AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL (APOC)

Eleventh Session of the Joint Action Forum (JAF)
Paris, France, 6-9 December 2005

Final Communiqué

1. At the invitation of the Government of France, the Eleventh Session of the Joint Action Forum (JAF) was held at the Kleber International Conference Center in Paris, France from 6 to 9 December 2005. The meeting was attended by donor countries and institutions, participating countries, Merck and Co. Inc, Non Governmental Development Organizations (NGDOs), the Technical Consultative Committee (TCC) of APOC, the West African Health Organization (WAHO), the External Evaluation Team of APOC, the Mid-Term Review team of the Special Intervention Zones (SIZ) of the former OCP, the onchocerciasis national coordinators of some ex-OCP countries, WHO secretariat and APOC Management. A complete list of participants is attached as Annex 1.

2. In their opening statements, His Excellency, Prof. Emile Bongeli Yeikolo Ya Ato, Honourable Minister of Health, DRC and Chair of JAF10, and Dr Catherine Le Galès-Camus, representing the Director-General of WHO, outlined the activities of APOC over the last twelve months. They expressed their gratitude to the donor community for its continued support to onchocerciasis control efforts despite the competing demands from other prominent diseases such as HIV/AIDS, Malaria, Tuberculosis and Avian flu. Both speakers listed the impressive achievements of APOC, highlighted the challenges facing the Programme and stressed the need to extend the operations of APOC until 2015 in order to complete the implementation of CDTI projects in a sustainable manner.

3. The Forum paid tribute to Dr Azodoga Sékétéli, former Director of APOC, for his strong leadership of APOC over the last 10 years and wished him a happy retirement. The Forum also congratulated Dr Uche Amazigo on her appointment as new Director of APOC and pledged its full support to her in her daunting responsibilities.

4. Dr Uche Amazigo underscored the activities of the Programme on which APOC Management will be focusing attention in the coming months. Among these, the management will aim to: strengthen the APOC partnership, develop the human resources of the Programme, support member countries towards strengthening the national health systems, promote integration of other health interventions through CDTI, review the staffing of APOC Management, continue to strengthen the capacity of APOC countries in the management of SAEs, and maintain treatment in conflict areas. She assured JAF that APOC Management will work closely with, and consult, the APOC partners as much as necessary and will build a strong spirit of teamwork with her colleagues within APOC Management.

5. Mr Jean-Christophe Deberre, Director, Department of International Policy Development of the Ministry of Foreign Affairs of France, in his formal opening of the session, welcomed participants to the meeting and expressed the pleasure of the Government of France to be hosting a meeting of the onchocerciasis control programmes for a second time in two decades. He thanked the donors for their continued support to onchocerciasis control, particularly Merck and Co. Inc., for the
donation of Mectizan free of charge for as long as needed for the treatment of onchocerciasis throughout the world.

6. Dr Frédéric Goyet, Director of the Health Bureau of the Ministry of Foreign Affairs, France, was elected to chair JAF11 and Mrs M.J. Mwaffisi, Permanent Secretary of the Ministry of Health of the United Republic of Tanzania was elected as Vice-Chair.

7. The provisional agenda attached as Annex 2 was adopted without modifications. However, the Forum subsequently requested that the agenda of future JAF sessions be reorganized in a manner to allow for more time for discussions.

8. The reflections of the Committee of Sponsoring Agencies (CSA) were presented by Dr James Mwanzia, Chairman of the Committee. In his statement, he underscored the main activity undertaken by the Committee, namely, organizing the External Evaluation of APOC and the Mid-term Review of SIZ and the ex-OCP countries. He informed the Forum that a Vision on the future of APOC had been prepared by CSA and will be presented to JAF for guidance. He also announced that a Donors’ Conference was being planned for June 2006 to formalize the way forward in implementing the Vision and to mobilize resources for the financial shortfall to complete APOC. CSA was also proposing to convene a meeting bringing together all 30 onchocerciasis-endemic countries in Africa to discuss the strategy for eliminating onchocerciasis throughout the continent.

