

AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL (APOC)

Fourteenth Session of the Joint Action Forum Kampala, Uganda, 8-11 December 2008

FINAL COMMUNIQUÉ

1. The Fourteenth Session of the Joint Action Forum (JAF) of the African Programme for Onchocerciasis Control (APOC) was hosted by the Republic of Uganda, from 8 – 11 December 2008 in Kampala, Uganda. The meeting was attended by 7 Honourable Ministers and Deputy Ministers of Health of APOC and OCP countries, 10 Permanent Secretaries and Directors of Health and Disease Control, 11 representatives of the donor community, The World Bank, WHO, including APOC management, West African Health Organization (WAHO), 11 Non-Governmental Development Organizations (NGDOs), the Mectizan Donation Programme, Merck & Co. Inc., Wyeth Pharmaceuticals, Research Institutions including TDR, Directors and Coordinators of National Onchocerciasis Control Programmes, Onchocerciasis Endemic District Management Leaders of Uganda and Representatives of the Statutory Bodies of APOC. A complete list of participants is attached as **Annex 1**.

OPENING

2. Mrs Mary Nannonno, Permanent Secretary, Ministry of Health, Uganda, handled the protocol for the opening session.
3. His Excellency, the President of the Republic of Uganda, President Yoweri Museveni, officially opened the meeting. In his speech, President Museveni, welcomed participants and thanked JAF for choosing Uganda to host its 14th session. Uganda like other developing countries was afflicted by many NTDs. He highlighted Uganda's successes in public health with special mention of the elimination of Guinea worm and control of sleeping Sickness in both humans and cattle. The Carter Center was thanked for their efforts as a partner in the elimination of Guinea worm. Uganda has both the political and technical commitment, needed to extend the same kind of success to the elimination of onchocerciasis, lymphatic filariasis and other NTDs. Given the direct and indirect link that health and agriculture have to the attainment of the MDGs, President Museveni stressed that without addressing the NTDs, Africa will not be able to achieve the MDGs. Merck and Co., Inc were thanked for the donation of ivermectin, without which it would be impossible to control or eliminate onchocerciasis in African countries and particularly in Uganda.
4. Dr Joaquin Saweka, the World Health Organization representative, AFRO, read a speech on behalf of Dr Margaret Chan, Director-General of the World Health Organization. In her speech, Dr Chan expressed gratitude to the government of Uganda for hosting the meeting. She attributed the success of the programme to sustained political will from affected member states, excellent collaboration between the different levels of government and affected communities, and the hard work and strong team spirit of health-care workers and particularly of the affected communities. She acknowledged the invaluable contributions from the NGOs and thanked Merck and Co., Inc. for both the ivermectin donation and financial contribution to APOC. Dr Chan urged African governments to maintain the gains made in controlling onchocerciasis. Lastly she welcomed APOC's paradigm shift in 2007 from a single to multiple disease focus and the use of CDTI to bring multiple health interventions and commodities to onchocerciasis-endemic, hard -to-reach populations.
5. Dr Stephen Malinga, Minister of Health Uganda, thanked the donors for their contributions in reducing the prevalence of the disease, which had made it possible for the onchocerciasis programmes in Uganda to shift from control to elimination through semi-annual treatment with ivermectin plus vector elimination. Dr Malinga, highlighted that Uganda had for the past 10 years kept treatment

coverage at more than 70% and that the goal was to eliminate onchocerciasis in the country by 2015. Due to the global interest for integrated control of NTDs, Uganda in partnership with development partners including APOC had already started integrated mass drug administration using CDTI/school-based approaches to control these diseases, with promising results.

6. Dr Uche Amazigo, APOC Director who also represented the WHO Regional Director for Africa, Dr Luis Gomes Sambo, thanked His Excellency, the President of the Republic of Uganda, for honouring the meeting with his presence, and thanked the government of Uganda for hosting JAF14. For the first time in the 33 years of onchocerciasis control in Africa, there was now scientific evidence of the elimination of transmission of river blindness in Mali, Senegal and Kaduna State in Nigeria, using ivermectin treatment alone delivered by African communities themselves. This is also a proof that the community-directed strategy works and should be adopted by health systems to achieve MDGs. Dr Amazigo urged African governments to increase the level of their financial contributions towards elimination of onchocerciasis and other NTDs from the continent.
7. The JAF nominated the Government of the Republic of Uganda, in the person of Dr. Mallinga, Honourable Minister of Health as Chair of JAF14 and The African Development Bank as Vice-Chair, in the person of Dr. Diop-Ly. JAF thanked the outgoing Chair, Dr Dani Ceuninck for his leadership as Chair JAF13, and his country, the Kingdom of Belgium for its long standing support of the programme.
8. Three members of onchocerciasis endemic communities in Uganda gave testimonies on the debilitating effects and the socio-economic burden associated with the disease, and how ivermectin had been effective in reversing their suffering from onchocerciasis.
9. A documentary film was shown on the success of onchocerciasis vector control activities in Uganda and Equatorial Guinea, with the support of APOC and partners, as well as the active participation of governments of the two countries.

