Now that we are looking for a new direction for APOC activities we need to consider some serious concerns which should be looked into. No one doubts the great benefits and gains that will be harvested from co-implementation/ integration of the control/elimination of all neglected tropical diseases under one programme. Past experience tells us that it is more difficult to get international groups to agree on a course and avoid conflicting routes in implementation in a particular country. NGOs in countries should work in harmony and not in a competing mode as this will divide the nationals and harm projects in countries. This also goes for other donors who are used to vertical programmes.

At country level we have to sensitize governments and public health staff about the new direction. Easier said than done. Easy to set all diseases under one directorship and unify the use of vehicles etc., but very difficult to change the mindset of those who were born and brought up to think in terms of “my disease”, “my drug” and “my way” of doing things. Coming together to perform a job is not always easy in Africa. At the community level where CDDs are used to drug distribution, matters may be easier though may require some sensitization work for communities to see the benefit of the new strategy. We should take into consideration the fact that the CDDs may feel that the work load is too much.

Our stand has always been “no incentives”, but the world is competing in a way that this collaboration will continue with the new entity post 2015. We plan to collaborate in the area of:

- Mapping of NTDs, specifically lymphatic filariasis and onchocerciasis
- Supporting countries in the review and implementation of the NTD Master Plans
- Participating in joint coordination and management meetings
- Joint advocacy for the elimination of lymphatic filariasis and onchocerciasis, and control of other PCT NTDs in the region.
- Capacity building and generation of evidence on NTDs specifically lymphatic filariasis and onchocerciasis including development of a joint platform for data management.

The success of the initiative of making APOC a broader base for the control of oncho, LF and PC/NTD very much depends on endemic countries taking the driving seat. No doubt it will be a complex programme with many challenges and potential conflicts and discords between health workers who are used to single disease control strategy. It is not going to be easy but if everyone puts the interest of endemic communities first and show how they will benefit from such a joint programme I am sure every conscientious health worker will do his/her best to make it a success.

It is up to the governing authority, ministries of health and even higher authorities to see to it that they iron out all unnecessary “sensitivities” between workers. Governments should also seize the opportunity to pay counterpart-funding to ensure new entity works. It must succeed so we can see the end of tropical diseases as this will be key to alleviating poverty in our continent.

The Forum acknowledged the efforts of countries and stakeholders for the successes recorded in co-implementing other interventions. JAF appreciated WHO’s efforts in improving coordination of drugs management and the development of a map that showed the overlap of onchocerciasis and lymphatic filariasis for the African region, and requested WHO/APOC to develop a map that further shows the overlap of loa loa in the onchocerciasis/lymphatic co-endemic areas to guide mass drug administration.

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I am highly honoured to represent the Arab Bank for Development in Africa (BADEA) at this important meeting, the 19th session of the APOC Joint Action Forum.

Mindful of the importance of APOC in onchocerciasis control, BADEA has decided to contribute to the funding of the Programme. The new strategy for eliminating onchocerciasis requires new approaches and a new entity that will make this new strategy achieve its objectives.

Last week the Lancet published a report by the “Commission on Investing in Health”, entitled “Investing in Health”. This report has been credited by the World Bank as providing a realistic and cost-effective approach to prioritizing health interventions on the basis of cost-effectiveness and cost-benefit. The Lancet refers to this World Bank report as the motivation for the Bill & Melinda Gates Foundation, saying that “Every page screamed out that human life was not being valued as it should be.” That is why we decided to make improving health the focus of our philanthropy.

The report published last week re-examined the economic aspects of disease in low income countries and came to two important conclusions with regards to Neglected Tropical Diseases. First, the report concluded, that “Elimination of the five (preventable NTDs) high burden diseases for such low costs (circa $200-300m per annum) represents good value for money.” Second, the report identifies five priority disease interventions which, if funded adequately, could most cost-effectively narrow the gap in health status between rich and poor. Four of these disease areas did not come as a surprise: maternal and child health, HIV, malaria and TB, though it was a surprise to learn that NTDs were identified as one of these five priority areas.


