

AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL (APOC)

Fifteenth Session of the Joint Action Forum - Tunis, Tunisia, 8-10 December 2009

FINAL COMMUNIQUÉ

1. The Fifteenth Session of the Joint Action Forum (JAF) of the African Programme for Onchocerciasis Control (APOC) was hosted by the African Development Bank (AfDB), from 8 – 10 December 2009 in Tunis, Tunisia. The meeting was attended by Honourable Ministers and Deputy Ministers, Permanent Secretaries and Directors of Public Health and Disease Control of 23 APOC and former OCP countries, 21 representatives of the donor community, WHO Geneva, WHO/AFRO, the West African Health Organization (WAHO), Economic Community of Central African States (ECCAS), Non-Governmental Development Organizations (NGDOs), the Mectizan Donation Programme, Merck & Co., Inc., Pfizer Pharmaceuticals, Research Institutions, Directors and Coordinators of National Onchocerciasis Control Programmes and Representatives of the Statutory Bodies of APOC. A complete list of participants is attached as **Annex 1**.
2. JAF thanked the Government of Tunisia for the warm hospitality, and the AfDB for hosting JAF 15.
3. Dr Tshinko Ilunga, AfDB, welcomed JAF participants to Tunis. He acknowledged APOC's position as a model of a strong public health partnership, which includes governments, donors, NGDOs, and the communities.
4. Dr Ok Pannenburg, World Bank, introduced a tribute to Dr Robert McNamara former President of the World Bank, who passed away in 2009. During his tenure at the Bank, Dr McNamara played a pivotal role in initiating the onchocerciasis control programme. A memorial tribute film was shown to JAF, in which the World Bank reiterated its commitment to APOC until the closure of the programme.
5. Dr Uche Amazigo, Director APOC, expressed sincere gratitude to Dr Donald Kaberuka, President AfDB, for hosting for the first time, the governing body of this truly unique partnership – engaged in the complex fight against river blindness in Africa. The river blindness control programmes have made significant progress due to united efforts and support of all stakeholders and the guidance of the governing body.
6. Dr Stephen Mallinga, Minister of Health Uganda, and outgoing Chair JAF14, highlighted the key achievements of 2008 -2009, including; the continued implementation by APOC of the Strategic Plan of Action and Budget 2008-2015, with emphasis on support to post-conflict countries; APOC's support in organising sub-regional ministerial meetings on cross-border issues related to onchocerciasis surveillance and control, in West Africa and Central Africa and APOC's continued collaboration with TDR in a search for a safe and effective macrofilaricide.

7. Dr Luis Gomes Sambo, Regional Director WHO/AFRO, in his statement highlighted the effectiveness of APOC's CDI strategy, which could be used for promoting primary health care through the control of onchocerciasis. This strategy has also facilitated the delivery of integrated packages of interventions such as insecticide-treated bed nets, home management of malaria and vitamin A supplementation. To that end, Dr Sambo called upon African governments to strengthen health systems, scale-up the delivery of health care using cost-effective interventions such as CDI, and support Centres of Excellence for surveillance and disease control.
8. Dr Donald Kaberuka, President AfDB and host of JAF15, officially opened the meeting. In his remarks he commended APOC's CDTI strategy which is based on the mobilisation of members of the communities concerned and the participation of local NGOs; these key elements are crucial to sustainability and consolidation of its activities. Moreover, Dr Kaberuka highlighted that AfDB's strategic approach to regional integration is in line with that of APOC – a programme which is a good model of an integrated regional approach, connecting various regional bodies in West, East and Central Africa.

Agenda item 3: Election of officers

9. **Decision:** The JAF elected the Republic of Cameroon, in the person of Mr André Mama Fouda, Minister of Health, as Chair of JAF15, and The United Republic of Tanzania as Vice Chair, in the person of Professor David Mwakyusa, Minister of Health Tanzania. The African Development Bank was elected as Executive Chair for JAF15. JAF thanked the outgoing Chair Dr Stephen Mallinga, Minister of Health Uganda, for his leadership as Chair JAF14.
10. In his acceptance speech, Mr André Mama Fouda, thanked APOC for its financial and technical support to Cameroon. He thanked donors and partners for their support in the fight against onchocerciasis and called upon additional support to eliminate the disease as a public health problem.
11. Professor David Mwakyusa, Vice-chair JAF, congratulated the new chair. He then requested that in future, APOC management should report on the status of implementation of the decisions of the previous JAF.

