AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL (APOC)

Eighteenth Session of the Joint Action Forum
Bujumbura, Burundi, 11-13 December 2012

FINAL COMMUNIQUE

Agenda item 1: Opening of the Session

1. The eighteenth Session of the Joint Action Forum (JAF) of the African Programme for Onchocerciasis Control (APOC) was hosted by the Republic of Burundi, from 11-13 December 2012 in Bujumbura, Burundi. The meeting was attended by Honourable Ministers and Deputy Ministers, Permanent Secretaries and Directors of Public Health and Disease Control of 17 APOC and former OCP countries, 17 representatives of the donor community, the World Bank, African Development Bank, WHO Headquarters in Geneva, WHO/AFRO, WHO Country Office/Burundi, the West African Health Organization (WAHO), Senior health Managers, Non-Governmental Development Organizations (NGDOs), the Mectizan Donation Programme, Merck, Research Institutions, Directors and Coordinators of National Onchocerciasis Control Programmes, European Union and Representatives of the Statutory Bodies of APOC. A complete list of participants is attached as Annex 1.

2. JAF thanked the Government of Burundi for the warm hospitality, and for hosting the JAF. The people of Burundi were also congratulated for celebrating the 50th anniversary of the independence of their country.

3. At the Opening session, the key note speakers included, Ms Tamari Sinigirira who delivered the opening statement on behalf of the Mayor of Bujumbura; Dr Kazem Behbehani, Director General, Dasman Diabetes Institute, Kuwait, and outgoing Chair of JAF17; the Director of APOC, Dr Paul Samson Lusamba-Dikassa and Dr Matshidisho Moeti, Deputy Regional Director, World Health Organization Regional Office for Africa who delivered the key note statement on behalf of Dr Luis Gomes Sambo, Regional Director of WHO/AFRO.

4. Dr Behbehani indicated that for the projects already implemented, the impact of the treatments on the epidemiological parameters of Onchocerciasis is significant. However, to reach the elimination objective, ten additional years beyond 2015, and a stronger commitment of governments and the international community as a whole will be necessary. The 18th session of JAF is therefore an important one for the elimination efforts but also for the intensification of the efforts towards strengthening community-level health systems for co-implementation of multiple health interventions. He confirmed that his country will continue supporting the Programme during the additional period.
5. Dr Lusamba informed the Forum of his retirement from WHO at the end of the year and added that he had enjoyed being part of the effective APOC partnership as well as the cordial working relation from the WHO staff in general. He extended appreciation to WHO leadership and APOC governing bodies for their constant guidance to the Programme. He hoped that the next Director of APOC would enjoy the same privilege and support for the success of the Programme and for the benefits of the African underprivileged communities.

6. The Honourable Minister of Public Health and Aids in Burundi, Dr Sabine Ntakarutimana on behalf of the President of the Republic of Burundi, His Excellency Mr Pierre Nkurunziza, expressed gratitude and privilege to Chair and host the 18th session of the Joint Action Forum of the African Programme for Onchocerciasis control in Burundi, the heart of Africa, the Country of One-thousand and One Hills. She said challenges in shifting from control to elimination of onchocerciasis are many and therefore sustained community actions and support from technical and financial partners is necessary. In devising strategies to mitigate the challenges by setting up a new dynamism to eliminate onchocerciasis and other selected NTDs, APOC Management prepared a new detailed action plan with costs reflecting the new extended strategic orientation beyond 2015 to be submitted to JAF18 for consideration. She called upon JAF members to work towards the implementation of this plan and emphasised the need for a far stronger African Programme for Onchocerciasis control to achieve this new direction. She called upon the JAF 18th session to make relevant, practical and achievable decisions in order to rise to the challenges of elimination. The Honourable Minister wished the 18th session of the JAF fruitful deliberations and declared on behalf of the President of the Republic of Burundi, the 18th session of the JAF officially opened.

Agenda item 2: Election of officers

7. The JAF elected the government of Burundi in the person of Dr Sabine Ntakarutimana as Chair of JAF18, and Sightsavers as Vice Chair, in the person of Dr Caroline Harper. The Chair for JAF18 the Honourable Minister Dr Ntakarutimana thanked JAF on behalf of the Burundi Government for her designation, and congratulated the outgoing Chair Dr Kazem Behbehani from Kuwait for his able leadership and work in the past 12 months.

8. The Vice Chair, Dr Harper stressed the importance of the JAF and highlighted the need to sustain the great momentum of eliminating NTDs currently high on the agenda as well as to maintain the mandate of APOC until post 2015 era. She reiterated the need for commitment and strong partnership.

Agenda item 3: Adoption of the Agenda.

9. The agenda was adopted without modifications. The final agenda is appended as Annex 2.

Agenda item 4: Reflections of the Committee of Sponsoring Agencies (CSA)
10. Dr Chris Mwikisa, Chair of the CSA, presented the reflections of the Committee to the JAF. He outlined that the CSA closely worked with and guided the APOC Management, under the efficient leadership of Dr Lusamba, in a number of issues including most importantly the Plans and Budgets for the transitional period 2013-2015 to allow smooth and efficient transition to the post 2015 period for elimination; the preparation of a Concept Note and the Strategic Plan of Action and Budget for the post 2015 period needed to move the elimination goal forward. With the finishing line in sight, the CSA called on all to reaffirm their commitment, and on the governments to strengthen further their leadership and ownership of the fight against riverblindness. The Committee also discussed APOC contribution to NGDOs' overheads; the development of guidelines and tools to assess government’s financial contributions to onchocerciasis control and other NTDs among others. The CSA extended appreciation to Dr Paul Lusamba for his conscientious leadership and managerial skills as Director of APOC. It noted that Dr Lusamba follows a small select group of predecessors who have ensured that the gains of APOC are sustained and taken to greater heights. The CSA wished him a happy and healthy retirement.

Agenda item 5: Report of the World Health Organization

11. The WHO Progress report (1st September 2011- 31st August 2012 (document JAF18.5)) presented to the JAF highlighted APOC’s key activities during the reporting year including mapping Onchocerciasis, refinement of the REMO conducted in 13 zones in Ethiopia and pre control microfilariae prevalence being collected in Ituri Sud, DRC and coordinated mapping of NTDs. Also highlighted were major health interventions co-implemented using CDTI network, monitoring and evaluation - epidemiological and entomological results. The 2012 epidemiological results show that elimination is feasible. Other important activities included capacity building of nationals at all levels in CDTI, entomological and epidemiological evaluation/surveillance, cross border meetings to prepare joint action plans to address cross-border issues, advocacy visits to countries for governments to increase their financial contributions to the elimination of onchocerciasis and other NTDs, for gender mainstreaming and the re-launching of CDTI in South Sudan, and enhancing collaboration with partners. The report also enlist challenges including the determination of when and where to stop ivermectin treatment and confirm focal elimination, and need to build/strengthen countries capacity to assess epidemiological and entomological trends and to attain/sustain full geographical coverage and 80% therapeutic coverage in all transmission zone. There is also need to increase and sustain Governments and NGDOs financial contributions to elimination efforts and for Post treatment surveillance system.

12. The report notes that 89% of the original APOC ivermectin ultimate treatment goal (90 million people) were reached in 2011 and more than 603 million treatments were provided by communities between 1997-2011 (cumulative). Over 61 million treatments and other health interventions were delivered using the network of community volunteers built by APOC partnerships. The number of sites in which elimination of Onchocerciasis was assessed has increased by 3 fold between 2009 and 2012.

13. The JAF congratulated APOC Management for a clear presentation and for the achievements in the different areas outlined. Nevertheless, the Forum expressed concern about treatment coverage in
Angola and encouraged Angola to bring together partners including NGDOs to launch or relaunch CDTI activities in the country.

14. The JAF also noted that APOC should dedicate more resources to ensure that more women receive training in community directed treatment with ivermectin and are community directed distributors as well. The JAF directed that the next report should show a significant increase in this regard and presented to the Forum.

15. Although plan of actions and follow-up actions were agreed upon by the countries during the cross-border meetings, the JAF suggested that the funding of the joint action plans be clarified and the implementation of the plans be reported to the JAF at its next session. On the other hand, taking into account the excellent entomological results in Benin, Guinea, Guinea Bissau, Mali, Niger and Sierra Leone which suggest that interruption of transmission might have already occurred, the JAF invited APOC Management to assist these countries as appropriate to confirm in 2013 that the breaking point is reached and to start post-treatment surveillance immediately thereafter. Effort should also be made with the appropriate bodies to better document co-implementation figures that are usually under-reported.

**Agenda item 6: Country reports**

16. Statements were given by Ministers of Health and heads of delegations from APOC and ex-OCP countries. The JAF thanked the Ministers of Health for the updates given regarding the status of onchocerciasis control activities within their countries and their commitment to eliminate onchocerciasis and other neglected tropical diseases.

17. The presentation on treatment coverage showed that 178,821 communities in 24 countries distributed ivermectin, treating 97.8 million people in APOC and Ex OCP, thus achieving geographic and therapeutic coverage of 97.4% and 78.0% respectively.

18. The financial contribution of both governments and the NGDOs towards core CDTI activities and for equipment, logistics and salaries was presented. In 2011, Governments and NGDO disbursed US$ 14,530,271 broken down as follows: US $ 2,888,411 allocated to core CDTI activities, US US $ 771,955 to equipment and logistics and US $ 10,869,905 to salaries.