PROGRESS

10. Dr Mwikisa in his reflections on behalf of CSA stressed the importance for government to take the initiative to make multi-year commitments to onchocerciasis control and surveillance and reported that it accepted on behalf of JAF the suggestion of some participants that the African Development Bank become a co-sponsor of the programme. The CSA also agreed that UNICEF should be invited to be a co-sponsor. The Memorandum of Understanding is therefore to be amended accordingly and will be submitted to JAF15 for adoption.
11. Introducing presentations on the WHO/APOC Progress Report, the Director of the Programme thanked JAF for the expanded mandate given to APOC in 2007, which had presented the programme with both opportunities and challenges.
12. Progress had been made in the mapping of onchocerciasis endemicity. To date, 11,200 villages had been mapped using the following methods: *REMO/REA* was completed in Mozambique and Angola in 2007 with activities ongoing in Sudan, CAR and Uganda and pending in some provinces in DRC. *RAPLOA* was completed in Angola in 2008 and on-going in Sudan. *Integrated mapping of oncho, LF, Schisto and STHM* had been completed in Equatorial Guinea in 2008. Findings from the mapping of LF and onchocerciasis where the two diseases overlap had revealed that in Tanzania 3 million people would require dual treatment, whilst the figure for Malawi was 2.5 million people.
13. Fifty-five million people had been treated in 2007 and the programme had recruited technical advisors for Angola, CAR, DRC, Liberia and Sudan in 2008. In order to improve efficiency, key monitoring and evaluation (M&E) activities had been carried out by the national onchocerciasis task forces (NOTFs) and APOC management. These included independent participatory monitoring,

sustainability evaluation and monitoring the implementation of sustainability plans of CDTI projects. The JAF commended the management of APOC for the WHO Progress Report.

14. The JAF received country reports on treatment and training, and expressed concern on the negative impact on treatment coverage caused by cross-border issues. The countries pledged to finance cross-border meetings and requested support from APOC, which was approved by JAF.
15. The JAF acknowledged APOC's commitment to the integration of onchocerciasis control in health systems and co-implementation of CDTI with other NTDs, including some components of malaria control. To strengthen these efforts, it was recommended that countries should develop a national policy on co-implementation for better coordination and maximum benefits to communities.
16. To address the challenges of Severe Adverse Events (SAEs), particularly in response to Cameroon's request for assistance, JAF called for a close collaboration among the affected countries, in particular Cameroon and DRC on research for the prevention and management of SAEs. Cameroon was requested to develop a national strategic plan with an investment component to be presented to partners and donors. The strategic plan will then be reviewed together with an epidemiological study in 2010 - 2011, to determine any necessary future activities.
17. Statements were given to the JAF by Ministers of Health of the following countries; Honourable Minister A. Mama Fouda (Cameroon), Honourable Minister David Mwakyausa (Tanzania); Honourable Minister Tabita Shokai (Sudan); Honourable Minister Mariame Beavogui (Guinea), Honourable Minister of State Emmanuel Otala (Uganda), Honourable Minister W. Gwenigale (Liberia), Honourable Vice-Minister M. V. Ndongo Asue (Equatorial Guinea). Ministers of the following countries were represented by either Permanent Secretaries, Directors of Health and Disease Control or Directors of Programmes: Burkina Faso, Chad, Ghana, Malawi, Benin, DRC, Ethiopia, Nigeria, Republic of Congo and Togo.
18. The Forum welcomed the increase in governments' financial contributions. However, to safeguard the gains of over thirty years of onchocerciasis control in Africa, JAF stressed the need for country ownership of CDTI activities as a precondition for sustainability, and as a positive trend of reaffirmation of countries' commitment to onchocerciasis control. JAF urged Ministers of Health and Directors of Disease control to explore ways of increasing government financial allocation through discussions with officials in charge of national budgets. The African Development Bank and the World Bank were also requested to use their advocacy role to assist onchocerciasis control managers and governments in financial negotiations. Budgeted funds at the country level should be promptly released to projects, especially to coincide with the programme activities timetable.
19. APOC should submit to future JAF meetings, detailed breakdown of figures on the proportion of government funding in relation to contributions by APOC and other partners, based on accurate data from countries. The World Bank offered to work with countries in developing scenarios on the funding of CDTI activities.
20. The JAF urged APOC management to recruit gender experts to address the challenge of gender mainstreaming in the programme's operations, while seeking the assistance of the African Development Bank and Canada. The assistance will enable the programme to develop country specific strategies to increase women's participation in CDTI activities, taking into account socio-cultural norms. APOC management reiterated their commitment to addressing gender issues in CDTI and informed JAF that the annual scholarship from the Trust Fund for capacity building would be allocated on a male/ female ratio of 1:2.
21. To address the re-occurring issue of incentives for CDTI volunteers, JAF recommended the development of a policy on incentive for volunteers at country levels, in order to eliminate the risk of negative competition among programmes.

