

AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL (APOC)

Thirteenth Session of the Joint Action Forum
Brussels, Belgium, 4-7 December 2007

FINAL COMMUNIQUÉ

Opening session:

1. The thirteenth session of the Joint Action Forum (JAF) of the African Programme for Onchocerciasis Control (APOC) was held at the Egmont Palace, Brussels, Belgium from December 4-7, 2007. The meeting was held at the kind invitation of the Government of the Kingdom of Belgium (herein the Government of Belgium) and hosted by the Federal Public Service Department of Foreign Affairs, Foreign Trade and Development Cooperation. The meeting was attended by 13 Honorable Ministers and Deputy Ministers of Health of APOC and OCP countries, contributing parties including 18 representatives of donor countries and institutions, the World Health Organization, Non-Governmental Development Organizations (NGDOs), the Mectizan Donation Programme, Merck & Co. Inc., Wyeth Pharmaceuticals, the Global Alliance for the Control of Lymphatic Filariasis, APOC management, 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. The opening ceremony was chaired by the Honorable Professor David Mwakyusa, the Minister for Health and Social Welfare for Tanzania and outgoing Chair of the twelfth session of JAF. He thanked the JAF for the opportunity to serve as the Chair of the previous session of JAF and expressed gratitude to the Government of Belgium for hosting this meeting and for their warm hospitality. Professor Mwakyusa stated that he believed that the APOC partnership has made significant progress in many key areas over the past year. He commended all of the actors who had worked hard over the past year to make these achievements possible. The JAF thanked the outgoing Chair for his leadership during the past year.
3. Mr. Jan Grauls, President of the Federal Public Service of Foreign Affairs, Foreign Trade, and Development Cooperation of the Government of Belgium who opened the meeting, discussed the importance of the upcoming meeting and the challenges that needed to be overcome.
4. Dr. Uche Amazigo, Director of APOC, highlighted a number of the major achievements of the APOC programme during the past year but stressed that further commitment from governments and donors would be necessary to achieve the goal of elimination of onchocerciasis.

5. Dr. Luis Gomes Sambo, WHO Regional Director for Africa (AFRO) thanked Merck & Co. Inc. for their long-standing donation of ivermectin and their long-term support to onchocerciasis elimination. He also recognized the important role that research institutions have played in the battle against onchocerciasis. He urged the African ministers to honour the Yaoundé Declaration and the AFRO resolution of Health Ministers on onchocerciasis control. He noted that the funds required to maintain the gains of onchocerciasis control are not beyond the means of governments. He stressed the importance of creating a regional network of centers of excellence for disease surveillance. He invited JAF members to attend a landmark conference on revitalizing primary health care and strengthening health systems in Africa. The conference will take place in Ouagadougou, Burkina Faso, April 28-30, 2008.

Election of Officers

6. The representative of Cameroon nominated the Government of Belgium to the Chair for the thirteenth JAF session. The representative from Malawi seconded this nomination. The nomination was passed unanimously. Dr. Jacques Laruelle assumed the Chair position.
7. The representative from the Democratic Republic of the Congo (DRC) nominated the Government of Uganda to the position of Vice-Chair of the thirteenth JAF session seconded by Kuwait. The motion was also passed unanimously. The Minister of Health of Uganda, the Honourable Dr. Stephen Malinga, assumed the Vice-Chair position.

Reflections of the Committee of Sponsoring Agencies (CSA):

8. The Chair of the CSA, Dr Bangoura provided an overview of the key deliberations of the CSA during the past 12 months. He discussed how the APOC programme was undergoing a major restructuring process and requested that adequate support be provided to participating countries to help them establish a solid framework to meet APOC's objectives by 2015. The CSA also supports the recommendations of two meetings held on integration and co-implementation, which calls on countries to formulate their own national policies on Neglected Tropical Diseases (NTDs) and to ensure adequate resources are allocated to address these problems. The CSA chair thanked Dr. Luis Sambo, WHO's Regional Director for Africa, and Dr. Margaret Chan, the Director-General of the WHO, for their work on raising the visibility of onchocerciasis on the international stage. He, however, emphasized that there were still a number of challenges that needed to be addressed, that more resources need to be devoted to country-level activities, and that additional resources would be required to support conflict and post-conflict countries.