9. CSA called for a concrete debate on integration of CDTI and the neglected tropical diseases to take place within the onchocerciasis community at large and especially within the endemic countries.

10. The Forum was informed by the chair of the CSA that a statue was unveiled in October 2005 at the Royal Tropical Institute in Amsterdam, the Netherlands, in recognition of the unstinting and steadfast support of the donor community to onchocerciasis control for the past three decades.

11. A video film on onchocerciasis control activities, using Cameroon as an example was projected which further highlighted some of the achievements and operational challenges facing the Programme. Among other issues, the Honourable Minister of Health of Cameroon emphasized the critical role of the community volunteers, the experience in the management of Serious Adverse Events (SAEs) and the importance of sustainability and efficiency of APOC activities. He appealed to donors to continue their support to APOC to enable it achieve its objective. He also welcomed the idea of a proposed Donors’ Conference in June 2006.

12. A summary of the discussions of the meeting is presented under the following agenda items. A full report of the meeting will be made available at a later date.

PROGRESS REPORT OF THE WORLD HEALTH ORGANIZATION, REPORT OF THE TECHNICAL CONSULTATIVE COMMITTEE AND OF THE NON-GOVERNMENTAL DEVELOPMENT GROUP FOR ONCHOCERCIASIS CONTROL

13. JAF congratulated APOC Management, the TCC and the NGDO Group on their achievements over the past year. Having made significant progress in rapid epidemiological mapping of onchocerciasis (REMO) in DRC, Angola and Sudan, it is estimated that 89 million people are
now at risk of contracting onchocerciasis and 37 million people are infected with the disease. Progress in the implementation of CDTI projects had also allowed for the treatment of over 38 million people through 72 projects under implementation in 2004.

14. To ensure the availability to the public at all times of accurate data on APOC activities, JAF requested that APOC Management should regularly update APOC data (e.g. treatments, blindness, population at risk) in the Weekly Epidemiological Record of WHO.

15. The Forum also remarked that there was need for a gradual decentralization of APOC activities to participating countries and called on APOC Management to develop a strategy for decentralization of its activities to the countries. The Forum also requested that APOC Management establish working relationship with relevant regional organizations which could play an important role in promoting political and financial commitment of participating countries to onchocerciasis control activities before and during the Phasing out period of APOC and thereafter.

REPORT OF THE 2005 APOC EXTERNAL EVALUATION

16. The report of the 2005 External Evaluation was presented by Drs Eleuther Tarimo and Bernard Philippon. The objective of the evaluation was to assess: 1) whether APOC was making progress towards meeting its 2010 objectives; 2) what measures should be taken to fulfill those objectives; and 3) how best CDTI activities can be sustained after 2010 to ensure the elimination of onchocerciasis as a public health problem throughout APOC countries.

17. The evaluation team concluded that, although on the whole, APOC was moving towards the achievements of its objectives, the target of 2010 will not be achieved because of delays, particularly related to conflict situations. Consequently, the evaluation team recommended that in view of the importance of ensuring that all projects are brought to a satisfactory conclusion, the APOC Trust Fund should be extended to support those projects up to 2015 on a decreasing scale. The team also made appropriate recommendations for each of the issues they identified.

18. JAF commended the External Evaluation Team for undertaking this important evaluation. The Forum remarked that the report was received very late by participants who had not had time to review it. JAF therefore noted the report and requested that comments be sent by e-mail to CSA which would in turn:

a. reconcile the comments of all partners on the evaluation report;

b. draw up a plan of action based on the outcomes of the evaluation;

c. convene a meeting of partners preferably in an African country in 2006.