19. Inconsistencies were noted in the data provided on NGDO financial contributions. The JAF reiterated therefore the urgent need for validated tools and guidelines to collect financial data.

20. Concerns were also raised on the way government financial contributions are presented. The JAF suggested that the contributions should also be standardized as a function of the total population of the country to facilitate eventual comparisons between countries.

21. It was however highlighted that JAF17 had instructed APOC Management to engage experts to come up with tools and guidelines to assess countries’ financial contributions. Guidelines and tools prepared by two
consultants selected with the support of the African Development bank and the World Bank are in the process of being pre-tested by the consultants in two pilot countries, Cameroon and Ethiopia.

22. With regards to nodding syndrome, the JAF was informed by Mectizan Donation Program (MDP) that affected countries, the Centers for Disease Control and Prevention (CDC) and other partners were still undertaking research on the nodding syndrome that has now been classified as epilepsy condition of unknown origin. It was also highlighted that there is no proved causal relationship with onchocerciasis and that Mectizan cannot be used for its treatment. It was indicated however that patients with nodding syndrome can still receive ivermectin within the MDA framework for oncho and/or LF elimination.

23. It was announced to the JAF that the Republic of South Sudan, as a new member of WHO, had formally signed the agreement for APOC, as revised in December 2011. The Forum expressed appreciation for the signature as an important development to consolidate the partnership and open the way for the re-launch of onchocerciasis elimination intervention in South Sudan.

Agenda item 7: Technical Consultative Committee (TCC)

24. Professor Mamoun Homeida, Chair of the TCC, presented the reports of the last two TCC meetings which were held in March and September 2012. On the feasibility of elimination of onchocerciasis infection and interruption of transmission, TCC and APOC Management have developed the epidemiological and entomological assessment criteria for elimination (Phase 1a to assess the decline in infection towards breaking point and Phase 1b to confirm the break point has been reached and that treatment can be safely stopped). TCC also contributed to the preparation of the new APOC strategic plan of action and budget for the period 2016-2025 to take the elimination agenda forward. Another key area of importance was discussions on entomological studies including their contribution to the review and refinement of the protocol for entomological assessments of interruption of onchocerciasis transmission in APOC countries among others. TCC also raised concern of incomplete geographical coverage in hyper and meso-endemic zones that are still not mapped and/or have not started treatment in particular Ethiopia (1.5 million people), South Sudan (re-launch CDTI), DRC with poor coverage, hypoendemic zones with Loa-Loa co-infection e.g. Gabon, and cross border issues. Other major issues included LF and onchocerciasis control/elimination program collaboration. It was worth noting that TCC has set up a committee to follow up on operational research.

25. JAF commended TCC for their technical and strategic support to APOC and was pleased to note that the results of the operational research were applied to the implementation of the Programme.

Agenda item 8: Elimination of Onchocerciasis infection in Africa and the Americas: Entomological epidemiological evaluation studies

26. Dr Frank Richards shared with the Forum the experience of Onchocerciasis Elimination Program for the Americas (OEP) with the goal to eliminate onchocerciasis transmission from the Americas in fulfilment of the resolution of the Pan American Health Organization (PAHO) adopted in 1991 and 2008.
He pointed out that Ivermectin treatments had been stopped in 4 of 6 countries. It was mentioned that 96% of original population is no longer being treated, 11 of 13 transmission zones have interrupted or eliminated transmission and an 89% decrease in a number of treatment since 2011. Post Treatment Surveillance Phase is on-going in 4 transmission zones (63% of original population at risk). It was worth noting that an external verification exercise was conducted by WHO in November 2012 in Colombia and that Ecuador should apply for verification in 2013. The remaining treatments targeted to reach the 23,000 people on the Brazil/Venezuelan border. Four times per year treatment is being administered to accelerate elimination. Southern Venezuela is River Blindness' 'last stand' in the Americas. The JAF was also informed of the 2013 OEPA score card to monitor progress of elimination.

27. Dr Hans Remme updated the JAF on the progress towards onchocerciasis elimination. He presented results of epidemiological evaluation of Phase 1a and phase 1b in the year 2012 in APOC countries. For phase 1a, 13 foci were surveyed in 11 CDTI project areas in Nigeria, Cameroon, Chad, CAR, Burundi, Uganda and Tanzania. The results presented showed that good progress is made towards elimination. Out of the total number of 34 CDTi projects evaluated for phase 1a from 2008 to 2012, 12 projects (20 sites with a total population of 17.6 million) have probably already achieved elimination, 6 projects are close, 11 on track and 5 have unsatisfactory progress. Phase 1b evaluations were conducted in Tanzania, Chad, Nigeria, Uganda and Malawi. Preliminary results were shown for Malawi and Chad, confirming elimination in the surveyed areas. Subject to confirmation by entomological evaluation in 2013, treatment can be stopped if this is done in coordination with the lymphatic filariasis programme. The JAF was shown a prediction of ivermectin treatments needed in the APOC countries over the next decades under the control and elimination scenarios, showing a reduction of 75% in the total number of treatments under the elimination scenario.

28. The JAF congratulated the presenters on the encouraging results of elimination in the Americas and promising progress in the African region and proposed that a score card for monitoring elimination progress in Africa should be developed. The Forum encouraged further collaboration among the two programmes to share lessons and best practices to accelerate elimination. It was also noted that consideration should be given to on-going treatment for lymphatic filariasis in the timing and interpretation of the epidemiological surveys.

**Agenda item 9: Summary of capacity building of countries**

29. The JAF was presented with a summary of capacity building and training in countries. During the reporting period, 642 421 CDDs and, 61 668 Health workers were trained and/or re-trained in 23 countries, in attempt to strengthen the health system in the countries.

**Agenda item 10: New Momentum for Neglected Tropical Disease (NTDs) Elimination.**

30. The JAF was presented with an overview on NTDs in Africa and panel discussions moderated by Dr Dirk Engels on the linkages for integration and coordination between APOC and other NTD programmes. The panel noted the increased new momentum to control and or eliminate NTDs.
especially following the London Declaration to eliminate NTDs. In particular, the discussions focused on NTD PCT- LF, STH, Schitosomiasis, Trachoma and Onchocerciasis.

31. Integrated coordination for PCT NTDs should take place in the context of morbidity management and disease prevention, behavioural change and environmental improvement (e.g. WASHED) and attempt to address gender mainstreaming and persons with disability.

32. Following the presentations on NTDs in Africa, JAF commended the panellists (Dr Thompson Ricardo, Dr Adiele Onyeze, Prof Allen Fenwick, Prof Martin Kollmann and Prof Charles Mwandawiro) for the rich discussion and shared a few additional points including:

a) Proposal for a streamlined strategy to achieve an integrated approach to NTDs, underlining guidelines to increase chance of success by highlighting clear and compelling goal, robust strategy, organizational structure and synergistic membership.

b) Strengthen communication and coordination of actions between APOC and other NTD programmes;

c) Improve coordination of actions at the global, regional, sub regional and cascade down to national and sub national level.

d) Share best practices, lessons learnt and challenges for successful integration and coordination of actions;

e) Emphasis to reinforce global coordination to minimize duplication of efforts at the national level due to lack of coordination among potential partners in the respective countries.

f) Strengthen training and capacity building at national level to ensure harmonized synergies and effective and efficient communication and coordination.

g) Develop and share planning tools to ensure smooth coordination and management of programme development.

h) Develop agreed strategic approaches to determining disease distributions and their overlap (LF/oncho and other NTDs).

i) The need for common monitoring and evaluation tools.

**Agenda item11: Summary of Co-Implementation**

33. An update on the coordinated mapping of NTDs in Cameroon and DRC supported by APOC and other partners was presented to the JAF. Integrated control activities will be implemented in the regions concerned, based on the results of this mapping.
34. The JAF recognized and commended the efforts being made by APOC in carrying out coordinated mapping, and advised with particular reference to DRC to complete mapping in the remaining regions.

35. The JAF was informed of the history of Co-implementation, from add-on interventions in 1999 up to co-implementation in 2006 and the decisions of the governing bodies of APOC regarding co-implementation of selected NTDs by APOC, supported by operational research on other interventions. The presentation highlighted the number of communities/people reached in 2011 by CDDs in the following NTDs: (i) Polio (596,216 persons), Vitamin A (1.9 million), Impregnated bed nets (3.4 million), home management of Malaria (2.4 million), Trachoma (1,034,356), and Soil transmitted helminthiasis interventions (5,460,575); Lymphatic filariasis (41,539,216).

36. The Forum commended APOC for the successful results of co-implementation and raised the issue of low data recorded for eye care despite the fact that CDDs are often utilised in case finding. JAF proposed that APOC should develop a tool for data collection on eye disease case finding for use by all constituencies supporting eye health activities.

Agenda item 12: The Concept Note

37. During its 17th session held in December 2011, the “JAF reaffirmed its endorsement for the Programme to pursue the elimination of onchocerciasis in Africa as well as co-implementation of preventive chemotherapy interventions for other selected NTDs in the context of increased support to community-level health systems strengthening”.

38. JAF was informed of the Concept Note (document JAF 18.9 i) which delineates the role of APOC and identifies the actions to be undertaken towards onchocerciasis elimination and the potential areas for APOC collaboration with other NTDs programmes in Africa as well as providing the package for developing APOC’s onchocerciasis elimination plans. In a context of renewed global commitment to support the control/elimination of NTDs particularly LF and enhanced regional coordination of country integrated NTDs plans, APOC will contribute with its experience in the implementation of the CDI strategy for PCT-NTDs, as well as scaling-up other relevant health interventions at community level.