From the ADB perspective the main lessons learnt about APOC are related to the effective and fruitful partnership which is well coordinated and which should continue to be strengthened: the high level of communication between government, partners and NGOs at country level; efforts made by all stakeholders to work with APOC to implement a successful programme and come up with new measures to move the programme from control to elimination.

With this new entity that will be put in place we will need to ensure more value for money and accountability in line with a good governance system since we are integrating more diseases with more integration into the health system. In addition, at country level, the issue of results-based financing should be explored to ensure a successful programme. Better service delivery, good governance and enhancing public-private partnership will be key points to be taken into account. We also think that progress made to mainstream gender in APOC should be pursued in the new regional entity to ensure success of the programme. Finally, financing the new entity will require more advocacy vis-à-vis the different stakeholders as well as development of an effective fundraising mechanism. Regional integration through better management of cross border intervention will also be crucial.

It is a pleasure for me to represent Merck & Co, Inc at the 19th session of the APOC in Brazzaville. This is an exciting time as APOC reflects on its many achievements to control onchocerciasis on the African continent, and transforms into a new entity to meet the changing needs in the NTD environment.

Merck is committed to donating Meclizine through the Meclizine Donation Program to treat onchocerciasis to eliminate this disease. We have enjoyed working with APOC and our many partners over the years to make sure the medicines get into the mouths of the people who need it.

In addition, since 1997, Meclizine has been given with albendazole, donated by GSK, for the prevention of LF where the diseases are co-endemic. Again, working with partners of the Global Alliance for the Elimination of Lymphatic Filariasis (GAEFL) and WHO some progress has been made to date. I am excited that the stakeholders networks for onchocerciasis and LF are strengthening their collaboration at this time in order to enhance efforts to achieve the elimination goals for both diseases as set forth in the WHO Roadmap and the London Declaration.

As we have heard, in order to accomplish this ambitious goal the challenges are great. This JAF meeting is an important platform for countries, APOC, WHO/AFRO Regional Office, donors, NGOs, researchers, MDP and Merck to discuss the issues and needs of all stakeholders, and determine a collaborative path forward to achieve our collective goal of eliminating both lymphatic filariasis and onchocerciasis by 2020 and 2025, respectively.

The WHO target of LF elimination by 2020 is a very ambitious goal. A diverse set of partners are committed to work towards this goal as part of the London Declaration on NTDs. The new entity will be a critical part of this success. The key will be to build on the strengths of both the LF and onchocerciasis programs to support the rapid scale-up and country programs. This should be possible building on the strong relationships with countries and communities through APOC, and the scale and flexibility of the LF approach coming together to fill the gaps and work collaboratively.
PROF. MARK TAYLOR, LIVERPOOL SCHOOL OF TROPICAL MEDICINE

It is a great pleasure to be invited to my first JAF and see firsthand the impressive progress made by APOC towards the elimination of onchocerciasis - a disease I have worked on for the past 25 years. In my role as Head of Paediatrics at the Liverpool School of Tropical Medicine I oversee our strong commitment to working on NTD parasites - ranging from fundamental scientific research through to implementation of NTD programmes. I also lead the A-WOL consortium, a programme funded by the Bill and Melinda Gates Foundation, which aims to deliver new macrofilaricides for oncho and LF, and targets the essential bacterial symbiont, Wolbachia. Eliminating the bacteria with antibiotics immediately sterilises the adult parasites and later results in their death. It is the first safe macrofilaricidal therapy for oncho and LF, which also reverses clinical pathology. The challenges addressed by the A-WOL programme is to find anti-Wolbachia drugs, which are compatible with MDA - to reduce the timeframe of treatment and to cover all target populations. One of the advantages of anti-Wolbachia therapy is that it is safe to use in co-infections with Loa loa. I am delighted that APOC has adopted this approach in the Strategic Plan of Action for PENDA, and over the next 3 years A-WOL will define the best of the new anti-Wolbachia drugs discovered and develop them into safe macrofilaricides to complement existing elimination strategies for oncho and LF.