Agenda item 5: Reflections of the Committee of Sponsoring Agencies (CSA)

12. **Discussion point:** Dr Chris Mwikisa, Chair CSA, presented the reflections of CSA to JAF. The need for additional funding for APOC, in order to expand co-implementation of NTD control with CDTI was emphasised. Following the implementation of the WHO Global Management System (GSM), budgetary planning will be done in the context of biennial funding.
Decisions: JAF decided that APOC should align its PAB from annual to biennium funding and should maintain its focus on onchocerciasis control whilst expanding activities to include co-implementation of NTD control. JAF highly commended APOC for launching the CDI curriculum and training module in African universities.

Agenda item 6: WHO Progress Report

13. **Discussion point:** The WHO Progress Report (2008-2009) was presented to JAF, highlighting APOC's key activities during the reporting year.

Decisions: (a) APOC management and countries were commended for the progress made during the reporting period, with respect to increased treatment coverage, successful co-implementation of activities using the CDI strategy and the efforts being made by the Programme towards elimination of transmission of infection where feasible; (b) JAF decided that in future meetings, APOC management should report on the implementation of the decisions of the previous JAF.

Agenda item 7: Country reports

14. **Discussion point:** Statements were given to the JAF by Ministers of Health from APOC and ex-OCP countries. JAF thanked the Ministers of Health for the updates given regarding the status of onchocerciasis control activities within their countries. JAF highly commended the increase in governments' financial contributions as well as their commitment to strengthening national onchocerciasis field and management teams.

Decision: JAF urged Ministers of Health to explore ways of further increasing government financial allocations to the control of onchocerciasis and other NTDs. Furthermore, the Forum stressed the need for country ownership of CDTI activities as a prerequisite for sustained control and for strengthening health systems.

15. **Discussion point:** The increased momentum for co-implementation of NTD control highlighted by countries provides an opportunity for an increased role of CDI.

Decision: The Forum suggested that APOC explore ways to package and bring to the attention of the Global Fund, the lessons learned from the CDTI mechanism and its subsequent achievements. Potentially, this provides an opportunity to scale up co-implementation using the CDI strategy for the control of NTDs and some components of malaria control.

Agenda item 8: Report of the Technical Consultative Committee (TCC)

16. Professor Adenike Abiose, Chair TCC, presented the reports of the last two TCC meetings which were held in March and September 2009. TCC noted APOC's achievements in continuing collaboration with NGDO partners and other disease control partners in co-implementation activities. TCC endorsed these actions, however advised that co-implementation should take place on the CDTI platform to ensure that onchocerciasis control is not compromised. APOC was commended for its committed leadership and was urged to continue its support to countries to enable them to move from control to elimination of transmission where feasible. TCC commended Nigeria and Cameroon for setting up Technical Review Committees.

Agenda item 9: Sub-regional Ministerial meeting on cross-border collaboration

17. Discussion point: Onchocerciasis is a cross-border disease and trans-boundary issues will require more attention as countries attempt elimination of transmission in selected foci. Continuing bilateral and multinational collaboration between member states will be needed to better coordinate interventions. Following a decision of JAF14, two regional meetings on cross-border collaboration were held in Burkina Faso (West Africa) and Cameroon (Central Africa) in 2009.

Decisions: (a) JAF agreed that there was a continuing need for cross-border collaboration for the control of NTDs, especially onchocerciasis, and that this need will continue post-APOC. The Forum therefore encouraged Ministers of Health to continue engaging in sub-regional meetings to improve disease control outcomes; (b) JAF recognised that it is important for APOC to maintain a lead role in establishing sustainable sub-regional cooperation which will be essential even after the closure of the programme.

Agenda item 11: Elimination of onchocerciasis transmission in Africa where feasible

18. Discussion point: The JAF noted with satisfaction that an informal consultation on elimination of onchocerciasis transmission in Africa was held at APOC HQ and was pleased to receive the report of on this meeting, and the results of the evaluation studies undertaken in 2009. The results of the epidemiological studies showed that elimination of onchocerciasis transmission and halting of ivermectin treatment without recrudescence could be a realistic target at least in some parts of Africa.

Decision: (a) JAF endorsed APOC's efforts to evaluate progress towards elimination in its CDTI projects and encouraged continuation of these efforts in the coming years; (b) JAF encouraged APOC to investigate alternative strategies to accelerate progress towards elimination of transmission of infection in trouble-spots; (c) As APOC moves from control to elimination where feasible, JAF endorsed further mapping to identify transmission zones and possible additional target areas for treatment; (d) JAF asked that APOC management address other recommendations made by the informal consultation.

Agenda item 12: Co-implementation: Special report by the Governments of Tanzania and DRC

19. Discussion point: Co-implementation using CDI is an effective strategy for delivery of multiple health interventions. Lessons learnt from challenges encountered during Tanzania's large-scale country led co-implementation in 5 regions included: unforeseen events, requirement for coordination of different approaches (school-based vs. CDI), human resource and managerial issues for combined multiple interventions and a need for increased financial resources.