WHO Progress Report: An Overview of APOC Activities

9. Drs Yameogo and Noma of the APOC management presented the WHO progress report, which showed good progress in meeting programme targets over the period

1996-2006. The key activities of APOC in 2007 included contributing in the preparation of the amendment and restatement of APOC's Memorandum of Understanding (MOU), the development of the phasing-out exit strategy plan of action and budget (2008-2015), the promotion of integration and co-implementation activities, and the completion of the mapping of the epidemiological distribution of onchocerciasis and Loa loa. In 2006, 48.6 million people were treated with ivermectin in APOC supported projects, nearly twice the number of people treated at the end of Phase I in 2001. There were significant increases in the number of people trained as Community Drug Distributors (CDDs) and health workers in all APOC supported countries. In addition, APOC developed a CDTI database, financed or contributed to operational research. Furthermore, in collaboration with the West African Health Organization (WAHO), APOC management developed modules for incorporating community-directed treatment strategy into medical and nursing school curricula.

10. The JAF commended APOC management for the report and asked management to include in subsequent reports more detailed measures of progress made towards the elimination of onchocerciasis in endemic countries. The JAF made recommendations on follow-up activities.

Country Reports on Treatment and Training activities

11. The Ministers of Health from the Cameroon, Central African Republic (CAR), Chad, Congo-Brazzaville, Democratic Republic of Congo (DRC), Ethiopia, Equatorial Guinea, Nigeria, Malawi, Sudan, Tanzania, and Uganda provided updates on the status of onchocerciasis control in their countries. The countries reported progress towards improving therapeutic and geographic coverage, integration and co-implementation of onchocerciasis and other disease control activities, and achieving sustainability. Some countries, however, expressed concern about the need for technical support and additional resources to support their programmes.
12. The JAF thanked the Ministers for their statements and reports, and commended the countries for demonstrating such a high-level of political commitment by the presence of so many Ministers of Health and other high-ranking officials to this meeting. The JAF expressed satisfaction with the increase in political and financial commitment and intensified efforts to integrate onchocerciasis with other NTD and Malaria programmes demonstrated by the countries.
13. Updates were also provided by representatives of the national coordinators on treatment and training activities in all APOC countries. In general, there were increases in the number of people treated and trained in all regions, although challenges remain in conflict and post-conflict regions and there is a need to reinforce activities in these areas.
14. The JAF thanked the presenters for their summaries, but requested more disaggregated information on the gender differences and the rates of attrition of the CDDs.

Presentation on the Phasing-Out and Exit Strategy and Budget for APOC

15. Given the changes to the APOC programme approved at the twelfth JAF session, APOC management and its partners developed a detailed phasing-out and exit strategy plan of action and budget (2008-2015). The plan presented by the Director of APOC, Dr Amazigo outlined the activities to be undertaken to prepare for the closure of APOC by 2015 and an estimate of the financial resources that would be required to undertake these activities. JAF recommended to APOC management to modify the wording of the first objective to read, "To establish sustainable onchocerciasis control programmes in all APOC countries." The JAF further recommended that the second objective be modified to read, "To implement onchocerciasis control activities in conjunction with other health interventions (co-implementation) and other national health programmes, in particular malaria and HIV."
16. The previously approved budget for APOC from 1996-2010 had been \$135 million. As a result of the additional objectives and activities, unforeseen social and epidemiological developments there was the need for an additional \$53.4 million to support the programme to 2015. In total, APOC Trust Fund resources required from 1996-2015 will total \$181.4 million.
17. In general, JAF participants gave enthusiastic support to the proposed action plan and budget for 2008-2015. The participants agreed that there is a need to increase advocacy to promote integration and co-implementation with other disease initiatives and to integrate CDTI into national health systems. Representatives from the Donors, the Ministers of Health, and NGDO coordination group provided specific feedback to APOC management on the plan of action and budget.
18. The JAF decided that at the closure of APOC in 2015, any reserve funds that remain may be used to extend project monitoring activities in conflict and post-conflict countries where project implementation started late. The JAF also decided that APOC management should speed up the building of capacity and the decentralization of technical and financial activities to countries. The JAF insisted that all countries that have not already done so, should prepare a detailed plan for the phasing out and exit of APOC from their country to ensure that programme objectives are met by 2015. These reports should be completed by the end of June 2008 and should specify the estimated costs of implementing the different components of CDTI in order to help countries better prepare for assuming greater financial responsibility before and after the withdrawal of APOC from each country.