PROF. MOSES BUCKARIE, DIRECTOR, CNTD LIVERPOOL SCHOOL OF TROPICAL MEDICINE

The Centre for Neglected Tropical Diseases (CNTD) is an NTD implementation support Centre in the Liverpool School of Tropical Medicine (LSTM). LSTM has been working on both LF and onchocerciasis for over 80 years and has contributed greatly to the evidence informing the current strategies for tackling both diseases. Since 2000, CNTD has been involved in the Global Programme to Eliminate Lymphatic Filariasis.

We, CNTD, bring to the proposed new regional entity a depth of expertise. Moving towards the idea of the proposed new regional entity, we view our role as a key partner in working with APOC in ensuring that the targets of the Concept Note are achieved. CNTD partnership with the new entity will contribute to achieving the targets of the Strategic Plan and will increase programme efficiency by enhancing implementation, engagement and coordination across the NTDs.

CNTD looks forward to working together with the new entity, bringing its long implementation and technical experience and expertise to achieve success in reaching the goals of the Strategic Plan for 2016-2025.

NGDOs and universities

MR SIMON BUSH, DIRECTOR OF NEGLECTED TROPICAL DISEASES, SIGHTSAVERS

Sightsavers values our relationship with APOC, our most important regional partner, and through our direct funding to Ministries of Health we have supported in 2012 over 25 million treatments for LF and over 30 million treatments for LF.

Sightsavers is also a donor to the APOC Trust Fund and we have stressed the importance of support to disease surveillance to confirm elimination of transmission, and we offer our support to the new concept note that will transform APOC into a new entity that will lead to the elimination of LF and oncho protecting millions of Africans from these disabling diseases. We are pleased, therefore, that the concept note references morbidity management, prevention, and visibility as key objectives.

WILMA STOLK, SENIOR EPIDEMIOLOGIST, ERASMUS MC

From 2016 onward, a new regional support structure will be in place to support the elimination of onchocerciasis and lymphatic filariasis, and the control of other diseases. Research and academic institutions will be involved in the much broader partnership supporting this work. Modelers have a key role in the history of working closely with APOC, and modelling has proved to be very valuable to support planning and decision making, by showing how infection indicators decline during control activities, illustrating the impact of policy changes, and predicting when control activities can stop.

The strength of these contributions was due to the close interaction between APOC and the modellers. This enabled the ITFDE also noted the important epidemiological things (once 2011 and its report (published that year in the WHO Weekly Epidemiological Record) concluded that the LF and oncho programs absolutely needed to work together due to the use of the same medicines and distribution logistics (among other things). The ITFDE also noted the important epidemiological link between LF and Malaria (the same vector in much of Africa) and concluded that these programs should also work together, where it made sense, in vector control issues. In the Americas, the Carter Center is the main champion of the Regional entity (OEPA) dedicated to the elimination of onchoc. So we are fully on board and in support of an integrated regional oncho/LF elimination program for Africa.

MR. MICHAEL MARINE SABIN VACCINE INSTITUTE

Sabin Vaccine Institute works to provide solutions to health problems affecting the world’s poorest people. The Institute focuses on vaccine-preventable infectious diseases and Neglected Tropical Diseases (NTDs). Since the new entity will concentrate on the elimination of two of the NTDs, namely oncho and LF, Sabin could be the success of this new entity as a vital component of the global fight against NTDs. Sabin will continue to advocate for more resources to help in this fight, including funds for the new entity.

MRS. CATHERINE HODGKIN CONSULTANT / PREPARATION OF CONCEPT NOTE AND STRATEGIC PLAN OF ACTION

Challenges

- The most obvious and pressing challenges was that we were up against a very tight and rock solid deadline. The strategic plan had to be ready by January well before the JAF.