19. Nigeria and Cameroon expressed interest in eventually hosting the meeting of partners to be convened by CSA in 2006.

REPORT OF THE MID-TERM REVIEW OF SPECIAL INTERVENTION ZONES (SIZ) AND EX-OCP COUNTRIES

20. Although of interest to all partners, it was clarified that it was not the mandate of JAF to review the report of the Mid-term Review. JAF however made the following observations on the presentation of the report:
i. There is a need to ensure that the achievements of OCP are sustained;

ii. The situation in Sierra Leone requires particular attention and perhaps it would be appropriate to consider including Sierra Leone in APOC;

iii. Surveillance is critical to ensuring sustainability of the achievements in ex-OCP countries. The Multi-Disease Surveillance Centre (MDSC) should be given appropriate support to enable it provide effective surveillance to all ex-OCP countries;

iv. There is an urgent need for an intercountry mechanism which should liaise closely with APOC in overseeing onchocerciasis control activities in ex-OCP countries and throughout Africa;

v. Advantage should be taken of existing regional organizations to promote policy-related advocacy for onchocerciasis control;

vi. Justification for continuing vector control in the SIZ countries was questioned given the high cost involved. Therefore, although the Mid-term Review team recommended the continuation of vector control activities, it was suggested that further review be conducted to identify ways of making savings that could be used to further strengthen CDTI activities in the SIZ countries;

vii. WHO was strongly encouraged to ensure that its own internal administrative rules regarding staff contracts do not jeopardize the successful completion (with appropriately trained staff) of the activities in the SIZ countries.

21. JAF called on WHO and the World Bank to note the observations of JAF and to take appropriate action.

VISION FOR THE FUTURE OF ONCHOCERCIASIS CONTROL IN AFRICA

22. On the behalf of CSA, Dr. Ousmane Bangoura presented to JAF for guidance a vision paper on the future of APOC. The vision was based on lessons learnt from implementing OCP and APOC, opportunities that CDTI could offer to broaden the scope of the formal health systems to reach, neglected poor populations particularly in remote areas, and ongoing changes in national and international health priorities. The strategic aim of CSA is to advocate for:

   a. strengthening the implementation of onchocerciasis control activities at country level and for the extension of the duration of APOC beyond 2010, to allow for the full 5 years of financing of CDTI projects whose implementation may have been delayed for various reasons;

   b. broadening the mandate of APOC to include ex-OCP countries;

   c. the use of APOC structure as a catalyst for the integration of CDTI with other appropriate health interventions, especially neglected tropical diseases.

23. JAF requested that a reflection paper be developed by CSA and presented to the proposed 2006 meeting of the partners (see also paragraph 18.c). In this regard, the Forum suggested that a
working group, that represents the overall partnership, be set up under the auspices of CSA to reflect on the following points:

a. The future of the Programme until 2010 including the modalities of an eventual extension;
b. Modalities of continuing control activities in the countries (transfer, integration, funding and advocacy);
c. Control of the disease in the whole of Africa: APOC, SIZ areas (after 2007), ex-OCP countries and countries in conflict situation;
d. Eventual financing on:
   i. Current availabilities,
   ii. Future projections based on forecasted availabilities and anticipated budgets after 2010.

24. JAF noted with regret the withdrawal of FAO from CSA. It urged CSA to ensure that UNDP resume active participation in the activities of CSA. The Forum recognized that the current legal framework did not allow for a change in the membership of CSA and therefore emphasized the need for a more active participation of the broader APOC partnership in the discussions of CSA as may be appropriate.

25. The Forum acknowledged that the CDTI strategy and structure could be utilized to promote integration of compatible health interventions in the countries thereby pooling synergies and attracting other partnerships. However, countries should take the lead, eventually with the support of APOC, in formulating policies on integration based on their individual needs. It was further emphasized that integration should be at all levels - global, regional, national and community levels.

26. It was also concluded that APOC is not a vertical programme as it might appear and it was particularly suitable as a catalyst for integration of health interventions within the national health systems.

STATEMENTS OF THE PRESIDENTS OF THE "ORGANISATION POUR LA PREVENTION DE LA CECITE" (OPC) AND OF THE "INSTITUT DE RECHERCHE POUR LE DEVELOPPEMENT" (IRD), FRANCE

27. In his address to JAF, Professor Pouliquen, President of the "Organization pour la Prévention de la Cécité" (Organization for the Prevention of Blindness) recounted the relations of OPC with onchocerciasis control and the role of NGDOs in APOC activities. He thanked Merck and Co. Inc and the Mectizan Donation Program (MDP) for donating ivermectin all these years. He also touched on issues relating to integration, surveillance and motivation of community volunteers as some of the challenges of CDTI.