Agenda item 13: APOC Strategic Plan of Action and Budget 2016-2025 for elimination of Onchocerciasis in Africa

39. The 18th session of the JAF was presented with a strategic plan of action for the post 2015 period (document JAF18.9 ii) at the request of the 17th session of the Joint Action Forum of APOC. The rationale expressed in the presentation was that:

- APOC should not close in 2015 as that would be untimely, given that none of the 31 endemic countries would have achieved elimination by that date.
The Programme should pursue the elimination of onchocerciasis in Africa including twice yearly treatment with ivermectin to speed up elimination in problematic areas.

Support co-implementation of preventive chemotherapy interventions for other selected NTDs in the context of increased support to community-level health systems strengthening.

The CSA and APOC management to submit a detailed new plan of action with costs reflecting the new expanded direction for the programme beyond 2015 for consideration by JAF18.

40. The objectives (including deliverables and indicators):

- Eliminate Onchocerciasis in 80% of endemic countries in Africa by 2025.
- Collaborate with relevant programmes and partners to implement community-directed interventions to control/eliminate selected PCT-NTDs in all onchocerciasis endemic countries in Africa.
- Collaborate with relevant programmes and partners to strengthen community health systems in all onchocerciasis endemic countries in Africa.

41. The total budget allocation for the period of 2016-2025 is estimated at US$151.1 million with over 35% earmarked for surveillance for elimination of onchocerciasis.

Agenda item 20: Revised PAB for the transitional period 2013, 2014 and 2015

42. Transitional Budget to intensify APOC activities in 2013 in the framework of the Elimination of Onchocerciasis infection in Africa was presented to the JAF. The proposal for adjustment of year 2013 activities planned cost in order to intensify APOC interventions is estimated at US$ 6.6 million for JAF18 consideration (document JAF18.7).

43. For the period 2014-2015, a planned action and budget of US$ 50.7 million is proposed for approval by the JAF. This PAB includes an additional budget of US$ 25.8 million that is required to intensify activities in order to cover all transmission zones in line with onchocerciasis elimination goal (document JAF18.8).

Agenda item 14: Closed Door session

44. During the closed door session, the following documents were reviewed by JAF:

a) The Concept Note – Role of APOC in the new strategic direction for onchocerciasis elimination, co-implementation with Lymphatic filariasis and other health interventions, and strengthening of community level health systems. (document JAF 18.9 i).
b) APOC Strategic Plan of Action and Budget 2016-2025 for elimination of Onchocerciasis in Africa (document JAF18.9 ii).

c) Transitional Budget to intensify APOC activities in 2013 in the frame work of the elimination of Onchocerciasis infection in Africa (document JAF18.7).

d) Plan of Action and Budget 2014- 2015 (document JAF18.8).

45. The questions paused for discussion were:

a) Do you endorse or approve the 4 documents?

b) Is there any other issue you would like to be included in relation to PAB post 2015?

46. Following the closed door sessions of the African endemic countries' delegations, donors and NGDOs, the following issues were noted:

**Delegations of endemic countries**

47. The Ministers and country delegates reviewed and commented that the Concept Note is clear with precise strategic orientation and it was noted that the CDI strategy is one of the best strategies for addressing community health problems. It was highlighted that CDI is a complement to the Health System. However, alternative evidence based strategy needs to be developed in increasing urban areas. With regards to the rest of the documents, the Ministers and country delegates appreciated the quality of the documents and approved them unanimously.

48. Ministers and country delegates reiterated their commitment to increase the funding for onchocerciasis and other NTDs control, and wished that aid to countries be continued so as to sustain NTD control interventions in Africa. Donors and NGDOs were acknowledged for their sustained support to help countries eliminate onchocerciasis and the other NTDs, and the Management of WHO-APOC for the multifaceted support to countries to ensure encouraging achievements noted nowadays in onchocerciasis and NTDs in Africa.

**Donors**

49. The donors acknowledged Dr Lusamba and his team for their leadership and APOC's hard work on the Strategic Plan of Action and Budgets 2016-2025. In reference to the strategic plan, the donors expressed support for the strategic plan to extend APOC up to 2025. To that effect:

a) The donors approved the 2013 and 2014/2015 Plan of Action and Budgets. However as the proposed budgets are not currently fully funded, it was suggested that APOC makes contingency plans for the event that funding is insufficient.
b) APOC should prioritize funding for country programmes and elimination activities wherever possible.

c) The donors will continue active fund raising efforts in support for the Plans of Action. The donors strongly advised against advancing funds from future years.

50. The donors endorsed in principle the 2016-2025 Strategic Plan of Action of APOC with the following caveats:

a. The donors reiterated universal support for APOC to take a more integrated approach beyond onchocerciasis. The donors acknowledge the work that APOC has done on this to date, however APOC should be strongly proactive in moving further in this direction.

b. The donors congratulated APOC on their indication that there will be a strategic change in the implementation platform from project area to district.

c. The following recommendations around technical, operational, and financial coordination with the broader NTD community were suggested:

   i. Encourage APOC to increase coordination with other NTD initiatives, AFRO and WHO at the global, regional and country level.

   ii. Coordination with donors investing in country programs to allow APOC to better target and leverage resources, especially during the annual budget development process.

   iii. Align APOC fund raising initiatives with other global NTD fund raising discussions.

   iv. Support the need for APOC to develop a clear transition plan on how it will evolve into an institution that is fit for purpose to deliver scenario 3 from JAF17, (i.e onchocerciasis elimination with co-implementation for NTDs with system strengthening (2016-2025).

   v. TCC to establish formal mechanisms to include technical input from all PCT diseases;

   vi. Use the strategic plan of action as a framework to help discussions between WHO, AFRO, and the broader NTD community to clarify roles and responsibilities to 1) reduce duplication, 2) fill technical gaps and 3) accelerate program implementation to achieve goals.

d. Not having sufficient time to give detailed feedback on specifics within the document, donors promised to give more detailed, technically specific feedback at a later date.

51. The donors expressed their appreciation to APOC for the efforts put into producing the 4 documents.
Non-Governmental Development Organisation (NGDO)

52. The NGDO group focused on 2 of the 4 documents, the Concept Note – (document JAF 18.9 i) and APOC Strategic Plan of Action and Budget 2016-2025 for elimination of Onchocerciasis in Africa (document JAF18.9 ii) because of their primacy to the future APOC activities and also due to time constraints for proper discussion.

53. The NGDO endorsed in principle the four documents subject to the following issues being addressed in the two documents thoroughly reviewed:

a. Clarifications of the NGDOs requested at JAF17 that are not reflected in these documents:
   • Clarification on APOC’s relationship to AFRO;
   • Clarification on use of the Trust Fund to support broader NTD activities; and
   • Coordination role of APOC with other NTD interventions.

b. Need for better definition of the geographic coverage of current APOC projects at country and district levels with respect to national NTD plans.

c. Research activities related to elimination should be extended to 100% of the countries. APOC should not work alone but coordinate research programs with other partners (TDR, Gates Foundation, etc.).

d. Throughout the documents where the statements of elimination of onchocerciasis in 80% of the countries is used it should be changed to “at least 80%”.

e. The budget requested should focus on elimination and less toward other “business as usual” activities (CDTI promotion).

f. While CDI approach is important, other innovative and evidence based approaches should also be considered and supported through APOC.

g. These documents should be circulated to other PCT disease partners for their expert review and comments.

h. Additional important comments specific to the two documents made during the closed session will be communicated directly to APOC.

Decisions taken by the JAF:

54. Taking into account comments made, as reflected in the final communiqué, the JAF approved the transitional Budget (23,233,000 US$) to intensify APOC activities in 2013 in the frame work of the
elimination of Onchocerciasis infection in Africa and the Plan of Action and Budget 2014-2015 for a total amount of 50,659,00 US$.

55. In addition, recognising the inputs provided at the closed door sessions, the JAF endorsed in principle the Concept Note and APOC Strategic Plan of Action and Budget 2016-2025 for elimination of Onchocerciasis in Africa.

Agenda 15: Report of the NGDO Coordination Group

56. The NGDO Group thanked Mrs Franca Olamiju outgoing Chair for her outstanding contribution during the past two years and informed the JAF that Dr Frank Richards and Dr Daniel Shungu are the new Chair and vice chair respectively. It was recognized that the achievement and work of the NGDO have been well documented in various scientific reviews and journals. It was worth noting that the NGDO financial support had increased from US$ 5 to 8 million in the last four years. However, the NGDO focus in the future will be the search for additional sustained funding. Some of the challenges raised were that some APOC CDTI projects in Angola, Democratic Republic of Congo and South Sudan were lacking NGDO partners for on-going activities; shift from control to elimination activities requires additional funding for epidemiological and entomological evaluations; the need to expand onchocerciasis elimination activities into the hypo endemic areas; and the need to include integrated NTD activities (especially other PCT diseases). JAF was assured that the NGDO Group is committed to scaling up onchocerciasis elimination activities and to mobilise sustainable funding in future working within the context of NTD integration and the London Declaration. APOC was urged to include in its goals a 2020 focus so as to be aligned with the London Declaration on the elimination of NTDs. The 41st session of the NGDO Coordination Group for Onchocerciasis Control will take place in February 2013 at The Carter Center HQ in Atlanta, USA.

57. The JAF acknowledged the significant contribution of NGDOs in the fight against onchocerciasis within the frame of elimination and recognized the urgent need for identifying APOC CDTI projects lacking NGDO partners. The Forum also noted the increased funding required in the paradigm shift and reiterated the need for increased government and partners’ commitment.