- Another challenge was to make a strategic plan that will only start in two years time in between is therefore very critical.

- We were also struggling to plan in some detail before the new entity exists. Planning is much easier if you start with a fully fledged plan.

- It was great to have so many consultations, though it was sometimes challenging to keep up with all the different suggestions.

Some experiences to share

- We did get lots of input, and that really helped to shape the plan. Many people share a commitment to making this work and achieving LF/Oncho elimination.

- We had a great team and I have got quite used to almost daily contact with them. At times we were working almost through the night so it was a good thing that we liked and complemented each other in terms of skills, expertise and temperament.

- We really came to appreciate the need for good and comparable data sets and we also learnt a lot about how challenging it can be to obtain them. Both APOC and WHO/AFRO went to great lengths to try to answer our questions and produce common data sets for new maps and new predictions of the target population for both diseases.

Dr Frank Richard, Director River blindness Program, Carter Center

Certainly the Carter Center has had Guinea worm eradication as its flagship program since 1986, of over 25 years. Our onchocerciasis efforts began in 1996, as the surviving organization to the River Blindness Foundation which began in 1980. But of course the onchocerciasis efforts by WHO and the World Bank, and others, far surpass this in terms of time and effort.

The Carter Center’s International Task Force for Disease Eradication (ITFDE) reviewed the situation with LF and oncho in Africa in 2011 and its report (published that year in the WHO Weekly Epidemiological Record) concluded that the LF and oncho programs absolutely needed to work together due to the use of the same medicines and distribution logistics (among other things). The ITFDE also noted the important epidemiological link between LF and Malaria (the same vector in much of Africa) and concluded that these programs should also work together, where it made sense, in vector control issues. In the Americas, the Carter Center is the main champion of the Regional entity (OEPA) dedicated to the elimination of oncho. So we are fully on board and in support of an integrated regional oncho/LF elimination program for Africa.

Dr Ann Varghese, IMA World Health and LF NGO Network

APOC and NGO's have a long history of working together. There are many successes and challenges we can learn from to make the new entity successful, especially during the planning phase over the next few years. The new entity should continue to engage with a wide range of stakeholders, including NGDOs, to benefit from the experiences and expertise of the LF and oncho communities.

The most important lessons come from endemic countries themselves. The new entity should use feedback from Program Managers from the national, regional, and district levels who are the experts when it comes to implementation and challenges on the ground. The NTD landscape is rapidly changing and the new entity should remain flexible enough to evaluate and implement new tools and methods as they become available. To achieve elimination goals, the new entity should remain committed to prevention methods and a focus on patients through MMIDP activities.

As NGDOs partners, we look forward to working with the new entity to eliminate LF and oncho.

NGDOs and universities

Dr John Holman; Professor, Division of Undergraduate Studies, Department of Philosophy and History, University of the South

The success of the new entity as a vital component of the global fight against NTDs. Sabin will continue to advocate for more resources to help in this fight, including funds for the new entity.

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The success of the new entity as a vital component of the global fight against NTDs. Sabin will continue to advocate for more resources to help in this fight, including funds for the new entity.
The integration of NTDs including onchocerciasis was challenging in the beginning but with the support of USAID and APOC the country initiated the NTD Programme in 2009 with 36 districts implementing CDTI for all PCT NTDs. So far 97 districts are implementing the programme with support from various partners and USAID and DFID financial support.

The new entity of APOC will be very welcomed in Tanzania as we already have harmonized LF and Oncho treatments in our country.

Our advice to other countries is to harmonize the programmes for proper and rationale allocation of our meager resources. Let us all embrace the new entity and give our support for effective and timely NTD elimination in Africa.