Decision: JAF decided that APOC should contribute financially and technically to country-led co-implementation efforts to control onchocerciasis and other NTDs using CDTI as a vehicle.

20. **Discussion point:** The value of the CDTI strategy, not only for ivermectin treatment but also as a vehicle for delivery of other health interventions and commodities and for strengthening health systems was recognised.

Decision: APOC and its partners should make sure that CDI is embedded in national health systems to ensure the sustainability of this strategy, after ivermectin treatment stops and before APOC withdraws its support from countries. Integration of CDI into national health systems will serve to strengthen them from the bottom up, and deliver improved primary health care at the community level.

21. **Discussion point:** With regards to cost-benefit analyses, comparative costing on a disease-by-disease basis, as well as for multi-disease interventions, would be desirable. This would allow for specific comparisons of the costs and benefits of controlling and eliminating onchocerciasis with the cost and benefits of co-implementation with other interventions.

Decision: JAF decided that obtaining such data would be desirable in several respects, especially in comparing costs and benefits of multiple-disease interventions using CDI. APOC and the World Bank should take the lead in exploring means of obtaining more accurate and specific data.

Agenda item 12 (iii): Statements by partners

Pfizer

22. Following the recent acquisition of Wyeth by Pfizer Inc., Dr Pol Vandenbroucke, Vice President Development of Emerging Markets of Pfizer, addressed the JAF and confirmed the commitment of Pfizer Inc. to continue the clinical development of moxidectin. He expressed Pfizer's hope to prove the efficacy and safety of moxidectin as part of their efforts to make Africa river blindness free.

USAID

23. Under the Global Health Initiative, USAID support towards NTDs is expected to increase substantially pending Congressional approval. Additionally, USAID is in the process of developing a five year global NTD strategy that will build on and expand its existing NTD initiative.

DFID

24. In September 2009, the British Government committed to providing £50 million for the period of 2009-2014 for NTD control.

CIDA

25. Canada's 'African Health Systems Strengthening Initiatives' (AHSI) is a ten year commitment by the government to spend \$450 million in order to support African-led efforts to strengthen health systems and to achieve concrete progress towards the MDGs in Africa by 2016. AHSI priorities are as follows: human resource for health, health information systems, equity in health services, delivery and research.

Centre for Neglected Tropical Diseases (CNTD), Liverpool

26. Professor Moses Bockarie, the new Director of CNTD, announced that £10 million had been received from DFID and GSK for activities on NTDs within the integrated framework.

Agenda item 13: Capacity building of countries: training

27. **Discussion point:** Progress with gender-mainstreaming is being made within the APOC programme and particularly in the training and retraining of CDDs. Opportunities were identified for improving the reporting of such activities.

Decision: JAF urged APOC to continue mainstreaming gender throughout its activities and to improve reporting at future JAF by disaggregating existing and future data by gender. .

28. **Discussion point:** It was noted that during JAF15, APOC provided simultaneous translation in English, French and Spanish as decided by JAF14. The need for Information, Education and Communication (IEC) materials produced in national languages, to facilitate and strengthen the work of country Programmes, was discussed.

Decision: JAF agreed that the APOC Trust Fund should be used to produce IEC documents in the national working languages to satisfy specific country needs.

Agenda item 14: Closed door session

Statement by Ministers of Health

29. The closed session of Ministers discussed three agenda items: 1) Cross-border collaboration and setting up of a Ministerial sub-committee, 2) National ownership and financing of CDTI Projects and 3) Financial support to elimination of onchocerciasis transmission in areas where feasible. The Ministers' made the following recommendations to JAF: (i) a sub-ministerial committee was not needed; rather, cross-border activities on onchocerciasis should be taken up by a technical committee that would meet and prepare a report for JAF and that report would be used to brief Ministers during closed sessions; (ii) that CDTI is a very useful and effective model strategy, taking into consideration a bottom up, grass-roots approach, and donors should continue to provide technical and financial support to strengthen capacity building and national ownership of CDTI projects; (iii) The Ministers reaffirmed their commitment to increase their budget to the fight against onchocerciasis.

Decision: JAF approved all the recommendations from the Ministers including the request for APOC to extend financing to all projects in Cameroon up to 2015.

Statement by NGDO Group

30. The closed session of the NGDO Group discussed the following issues: sustainability of the ivermectin programme; the responsibility of governments to address challenges related to the motivation and incentives for CDDs work; the challenge of maintaining the principles of CDTI where school-based treatments are also given; the need to develop integrated packages of training and the need to strengthen monitoring systems to ensure that CDDs appropriately apply the skills learnt.

