AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL (APOC)

Seventeenth Session of the Joint Action Forum
Kuwait City, Kuwait, 12-14 December 2011

FINAL COMMUNIQUÉ

Agenda item 1: Opening of the Session

1. The seventeenth Session of the Joint Action Forum (JAF) of the African Programme for Onchocerciasis Control (APOC) was hosted by the Kuwait Fund, from 12 – 14 December 2011 in Kuwait City, Kuwait. The meeting was attended by Honourable Ministers and Deputy Ministers, Permanent Secretaries and Directors of Public Health and Disease Control of 24 APOC and former OCP countries, 13 representatives of the donor community, the World Bank (the Fiscal agent), WHO Headquarters in Geneva, WHO/AFRO in Brazzaville, the West African Health Organization (WAHO), Senior Health Managers, Non-Governmental Development Organizations (NGDOs), the Mectizan Donation Programme, Merck & Co., Inc., 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 Kuwait and the Kuwait Fund for the warm hospitality, and the Kuwait Fund for hosting JAF 17.

3. The opening statement was presented by H.E Sheikh Sabah Khaled Al-Hamad Al-Sabah, Deputy Prime Minister and Minister of Foreign Affairs, who welcomed all the participants to the State of Kuwait for this important session of the Joint Action Forum. The meeting coincided with the 50th anniversary of the State of Kuwait’s independence as well as the establishment of the Kuwait Fund for Arab Economic Development in 1961. The Kuwait Government, through the Kuwait Fund has had a long history with Onchocerciasis since OCP and therefore was privileged to host the 17th session of JAF. Being one of the oldest development institutions after the World Bank, the Fund is a key pillar to Kuwait foreign aid policy as striving to assist societies to prosper. Over the past five decades, the Fund has provided loans to over 100 nations for social and economic development. The Fund has contributed to the achievement of the MDGs (poverty alleviation). In the recent years the Fund has expanded its activities to the health sector, including controlling diseases such as river blindness and others.

4. H.E Sheikh Sabah Khaled Al-Hamad Al-Sabah thanked the partners for their continued commitment and support to the Programme in confidence that the collective efforts would fulfil the vision of an African continent free from the scourge of the debilitating river blindness.

5. Prof Chukwu Onyebuchi, Minister of Health, Nigeria, and outgoing Chair of JAF16, thanked the government and people of Kuwait for the warm and cordial hospitality and exceptional arrangements for JAF17. He congratulated the Kuwait Fund for its contribution to the alleviation of poverty in Africa, and highlighted some of the key achievements of APOC in 2010-2011, including assistance to countries to determine when and where ivermectin treatment can be safely stopped. In 12 sites/project areas (with 7.4 million inhabitants), out of the 28 sites evaluated from 2008 to August 2011, elimination of Onchocerciasis infection has probably already been achieved. The number of persons treated in 2010 is 75.8 million, representing an increase of 11% as compared to 68.4 millions treated in 2009. The progress made in post-conflict countries is remarkable because they achieved 71.0% therapeutic coverage which is above the threshold of 65%. In 11 countries, 54.9 million people were reached with multiple health interventions using CDI as a vehicle. This represents an increase of 44% over 2009 (38 million reached). To ensure
sustainability of CDI, APOC trained 538,827 Community-Directed Distributors (CDDs) and 51,292 health workers in 15 countries. The progress achieved in gender mainstreaming was also highlighted. Prof Chukwu Onyebuchi aligns with the recommendations of the mid-term evaluation on elimination, co-implementation and the future of APOC as well as the guidance of the CSA and TCC.