Liberia, Mr Chea Sanford Wessel, Assistant Minister for Statistics

Liberia has renewed its commitment for onchocerciasis and lymphatic filariasis elimination in the country by including Neglected Tropical Diseases in its ten year National Health Policy and Plan and Essential Package of Health Services (2011-2021). The Ministry also appointed a Program Director and coordinators for the various PCT diseases and drafted a National NTD Master Plan that is expected to be launched to ensure that NTD Program implementation is carried out by all partners and stakeholders in line with the Nation Health Policy. Specifically the focus will be to enhance the capacity of county health teams, district health teams, and frontline health workers to implement the NTD Program, and ensure that affected communities are mobilized and educated on the reporting of the various NTDs, and selection of more CDDs.

The program will continue to strengthen cross border collaboration among Mano River Union (MRU) countries to plan and implement activities towards the control and elimination of NTDs. The program will also conduct operational research, epidemiological and entomological evaluation to know the nodule rate, microfilaria prevalence and the infection of the flies and mosquitoes in the transmission of the disease. Liberia will strive to maintain and improve the therapeutic coverage of 80% and geographical coverage of 100% to reach the elimination goal through concerted effort and partnership with major stakeholders.

Congo, Dr Francois Missamou, Programme Manager Philo

Congo is fully prepared for the new entity. In line with the resolution on neglected tropical diseases adopted by health ministers at the 63rd Regional Committee in September 2013 the Government of the Republic of Congo remains fully committed to the control and elimination of neglected tropical diseases. The 25% increase of the budget of the National Onchocerciasis Control Programme in 2013 and 2014 and the inclusion, for the first time, in the government budget of an item on all these diseases is a clear testimony of our commitment.

At the consultative meeting on NTDs organized in March 2013 initiated by AFRO, Sightsavers had pledged its support to Congo, together with the Organization for the Prevention of Blindness (Opc), to accelerate the elimination of onchocerciasis.

Congo adopted its National Integrated NTD Control Master Plan in May 2013 and all NTDs are managed by one coordinator in a single department, indicating the extent to which Congo is deeply committed to the integrated control of NTDs which is also the goal of the new entity.

The expectations of ex-OCP countries from this new entity are indeed many. Among other things, APOC could assist the ex-OCP countries to scale-up the elimination of onchocerciasis to the extent that it will entail extending ivermectin treatment to meso-hypo endemic areas wherever the epidemiological indicators are not met. Support countries (technically and financially) in the implementation of remedial actions in problem areas that could jeopardize the achievement of elimination; support countries to undertake advocacy with the national, local, regional and even private sector authorities about the need to increase internal funding for onchocerciasis; assist countries for the implementation of cross-border activities and the holding of regular meetings involving situation analyses and joint decision-making and build the capacity of countries notably with regard to technical and logistical supplies.

Nigeria, Dr Saka Y.A., Nigeria, NTD Programme Coordinator

Nigeria government, States, LGA and our numerous partners have been able to address the shortfall in funding by ensuring that all are working together to train, monitor and implement the NTD master plan so that the programmes are strengthened and funds made available to do the job.

I know that if we in Nigeria work together as one with a common purpose we shall achieve our aim to control eliminate and eradicate the NTDs come 2020.

Uganda, Mr Tom Lakwo, National Coordinator, NOCP, Ministry of Health

Uganda is ready for integration. The Ministry of Health adopted this strategy in 2007 when control of some vector borne diseases was integrated. Measures already put in place are joint planning, support supervision, annual program review, MDA for some diseases, health education, sensitization and mobilization. Challenges encountered or anticipated are timely data retrieval from communities; logistical constraints to implement joint interventions and inadequate human resources to implement activities at national and district levels.

The role countries have to play within the new entity will be to strive effectively towards scaling up contributions to control the impact of NTDs. Countries should take ownership of NTD prevention, control, and elimination and eradication activities; undertake advocacy for long term international financing; integrate control activities into primary health care services and other sectors at national level given the multisectoral dimension of NTD control; and ensure the efficient and transparent management of NTD control programmes.