\\_joomlabook&Itemid=259&task=display&id=37](http://new.paho.org/hq/index.php?option=com_joomlabook&Itemid=259&task=display&id=37).

Country	Disease											
	Chagas' Disease	Congenital syphilis	Human rabies transmitted by dogs	Leprosy	Lymphatic filariasis	Malaria	Neonatal tetanus	Onchocerciasis	Plague	Schistosomiasis	Soil-transmitted helminthiasis	Trachoma
Saint Kitts and Nevis	-	...	-	-	-	-	-	-	-	-	X	-
Saint Lucia	-	...	-	X	-	-	-	-	-	X	X	-
Saint Vincent and the Grenadines	-	...	-	-	-	-	-	-	-	-	X	-
Suriname	X	...	-	X	-	X	-	-	-	X	X	-
Trinidad and Tobago	-	X	-	X	-	-	-	-	-	-	X	-
Turks and Caicos Islands	-	...	-	-	-	-	-	-	-	-	X	-
Uruguay	X	X	-	X	-	-	-	-	-	-	X	-
Virgin Islands (UK)	-	...	-	-	-	-	-	-	-	-	X	-
Virgin Islands (USA)	-	...	-	-	-	-	-	-	-	-	X	-
Venezuela	X	X	X	X	-	X	X	X	-	X	X	-
<b>Total number of Latin American and Caribbean countries where the diseases occur</b>	<b>21</b>	<b>25</b>	<b>11</b>	<b>24</b>	<b>4</b>	<b>21</b>	<b>16</b>	<b>6</b>	<b>3</b>	<b>4</b>	<b>All</b>	<b>3</b>

<sup>a</sup> In these countries, the disease is only present as a public health problem  
- No evidence      ... No information

<sup>b</sup> Previously endemic area

#### Criteria:

Chagas' disease:	Evidence of any type of transmission in the last 10 years. (1998-2007)
Schistosomiasis:	Evidence of the disease in the last 10 years (1998-2007)
Lymphatic filariasis:	Evidence of the disease in the last 3 years (2005-2007)
Soil-transmitted helminths:	Evidence of the disease in the last 10 years (2005-2007)
Leprosy:	Evidence of the disease in the last 3 years (2005-2007)
Onchocerciasis:	Evidence of the disease in the last 3 years (2005-2007)
Human rabies transmitted by dogs:	Evidence of the disease in the last 3 years (2006-2008)
Trachoma:	Evidence of the disease in the last 10 years (1998-2007)
Neonatal tetanus:	Evidence of the disease in the last 3 years (2005-2007)
Congenital syphilis:	Evidence of the disease in the last 3 years (2005-2007)
Malaria	Evidence of continuous local transmission in the last 5 years
Plague	Evidence of the disease in the last 3 years (2006-2008)

## Epidemiological situation, elimination goals, and primary elimination strategies for selected neglected diseases and other infections related to poverty.<sup>2</sup>

This annex details the diseases proposed for elimination and the epidemiological situation, goals, and strategies. The strategies should be adopted by the countries in a manner consistent with their health policies, epidemiological situation, and structure of their health services networks.

<b>GROUP 1: Diseases that have a greater potential for being eliminated (with available cost-effective interventions)</b>			
<b>Disease</b>	<b>Epidemiological situation</b>	<b>Goals</b>	<b>Primary strategy</b>
<b>Chagas' disease</b>	<ul style="list-style-type: none"> <li>– There was evidence of transmission in 21 countries of the Americas.</li> <li>– It is estimated that 8 to 9 million people are currently infected.</li> <li>– 40,000 new cases of vector-borne transmission per year.</li> <li>– Vector-borne transmission by the main vectors has been interrupted in several countries (Uruguay, Chile, Brazil, and Guatemala) and areas (Argentina and Paraguay).</li> <li>– Most countries in Latin America are close to reaching the goal of implementing screening for Chagas in 100% of their blood banks.</li> </ul>	<ul style="list-style-type: none"> <li>– To interrupt domestic vector-borne transmission of <i>T. cruzi</i> (domestic triatomine infestation index of less than 1% and negative seroprevalence in children up to five years of age, with the exception of the minimum represented by cases in children of seropositive mothers).</li> <li>– To interrupt transfusional transmission of <i>T. cruzi</i> (100% blood screening coverage).<sup>3</sup></li> <li>– To integrate diagnosis of Chagas' disease in the primary health care system, in order to provide treatment and medical care to all patients for both the acute and chronic phases and to reinforce the supply chain of the existing treatments within countries to scale up access.</li> <li>– To prevent the development of cardiomyopathies and intestinal problems related to Chagas' disease, offering adequate health care to those affected by the various stages of the disease.</li> </ul>	<ul style="list-style-type: none"> <li>– To eliminate vectors in the home through chemical control.</li> <li>– Environment management programs.</li> <li>– Information/Education/Communication (IEC).</li> <li>– Screening of blood samples in blood banks to avoid transmission by blood transfusion.</li> <li>– Screening of pregnant women and treatment to avoid congenital transmission.</li> <li>– Good practices on food preparation to avoid oral transmission.</li> <li>– Etiologic treatment of children</li> <li>– Offer medical care to adults with Chagas' disease.</li> </ul>