6. In his first address to the JAF, the Director of APOC, Dr Paul Samson Lusamba-Dikassa mentioned that he has had the opportunity to witness the effectiveness of the vibrant unique partnership that has been leading the fight against onchocerciasis in Africa for more than three decades. He recognized the contribution and diligent support of the partners. In retrospect to the original mandate expected to control onchocerciasis, he pointed out the good news that elimination of the disease was feasible. He noted the decision of JAF16 requesting the CSA to provide advice on the future of APOC. He reiterated that the 17th session was expected to lead the decisions for the future of onchocerciasis control and elimination in Africa. He thanked the Kuwait Government and Kuwait Fund for hosting the meeting and providing excellent facilities. He also thanked all the participants for honouring the invitation to attend JAF17 and all partners who continue to provide the necessary support to sustain and win the fight against river blindness.

7. Mr Henrik Secher, Managing Director for Africa, Merck & Co. Inc, underlined that the Forum was significant to the health of many people in Africa. As a global healthcare company, Merck & Co, Inc. works to deliver innovative health care solutions around the world. An important part of their work involved discovering and developing novel medicines and vaccines. He also reiterated Merck's decision to donate Mectizan® to all who need it for as long as necessary until onchocerciasis is eliminated as a public health problem. After nearly 25 years, it is noted that the Programme reaches more than 100 million people every year. Merck is committed to the APOC partnership to protect future generations of Africans from a disease that carries devastating implications for health, and local economies. The new goal is to be the leading health care partner of African governments in scaling up access to health services in resource-constrained settings as well as in exploring new partnerships to advance human health. MSD's new strategy for Africa will be rolled out across the continent in early 2012.

8. Dr Matshidiso Moeti delivered a key note statement on behalf of Dr Luis Gomes Sambo, Regional Director of WHO/AFRO. She recognized the presence of many partners and stakeholders as a common endeavour to eliminate onchocerciasis, especially in these difficult financial times. She thanked the Kuwait Fund for its remarkable generosity for hosting the 17th session and for the excellent facilities provided for the meeting. She pointed out that due to the current unfavourable global economic situation, financing for health and development programmes is stagnating or dwindling and some programmes are challenged. APOC is the envy of many because of this unique global public–private partnership committed to achieving its goal. The results and achievements of both the OCP and APOC programmes are clear for all to see.

9. She noted that the Programme has indeed come a long way from the world that Robert McNamara saw not so very long ago. This was a world, where“literally millions of people were at risk of a fate that could be worse than death in that society and time”, to quote Robert S. McNamara when he first encountered the disease in 1972 in Burkina Faso and concluded that steps must be taken to control it.

10. Dr Moeti pointed out that this partnership has not just delivered ivermectin to oncho-endemic populations, but the difference made to the lives of affected communities, both socially and economically, is priceless. She also indicated that there is need for onchocerciasis agenda to be pursued and activities to be intensified in post conflict countries. The World Health Organization is engaged in a reform agenda, in order to maintain its ability to respond to the expectations of the world, as the main agency for international health and would support APOC’s efforts for the elimination of onchocerciasis.
11. The Chair of JAF17 read a letter from the President of the Antonio Champalimaud Foundation, Dr Leonor Beleza, in which she expressed her heartfelt regret for not being able to attend the JAF. She informed the JAF that the Foundation was honoured to welcome Drs Lusamba Dikassa and Amazigo in Lisbon earlier this year to present them with the one million Euro Antonio Champalimaud Vision Award 2011. This award recognizes the initiative of APOC that favours collaboration, partnership, dedication and excellence to eliminate Onchocerciasis. It is an immense satisfaction to Champalimaud Foundation to have invested in such ground breaking effective blindness prevention work. She wished all a very productive session and reiterated their commitment to strengthen the APOC partnership.

**Agenda item 2: Election of officers**

12. The JAF elected the State of Kuwait in the person of Dr Kazem Behbehani as Chair of JAF17, and Burundi as Vice-Chair, in the person of Dr Sabine Ntakarutimana. The Chair of JAF17 thanked the outgoing Chair, Prof Chukwu Onyebuchi, Minister of Health, Nigeria, for his leadership as Chair of JAF16.

13. In his acceptance speech, Dr Behbehani pointed out that his past relation with the programme started when he was working in WHO as Director in the Tropical Diseases Department and then as Assistant Director General for External Relations and Governing Bodies.