Agenda item 16: 25th anniversary of Mectizan donation

58. The JAF congratulated Merck Mectizan Donation Programme (MDP) for celebrating their 25th anniversary and acknowledged the huge positive impact resulting from the free donation of Mectizan by Merck for as long as needed and also appreciated their financial contribution to the APOC Trust fund.

59. It was noted that onchocerciasis and lymphatic filariasis are connected but that lymphatic filariasis elimination has had serious problems scaling up, and was at present at around 25% coverage for AFRO. MDP challenged the donors and WHO to take a lead in helping countries to scale up.
Agenda item 17: Current research with APOC and TDR collaboration

60. Dr Annette Kuesel presented an update to JAF on the analysis of Phase 3 data of moxidectin development based on the decision of the 17th session of the JAF that further work on moxidectin should await the results of the Phase 3 study.

61. JAF noted the conclusions of the external scientific review that Phase 3 efficacy results are consistent with those required by the target product profile and that Moxidectin would be a valuable tool for onchocerciasis elimination.

62. The CSA recommended that considering the change from control to elimination, the limited human resources available at APOC and increase of countries from 20 to 31 and the reduction of the threshold for treatment from 20% to 5% of nodule prevalence, TDR should go ahead with identifying donors, manufacturers and licence holders for moxidectin.

63. Based on the conclusions and following questions on the use of Onchosim for assessing consistency with the target product profile and on the potential availability of moxidectin free of charge, JAF endorsed the CSA recommendation and suggested that TDR should seek alternative funders.

Agenda item 18: Audit Report

64. The Forum took note of the Auditor’s report, through its reading by a representative of the Legal Counsel of WHO and accepted it.

Agenda item 19: NGDO’s over head

65. In recognition of the important role played by the NGDOs in the fight against onchocerciasis, and the challenges of securing funding for increased field activities and technical support in the transition from control to elimination, JAF was presented with a proposal for increasing the level of reimbursement of overhead cost from 7.5% to 12.5% as from 2014. (document JAF18.12).

66. JAF appreciated the roles of the NGDO and the fact that NGDO’s raise fund independently of the APOC Trust fund for onchocerciasis and other NTD related activities and endorsed the proposal.

Agenda item 21: Financing of the African Programme for Onchocerciasis Control

67. JAF was informed of the outcome of November meeting which was hosted by the World Bank to follow up to the January London Declaration to eliminate NTDs. The meeting explored how to help countries deliver the drug donation pledged at the January meeting.
68. The World Bank as fiscal agent presented the funds received and pledges made up to 2015 as well as the financial projection beyond 2015. The JAF was also informed of the following additional funds for the APOC Trust Fund:

i. The Government of the Federal Republic of Nigeria contributed US$ 5 million and Sightsavers UK£ 400,000 until 2015. Sightsavers is the first donor to confirm their commitment beyond 2015.

ii. APOC receipts and pledges to date total to US$ 258 million.

69. The World Bank noted the financial gap in the transitional period 2013 to intensify APOC interventions estimated at US$ 6.6 million and 2014-2015 additional budget of US$ 25.8 million. The World Bank informed the JAF that the funding to be received from the Government of Nigeria and Sightsavers would help to reduce the gap. It was also highlighted that the projections of the figures going beyond 2015 are work in progress.

Agenda item 22: Statement by Donors

70. The international donor community and the NGDO group reaffirmed their commitment to onchocerciasis control in Africa. However given the evolving landscape for NTDs, future financial support will be dependent on some key issues such as:

a. The belief that co-implementation is the right way and will strengthen other programmes.

b. To see that APOC is moving forward in coordination with WHO/AFRO/NTDS and other global NTD mechanisms.

c. To see increased integration with other NTDs at the country level - this integration should extend beyond drug distribution, to look at integrated approaches to monitoring and evaluation, coordinated approaches to mapping and use of integrated NTD task forces. APOC needs to look at whether its programme is appropriately structured to meet this shift in focus, or whether changes are needed to achieve the goals.

d. To see increasing clarity on resources are being utilised and accounted for at the country level, and strengthened monitoring and evaluation.

e. To see APOC taking the necessary action, in order to ensure moving forward together in tackling onchocerciasis and other NTDs.

f. How quickly and practically APOC incorporates the elimination and integration agenda and more importantly how this translates into effective integrated programs at the country level.

g. Gender mainstreaming in the Programme through the continuing support of gender plan of action.
71. JAF thanked the donors and NGDO Partners for their renewed commitment and appreciated Sightsavers’ commitment beyond 2015, as the first donors.

**Other issues: Joint Working Group on Lymphatic Filariasis and Onchocerciasis (JWG)**

72. Dr Thompson Ricardo submitted a report on the outcomes of the first LF and Onchocerciasis Joint Working Group (JWG). The group which is aiming at establishing and reinforcing working relationship between the two entities, agreed on the modality of its operations and developed a joint action plan for 2013. The JAF endorsed the content of the report and its presentation to AFRO/NTDs and APOC Management for support to the implementation of the proposed plan of action 2013.

**Agenda item 23: Date and Place of the 19 session of JAF**

73. The 19th session of JAF will be held in the second week of December 2013. The venue will be communicated at a later date after further consultation by APOC Management with the JAF18th session Chair, and the Chair of the CSA.
Annexes

Annex 1

Africán Programme for Onchocerciasis Control (APOC)
Programme africain de lutte contre l’onchocercose

JOINT ACTION FORUM
Office of the Chairman

JOINT ACTION FORUM
Eighteenth session
Bujumbura, Burundi, 11-13 December 2012

LIST OF PARTICIPANTS/LISTE DES PARTICIPANTS

APOC COUNTRIES/PAYS APOC

Burkina Faso
01. Dr Arzouma Ouedraogo, Chef de Service par intérim du service planification, suivi et évaluation, Ministère de la Santé, Direction des études et de la planification, 03 BP 7009, Ouagadougou 03, Burkina Faso – Tel: +226 70 25 21 25 – E-mail: lioneldas@yahoo.fr

Burundi
02. Dr Sabine NTAKARUTIMANA, Ministre de la Santé Publique, Ministère de la Santé Publique de la lutte contre le SIDA, BP 1820, Bujumbura, Burundi – Tel: +2579342148 – Fax: +25722229196 – E-mail: ntakarutimana2006@yahoo.fr

03. Dr Onésime NDAYISHIMIYE, Directeur du Programme National Intégré de lutte contre les Maladies Tropicales Négligées et la Cécité (PNIMTCN), Ministère de la Santé Publique et de la lutte contre le SIDA, BP 7127, Bujumbura, Burundi – Tel: +25722249333; +25722257153; +25722249334 – Mobile: +25777735102 – E-mail: ndayones@yahoo.fr

04. Dr Dieudonné NICAYENZI, Assistant du Ministre de la Santé Publique et de la lutte contre le Sida, BP 1820, Bujumbura, Burundi – Tel: +25722229195; +25771456813; +25777737480 – E-mail: nidieu24@yahoo.fr

05. Monsieur Sosthène HICUBURUNDI, Directeur Général des Ressources au Ministère de la Santé Publique de la lutte contre le SIDA, BP 1820, Bujumbura, Burundi – Tel: +25779690000 – Fax: +25722229196 – E-mail: hicusos@yahoo.fr; pnloburundi@yahoo.fr

06. Dr Jacqueline NINTUNZE, Directrice Adjointe du Programme National Intégré de lutte contre les
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Maladies Tropicales Négligées et la Cécité (PNIMTCN), Ministère de la Santé Publique de la lutte contre le SIDA, BP 1820, Bujumbura, Burundi - Tel: +257 79 92 19 65 - E-mail: jnintunze@yahoo.com

07. Monsieur Jérôme NDIKURIYO, Directeur Général de la Communication au Ministère des Télécommunications, de l'Information, de la Communication et des Relations avec le Parlement, Bujumbura, Burundi - Tel: +257 79 915 034 - E-mail: jerondi@yahoo.fr

08. Madame Rosine KANEZA, Conseillère Juridique du Ministère de la Santé Publique de la lutte contre le SIDA, BP 1820, Bujumbura, Burundi - Tel: +257 78 177 597 - E-mail: kanezarosine@yahoo.fr

09. Monsieur Pamphile BUKURU, Chef de Service IEC, Ministère de la Santé Publique et de la lutte contre le SIDA, BP. 1820, Bujumbura, Burundi - Tel: +257 79 928 008 - E-mail: bupamphilus@yahoo.fr

10. Madame Yvette GATEYINEZA, Assistante du Ministre ( Chargée de la Communication), Ministère de la Santé Publique et de lutte contre le SIDA, BP 1820, Bujumbura, Burundi - Tel: +25779963451 - Fax: +25722229196 - E-mail: yvettegates@yahoo.fr

11. Madame Imelde BARAHINDUKA, Comptable, Programme National Intégré de lutte contre les Maladies Tropicales Négligées et la Cécité (PNIMTCN), Ministère de la Santé Publique de la lutte contre le SIDA, BP 1820, Bujumbura, Burundi - Tel: +257 78 831 058 - E-mail: barahindukai@yahoo.fr

12. Monsieur Constantin NDAYIKENGUKIYE, Chargé de l'IEC et mobilisation sociale au Programme National Intégré de lutte contre les Maladies Tropicales Négligées et Cécité (PNIMTNC), Ministère de la Santé Publique et de lutte contre le SIDA, B.P. 1820, Bujumbura, Burundi - Tel: +257 77 738 473 - E-mail: constantinndayi@yahoo.fr