Report from the Auditor

19. The Forum noted the report of the External Auditor read by the Legal counsel of the WHO, confirming the correctness of the accounts, receipts and expenditures, which had been submitted for his scrutiny.

Plan of Action and Budget for the Year 2008

20. APOC management presented the proposed plan of action and budget for APOC activities for 2008. In total, 110 CDTI projects and 7 headquarter (HQ) projects in 15 countries are to be funded in 2008. The proposed budget includes funding for existing projects, new projects, and projects in former OCP countries. In total the 2008 budget is estimated to be \$15.02 million. The budget for 2008 and the supplemental budget of \$270,753 for 2007 were approved by the JAF. The JAF requested APOC management to in future years prepare a one-page summary of the expected achievements and costs.

Adoption and signature of the amendment to the Memorandum of Understanding of APOC

21. The JAF approved the agreement providing for the amendment and restatement of the MOU for Phase II (2002-2012) and Phasing Out Period (2013-2015). The authorized signatories signed the agreement, which entered into force. The WHO regional Director, Dr. Sambo expressed his satisfaction to the JAF on this achievement.

Statements by the Honorable Ministers of Health of former OCP Countries

22. The Ministers or Deputy Ministers of Health of Côte d'Ivoire, Ghana, and Guinea Bissau, all former OCP countries, provided an overview of the status of onchocerciasis control activities in their countries and specifically outlined how additional support from APOC is required to help them work towards the elimination of onchocerciasis. All of the representatives expressed gratitude to the JAF for extending support, both technical and financial, to their countries. The JAF thanked the Ministers for their reports.

Report of Study on Community Directed Interventions

23. Drs Remme, Elhassan and Ndyomugenyi presented the key findings of a 3-year multi-country study in Cameroon, Nigeria, and Uganda on the use of the community-directed interventions (CDI) strategy to deliver additional health services to remote communities. The results of this study indicate that CDI is a more effective strategy to deliver additional health interventions in a community-based setting than traditional methods of delivery. This was the case for vitamin A supplementation, the distribution of insecticide treated nets (ITNs), home management of malaria (even surpassing Roll-Back Malaria targets), but not for case detection and treatment of tuberculosis. Moreover, at least 4-5 interventions can safely be incorporated into the integrated delivery package. The study developed criteria to evaluate the suitability of an intervention for integration. Without an increase in implementation costs at the health district and first line health facility level, the CDI process achieves higher coverage for different interventions and is therefore more efficient. Extensive stakeholder consultation and consensus building were critical factors to ensure success at the community-level.

24. The JAF strongly endorsed the main recommendations of the study group, namely that:
- a. Where already established for onchocerciasis control, CDI should be used for the integrated, community level delivery of appropriate interventions.
 - b. CDI packages should be developed on the basis of local considerations and criteria from this study.
 - c. Special efforts will be needed to ensure reliable supplies and supportive policies and guidelines.
 - d. Priority for future research must be identified and pursued. Priorities for further research to include research on the use of CDI in non-onchocerciasis areas and health systems research on supply systems.