**Agenda item 3: Adoption of the Agenda.**

14. The agenda appended as Annex 2 was adopted without modifications.

**Agenda item 4: Reflections of the Committee of Sponsoring Agencies (CSA)**

15. Dr Chris Mwikisa, Chair of CSA, presented the reflections of CSA to JAF. He paid tribute to the former Director of APOC, Dr Uche V. Amazigo and welcomed Dr Paul-Samson Lusamba-Dikassa who was appointed new APOC Director. He stated that the CSA worked closely with APOC, TCC and three independent consultative groups on (i) Onchocerciasis elimination, (ii) co-implementation and (iii) the Future of APOC, to come up with a proposal with clear prioritized and estimated costs of the recommendations of mid term evaluation. In summary, based on the very positive picture of the programme in terms of possible elimination of Onchocerciasis and strengthening health systems in countries, and taking into account the huge investment made by the international community over many years, it is quite clear that supporting the efforts of the Programme for a few more years would ensure sustainability of the achievements and secure the investments made to date.

**Agenda item 5: WHO Progress Report**

16. The WHO Progress Report (2010-2011) was presented to JAF, highlighting APOC’s key activities during the reporting year including the refinement of Onchocerciasis mapping in three countries (Angola, DRC and Ethiopia) to ensure all areas in need of treatment are covered, delineation of high risk areas for the occurrence of severe adverse events in Onchocerciasis-Loiasis co-endemic zones in Africa, the implementation of integrated mapping in five countries (Angola, Cameroon, Chad, Congo and DRC). Emphasis was also put on the improvement of ivermectin treatment coverage in post conflict (71.4%) and stable countries (79%), the contribution of APOC to the strengthening of national health systems through capacity building and logistic supports, co-implementation of other health interventions alongside CDTI, epidemiological assessment (7 countries where 10 out of 12 evaluated sites had prevalence <5%) and entomological evaluations (3 countries where no infected fly was identified out of >38,000 flies captured in 13 catching points within the foci with Onchocerciasis prevalence close to zero). It was also pointed out that support was provided to the three CSA advisory groups that reviewed and worked on some of the
recommendations of the 2010 external mid-term evaluation of APOC including elimination of Onchocerciasis in Africa, co-implementation and the future of APOC.

17. **Discussions:** JAF commended APOC for the progress made in the elimination of Onchocerciasis, and for its contribution to other health interventions through integrated mapping and the involvement of its network of community volunteers as a means of strengthening national health systems. However, the Forum discussed issues about cross-border collaboration and alternative control strategy options that would be essential for achieving elimination of Onchocerciasis in Africa. **Decision:** JAF encouraged APOC management to scale-up the use of alternative approaches including twice yearly treatments with ivermectin where appropriate to speed up elimination in problematic areas, and also to address cross-border issues.

**Agenda item 6: Country reports**

18. Statements were given 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 also congratulated South Sudan upon their independence and admission as the 194th member state of the World Health Organization.


20. The presentation on treatment coverage showed that 138,448 communities in 16 countries distributed ivermectin, treating 75.8 million people, thus achieving geographic and therapeutic coverage of 96% and 76% respectively.

21. The financial contribution of both governments and the NGDOs towards core CDTI activities and for equipment, logistics and salaries was presented. In 2010, Governments disbursed a total of US$ 3,012,750 towards core CDTI activities and US$ 13, 924, 464 towards equipment, logistics and salaries. The NGDOs provided to the countries an overall total of US$ 7.6 million in 2010 independent of APOC Trust Fund to support Onchocerciasis control activities.

22. **Discussion point:** Concerning treatment in low Onchocerciasis endemic areas, collaboration between Onchocerciasis and LF programmes and the need for new diagnostic tools were stressed. **Decision:** JAF instructed for a feedback on progress made at its next session (JAF 18) based on recommendations of the Technical Consultative Committee (TCC).