<sup>2</sup> PAHO/HSD/CD. Epidemiological Profiles of Neglected Diseases and Other Infections Related to Poverty in Latin America and the Caribbean. Presented at the Consultation on a Latin American and Caribbean Trust Fund for the Prevention, Control and Elimination of Neglected and Other Infectious Diseases. Washington, DC, 15-16 December 2008. Available at: [http://new.paho.org/hq/index.php?option=com\\_joomlabook&Itemid=259&task=display&id=37](http://new.paho.org/hq/index.php?option=com_joomlabook&Itemid=259&task=display&id=37).

<b>GROUP 1: Diseases that have a greater potential for being eliminated (with available cost-effective interventions)</b>			
<b>Disease</b>	<b>Epidemiological situation</b>	<b>Goals</b>	<b>Primary strategy</b>
<b>Congenital syphilis</b>	<ul style="list-style-type: none"> <li>- It is estimated that 250,000 cases of congenital syphilis occur each year in the Region.</li> <li>- In a 2006 survey, 14 countries reported the incidence of congenital syphilis in live births, with a range varying from 0.0 cases per 1,000 live births in Cuba to 1.56 in Brazil.</li> </ul>	<ul style="list-style-type: none"> <li>- To eliminate congenital syphilis as a public health problem (less than 0.5 cases per 1,000 live births).<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>- Obligatory notification of syphilis and congenital syphilis for pregnant women.</li> <li>- Universal blood screening during the first prenatal visit (&lt;20 weeks,) during the third trimester, during labor, and following stillbirth and abortion/miscarriage.</li> <li>- Timely and adequate treatment for all expectant mothers with syphilis, and the same for spouses and newborns.</li> </ul>
<b>Human rabies transmitted by dogs</b>	<ul style="list-style-type: none"> <li>- The disease has been present in 11 countries in the past 3 years.</li> <li>- Even though the number of human cases is low (16 in 2008) due to country efforts, the number of people who live in risk areas due to rabies in dogs is still high.</li> <li>- The majority of the cases occurred in Haiti and Bolivia.</li> </ul>	<ul style="list-style-type: none"> <li>- To eliminate human rabies transmitted by dogs (zero cases reported to the Epidemiological Surveillance System for Rabies (SIRVERA) coordinated by PAHO).<sup>5</sup></li> </ul>	<ul style="list-style-type: none"> <li>- Vaccination of 80% of the canine population in endemic areas.</li> <li>- Care given to 100% of the exposed population at risk with post-exposure prophylaxis when indicated.</li> <li>- Epidemiological surveillance.</li> <li>- Education and communication to increase awareness of the risk of rabies.</li> <li>- Control of the canine population</li> <li>- Action to prevent reintroduction</li> </ul>

<sup>3</sup> Based on: WHO. *Elimination of transmission of Chagas Disease*. WHA51.14. Fifty-first World Health Assembly. 1998.

<sup>4</sup> Based on: OPS. *Plan de Acción para la eliminación de la sífilis congénita*. 116.<sup>a</sup> Reunión del Comité Ejecutivo. CE116/14. OPS, 1995.

<sup>5</sup> Based on: PAHO. *15th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMS)*: “Agriculture and Health: Alliance for Equity and Rural Development in the Americas”. CD48.R13. Forty-eighth Directing Council.