Report of Study on Macrofil

25. An overview of Macrofil project was presented by Dr Ladzins from the Special Programme for Research and Training in Tropical Diseases (TDR). The lead macrofilaricide candidate, moxidectin, has made good progress in clinical development in the previous year. The JAF expressed their gratitude to Wyeth Pharmaceuticals for their technical and financial support.
26. Another molecule, emodepside, is in the pre-clinical stage as a potential macrofilaricide. Research on the use of albendazole for the reduction of loa loa burden and the development of a DEC skin test patch for onchocerciasis have also been progressing.
27. The JAF requested TDR to facilitate more research on Loa loa, including the development of refined treatment schemes for co-endemic areas. The JAF also commended the strong relationship between TDR, a research institution, and APOC, a control organization. The JAF noted that the WHO/NTD department will convene a technical meeting on loaiasis during 2008.

Report of the NGDO Coordination Group

28. An overview of the activities NGDOs was presented by the chair of the Coalition, Dr Haddad. Membership of the NGDO Coordination Group has grown over the past year. Programmes supported by the NGDOs now cover all endemic areas in the world, including Africa, Latin America, and the Yemen. The NGDOs have been very active in promoting co-implementation of other NTDs, the distribution of ITNs and provision of eye care services with CDTI. They held joint meetings with the trachoma and lymphatic filariasis's NGDO coordination groups to identify other areas of collaboration. The NGDOs stated that they see integration as a way to not only improve CDTI but also to strengthen health systems. The financial contributions to onchocerciasis control totaled over \$5.8 million, excluding overhead.

29. The JAF commended the NGDO group for the continued technical and financial support and advocacy for onchocerciasis elimination.

The Report of the Technical Consultative Committee (TCC)

30. The Chair of the TCC, Professor Abiose provided an overview of the activities of the committee during the past year. During the past year, the TCC reviewed a record number of annual reports from CDTI projects (117). The TCC discussed topics including Severe Adverse Events (SAEs), the elimination of onchocerciasis in Uganda using a bi-annual treatment strategy, and the compliance to ivermectin. The TCC recommends that the findings of the compliance study should be incorporated into IEC activities of APOC CDTI projects in the future. The JAF endorsed this recommendation.
31. The TCC also reviewed the publication on the possibility of reduced efficacy of ivermectin against *O. volvulus* infection in Ghana. The TCC noted with satisfaction that ivermectin remains an effective microfilaricide; but recommends that APOC continues to monitor the efficacy of ivermectin. The JAF asked to be kept informed of new developments in this area.
32. The TCC made recommendation to build technical capacity in countries. First, the committee recommended the devolution of the review of CDTI technical reports to countries, where capacity exists, in their 8th year of operation and beyond (this recommendation would take effect in July 2008). Second, the TCC recommended that APOC assist countries to increase operational research capacity and set up operational research committee where capacity for research exists. The JAF endorsed these recommendations.
33. The JAF also noted that although Trust Fund money is not available for vector elimination activities, APOC should provide technical assistance to countries when needed and that APOC management should help countries in mobilizing resources for vector elimination and nuisance control. The JAF strongly endorsed an increase in the recommended ratio of 1 CDD to treat a maximum of 100 persons from the current ratio of 1 CDD to treat a maximum of 250 persons.

Presentation on the monitoring of drug efficacy in large-scale treatment programmes

34. The representative of the NTD department at the WHO/Geneva, Dr Engles provided the JAF an update on the meeting to study changes in drug efficacy that may be induced with the expansion of mass drug administration programmes for helminthic infections. One of the outcomes of this meeting is the establishment of working groups for different diseases. The working groups will develop standard operating protocols for surveillance, establish working definitions of resistance for each drug and parasite combination, and develop draft guidelines for anthelmintic drug efficacy.

35. The JAF commended the World Bank and the WHO for organizing this very important meeting and commended the recommendation of the group to set up networks of laboratories in endemic countries for adequate transfer of technology.
36. The JAF noted the inadequacy of the current monitoring tools and strongly recommends WHO and partners to invest in research that would help in developing and using appropriate tools for monitoring drug efficacy in large scale treatment programmes.