23. **Discussion point:** The issue of re-infection as a result of cross border migration and/or fly movements illustrated the need for collaboration. **Decision:** JAF requested implementation of cross country collaboration including meetings, plan of action and joint interventions.

24. **Discussion point:** It was noted that understanding governments’ financial contributions remains a complex issue which requires expertise. **Decision:** JAF instructed APOC Management to engage experts to assess countries’ financial contributions.

**Role of women in the success of Onchocerciasis programme**

25. The presentation of Dr Uche V. Amazigo, former Director of APOC underscored the role of women in research, partnership, coordination, governance as well as in technical advice, long-term impact assessment of the programme operations and implementation of disease control/elimination activities.
26. Discussion: JAF was pleased to note the involvement of several African women in Onchocerciasis control, operational research and implementation as ably demonstrated in the presentation.

**Agenda item 7: Report of the Technical Consultative Committee (TCC)**

27. Professor Mamoun Homeida, Chair of TCC, presented the reports of the last two TCC meetings which were held in March and September 2011. He highlighted the support given by APOC Management to the Sub Committees on Elimination, Co-implementation and Future of APOC following the request of JAF 16 to provide concrete recommendation and costs implications. The TCC deliberated on the conceptual and Operational Framework of Onchocerciasis Elimination with Ivermectin, on the Guidelines for Epidemiological Evaluation and treatment coverage surveys, the new diagnostic tool of PATH and the Delineation of transmission zones. TCC reviewed the epidemiological results in 23 sites in APOC countries carried out from 2008-2011, the spatial analysis results of RAPLOA data, and maps predicting the prevalence of Loa loa in sub Saharan Africa.

28. JAF recognized the value of operational research to enhance projects’ performance and therefore requested a close collaboration between TCC and other partners.

29. Discussion: Noting the limited number of operational research proposals received by APOC for TCC review, it was recognized that there is inadequate expertise in drafting such research proposals at country level in most cases. **Decision:** JAF therefore requested TCC and APOC Management to provide technical assistance to the countries.

30. Discussion point: Regarding the nodding syndrome which is associated with Onchocerciasis in some countries, there is a need for TCC guidance. **Decision:** JAF decided that countries with nodding syndrome should contact APOC to request technical assistance for research on the syndrome.

**Agenda item 8: Status of Onchocerciasis Control in former OCP countries**

31. The status of Onchocerciasis Control in the former OCP countries was presented to JAF. Commendable efforts are being made by the former OCP countries with their local partners to ensure surveillance, continue/strengthen ivermectin treatments where needed and undertake capacity building and/or retraining of health workers and community volunteers. Although the epidemiological situation is under control in all countries, few areas show prevalence higher than the acceptable threshold of 5% mainly in Sierra Leone and at the border between Burkina Faso, Côte d’Ivoire and Ghana with a risk of expansion to other countries where the disease is under control.

32. Discussion: JAF recognized the commendable efforts being made by the governments of the former OCP countries within the framework of protecting the important investments of partners but noted some concerns about the epidemiological situation at the borders of a few countries. They were concerned that the move from control to elimination could not be achieved safely by APOC countries alone taking into account cross border issues. **Decision:** JAF decided that appropriate actions should be taken by the concerned countries with the support of APOC and any other partners to delineate the areas to be covered and launch/intensify ivermectin treatments.
Agenda item 9: Elimination of Onchocerciasis transmission in Africa: recent evaluation studies and update on disease distribution map

33. Dr Hans Remme presented an update on the recent progress towards Onchocerciasis elimination including the final results from lead studies in Mali and Senegal, epidemiological evaluations of progress towards elimination in APOC projects and estimate of treatment extensions required for elimination. He defined Onchocerciasis elimination as “the reduction of infection and transmission to the extent that interventions can be stopped but post-treatment surveillance is still necessary”. The latest epidemiological evaluations in Tukuyu and Ruvuma, Tanzania (Oct, 11), Enugu, Nigeria (Nov, 2011) and Malawi (Aug, 2011) are encouraging. The epidemiological evaluation results from 2009 to 2011 indicated that elimination is probably achieved in 12 sites with a total population of 7.4 million people.