<b>GROUP 1: Diseases that have a greater potential for being eliminated (with available cost-effective interventions)</b>			
<b>Disease</b>	<b>Epidemiological situation</b>	<b>Goals</b>	<b>Primary strategy</b>
<b>Leprosy</b>	<ul style="list-style-type: none"> <li>- There are 24 countries where the disease has been present in the last three years.</li> <li>- Only in Brazil did the national prevalence not reach the “elimination as a public health problem” goal of fewer than one case per 10,000 population.</li> <li>- In 2007, 49,388 cases of leprosy were reported in the Americas, and 42,000 new cases were detected.</li> <li>- In the same year, 3,400 new cases (8% of the total) were detected with grade-2 disability.</li> </ul>	<ul style="list-style-type: none"> <li>- To eliminate leprosy as a public health problem (less than 1 case per 10,000 people) from the first sub-national political/administrative levels.<sup>6,7,8</sup></li> </ul>	<ul style="list-style-type: none"> <li>- Intensified surveillance of contacts.</li> <li>- Treatment with timely multi-drug therapy in at least 99% of all patients.</li> <li>- Define the appropriated introduction of chemoprophylaxis.</li> <li>- Early detection of grade-2 disabilities.</li> </ul>

<sup>6</sup> Based on: WHO. Adoption of Multidrug Therapy for Elimination of Leprosy as a Public Health Problem. Forty-fourth World Health Assembly. WHA44.9. Geneva: WHO, 1991.

<sup>7</sup> Based on: WHO. Guide to Eliminate Leprosy as a Public Health Problem. Geneva: WHO, 2000.

<sup>8</sup> Instead of the goal of elimination, Brazil will adopt the targets recommended for epidemiological surveillance of the disease contained in WHO document “Enhanced Global Strategy for Further Reducing the Disease Burden Due to Leprosy- 2011-2015” (SEA-GLP-2009.4)

- Number of new cases detected per year and rate per 100,000 population
- Number of new cases with grade 2 disability per year and rate per 100,000 population
- Proportion of patients who complete their treatment in a timely manner as a proxy for cure



<b>GROUP 1: Diseases that have a greater potential for being eliminated (with available cost-effective interventions)</b>			
<b>Disease</b>	<b>Epidemiological situation</b>	<b>Goals</b>	<b>Primary strategy</b>
<b>Lymphatic filariasis</b>	<ul style="list-style-type: none"> <li>- The disease is present in Brazil, the Dominican Republic, Guyana, and Haiti.</li> <li>- It is estimated that up to 11 million people are at risk of infection.</li> <li>- The population most at-risk is in Haiti (90%).</li> </ul>	<ul style="list-style-type: none"> <li>- To eliminate the disease as a public health problem (less than 1% prevalence of microfilaria in adults in sentinel sites and spot-check sites in the area).</li> <li>- Interrupt its transmission (no children between ages 2 and 4 are antigen-positive).</li> <li>- To prevent and control disability.<sup>9</sup></li> </ul>	<ul style="list-style-type: none"> <li>- Mass drug administration (MDA) once a year for at least 5 years with coverage of no less than 75% or consumption of diethylcarbamazine (DEC)-fortified table salt in the daily diet.</li> <li>- Surveillance of LF morbidity by local health surveillance systems.</li> <li>- Morbidity case management.</li> <li>- Integration/coordination of MDA with others strategies.</li> <li>- Communication strategies and education in schools.</li> </ul>
<b>Malaria</b>	<ul style="list-style-type: none"> <li>- There are 21 malaria-endemic countries in the Region.</li> <li>- Some countries, such as Paraguay and Argentina, are of low endemicity (fewer than one case per 1,000 population at risk) and have well established foci.</li> <li>- In the Caribbean, only Haiti and the Dominican Republic are considered endemic, reporting approximately 26,000 cases in 2007 (90% in Haiti).</li> </ul>	<ul style="list-style-type: none"> <li>- To eliminate malaria in areas where interruption of local transmission is feasible (Argentina, the Dominican Republic, Haiti, Mexico, Paraguay, and Central America).<sup>10</sup></li> <li>- Elimination (zero local cases for 3 consecutive years); pre-elimination (slide positivity rate = &lt; 5 % and &lt;1 case / 1,000 population at risk).<sup>11</sup></li> </ul>	<ul style="list-style-type: none"> <li>- Prevention, surveillance, early detection and containment of epidemics.</li> <li>- Integrated vector management.</li> <li>- Prompt diagnosis and appropriate treatment of cases.</li> <li>- Intensive pharmacovigilance of possible resistance to treatment and use of results in definition of treatment policy.</li> <li>- Strengthening of primary health care and integration of prevention and control efforts with other health programs.</li> <li>- Community participation.</li> </ul>

<sup>9</sup> Based on: WHO. Monitoring and epidemiological assessment of the programme to eliminate lymphatic filariasis at implementation unit level. Geneva: WHO; 2005.