Decision: JAF thanked the NGDO Group for their continued support to the communities and countries and urged Governments to address the issues related to incentives for CDDs.

Statement by Donors

31. Donors feel that national ownership is a necessity in order to ensure programme sustainability. Countries are encouraged to extend national ownership and to find means of assessing Health strengthening metrics. Yearly progress reports should be provided that are linked to specific targets and objectives.

Decisions: (a) JAF decided that APOC should under-go a mid-term external evaluation of the programme in 2010; (b) JAF thanked the donors for their unwavering support and commitment to the programme.

Agenda item 16: Current Research with APOC and TDR collaboration

32. **Discussion point:** Current data suggest that elimination of onchocerciasis where feasible using CDTI with annual distribution would take more than 10 years of continuous high treatment coverage. The possibility of twice-yearly ivermectin treatment expediting progress towards elimination, compared with the standard single annual treatment was raised. Twice-yearly treatment may effect this sooner, but current studies have yet to provide scientific evidence to justify twice-yearly treatment as a better approach in the APOC countries.

Decision: JAF urged APOC, TDR and TCC to determine if twice-yearly treatment hastens elimination and shows benefits over annual treatment in health impact and overall cost. Further studies on moxidectin should be accelerated, and results should be made available as early as possible.

Agenda item 17: Report of the NGDO Coordination Group for Onchocerciasis Control

33. **Discussion point:** The Progress report of the NGDO Coordination Group for Onchocerciasis Control focused on its membership and scope of work, the major role and achievements during the reporting year, the formation of a new NGDO/NTD Group and the challenges faced by some of its members.

Decision: JAF received the report with thanks and commended the NGDO Coordination Group for Onchocerciasis Control for their continued support.

Agenda item 18: Ouagadougou Multi-Disease Surveillance Centre (MDSC)

34. A presentation of the Multi-Disease Surveillance (MDSC), Ouagadougou, was given by the Centre's acting Director, Professor Evariste Mutabaruka, who informed JAF of the decision taken in July 2009 by the Ministers of ECOWAS to turn the MDSC into a Centre of excellence, adding that the documentation to implement the change was being finalised.

JAF noted the information provided and congratulated MDSC on this development.

Agenda items 19-23: Programme management and finance

35. **Discussion point:** The audit report, supplementary addendum to the plan of action and budget 2008-2015, the plan of action and budget for 2010-2011, and the current state of the APOC Trust Fund were presented to JAF.

Decisions: (a) JAF noted the positive audit report and the healthy state of the APOC Trust Fund and approved the plan of action and budget for 2010-2011, in the amount of \$57,415,000; (b) Given that the supplementary addendum was indicative, the forum decided that APOC management should present to JAF 16 a comprehensive addendum showing the recent sequence of budget estimates and the progression over time; (c) JAF also approved that the APOC Trust Fund be used to produce documents on best practices for onchocerciasis control.

Donor pledges

36. The international donor community reaffirmed their commitment to onchocerciasis control in Africa, with new and additional pledges. The NGDO Group also reiterated their continued commitment to the programme. The Chairman of JAF, Mr André Mama Fouda, Minister of Health Cameroon, on behalf of the countries, and the Director of APOC, both thanked the donors and the NGDO Group for their steadfast and increasing support to onchocerciasis control.

Special Presentation: Twenty years of Partnership

37. **Discussion point:** The presentation from Professor Allen Foster, President of CBM, on the history of onchocerciasis control in Africa, emphasized that the partnership between donors, NGDOS, countries at different levels, and the communities is the basis of the successes achieved to date. Prof. Foster noted that APOC achievements conform with Article 25 of the 2003 **UN Convention on the Rights of Persons with Disabilities**, by providing health services to people “as close as possible to their own communities”. The APOC partnership should be sustained and expanded to achieve the new objectives of co-implementation for NTD control and for elimination of transmission of onchocerciasis, where feasible.

Decision: Professor Foster’s visionary presentation, based on the reflection of his long experience in onchocerciasis control, was deeply appreciated by the Joint Action Forum.

Special tribute to champions of onchocerciasis control

38. JAF acknowledged the dedicated contributions to onchocerciasis control in Africa through APOC and the former OCP, Programmes made over many years by Dr Ok Pannenberg, World Bank, Dr Hans Remme, formerly with WHO/TDR, Mr Claude Vignes, former WHO Legal Counsel and Professor Allan Foster, President of CBM.

Agenda item 24: Date and place of the sixteenth session

39. At the kind invitation of the Federal Government of Nigeria, the 16th session of JAF will be held in Abuja, Nigeria. Dates will be communicated to JAF members in the coming months.