Presentation on the health impact of APOC operations

37. The JAF was pleased to receive the report presented by Professor Habbema on the ONCHOSIM modeling of the health impact assessment that complements the progress report of APOC by providing additional information on the impact of APOC operations. However JAF urged APOC management to intensify its efforts to provide data for validation of the results of the model. JAF also advised APOC to share the information of Programme achievements through local radio stations and media houses for policy formulation.

Presentation on external monetary incentives (EMI) for community volunteers

38. A multi-country study funded by APOC on external monetary incentive policies for community volunteers was undertaken in Cameroon, Ethiopia, Nigeria and Uganda. The study examined the existence of incentive policies, their determinants, and their overlap at the implementation-level. The study found that giving EMI is the norm rather than the exception; the issue is sector-wide and cross-sectoral and that the existence of national level policies on EMI is limited. The study reported that donors play a significant role and could play role in finding solutions; EMI represents a financial cost to the health system and is likely to increase and that coordination and harmonization are very limited.
39. The JAF was very pleased with the study and commended the researchers for their excellent work. The JAF called for better harmonization and policy coherence at national level and endorsed the following recommendations from the study:
 - A. That it will be useful to do country-specific studies
 - B. That general policy at national level should be developed to guide implementation of EMI.
 - C. That a framework to coordinate and harmonize incentive policies and to strengthen the role of the community should be developed.
 - D. That further research should be conducted on priority areas, including the cost-effectiveness of EMI policies.

Further, the JAF advised TDR to carry out the Phase II study on the impact of incentives on community-based programmes and effectiveness of community volunteers.

Presentation on when and where to stop ivermectin treatment

40. The results from a multi-country study in river basins that have used only ivermectin as a control tool (6 monthly, annually) for more than seventeen years in three river basins (one in Senegal, one in Mali, and one at the border of the two countries) was presented by Drs Traore and Remme. The excellent epidemiological and entomological results met the provisional criteria for stopping ivermectin treatment, and treatment had now been ceased in the core areas of the three river basins. The infection and transmission levels will be carefully monitored and a progress report shared with JAF in 2008. JAF was pleased to note that this study would be able to provide guidelines that can be applied to other countries to study where and when to safely stop ivermectin treatment.
41. The Carter Center representative, Dr Frank Richards informed JAF that the 17th meeting of the six-country coalition against onchocerciasis in the Americas (OEPA) was held in November 2007 in Ecuador. Four of the 13 foci in the Americas will have halted ivermectin treatment in 2008, in three countries: Mexico, Guatemala, and Colombia. In addition, a river system in Ecuador (Rio Santiago) will also stop treatment in 2008. The American programmes are stressing the importance of post-treatment surveillance for disease recrudescence. The OEPA meeting declared the goal of stopping all ivermectin treatment in the Americas by 2012.

Presentation on the Status of the Trust Fund

42. The World Bank representative, Dr Bangoura gave an update on the status of the Trust Fund. He reported that the World Bank had agreed to extend the closing date and the end-disbursement date of the APOC II fund to December 31, 2015 and June 30, 2016 respectively. The JAF was informed that the total amount of funds received for both APOC phase I and II for the period 1994-2007 was \$126.2 million with the inclusion of two outstanding pledges for the period 2008-2010, the total amount was \$128.2 million. The current cash balance of the Trust Fund is \$22.9 million. In celebration of the 20th anniversary of the Mectizan Donation Programme, Merck & Co. Inc. made a pledge of \$25 million to support APOC through 2015. The World Bank representative read the joint press relation from the World Bank and Merck & Co. Inc, which included the following statement Mr. Robert Zoellick, the President of the World Bank, affirming the World Bank's commitment to its role of marshalling additional funds to the Trust Fund: " The World Bank as fiscal agent and one of the largest donors of APOC remains committed to mobilize additional contribution from the other contributing parties in order to effectively achieve the funding goals necessary to complete this worthy effort".
43. The JAF expressed appreciation to the World Bank for its long-standing commitment as a fiscal agent to APOC and noted with satisfaction the status of the Trust Fund. The JAF commended APOC management for the prudent management of funds.