28. Professor Girard, President of the "Institut de Recherche pour le Développement" (Research Institute for Development), outlined the role of IRD in medicine, research and development. He stressed the relationship between prevention and treatment, between health personnel and the communities, and the importance of integration and surveillance.
29. The Forum expressed appreciation of the participation of Professors Poulilquin and Girard in the discussions.

COUNTRY REPORTS

30. The Forum acknowledged presentations from DRC, Chad, Equatorial Guinea, Malawi, Republic of Congo, Uganda, Sudan, Cameroon, Tanzania, Burundi and Angola on their CDTI project activities. The following issues were common to all or most of the countries:

a. NOTFs recognize that more CDDs need to be recruited and trained in order to reduce the workload, and existing CDDs should be regularly retrained to maintain/improve the quality of their work;

b. therapeutic coverage varies from one area to another in most countries partly due to the fact that CDTI activities are implemented in phases, especially in projects with hundreds of onchocerciasis-endemic communities or projects in very difficult terrain;

c. governments continue to contribute financially to CDTI activities with increases from the Governments of Burundi, Cameroon, Chad, Congo, Malawi and Uganda since 2003.

31. As recommended by JAF10, it was reiterated that, in future, countries should present an integrated budget, i.e. should include the contributions from all partners - governments, NGDOs and APOC Trust Fund.

32. The attention of the Forum was once again drawn to "nodding disease" and epilepsy and their possible link with onchocerciasis. JAF requested that TDR should be commissioned to undertake research on "nodding disease".

CONSIDERATION OF NATIONAL PLANS AND PROJECT PROPOSALS

33. A total of 119 projects have been approved by APOC Management since 1996. In 2005, 2 new CDTI projects were approved for funding in addition to 54 ongoing projects which submitted their technical and financial reports to TCC for consideration. An amount of US$3,969,969 had been requested from the APOC budget for 2006 to fund the 56 projects. The Forum ratified the requested amount to fund the 56 projects within the overall proposed 2006 budget.

OPERATIONAL RESEARCH AND MACROFIL

34. The Forum was updated on the feasibility study of interruption of transmission with ivermectin and rapid epidemiological assessment procedure of Loa loa (RAPLOA).

35. The first results of the multi-country study on Community-directed interventions (CDI) were also presented to JAF which acknowledged the relevance of the study for ongoing discussions on integration. The Forum was pleased to note that TDR had received a grant of $2.4 million from the Bill & Melinda Gates Foundation to complete the study.
36. The Forum emphasized the need for a safe and effective macrofilaricide for the control of onchocerciasis.

37. The APOC External Evaluation Team raised concerns, which were echoed by JAF, on the return on investment made on macrofilaricidal drug research and recommended that Macrofil activities should be evaluated to assess its processes, prospects of a macrofilaricide and its cost-effectiveness.

38. An update on Macrofil activities was presented to the Forum which explained the drug development process. It was noted that the Phase II clinical trials of moxidectin will be initiated in the first quarter of 2006 now that the potential safety concerns with one of the veterinarian products containing moxidectin had been resolved.

39. It was explained that, from the point of view of pharmacokinetic reactions, there were no concerns regarding the safety of combining ivermectin, praziquantel and albendazole treatments. It was however cautioned that co-administration of the 3 drugs for the first time in previously untreated populations should be done only with good monitoring and supervision due to potentially high parasite burdens in those populations.

SUSTAINABILITY OF CDTI PROJECTS

40. To ensure sustainability, it was stressed that governments should provide sustainable financing for CDTI activities through PRSPs, HIPC funds and other financing options.

41. JAF stressed that APOC Management should intensify advocacy to ensure that governments release adequate funds for, and communities contribute towards, critical CDTI activities that drive sustainability.

42. The need to have a health finance specialist (perhaps seconded from the World Bank) to assist APOC Management address the issues of governments' financing schemes was emphasized.

43. JAF recognized that community ownership and mobilization were also critical for sustainability and that sustainability depended to a large extent on integration of CDTI into the national health system. For example, the Forum noted with pleasure that some CDTI projects in Uganda did not receive any external funding and were reported to be performing well.