34. Discussion: JAF congratulated Dr Remme for his great contribution to providing evidence that elimination is feasible. Regarding elimination in post conflict countries, JAF stressed the need for alternative methods of treatment to intensify and accelerate the trend to enable them reach the elimination goal. Decision: JAF reiterated the need for alternative approaches including twice yearly treatment with ivermectin to speed up elimination in problematic areas.

Agenda item 10: Co-implementation: Integrated mapping of five NTDs and mapping of loiasis (eye worm) – Co-Implementation

35. An update on integrated mapping of Onchocerciasis, loiasis and other NTDs using Rapid epidemiological mapping of Onchocerciasis (REMO) in 11 countries was presented to JAF. With more than 14 million people living in areas at risk of occurrence of SAEs, the challenge was how to find communities located in those areas in order to put in place precautionary measures before ivermectin treatment by using the Rapid Assessment Procedure for Loiasis. JAF was informed that the Loiasis distribution map of countries has been made available to LF programmes. The mapping of major NTDs was completed in Equatorial Guinea as well as the mapping of Onchocerciasis, Lymphatic Filariasis (LF) and Soil Transmitted Helminthiasis (STH) in Liberia. National plan for integrated control were being finalized for LF endemic countries and APOC pledged to continue supporting countries to complete integrated mapping of NTDs.

36. An other presentation underscored co-implementation of NTDs control and other health interventions, using CDTI network in 11 countries, thus a total of 54.9 million treatments/interventions were provided. JAF encouraged APOC Management to publish the results in a scientific journal. JAF was also pleased to note that mapping of Loa loa was completed in 11 countries and congratulated APOC Management for the milestone.

Agenda item 11: Capacity building of countries

37. An update provided to the JAF on capacity building and training in APOC countries showed that a total of 538, 827 CDDs and 51, 292 health workers were trained in 2010.

Ophthalmology services in Kuwait

38. JAF was informed about the structure and operations of the Kuwait Ophthalmic Health Services. JAF appreciated the inspiring presentation by Kuwait, and thanked the Ministry of Health of Kuwait for sharing the information with the Forum.
Agenda Item 12: Report of the CSA on the Future of APOC

Report of the Independent Advisory Sub Groups

39. Professor Pascale Allotey presented the report on behalf of the CSA Advisory Sub Group on Co-implementation to the JAF. She reiterated the proven evidence of the success of CDI process in co-implementation with NTDs and its contribution to health systems strengthening.

40. Prof. Mamoun Homeida presented the report on behalf of the CSA Advisory Sub Group on elimination. He stressed that some projects will be able to stop treatment but no country would achieve national elimination by 2015. However, by 2020, 12 APOC countries and 11 ex OCP countries total of 31 endemic countries would have achieved elimination, protecting more than 60 million people.

41. Dr Sam Adjei, on behalf of the CSA Advisory Sub Group on the future of APOC, presented four scenarios i.e.: to transform APOC into a technical agency, to continue with APOC in its current form, to extend its mandate and transform it into an NTD hub and to keep APOC on its current track and end it in 2015.

Final conclusions and recommendations of the CSA to JAF.

42. Dr Chris Mwikisa, Chair of CSA presented the final conclusion and recommendations of the CSA highlighting the following four scenarios taking into account the work of the the three CSA Advisory sub-groups (continuing APOC to 2025 to attain onchocerciasis elimination, APOC as a technical agency from 2015 - 2025, onchocerciasis elimination with co-implementation for NTDs with health systems strengthening, APOC to close in 2016). CSA identified scenario 3 "Onchocerciasis elimination with co-implementation for NTDs and Health System Strengthening (2015 – 2025)" as the one recommended by CSA.