Pledges from Contributing Partners

44. The contributing partners made unprecedented pledges of additional \$60 million to support the Programme from 2008-2015. The JAF and in particular the Ministers of Health and APOC management were grateful for the generosity of the contributing partners and their support to the Programme.

Country reports on Government Contributions

45. One of the national coordinators summarized the financial contribution of governments to onchocerciasis control activities for 13 APOC countries in 2006. For past 2 years there has been a 38% increase of government contribution in all 13 countries. More than 1 million dollars is disbursed annually by countries for key activities including mobilization/advocacy, training, supervision, monitoring, and distribution of ivermectin. The JAF was informed that although there is generally a well-balanced disbursement across key activities, in post conflict countries government contribution is unsatisfactory and needed to be urgently addressed.
46. The JAF commended the National Coordinators for their willingness to provide the JAF with the status of government contributions to onchocerciasis control and encouraged the governments of endemic countries to provide sustainable and sufficient funding to national programmes and more political commitment.

Special Tribute

47. The JAF thanked and acknowledged the contributions of Dr. Bjorn Thylefors and Dr. Jacques Laurelle who will be retiring at the end of the year, and Mr. Abdulai Daribi who moved from the onchocerciasis control programmes to the WHO/NTD department, for their long-standing contribution to onchocerciasis control in Africa.

Report on the Status of Onchocerciasis in the SIZs and former OCP Countries

48. A report on the status of onchocerciasis control in the Special Intervention Zones (SIZs) and other former OCP countries was presented by Dr Yameogo on behalf of APOC management. The control activities launched in 2003 under the SIZ of the ex-OCP enabled the entomo-epidemiological parameters to be brought to acceptable levels (prevalence < 5%, CMFL \pm 0, annual transmission potential < 100) after five years of enhanced CDTI in three out of the five areas (Togo, Guinea, and Benin). A combination of CDTI and vector control was used in only one of the three areas. In the two remaining areas (Ghana and Sierra Leone) control activities still need to be well established with the support of APOC.
49. In the other ex-OCP countries as well as in the areas outside the SIZ where the epidemiological situation was satisfactory at the closure of the OCP, these countries (except Côte d'Ivoire and Guinea Bissau) with the support of their partners, mainly the NGOs, have maintained effective CDTI as well as entomo-epidemiological

surveillance activities. No recrudescence of infection was discovered and inter-country collaboration was maintained with the support of APOC/SIZ. It was considered important to urgently resume control activities in Côte d'Ivoire and Guinea Bissau, improve the surveillance and monitoring tools, finalize the predictions of onchocerciasis situation using the ONCHOSIM model, and maintain the cross-border meetings for exchange of experience and monitoring of the risks of transmission of infection.

50. The JAF commended the SIZ team and the former OCP countries for the achievements and reaffirmed its agreement for APOC to provide technical support to the former ex-OCP countries where and when needed.

Report from the Multi-Disease Surveillance Center (MDSC)

51. JAF was informed that the MDSC has scaled up its support to onchocerciasis surveillance activities by the countries using the funds allocated by the World Bank. The acting Director of MDSC, Prof Konde stressed the commitment of the WHO Regional Director for Africa to put in place reference Centers, including the MDSC of Ouagadougou to support disease surveillance in Africa. The institutional framework document of the MDSC is being finalized, with emphasis on partnership and autonomy in financial management. All interested parties were requested to support this new development.
52. The progress made by MDSC was noted by the participants who encouraged the Centre to continue its efforts. They hoped the MDSC will fully play its role in supporting onchocerciasis surveillance in the former OCP and APOC countries.

Date and place of the 14th JAF

53. The 14th session of JAF will take place in Kampala, Uganda during the first or second week of December 2008. More details will be provided to JAF participants in the coming months.

Closing statements

54. The JAF unanimously expressed its gratitude to the Government of Belgium for the warm hospitality given to the JAF participants over the past few days.
55. The Chair closed the session by congratulating the participants for a productive meeting in which many landmark decisions on the future of the APOC programme had been made.

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

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**Thirteenth session of Joint Action Forum
Brussels, Belgium, 4-7 December 2007**

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