13. Monsieur Deogratias NIMPA, Coordonnateur du Projet TIDC, Bubanza – Cibitoke au Programme National Intégré de lutte contre les Maladies Tropicales Négligées et Cécité (PNIMTNC), Ministère de la Santé Publique et de lutte contre le SIDA, B.P. 1820, Bujumbura, Burundi - Tel: +257 77 77 48 36 - E-mail: deogratiasnimpa2020@gmail.com

14. Madame Jocelyne NKURIKIYE, Secrétaire/Caissière, Programme National Intégré de lutte contre les Maladies Tropicales Négligées et la Cécité (PNIMTCN), Ministère de la Santé Publique de la lutte contre le SIDA, BP 1820, Bujumbura, Burundi - Tel: +257 77 666 42; +257 76 501 906 – E-mail: nkurijocelyne@yahoo.fr

15. Madame Denise NZEYIMANA, Secrétaire au Cabinet du Ministre de la Santé Publique et de la lutte contre le SIDA, B.P 1820, Bujumbura, Burundi - Tel: +257 79 314 940 - E-mail: denisenzeymana@yahoo.fr

16. Monsieur Willy MADIRISHA, Conseiller Socio-Culturel au Cabinet du 1er Vice-Président de la
République du Burundi et Point Focal VIH/SIDA, Bujumbura, Burundi – Tel: +257 – E-mail: willymadirisha@yahoo.fr

17. Monsieur Emile BUTOYI, Directeur du Protocole, Ministère des Relations Extérieures et de la Coopération Internationale, Bujumbura, Burundi – Tel: +257 71 332 693; +257 77 454 399

18. Monsieur Bernard CAKWERI, Chef de Service Accueil à la Direction du Protocole, Ministère des Relations Extérieures et de la Coopération Internationale, Bujumbura, Burundi – Tel: +257 77 615 818; +257 79 903 094 – E-mail: bernca3@yahoo.fr

19. Madame Aline BIGIRIMANA, Chef de Service à la Direction du Protocole, Ministère des Relations Extérieures et de la Coopération Internationale, Bujumbura, Burundi – Tel: +257 77 075 075 – E-mail: bigirimanaalone@yahoo.fr

20. Monsieur Denis NDUWAMUNGU, Conseiller à la Direction du Protocole, Ministère des Relations Extérieures et de la Coopération Internationale, Bujumbura, Burundi – Tel: +257 79 455 837

21. Monsieur Nestor BINDARIYE, Chef de Service à la Direction du Protocole, Ministère des Relations Extérieures et de la Coopération Internationale, Bujumbura, Burundi – Tel: +257 79 057 866

22. Monsieur Léonce KWIZERA, Chef de Service à la Direction du Protocole, Ministère des Relations Extérieures et de la Coopération Internationale, Bujumbura, Burundi – Tel: +257 79 575 116

23. Monsieur Adolphe BUKURU, Conseiller à la Direction du Protocole, Ministère des Relations Extérieures et de la Coopération Internationale, Bujumbura, Burundi – Tel: +257 79 481 222 – E-mail: bbukuruadolphe@yahoo.fr

24. Monsieur Tharcisse HAVYARIMANA, Conseiller à la Direction du Protocole, Ministère des Relations Extérieures et de la Coopération Internationale, Bujumbura, Burundi – Tel: +257 77 872 340 – E-mail: havytharc@yahoo.fr

25. Madame Claudine NIJIMBERE, Conseillère à la Direction des Affaires Juridiques et Consulaires, Ministère des Relations Extérieures et de la Coopération Internationale, Bujumbura, Burundi – Tel: +257 79 880 474 – E-mail: njimbereclaudine@gmail.com

26. Monsieur Tharcisse TUMUKUNDE, Conseiller à la Direction des Affaires Juridiques et Consulaires, Ministère des Relations Extérieures et de la Coopération Internationale, Bujumbura, Burundi – Tel: +257 77 992 467; +257 79 992 467 – E-mail: thar6tumukunde@yahoo.fr

Cameroon/Cameroun

27. Dr Benjamin Didier BIHOLONG, Coordonnateur du Programme National de Lutte contre l’Onchocercose, Secrétaire Exécutif du GTNO s/c OMS, BP 155, Yaoundé, Cameroun – Télé: Portable: +237 99 61 28 00 – Fax: +237 22 22 44 19 – E-mail: biholong_di@yahoo.fr

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19
Central African Republic/République Centrafricaine

28. Dr Bénoît KEMATA, Coordonnateur National du Programme National de Lutte contre l’Onchocercose, Ministère de la Santé Publique, de la Population et de la Lutte contre le SIDA, B.P. 1772, Bangui, République Centrafricaine, Tél: +236 70 40 26 01; +236 77 20 17 40; +236 72 50 27 01; Fax: s/c WR +236 21 61 01 37 - Email: bkemata@yahoo.fr

Chad/Tchad

29. Monsieur Nadjilar LOKEMLA, Coordonnateur National du Programme de Lutte contre l’Onchocercose (PNLO), Ministère de la Santé Publique, B.P. 4057, N’Djamena, Tchad - Tel: +235 66 29 01 64 - E-mail: nadjilar@yahooo.fr

Côte d’Ivoire

30. Dr Amenan Marie Madeleine KOUAKOU EPSE ILUNGA, Directeur/Coordonnateur du Programme National de Lutte contre la Cécité (PNLCé), 25 BP 299 Abidjan 25, Côte d’Ivoire - Tél: +225 22.44.37.01 – Fax: +225 22.44.37.83 – E-mail: magdy_koua@yahoo.fr

Democratic Republic of the Congo/République Démocratique du Congo

31. Dr Naomi AWACA UVON, Directrice du Programme National de Lutte contre l’Onchocercose, 36, Avenue Justice, C/Gombe, Kinshasa, République Démocratique du Congo - Cellulaire: +243.81.78.22.566 – E-mail: pnlo_rdc@yahoo.fr; naopitchouna@yahoo.fr

Ghana

32. Dr Nana-Kwadwo BIRITWUM, Programme Manager, Neglected Tropical Diseases Programme (NTD), Ghana Health Service, P.O. Box MB-190, Accra, Ghana – Tel: +233 20 8232286 – Fax: +233 302 226 739 – E-mail: nanakwadwo.biritwum@ghsmail.org; nkadbiritwum@gmail.com

Guinea/Guinée

33. Dr Robert CAMARA, Directeur National de la Prévention et de la Santé Communautaire, Ministère de la Santé et de l’Hygiène Publique, BP 585, Conakry, République de Guinée - Tel: +224 62 93 13 92 – E-mail: robertcam2005@yahoo.fr
34. Dr André GOEPOGUI, Coordonnateur, Programme National de Lutte contre l’Onchocercose et la Cécité/MTN, Ministère de la Santé et de l’Hygiène Publique, BP 585, Conakry, République Guinée – Tel: +224 69 26 70 80 – E-mail: agoep@yahoo.fr

Liberia
35. Mr Dominic Wafema RENNIE, Special Assistant to the Minister, Ministry of Health & Social Welfare, P.O. Box 10-90009, 1000 Monrovia 10, Liberia – Tel: +231886675188 – E-mail: doredo98@yahoo.com

36. Mr Anthony K. BETTEE, Physician Assistant and National Onchocerciasis Coordinator, Neglected Tropical Diseases Program, Ministry of Health and Social Welfare, Congo Town, P.O. Box 10-9009 1000 Monrovia 10, Liberia – Tel: +231886539548 – E-mail: tbettee@yahoo.com

Malawi

37. Dr Storn Binton KABULUZI, Director of Preventive Health Services, Ministry of Health, P.O. Box 30377, Lilongwe, Malawi – Cell: + 265 1 789 400 – E-mail: skabuluzi@yahoo.com

38. Mr. Laston Douglas SITIMA, National Onchocerciasis Coordinator, c/o Community Health Sciences Unit (CHSU), P/Bag 65, Lilongwe, Malawi – Tel/Cell: +265 888 303 446 – E-mail: laston_sitima2000@yahoo.com

Mali

39. Dr Mamadou Oumar TRAORE, Coordonnateur du Programme National de Lutte contre l’Onchocercose, Direction Nationale de la Santé, B.P. 233, Bamako, Mali – Tél: +223 66 71 17 66; +223 20 22 64 97 – E-mail: traoremot@yahoo.fr

Nigeria

40. Dr Mansur KABIR, Director, Public Health Department, Federal Ministry of Health, New Federal Secretariat Phase III, Maitama – Abuja, P.M.B. 083, Nigeria – Tel: +23408037038113 – E-mail: jfrmkabir@yahoo.co.uk

41. Dr Yisa Adewale SAKA, National Coordinator, National Onchocerciasis Control & Lymphatic Filariasis Elimination Programmes, Ministry of Health, New Federal Secretariat Phase III, Ahmadu Bello Way, Maitama – Abuja, P.M.B. 083 Garki 1 – Abuja, Nigeria – Tel: +234 0803 3029387 – Email: yisaasaka@yahoo.com

Republic of South Sudan/République du Soudan du Sud

42. Dr Michael MILLI HUSEIN, Minister of Health, Ministry of Health Complex, P.O. Box 88, Juba, Republic of South Sudan – Tel: +211 955 147 200 – E-mail: drmichael.milly8@gmail.com