43. JAF reviewed the report and the recommendations of the CSA on the future of APOC and congratulated the CSA for its work over the past year and its committees for their accomplishments. The Forum also noted with satisfaction the scientific evidence of the feasibility of achieving elimination of onchocerciasis in 23 countries in the near future.

Agenda item 13: Future of APOC

44. Following the outcomes of the closed sessions of African health ministers, donors, and NGDOs, the JAF noted the importance of safeguarding the huge investments already made for onchocerciasis control. The Forum also noted clear consensus amongst the Ministers of Health in favour of scenario 3, "Continuing a dynamic APOC to 2025 for Onchocerciasis elimination with co-implementation for NTDs and health system strengthening" and their stated determination to strengthen the country-level contribution to onchocerciasis elimination and their preference for a scenario including onchocerciasis elimination.

Decisions:

- JAF agreed 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.

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

The role of medical research in the tropical disease control and Onchocerciasis success

45. Professor David Molyneux, former Chair of the OCP’s Expert Advisory Committee and of APOC TCC, and former Director of the Liverpool School of Tropical Medicine, described the importance of research in tropical disease and specifically in Onchocerciasis control from larviciding up to the present progress of treatment using ivermectin alone. Also noted was the development of REMO and RAPLOA that has changed the paradigm of disease mapping. Challenges noted include the search for a Macrofilaricide which could be used in a large scale, a long term Loa loa solution and diagnostic tools. Professor Molyneux noted that epidemiological studies confirmed the feasibility of onchocerciasis elimination with ivermectin treatment in some foci in Africa. However, many challenges remain if elimination of Onchocerciasis is to be achieved.

46. JAF thanked Professor Molyneux for his presentation which highlighted the value of operational research which has led to the success of onchocerciasis control.

Agenda item 14: Health Impact Assessment of African countries

47. Dr Sake de Vlas presented an update of the impact of APOC on the prevalence of onchocerciasis infection and related diseases (itch, visual impairment and blindness), using the ONCHOSIM model and data of the number of people treated. By 2011, mass treatment with ivermectin has averted an estimated 7.5 million disability Adjusted Life Years (DALYs) over all APOC countries. Given US$257 million costs for mass treatment covered by APOC, governments and NGDOs, this means US$41 per DALY averted (using values for 2010). This value is already comparable to crude calculations for control programmes on other NTDs, but it will rapidly decline over the coming years, especially when elimination is achieved in some of the APOC projects. Furthermore, the ‘off-target’ effect of ivermectin on other diseases (e.g. ascariasis and LF) may add another 1 million DALYs (13%) to that averted for onchocerciasis. The presentation was concluded by reporting about the revision of ONCHOSIM (new software, extra features) and how it was successfully used for training. Similar computer Programmes are under development for other NTDs (LF, Schisto, STH), with the aim to integrate these into one WORMSIM that can be used for decision support in areas with co-implementation.

Agenda item 15: Current research with APOC and TDR collaboration

48. Dr Annette Kuesel presented an update to JAF.

49. JAF noted that the situational analysis of the studies which will evaluate the use of the CDI strategy to strengthen primary health care in rural Africa and CDI strategies for nomadic and pastural populations has been completed with data analysis currently ongoing.

50. The Forum recommended continuation of the project which aims to assess whether genetic changes in the parasite resulted in faster skin microfilaria repopulation in some subjects in Ghana and Cameroon.

51. Access of Onchocerciasis endemic countries to a surveillance use suitable DEC patch. JAF stressed again the importance and urgency of the availability of the DEC patch for the ongoing surveillance to assess progress towards elimination of onchocerciasis transmission and hopes that an agreement will be completed.
52. The target product profile for moxidectin specifies that the efficacy of moxidectin as defined in the agreement between WHO/TDR and Wyeth should allow permanent interruption of transmission of the parasite in 6-7 years in mass treatment at 70% coverage. JAF noted that the Phase 2 study suggests that moxidectin could result in a 6-month long period without skin microfilaria. A single dose of moxidectin does not kill all macrofilaria or sterilize all macrofilaria for 18 months. Further conclusions are impossible due to the small size of the Phase 2 study and need to await the results of the Phase 3 study. As of July 4th 2011, Pfizer is no longer a co-sponsor of the moxidectin development programme. WHO/TDR will assume responsibility for managing all related clinical trial authorization activities for moxidectin. Consequently, all communications regarding moxidectin clinical trials should be directed to WHO/TDR. WHO and Pfizer remain valued partners in health care and will continue to collaborate in other important programme areas like eliminating blinding trachoma by 2020.