REPORT ON COST PER TREATMENT WITH IVERMECTIN

44. The results of the cost study presented to JAF showed that the cost per treatment with ivermectin was $0.58. JAF welcomed the study which it felt could be a useful tool for budgeting purposes and for discussions with donors. The Forum also expressed the need for the cost per treatment to be calculated separately for projects in conflict zones.

ADDITIONAL HEALTH INTERVENTIONS USING CDTI AS A VEHICLE

45. The Forum requested that APOC Management and countries should share experience on best practices in integration and the use of CDTI as a vehicle for delivering other health interventions
to communities. Although this concept was favourable to the Forum, there were concerns as to the financing of these additional interventions.

46. The NGDO Group and Merck & Co. Inc. expressed strong reservations on the use of the ivermectin delivery channel to promote reproductive health related activities.

47. The Forum requested that APOC Management should encourage and continue to support countries to define national policies on integration and develop strategies for integrating compatible programmes.

48. The Forum was concerned that other health programmes were providing financial incentives to CDDs which could jeopardize the CDTI concept. JAF therefore urged participating countries to define national strategies addressing issues relating to mobilization of, and incentives for, community volunteers.

INDEPENDENT MONITORING OF CDTI PROJECTS IMPLEMENTATION

49. The Forum was informed that a tool has been developed by APOC Management that enables projects to independently monitor their CDTI activities (e.g. therapeutic coverage, decision-making process, incentives, CDD motivation, ivermectin availability & supply). The tool has been field tested in Liberia, Cameroon and Nigeria and NOTFs and projects were being encouraged to utilize it for better planning and management of their CDTI activities.

PHASE II OF THE LONG-TERM IMPACT ASSESSMENT OF APOC OPERATIONS

50. JAF received with pleasure the partial results of the impact assessment and noted that APOC operations were having significant positive impact on the health of the poor populations. The Forum however remarked that there might be need to undertake a separate study to assess the economic impact of APOC operations.

51. The Forum requested APOC to sharpen its focus on results and the impact on the populations concerned, and consequently to further strengthen surveillance, monitoring and evaluation activities. The Forum also requested APOC Management to conduct periodic beneficiary assessments in a sample of projects which would provide timely information on results. JAF encouraged APOC Management and countries to include in their reporting of APOC activities impact indicators.

AUDIT REPORT

52. The Forum noted the report of the External Auditor confirming the correctness of the accounts, receipts and expenditures, which had been submitted for his scrutiny.

PLAN OF ACTION AND BUDGET FOR 2006

53. After a few questions for clarification on the basis of allocation of APOC funds to countries and on the delays for release of funds to some CDTI projects, the Forum approved the Plan of Action for 2006 of APOC and the corresponding budget in the amount of US$ 11,249,000.
FINANCING OF THE AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL (APOC)

54. The Forum noted that governments of 11 APOC countries contributed a total of US$5,253,000 towards onchocerciasis control activities in 2004. These contributions varied from country to country and were mostly in the form of staff salaries, cost of training, supervision and monitoring of CDTI activities.

55. JAF was informed that NGDOs will contribute about $4.6 million towards supporting CDTI projects in 2006. Although some donors have significantly increased their contributions to APOC, it was reported that there is still a forecasted funding gap of $9 million in the APOC Trust Fund.

56. The Forum acknowledged with pleasure the financial pledges made by donors who were present at the meeting. It also reiterated its gratitude to Merck & Co. Inc. which has donated over 1 billion ivermectin tablets worth more than $1.5 billion over the past 15 years.

57. JAF expressed concern on the repeated absence of some donors at APOC meetings and requested that the World Bank as the fiscal agency should continue its efforts to rekindle the interest of all existing donors in APOC meetings, Donor Conferences and Programme operations and aim to attract new donors.