43. Dr Tong Chor MALEK, National Coordinator, Ministry of Health Complex, P.O. Box 88, Juba, Republic of South Sudan – Tel: +211 912 309 481; +211 955 763 964 – E-mail: tong_chewitaak@yahoo.co.uk

Sénégal
44. Dr Moussa Dieng SARR, Coordonnateur du Programme National de Lutte contre l’Onchocercose, Ministère de la Santé et de l’Action Sociale, Fann Résidence, BP 4024, Dakar, Sénégal – Tél: Bureau: +221 33 869 42 91 – Cellulaire: +221 77 533 78 24 – Fax: +221 33 869 42 06 – E-mail: mdiensarr@yahoo.fr

Uganda/Ouganda

45. Dr Dennis Wilfred Kigambe LWAMAFA, Acting Director Health Services (CC)/Commissioner, National Disease Control, Ministry of Health, P.O. Box 7272 Plot 6, Lourdel Road, Nakasero, Kampala, Uganda – Tel: +256-414-259-666 – E-mail: lwamafa@yahoo.co.uk; lwamafa@hotmail.com

46. Tom Luroni LAKWO, Senior Entomologist, National Coordinator, National Onchocerciasis Control Programme (NOCP) Secretariat, Ministry of Health, P.O. Box 7272, Kampala, Uganda – Tel: +256-414-251 927 – Email: tlakwo@gmail.com

DONORS/DONATEURS

African Development Bank/Banque Africaine de Développement

47. Dr Feng ZHAO, Manager, Health Division, African Development Bank (ADB), 13, Avenue du Ghana, BP 323, 1002 Tunis Belvédère, Tunisia – Tel: +216 302 662 – Fax: +216 71.333.025 – E-mail: f.zhao@afdb.org

48. Dr Maïmouna DIOP LY, Physician/Principal Health Analyst, African Development Bank (ADB), Ghana Field Office, P.M.B. MB59 Heritage Tozer - Ridge, Accra, Ghana – Tel: +233 302 662 818; +233 265 593 798 – E-mail: M.DIOPLY@AFDB.ORG

CIDA/CANADA

49. Dr Pierre-Claver BIGIRIMANA, Senior Health Specialist, Canadian International Development Agency (CIDA), 200, promenade du Portage, Gatineau (Québec)/Canada K1A 0G4 – Tel: +819-994-7582 – Fax: +819 994-1208 – E-mail: Pierre_bigirimana@acdi-cida.gc.ca

European Commission/Union Européenne

50. Dr Pascal CREPIN, Chargé de Programme, European Union, place independence, Old East Building, Bujumbura – Tel: +257 22 22 34 26 – Fax: +257 22 22 46 12 – E-mail: pascal.crepin@eeas.europa.eu
Kitasato Institute/Kitasato University

51. Prof. Andrew John CRUMP, Visiting Professor/Consultant, Kitasato Institute/Kitasato University, 2-7-11-1707, Minato-Ku, Tokyo 108-0023, Japan – Tel: (+81) 3-3456-0448 -E-mail: acys@me.com

Kuwait (Kuwait Fund for Arab Economic Development)

52. Dr AbdulRedha M. BAHMAN, Agricultural Advisor, Kuwait Fund for Arab Economic Development, P.O. Box 2921, Safat 13030, Kuwait - Tel: direct +965 22999186 - Fax: +965 22 999 190 - Email: bahman@kuwait-fund.org

53. Dr Mohammad Kazem BEHBEHANI, Director of Dasman Diabetes Institute, P.O. Box 1180, Kuwait City, Kuwait – Tel: +965 2242999 – Fax: +965 22492435 – E-mail: nour@dasmaninstitute.org

Merck/MSD

54. Ms Janet VESSOTSKIE, Director, Corporate Responsibility, Merck, One Merck Drive WS2A-56, P.O. Box 100, Whitehouse Station NJ 08889-0100, USA – Tel: +908 423 6441 Fax: +908 735 1839 – Email: janet.veossotskie@merck.com

The Netherlands

55. Ms Maaike VAN VLIET, First Secretary at Embassy of the Kingdom of The Netherlands, P.O. Box 262, Bujumbura, Burundi – Tel: +257 22 25 20 55 – Fax: +257 22 25 20 54 – E-mail: maaike-van.vliet@minbuo.nl

Sabin Vaccine Institute

56. Mr Michael MARINE, Chief Executive Officer, Sabin Vaccine Institute, 2000 Pennsylvania Avenue, NW Suite 7100, Washington DC 20006, USA – Tel: +1.202-842-5025 – Fax: +1.202-842-7689 – Email: kalin.perkov@sabin.org

Saudi Arabia/Arabie Saoudite

57. H. E. Eng. Hasan ALATTAS, Director General, Technical Department, The Saudi Fund for Development, P.O. Box 60920, Riyadh 11555, Kingdom of Saudi Arabia – Tel: +966-1-279 4100 – Fax: +966-1-464-0292 – Email: abaman@yahoo.com; hatas@sfd.gov.sa

58. Mr Saud ALFANTOUKH, Director General, Control & Audit Department, The Saudi Fund for Development, P.O. Box 1887, Riyadh 11523, Kingdom of Saudi Arabia – Tel: +966-1-2794400 – Fax: +966-1-4647450 – Email: salfantoukh@gmail.com
United Kingdom

59. Dr Christopher Richard LEWIS, Health Advisor, Department for International Development, 1 Palace Street, London SW1E 5HE, United Kingdom – Tel: + 44(0) 207 023 1151 – E-mail: chris-lewis@dfid.gov.uk

USAID

60. Ms. Emily WAINWRIGHT, Senior Operations Advisor, Neglected Tropical Diseases, USAID, GH/HION/ID, Room 3.07-36 RRB, 1300 Pennsylvania Avenue, NW, Washington, DC 20523, USA – Tel: +1.202 712 5403 – Fax: +1.202 216 3702 – E-mail: ewainwright@usaid.gov

61. Dr Eric OTTESEN, Director, Envision Program (RTI), Director LF Support Center, Task Force for Global Health, 701 13th Street, NW, Washington, DC 20005-3967, USA – Tel: +1.202 728 2462 – E-mail: eottesen@taskforce.org; eottesen@rti.org

The World Bank/Banque Mondiale

62. Dr Donald A.P. BUNDY, Lead Health and Education Specialist and APOC Coordinator, Africa Region Human Development Department, The World Bank, 1818 H Street NW, Room J10 – 131, Washington DC 20433, USA – Tel: +1.202 473-3636 – Email: dbundy@worldbank.org

63. Dr Andy Chi TEMBON, Senior Health Specialist, African Region Human Development Department, The World Bank, 1818 H Street, NW, Room J10 – 142, Washington DC 20433, USA – Tel: +1.202-473-4879 – Email: atembon@worldbank.org

64. Ms Bilkiss DHOMUN, APOC Financial Analyst, African Region Human Development Department, The World Bank, 1818 H Street NW, Room J10 – 176, Washington DC 20433, USA – Tel: +1.202-473-3768 – Email: bdhomun@worldbank.org

NGDOs/ONGD

Carter Center

65. Dr Frank Oliver RICHARDS, Director, River Blindness Program, The Carter Center, One Copenhill Avenue, 453 Freedom Parkway, Atlanta, GA 30307, USA – Tel: +1.404 420 3898 – Fax: +1.404 420 3881 – Email: frich01@emory.edu
Charitable Society for Social Welfare (CSSW)

66. Dr Abdulmajid Abdulqawi Farhan AL-HAMIDI, Secretary General, Charitable Society for Social Welfare (CSSW), Western Ring Road, New University Intersection, P.O. Box 13254, Sana’a, Yemen – Tel: +9671 464 402 – Fax: +9671464 419 – E-mail: afarhan2005@yahoo.com; info@csswyemen.org

Center for Neglected Tropical Diseases Liverpool School of Tropical Medicine, United Kingdom

67. Dr Maria REBOLO POLO, Scientific Manager Monitoring and Evaluation, Center for Neglected Tropical Diseases, Pembroke Place, Liverpool L3 5QA, United Kingdom – Tel: +44 (0) 151 705 3335; Mobile:+44 788 9720 324 – E-mail: mariarebollo@liverpool.ac.uk

Christoffel Blindenmission (CBM)

68. Dr Konrad Hans Martin KOLLMANN, Program Director for Neglected Tropical Diseases, CBM Central Africa Regional Office, P.O. Box 58004 – 00200 City Square, Ring Road Parklands, Nairobi, Kenya – Tel: +254-20.3751-798; +254-20.3751 654; +254-20.3742-709 – Fax: +254 20.3740-305 – Mobile: +254 733 524 436 – E-mail: mkollmann@cbmi-nbo.org

69. Mr. Johan WILLEMS, NTD Programme Coordinator Central Africa, CBM Central Africa Regional Office, P.O. Box 58004 – 00200 City Square, Ring Road Parklands, Nairobi, Kenya – Tel: +254 733 524 436 – Fax: +254-20.3740 305 – E-mail: johan.willems@cbmi-nbo.org

70. Prof Innocent TAKOUGANG, Regional Adviser for Onchocerciasis and Neglected Tropical Diseases, CBM Coordination Office, Immeuble Chanick, Kinshasa – Gombe, the Democratic Republic of the Congo – Tel:+283 823 4243 70 –E-mail: itakougang@yahoo.com