53. JAF recommended that further decisions on moxidectin development await the results of the Phase 3 study, expected for third quarter of 2012. If the analysis of this study favors the further development of moxidectin, then APOC and TDR should initiate a search for a new partner for licensing and potential donors.

54. JAF paid tribute to Dr Awadzi noting his immense contributions to Onchocerciasis clinical research and control efforts.

Agenda item 16: Report of the NGDO Coordination Group for Onchocerciasis Control

55. The Group’s report focused on the achievements and challenges faced during the reporting year. The Group regretfully noted the drop in NGDO assistance in 2010 from US$ 61.5 to 58.3 million; as a result 8 projects lost NGDO supports. Delays in drug supply and implementation of integrated interventions were also experienced. None the less, the NGDOs assured JAF of the numerous efforts to mitigate the challenges including Sightsavers and UFAR partnership in DRC, CBM reinforcement of CDTI activities in Angola and DRC, NGDOs to continue to provide support in ex-OCP countries, discussion on joint application ongoing to avoid supply delay, and fund raising activities to bridge the financial gap.

56. The Group shared with the JAF the outcomes of the 2nd session of the NTD NGDO Network held in Nairobi, Kenya in September 2011. The network reiterated their commitment to using their expertise and capacity to continue to strengthen health systems in Africa, bridge the gap between school and community based approach for Schistosomiasis/STH interventions, collect and share data on integrated NTD interventions eye care.

57. The Group emphasized their renewed commitment towards onchocerciasis control/elimination demonstrated by the contract renewal of the Responsible officer, assured financial support for elimination and support to other NTD interventions, using CDTI approach in APOC, OEPA, EX-OCP and Yemen.

58. Dr Isameldine Awad, NTD’s Programme Director, Charitable Society for Social Welfare (CSSW),Yemen, informed JAF that onchocerciasis elimination Plan for Yemen was available but required support.

59. The Group paid tribute to three distinguished personalities, Dr Mubila Likezo, Dr Dennis William and Mr Aboubakar Ouattara following their sudden demise. All three will be remembered for their tireless contributions in the fight against river blindness.

60. Discussion: Following the presentation and further discussions, JAF noted the consequences posed by the delays in drugs supply. Decisions: JAF reiterated the need for increased government and community support for early procurement of NTDs drug.
**Agenda item 17: Audit Report.**

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

**Agenda item 18: Financing of the African Programme for Onchocercasis Control (APOC)**

(i) **Intensifying the activities in the framework of strengthening Onchocercasis elimination efforts and providing support to the implementation of WHO/AFRO/NTD strategic plan**

62. APOC management presented to the JAF the cost of intensifying Onchocercasis elimination efforts and providing support for the implementation of WHO/AFRO/NTD strategic plans in line with the recommendations of JAF and taking into account the additional funds mobilized. The specific programme objectives targeted relate to intensifying activities to eliminate onchocercasis, co-implement onchocercasis activities in conjunction with other health interventions, and determining when and where ivermectin treatment can be stopped and provide guidance to countries.

63. APOC management outlined the expected performance from additional efforts to include introducing CDI in the curriculum of 15 medical and nursing schools; 1,150,000 CDDs trained (cumulative number) for the implementation of health interventions; NTD mapping in 8 countries; 84 CDTI projects co-implementing other health interventions compared to the current number of 81; 6 countries supported to develop national integrated NTD strategic plans; infection levels of onchocercasis assessment in 14 projects/sites in APOC countries in 2012; 16 scientists and national health staff to be trained in epidemiological evaluation for assessing infection levels and entomological evaluation started in 15 projects in APOC countries in 2012.