<sup>10</sup> Based on: PAHO. Malaria: Progress Report. 142nd Session of the Executive Committee. CE142/16. PAHO. 2008.

<b>GROUP 1: Diseases that have a greater potential for being eliminated (with available cost-effective interventions)</b>			
<b>Disease</b>	<b>Epidemiological situation</b>	<b>Goals</b>	<b>Primary strategy</b>
<b>Neonatal tetanus</b>	<ul style="list-style-type: none"> <li>- The disease has been present in lower rates in 16 countries in the past 3 years.</li> <li>- A total of 63 cases were reported in 2007 (38 in Haiti).</li> <li>- It has been eliminated as a public health problem in all Latin American and Caribbean countries except Haiti.</li> </ul>	<ul style="list-style-type: none"> <li>- To eliminate the disease as a public health problem (fewer than 1 case per 1,000 newborns per year in a municipality or district).<sup>12</sup></li> </ul>	<ul style="list-style-type: none"> <li>- Immunization of women of childbearing age with tetanus toxoid.</li> <li>- Identification of high risk areas.</li> <li>- Adequate surveillance.</li> <li>- Clean delivery and post-delivery practices.</li> </ul>
<b>Onchocerciasis</b>	<ul style="list-style-type: none"> <li>- It is estimated that 500,000 people are at risk in the Region.</li> <li>- 13 foci exist in Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela.</li> <li>- In 6 foci, transmission appears to have been interrupted following massive drug administration with a coverage of at least 85% of the eligible population.</li> <li>- They are currently undergoing a three-year post-treatment surveillance prior to certification of elimination.</li> </ul>	<ul style="list-style-type: none"> <li>- To eliminate ocular morbidity and to interrupt transmission.<sup>13,14</sup></li> </ul>	<ul style="list-style-type: none"> <li>- Mass drug treatment administration at least twice a year in order to reach at least 85% of the eligible population in each endemic area.</li> <li>- Surveillance for signs of ocular morbidity, microfilaria, nodules.</li> <li>- Dermatological care through the primary health care system in areas where skin infection is a problem.</li> </ul>

<sup>11</sup> Based on: WHO. *Global Malaria Control and Elimination: Report of a Technical Review*. 17-18 January, 2008. WHO. 2008. p.9.

<sup>12</sup> Basado en: Organización Panamericana de la Salud. *Neonatal Tetanus Elimination: Field Guide*, Second edition. Scientific and Technical Publication No. 602, Washington, D.C., 2005.

<sup>13</sup> Based on: PAHO. *Toward the Elimination of Onchocerciasis (River Blindness) in the Americas. (CD48/10)*. Forty-eighth Directing Council of the Pan American Health Organization. Washington, DC: PAHO; 2008.

<sup>14</sup> Based on: WHO. Certification of elimination of human onchocerciasis: criteria and procedures. Guidelines. WHO; 2001.