GlaxoSmithKline

71. Mr. Andy WRIGHT, Director, Neglected Tropical Disease Programmes, GSK House, CN12.9, 980 Great West Road, Brentford, Middlesex, TW8 9GS, United Kingdom – Tel: +44 208 047 5515 – E-mail: Andy.L.Wright@GSK.com

IMA World Health

72. Dr Sarla CHAND, Vice President, External Relations, IMA World Health, 500 Main Street, P.O. Box 429, New Windsor, MD 21776, USA – Tel: +1-410-635-8720 – Fax: +1.410-635-8726 – E-mail: sarlachand@imaworldhealth.org
73. Ms Ann VARGHESE, Senior Program Officer, IMA World Health, 500 Main Street, P.O. Box 429, New Windsor, MD 21776, USA – Tel: +1-410-635-8720 – Fax: +1.410-635-8726 – E-mail: annvarghese@imaworldhealth.org

International Agency for the Prevention of Blindness (IAPB)

74. Mr. Peter ACKLAND, Chief Executive Officer, International Agency for the Prevention of Blindness (IAPB), LSHTM, Keppel Street, London WC1E 7HT, United Kingdom – Tel: +02079272969 – E-mail: packland@iapb.org

Lions Clubs International Foundation

75. Dr Henry NKUMBE, Ophthalmologist/Technical Advisor, Lions Clubs International Foundation (LCIF), Oak Brook, Illinois – Tel: ……………….. – E-mail: nkumbe@gmx.net

Mectizan® Donation Program

76. Dr Adrian Dennis HOPKINS, Director, Mectizan® Donation Program (MDP), 325 Swanton Way, Decatur, GA 30030, USA – Tel +1.404-371-400 – Fax: +1.404-371-1138 – Email: ahopkins@taskforce.org

77. Dr Kisito OGOUSSAN, Associate Director (Onchocerciasis), Mectizan® Donation Program (MDP), 325 Swanton Way, Decatur, GA 30030, USA – Tel +1.404-687-5633 – Fax: +1.404-371-1138 – Email: kogoussan@taskforce.org

MITOSATH

78. Mrs. Francisca OLAMIJU, Executive Director/medical Parasitologist, Mission to Save the Helpless (MITOSATH), Plot 42046, Mun-Gyel, Behind WAEC Office, P.O. Box 205, Postcode 930001, Jos – Plateau State, Nigeria – Tel: +234 (0) 8033318085 – E-mail: mitosath@hotmail.com; francisca@mitosath.org

SCI Imperial College

79. Prof Alan FENWICK, Professor of Tropical Parasitology, SCI – Imperial College, Dept Infectious Disease Epidemiology, St Mary’s Campus, Norfolk Place, London W 2 1PG, United Kingdom – Tel: +44 207 594 3418 – Mobile: +44 7811 708313 – E-mail: a.fenwick@imperial.ac.uk
Sightsavers

80. Dr Caroline Harper, Chief Executive, Sightsavers, Grosvenor Hall, Bolnore Road, Haywards Heath, West Sussex, RH16 4BX, United Kingdom – Tel: +44(0) 1444 44 6600 – Fax: +44 (0) 1444 44 6688 – E-mail: charper@sightsavers.org

81. Mr. Simon BUSH, Director, Neglected Tropical Diseases (NTDs) Sightsavers, 21 Nil Nortei Ababio Street, Airport Res. Area, Accra, Ghana – Tel: +233 302 774210; +233 748 702 – Fax: +233 302 780227 – Email: sbush@sightsavers.org

United Front Against Riverblindness (UFAR)

82. Dr Daniel Luhata SHUNGU, Executive Director, United Front Against Riverblindness (UFAR), 13 Carnation Place, Lawrenceville, New Jersey 086648, USA – Tel: +1.609-954-3398 – Fax: +1.609-530-1594 – E-mail: dlshungu@aol.com

83. Ms. Amanda HITCHINS, Volunteer, 8 Island Hill Avenue, Malden Massachusetts, USA 08648 – Tel: +1.978 835 3267 – E-mail: mandakate82@gmail.com

OTHER PARTNERS/AUTRES PARTENAIRES

Bill & Melinda Gates Foundation

84. Dr Julie JACOBSON, Senior Program Officer, Bill & Melinda Gates Foundation, P.O. Box 23350 Seattle, WA 98109 USA – Tel: +1.206-709-3415 – Fax: +1206-494-7039 – E-mail: Julie.jacobson@gatesfoundation.org

CDC Atlanta

85. Dr Christine DUBRAY, Medical Epidemiologist, Parasitic Diseases Branch of CDC, 1600 Clifton Road, MS A-06, Atlanta, Georgia, 30333, USA – Tel: +1.404 718 4769 – E-mail: ffg5@cdc.gov

Institut de Recherche pour le Développement (IRD)

86. Dr Michel BOUSSINESQ, UMI 233, Centre IRD de Montpellier, 911, avenue Agropolis, BP 64501, 34394 Montpellier Cedex 5, France, Tel: +33 4 66 41 674 41 – E-mail: michel.boussinesq@ird.fr

National Institute of Health

87. Dr Ricardo THOMPSON, Senior Research Scientist, National Institute of Health, Av. Eduardo Mondlane, 1008, Maputo, P.O. Box 264, Maputo, Republic of Mozambique – Tel:
Onchocerciasis Chemotherapy Research Centre (OCR C)

88. Dr Nicholas OPOKU, Acting Director of Onchocerciasis Chemotherapy, Principal Investigator & Medical Advisor, Moxidectin Phase III Clinical Trials, P.O. Box 144, Municipal Hospital, Hohoe, Ghana – Tel: +233 20 2017 116 – Fax: +233 3627 22 111 – E-mail: opokuopn@hotmail.com; opokuopn@gmail.com

Partnership for Child Development (PCD)

89. Dr Charles MWANDAWIRO, Head of Delegation, Kenya Medical Research Institute, P.O. Box 5480 – 00200, Nairobi, Kenya – Tel: +254 2 722 541 – E-mail: cmwandawiro@kemri.org

West African Health Organization (WAHO/OOAS)

90. Dr Jeanetta K. JOHNSON, Deputy Director General, West African Health Organization (WAHO), 01 BP 153, Bobo-Dioulasso, Burkina Faso – Tel: +226 7555 7955 – E-mail: jkoyah@yahoo.com

WHO/HQ/GENEVA-OMS/SIEGE/GENEVE

91. Mr Xavier DANÉY, Senior Legal Officer, Office of the Legal Counsel, World Health Organization (WHO/HQ), 20 Avenue Appia, CH-1211, Geneva 27, Switzerland – Tel: +41 22 791 1871 – Email: daneyx@who.int

92. Dr Dirk ENGELS, Coordinator HQ/HTM/NTD/PCT, World Health Organization (WHO/HQ), 20 Avenue Appia, CH-1211, Geneva 27, Switzerland – Tel: +41-22 791 3824 – Email: engelsd@who.int

93. Dr Annette KUESEL, Scientific Officer, WHO/TDR, 20 Avenue Appia CH-1211 Geneva 27, Switzerland – Tel: +4-22 791 1541 – Fax: +41 22 791 4774 – E-mail: kuesela@who.int

94. Dr Tony UKETY, Responsible Officer NGDO Coordination Group for Onchocerciasis, Prevention of Blindness and Deafness (PBD), World Health Organization (WHO), 20 Avenue Appia, CH-1211 Geneva 27, Switzerland – Tel: +41 22 791 1450 – Fax: + 41 22 791 4772 – E-mail: uketyt@who.int

WHO/AFRO/OMS AFRO

95. Dr Matshidiso MOETI, Deputy Regional Director, World Health Organization Regional Office for Africa (WHO/AFRO), Cité du Djoué, BP 06, Brazzaville, Congo – Tel: + 47 241 39386 – E-mail: 
96. Dr Jean-Baptiste ROUNGOU, Director, Disease Prevention and Control, World Health Organization Regional Office for Africa (WHO/AFRO), Cité du Djoué, BP 06, Brazzaville, Congo – Tel: +24 06 508 11 01 – Fax: +47 241 39 503 – E-mail: roungouj@afro.who.int

97. Dr Ngenda Chris MWIKISA, Chair of the CSA, IST Coordinator for East & Southern Africa, World Health Organization (WHO/AFRO), 86 Enterprise Road/Glenara, Highlands, P.O. Box BE773, Harare, Zimbabwe – Tel: +263 772 648 679 – Email: mwikisac@zwafro.who.int

98. Dr Lucile IMBOUA NIAVA, Coordonnateur, équipe inter pays Afrique Centrale s/c OMS Gabon, BP 820 Libreville, Gabon – Tel: +241 07 35 00 92 – E-mail: imboual@ga.afro.who.int

99. Dr Benido IMPOUMA, DPC/AFRO, Regional Adviser, World Health Organization Regional Office for Africa (WHO/AFRO), Cité du Djoué, BP 06, Brazzaville, Congo – Tel:……….. – E-mail: impoumab@afro.who.int

100. Dr Adiele ONYEZE, Programme Manager, NTD, World Health Organization Regional Office for Africa (WHO/AFRO), Cité du Djoué, BP 06, Brazzaville, Congo – Tel: +47 241 39161 – E-mail: onyezea@afro.who.int

WHO/Burundi/OMS/Burundi

101. Dr Joseph W. CABORET, Représentant de l’Organisation Mondiale de la Santé (OMS), Boulevard de l’Uprona, B.P. 1450 Bujumbura, Burundi – Tel : +257 22 23 12 47 – Fax: +257 22 23 17 71 – E-mail: caborej@bi.afro.who.int