64. The cost of these activities would be covered by the additional US$ 4.5 million which were received in 2011 (see item 65).

65. Discussion: JAF members requested and received clarifications regarding the difference made between APOC and Ex OCP countries in the allocation of additional funding, and pointed out the need for more substantial funding to implement alternative approaches such as twice yearly treatment with ivermectin where appropriate. **Decision**: JAF endorsed the proposal made by APOC Management in consultation with the fiscal agent.

(ii) **Report of the Fiscal Agent (The World Bank)**

66. The World Bank as fiscal agent presented a balanced budget for APOC activities up to 2015. The JAF was also informed of the following additional funds received by the APOC Trust Fund in 2011.

- Antonio Champalimaud Prize which awarded US$ 1.4 for outstanding contributions to the prevention of blindness.

- General T.Y. Danjuma through MITOSATH (Mission to save the Helpless) contributed US$ 1 million.

- The Global Network for Neglected Tropical Diseases through the Sabin Vaccine Institute contributed US$1.2 for coordinating NTD work between APOC and WHO AFRO.

- DFID contributed an additional US$ 1.6 million.
67. The fiscal agent explained that this US$ 5.2 million was additional to the US$ 19.4 million that was received from the donors in accordance with the previously agreed Plan of Action and Budget in 2011.

**Agenda item 19: Amendments to Part II of the APOC Memorandum for APOC:**

68. The proposed modifications to Part II of the Memorandum for APOC (institutional arrangements) are to facilitate the functioning of the programme, as well as better reflect current participation and current practice. All proposed amendments should be signed by participating countries (i.e., African governments). Important to note was that, amendments to Part II shall enter into force “upon signature by WHO and at least two participating countries”.

69. JAF adopted the amendments to part II of the Memorandum presented by a representative of WHO’s Legal Office.

**Agenda item 20: Statement by Donors**

70. The international donor community and the NGDO Group reaffirmed their commitment to onchocerciasis control in Africa. The Federal government of Nigeria pledged a contribution to the APOC Trust Fund for an amount of US$ 5 million.

**Agenda item 21: Date and Venue of the 18th session**

71. The 18th session of the JAF will be held in the second week of December 2012. The venue will be communicated at a later date after further consultations among JAF17 Chair, Chair of the CSA and APOC Management.
Annexes

Annex 1

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

JOIN'T ACTION FORUM
Office of the Chairman

JOINT ACTION FORUM
Seventeenth session
Kuwait City, Kuwait, 12-14 December 2011

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PROVISIONAL AGENDA

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

CDTI: Implementation/Monitoring/Evaluation/Surveillance
Report of the World Health Organization
Country reports: treatment coverage, Governments and NGDOs’ financial contributions
Report of the Technical Consultative Committee (TCC)
Status of Onchocerciasis Control in former OCP countries
Elimination of Onchocerciasis transmission in Africa: Recent evaluation studies and update on disease distribution map.

Strengthening health systems and Co-implementation
Co-implementation:
  (i) Integrated mapping of five NTDs and mapping loasis (eye worm)
  (ii) Co-implementation
Capacity building of countries

The Future of APOC
Report of the CSA on the Future of APOC
  (i) External views on Co-Implementation
  (ii) External views on Elimination
  (iii) External views on the Future of APOC
  (iv) Final conclusions and recommendations of CSA to JAF

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

Research and Drug Development
Health Impact Assessment of APOC operations
Current research within APOC and TDR Collaboration

Partnership
Report of the NGDO Coordination Group for Onchocerciasis Control

Programme management and Finance
Audit report
Financing of the African Programme for Onchocerciasis Control (APOC)
Amendments to part II of the Memorandum for APOC
Statements by Donors

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

DIR/APOC 31.10.2011