<b>GROUP 1: Diseases that have a greater potential for being eliminated (with available cost-effective interventions)</b>			
<b>Disease</b>	<b>Epidemiological situation</b>	<b>Goals</b>	<b>Primary strategy</b>
<b>Plague</b>	<ul style="list-style-type: none"> <li>- The disease is present in wild foci in 5 countries with sporadic cases: Bolivia (no reported cases during last 10 years), Brazil, Ecuador, Peru and United States.</li> <li>- Currently the number of cases throughout Latin America is low (around 12 cases per year).</li> <li>- Most of the cases reported are in Peru.</li> <li>- Very few are fatal.</li> <li>- The cases usually occur in small rural villages with extreme poverty.</li> </ul>	<ul style="list-style-type: none"> <li>- To eliminate as a public health problem (zero mortality cases and avoid domiciliary outbreaks).</li> </ul>	<ul style="list-style-type: none"> <li>- Early detection and timely case management.</li> <li>- Surveillance of the wild foci.</li> <li>- Housing and sanitation improvements.</li> <li>- Rodent and vector control.</li> <li>- Intersectoral programs for improvement for storage of crops.</li> <li>- Adequate elimination of agricultural waste.</li> <li>- Extra household installations for farming the “cuyes” (type of guinea pigs used for food consumption).</li> </ul>
<b>Trachoma</b>	<ul style="list-style-type: none"> <li>- There is evidence of the presence of the disease in Brazil, Guatemala, and Mexico.</li> <li>- Foci have been confirmed in Brazilian border states but no data was found for neighboring countries.</li> <li>- It is estimated that around 50 million people live in areas at-risk and about 7,000 cases have been identified, mostly in Brazil.</li> </ul>	<ul style="list-style-type: none"> <li>- To eliminate new cases of blindness caused by trachoma (reduction in the prevalence of trichomatous trichiasis to less than 1 case per 1,000 (general population) and reduction in the prevalence of follicular or inflammatory trachoma (FT and IT) to less than 5% in children aged 1-9 years).<sup>15,16</sup></li> </ul>	<ul style="list-style-type: none"> <li>- The ”SAFE” strategy is used with the following components:               <ul style="list-style-type: none"> <li>• To prevent blindness through eyelid surgery to correct the inversion or entropion of the upper eyelid and trichiasis.</li> <li>• To reduce the transmission in endemic areas by washing of the face and by using antibiotics.</li> </ul> </li> </ul>

<sup>15</sup> Based on: WHO. Report of the Global Scientific Meeting on Future Approaches to Trachoma Control. Geneva: WHO; 1996. p. 4-7.

<sup>16</sup> Based on: WHO. Trachoma control: A guide for programme managers. WHO, 2006

<b>GROUP 2: Diseases whose prevalence can be drastically reduced (with available cost-effective interventions)</b>			
<b>Disease</b>	<b>Epidemiological Situation</b>	<b>Goals</b>	<b>Primary Strategy</b>
<b>Schistosomiasis</b>	<ul style="list-style-type: none"> <li>– The disease is present in: Brazil, Saint Lucia, Suriname, and Venezuela.</li> <li>– Studies are needed to confirm the elimination of previously endemic areas in the Caribbean.</li> <li>– It is estimated that around 25 million people live at risk in the Americas.</li> <li>– Around 1 to 3 million people are estimated to be infected.</li> </ul>	<ul style="list-style-type: none"> <li>– To reduce prevalence and parasite load in high transmission areas to less than 10% prevalence as measured by quantitative egg counts.<sup>17,18</sup></li> </ul>	<ul style="list-style-type: none"> <li>– Preventive chemotherapy for at least 75% of school-age children that live in at-risk areas, defined by a prevalence over 10% in school-age children.</li> <li>– Improvements of excreta disposal systems and access to drinking water, education.</li> </ul>
<b>Soil-transmitted helminthiasis</b>	<ul style="list-style-type: none"> <li>– It is estimated that soil-transmitted helminthiasis is present in all the Region's countries.</li> <li>– Regional estimates put the number of school-age children at risk of the disease at 26.3 million in Latin America and the Caribbean.</li> <li>– 13 of the 14 countries with information available there were one or more areas with prevalence of STH higher than 20%.</li> </ul>	<ul style="list-style-type: none"> <li>– To reduce prevalence among school-age children in high risk areas (prevalence &gt;50%) to less than &lt;20% prevalence as measured by quantitative egg count.<sup>19</sup></li> </ul>	<ul style="list-style-type: none"> <li>– Regular administration of preventive chemotherapy/or mass drug administration (MDA) for at least 75% of school-age children at risk, as defined by the countries considering the prevalence. If prevalence of any soil-transmitted helminthiasis infection among school-age children is <math>\geq 50\%</math> (high-risk community), treat all school-age children twice each year. If prevalence of any soil-transmitted helminthiasis infection among at-risk school-age children is <math>\geq 20\%</math> and <math>&lt; 50\%</math> (low-risk community), treat all school-age children once each year.</li> <li>– Promoting access to safe water, sanitation and health education, through intersectoral collaboration.</li> </ul>

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<sup>17</sup> Based on: WHO. *Preventive chemotherapy in human helminthiasis*. Geneva: WHO; 2006.

<sup>18</sup> Based on: WHO. *Schistosomiasis and soil-transmitted helminth infections*. Fifty-fourth World Health Assembly. WHA54.19. Geneva: WHO, 2001.

<sup>19</sup> Based on: WHO. *Preventive chemotherapy in Human Helminthiasis*. Geneva: WHO; 2006.