102. Dr Baza DISMAS, NPO – NTD – Malaria, APO Focal Point, Organisation Mondiale de la Santé (OMS), Boulevard de l’Uprona, B.P. 1450, Bujumbura, Burundi – Tel: +257 22 23 12 47 – Fax: +257 22 23 17 71 – E-mail: bazad@bi.afro.who.int

103. Madame Liliane NDUWAYEZU, Assistante aux Opérations, Organisation Mondiale de la Santé (OMS), Boulevard de l’Uprona, B.P. 1450, Bujumbura, Burundi – Tel: +257 79 220 010; +257 75 220 010 – E-mail: ndawayezul@bi.afro.who.int

104. Monsieur Jean-Marie KIKUDJI, ICT, Organisation Mondiale de la Santé (OMS), Boulevard de l’Uprona, B.P. 1450, Bujumbura, Burundi – Tel: +257 79 923 630 – E-mail: kikudjii@bi.afro.who.int
105. Madame Marie Pia NIZEYIMANA, Assistante au Programme de l’Organisation Mondiale de la Santé (OMS), Boulevard de l’Uprona, B.P. 1450, Bujumbura, Burundi – Tel: +257 – E-mail: nizeyimanap@bi.afro.who.int

WHO/SECRETARIAT-SECRETARIAT OMS

106. Dr Paul-Samson LUSAMBA-DIKASSA, Director, APOC, Avenue Naba Zombré N° 1473, 01 B.P. 549, Ouagadougou 01, Burkina Faso - Tel: +226 50 34 22 77 – Fax: +226 50 34 48 00 - Email: lusambap@oncho.afro.who.int

107. Dr Laurent YAMEOGO, Coordinator, Director’s Office, APOC, Avenue Naba Zombré N° 1473, 01 B.P. 549, Ouagadougou 01, Burkina Faso – Tel: +226 50 34 41 04 – Fax: +226 50 34 28 75 - Email: yameogol@oncho.afro.who.int

108. Dr Grace Fobi, Chief, Sustainable Drug Distribution Unit (CSD/APOC) Avenue Naba Zombré N° 1473, 01 B.P. 549, Ouagadougou, Burkina Faso – Tel: +226 50 34 29 53 – Fax: +226 50 34 28 75, Email: fobig@oncho.afro.who.int

109. Dr Mounkaila NOMA, Chief, Epidemiology and Vector Elimination Unit, APOC, Avenue Naba Zombré N° 1473, 01 B.P. 549, Ouagadougou 01, Burkina Faso - Tel: +226 50 34 29 53; +226 66 21 15 15 – Fax: +226 50 34 28 75 - Email: nomam@oncho.afro.who.int

110. mailto:Stephen.leak1@btinternet.comMr Koffi Benoît AGBLEWONU, Budget and Finance Officer, APOC, Avenue Naba Zombré N° 1473, 01 B.P. 549, Ouagadougou 01, Burkina Faso - Tel: +226 50 34 29 53 – Fax: (226) 50 34 28 75 - Email: agblewonuk@oncho.afro.who.int

111. Mr Honorat Gustave ZOUR, Responsible, Biostatistics and Mapping, APOC, Avenue Naba Zombré N° 1473, 01 B.P. 549, Ouagadougou 01, Burkina Faso - Tel: +226 50 34 29 59 – Fax: +226 50 34 28 75 – Email: zoureh@oncho.afro.who.int

112. Mrs Marie Emily ZOUGMORE, Secretary, APOC Director’s Secretariat, Avenue Naba Zombré N° 1473, B.P. 549, Ouagadougou 01, Burkina Faso – Tel: +226 50 34 29 53 – Fax: +226 50 34 28 75- Email: zougmorem@oncho.afro.who.int

113. Mrs Patricia B.Y. MENSAAH, Senior Administrative Assistant, Sustainable Drug Distribution Unit (AA/SDD/APOC), Avenue Naba Zombré N° 1473, B.P. 549, Ouagadougou 01, Burkina Faso – Tel: +226 50 34 29 53 – Fax: +226 50 34 28 75 – Email: mensahp@oncho.afro.who.int

APOC TECHNICAL CONSULTATIVE COMMITTEE

Eighteenth Session of the Joint Action Forum JAF18
Bujumbura, December 2012

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114. Prof. Mamoun HOMEIDA, P.O. Box 12810, Khartoum, Sudan – Tel: +249183227599 – Fax: +249183224799 – E-mail: amst33@hotmail.com

115. Dr Mary K. AMUYUNZU NYAMONGO, Executive Director, AIHD, P.O. Box 45259 – 00100, Nairobi, Kenya – Tel/Fax: +254 20 38 73385 – E-mail: mnyamongo@aihdint.org; manyamongo@gmail.com; manyamongo@yahoo.com

INTERPRETERS/INTERPRETES

116. Mr Christian STENERSEN, 123 Les Rossanets, F-01170 Segny (France)-Tel: +33 45041 7880 - Email: christian.stenersen@orange.fr
117. Ms Geneviève CLEMENT, Le Parc du Jura, 42 avenue du Jura, F-01210 Ferney-Voltaire, France - Tel: +33 456820578 - Email: g.clement@club-internet.fr

118. Mrs Safiétou BARRY, 09 B.P. 526 Ouagadougou 09, Burkina Faso - Tel: (+226) 50 46 02 82, Cellulaire (+226) 70 21 41 14 – Email: safia_barry@yahoo.fr

119. Mr Victor IMBOUA-NIAVA, 3 Maple Crescent, DTD, Silver Bells 2, Regimaneul Estates, East Airport, Accra - Tel: +233 24473-0068 – E-mail: vimbouaniava@yahoo.com

RAPPORTEURS

120. Ms Juliet OCHIENGHS, Administrative Officer, World Health Organization (WHO), 20 Avenue Appia, 1211 Geneva 27, Switzerland – Tel: +41 22 791 2580 – Fax: +41 22 791 4772 – E-mail: ochienghsj@who.int

121. Mr Yaovi AHOLOU, Programme Officer (PRO/APOC), Avenue Naba Zombré N° 1473, B.P. 549, Ouagadougou 01, Burkina Faso – Tel: +226 50 34 59 53 – Fax: +226 50 34 28 75 – E-mail: aholouy@oncho.afro.who.int

122. Dr Raogo KIMA, Translator (TRAD/APOC), Avenue Naba Zombré N° 1473, B.P. 549, Ouagadougou 01, Burkina Faso – Tel: +226 50 34 59 53 – Fax: +226 50 34 28 75 – E-mail: kimar@oncho.afro.who.int

MEDIA/COMMUNICATION

123. Mrs Thérèse Régine BELOBO, Communication and Advocacy Officer (CAO/APOC), Avenue Naba Zombré N° 1473, 01 B.P. 549, Ouagadougou 01, Burkina Faso – Tel: +226
124. Mr André NKENGFACK, FEUDJO, Economic Journalist, Corporate and Business Communication Profession, P.O. Box 14173, Yaoundé, Cameroon – Tel: +237 77 78 66 25 – E-mail: nkengande@hotmail.com

125. Mrs Antoinette Nana Ilboudo, Secretary to Communication and Advocacy Officer, Sustainable Drug Distribution Unit (CAO/APOC), P.O. Box 549, Ouagadougou 01, Burkina Faso – Tel: +226 50 34 29 53 – Fax: +226 50 34 28 75 – E-mail: nana@oncho.afro.who.int

INVITED SPEAKERS/ ORATEURS INVITES

126. Dr Jan H.F. REMME, APOC Consultant on Onchocerciasis Elimination, 120 Rue des Campanules, 01210 Ornex, France – Tel: +33 645457404 – E-mail: hansremme@gmail.com
Annex 2

African Programme for Onchocerciasis Control (APOP)
Programme africain de lutte contre l'onchocercose

JOINT ACTION FORUM
Office of the Chairman

Bureau du Président

JOINT ACTION FORUM
Eighteenth Session
Bujumbura, Burundi, 11-13 December 2012

PROVISIONAL AGENDA

Opening
Opening of the session
Election of Officers
Adoption of Agenda
Reflections of the Committee of Sponsoring Agencies

Progress on Elimination
Report of the World Health Organization
Country reports: treatment coverage, Governments and NGDOs’ financial contributions
Report of the Technical Consultative Committee (TCC)
Elimination of Onchocerciasis infection in Africa: Entomo-Epidemiological evaluation studies

Strengthening health systems and Co-implementation
Summary of capacity building of countries
New momentum for Neglected Tropical Diseases (NTDs) Elimination
  (i) Overview on NTDs in Africa
  (ii) Panel discussion on NTDs
Summary of co-implementation:
  (i) Integrated mapping of five NTD-PCT
  (ii) Co-implementation

The Future of APOC
Concept note
Strategic Plan of Action and Budget for post 2015 period

Closed session
Closed session of Ministers of Health, donors and NGDOs
Partnership

Report of the NGDO Coordination Group for Onchocerciasis Control
25th anniversary of Mectizan® donation

Research

Current research within APOC and TDR Collaboration

Programme management and Finance

Audit report
NGDOs’ overheads
Revised PAB for the transitional period, 2013, 2014 & 2015
Financing of the African Programme for Onchocerciasis Control (APOC)
Statements by Donors

Final Communiqué and closure
Date and place of the Nineteenth Session
Final Communiqué
Closure of the Eighteenth Session

DIR/APOC 19.10.2012