INFORMATION ON THE ACTIVITIES IN THE SPECIAL INTERVENTION ZONES OF THE EX-OCP ET NON-SIZ

58. The Forum received an update of the main activities undertaken in the Special Intervention Zones of ex-OCP countries during the year in the areas of programme management, CDTI, vector control, epidemiological evaluation, preparation of a strategic document, a joint partners' mission to Sierra Leone, a workshop on onchocerciasis control in Sierra Leone; and the organization of the Mid-term Review of SIZ.

59. CDTI activities needed to be reinforced in Ghana and in Sierra Leone; and it was necessary to improve therapeutic and geographical coverage in Ghana. Epidemiological data had improved in most cases in Benin and Togo even if there was still need to reinforce control efforts and strengthen the monitoring system.

60. The main challenges were to maintain support to Sierra Leone during post SIZ period for at least ten years; maintain or further improve the coverage of ivermectin distribution in all areas until 2012; maintain vector control at a high level of efficacy; ensure sustainable support to onchocerciasis control and surveillance after SIZ activities end; mobilize funds for increased technical and financial support to field activities and maintain all technical staff up to the end of SIZ activities in 2007.

DATE AND PLACE OF JAF12

61. At the invitation of the Government of the United Republic of Tanzania, the twelfth session of JAF will be held in Tanzania. The date and place will be communicated to participants at a later date.
APPROVAL OF THE CONCLUSIONS AND DECISIONS AND ADOPTION OF THE FINAL COMMUNIQUE

62. The Forum did not adopt the final communiqué which had been distributed before the end of the meeting and some of the recommendations had not yet been included in the final draft. It was therefore agreed that a complete draft be circulated by e-mail to participants for comments.

CLOSURE OF THE SESSION

63. After thanking OPC and the Health Bureau of the French Ministry of Foreign Affairs, for successfully organizing the meeting, the Chair of JAF expressed his gratitude to all participants for their active participation in the deliberations and declared closed the 11th session of the Joint Action Forum.
Annex 1

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

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AA/Mtg
19.12.2005
Annex 2

AGENDA

JAF11, Paris 6-9 December 2005

1. Opening of the session
2. Election of Officers
3. Adoption of Agenda
4. Reflections of the Committee of Sponsoring Agencies
6. Report of the Technical Consultative Committee (TCC)
7. Report of the NGDO Coordination Group for Onchocerciasis control, including support of the group to APOC activities
9. Mid-term evaluation report on activities of the Special Intervention Zones (SIZ) and evaluation of the efficacy of the onchocerciasis surveillance systems in the ex-OCP countries
10. Vision for the future of Onchocerciasis Control in Africa
11. Interventions of the Presidents of the Organization for the Prevention of Blindness (OPC) and the Research Institute for Development (IRD), France
12. Country reports:
   (i) (Congo, Nigeria, Tanzania, Cameroon, Central African Republic, Uganda, Malawi, Sudan, Equatorial Guinea, Democratic Republic of Congo, Liberia, Chad, Ethiopia, Burundi, Angola)
   (ii) (Gabon, Mozambique, Rwanda, Kenya)
13. Consideration of National plans and Project proposals
14. Operational research and MACROFIL
15. Community-Directed Interventions (CDI): conclusions and recommendations of special meetings on CDIs and the integration of community-based programmes
16. Sustainability of CDTI projects
   (i) Updates on project evaluation
   (ii) Monitoring the implementation of sustainability plans
17. Report on cost per treatment with ivermectin
18. Additional health interventions using CDTI as a vehicle
19. Independent participatory monitoring of CDTI projects
20. Phase II of the long-term impact assessment of APOC operations
21. Audit report
22. Plan of Action and Budget for 2006
23. Financing of the African Programme for Onchocerciasis Control (APOC)
   (i) Country contributions
   (ii) NGDO contributions
   (iii) Report of the World Bank
   (iv) Pledging of Donor contributions
24. Information on activities in the Special Intervention Zones (SIZ) of the ex-OCP, non-SIZ areas, and the Multi-Disease Surveillance Centre (MDSC) of Ouagadougou
25. Other matters
26. Date and place of the twelfth session
27. Consolidation of JAF11 conclusions and decisions and drafting of final communiqué
28. Final approval of the conclusions and decisions and adoption of the final communiqué
29. Closure of the eleventh session