22. In order to build on the success of the SIZ, and to sustain surveillance activities it was noted that there was a need to build human capacity at the country level, especially by the recruitment and training of entomologists, epidemiologists and laboratory technicians. APOC and former OCP countries were encouraged to work toward achieving therapeutic coverage of at least 80% instead of the current threshold of 65% for APOC countries.
23. Findings from studies in Senegal, Mali and Nigeria, presented to the JAF, provided scientific evidence of sustained interruption of transmission of onchocerciasis using ivermectin treatment alone, in Africa, although active surveillance must continue. Consequently, treatment had been safely stopped in three areas without resulting in renewed transmission. The JAF commended this historic development and looked forward to receiving the results of similar studies to be carried out in other APOC countries in 2009.
24. Given the shift in the programme that is underway towards a focus from control to elimination, based on emerging scientific evidence, there is a need to establish a working definition of the word 'elimination'. APOC management informed the JAF that the issue would be discussed at the elimination meeting to be held in February 2009, the outcomes of which would be shared with ministers, donors and JAF members. Following the experiences in Uganda, National Onchocerciasis Task Forces of countries were urged to develop elimination strategies.
25. JAF appreciated the activity report of the Technical Consultative Committee (TCC) of APOC and commended the committee for assisting countries in developing national strategic plans, in preparation for the exit of APOC. These plans, which will serve as agreements between governments, APOC and all stakeholders, should be submitted to TCC for review and subsequently for the approval of JAF. The monitoring of the implementation of the plans should be reported annually to JAF.
26. The NGDO Group's report highlighted their significant support to countries, but also their challenges in carrying out activities in conflict and post-conflict countries due to the political climate and insufficient resources. The NGDOs reiterated their commitment to onchocerciasis and NTD control.

RESEARCH

27. Research issues:

- i.** Moxidectin development was expected to proceed to the launch of Phase 3 in Liberia and DRC, in the first quarter of 2009, upon completion of infrastructure and personnel capacity building and once all necessary country approvals have been obtained.
 - ii.** The transdermal delivery technology based on the DEC patch test for surveillance of residual and resurgent onchocerciasis infection was scheduled for large-scale use in the 10-year elimination studies.
 - iii.** The proof of concept study on the effect of albendazole on *loa loa* microfilaremia had been completed. Data analysis was ongoing.
 - iv.** Molecular tools were being developed for monitoring genome changes associated with ivermectin treatment failures.
28. The JAF was pleased with the report of the Health Impact Assessment (HIA) of APOC, which illustrated the benefits of the programme's activities to the health systems and the poor rural communities. JAF pointed out the need to complement these achievements with an assessment of the programme's socio-economic impact.

FINANCE

29. The JAF commended APOC management for a well prepared Addendum to the PAB 2008-2015. The Addendum containing a financial commitment of US\$ 36, 431,160 was approved. However, JAF considered that this was a conservative figure given the expanded mandate of the programme and that an additional budget would be required to meet the objectives detailed in the addendum. The JAF requested APOC to present to the CSA a supplementary Addendum containing the necessary justifications for that purpose, for final approval by JAF15.
30. The JAF noted the report of the External Auditor confirming the correctness of the accounts, receipt and expenditures submitted to him for his scrutiny.
31. The JAF approved the Plan of Action and Budget for 2009 and the corresponding budget in the amount of US\$ 20, 490, 000.
32. The total budget for APOC projected by the World Bank in their presentation was about US\$ 114 million for the period 2008-2015. The Bank informed the JAF of a funding gap of about US\$ 20, 000, 000 and recognizing the importance of APOC activities in strengthening health systems and efficient drug delivery, called on the donors to fill the funding gap.
33. Despite the global financial crisis, the international donor community reaffirmed their commitment to onchocerciasis control in Africa, with additional pledges. The NGDO Group as implementing partners also reiterated their continued commitment to the programme. APOC management on behalf of the beneficiary communities expressed their profound appreciation for the donations and reassured the donor countries and institutions, of the programme's commitment to the elimination of onchocerciasis in Africa.

FORMER OCP COUNTRIES AND MDSC

34. The JAF commended former OCP countries for their efforts and urged them and partners to safeguard the gains of OCP.
35. The key role played by the Multi-Disease Surveillance Centre (MDSC) in onchocerciasis surveillance was appreciated and more support was requested from countries and partners to strengthen disease surveillance activities in Africa.

OTHER MATTERS

36. The West African Health Organization (WAHO), which currently attends the JAF as an observer expressed a wish to become a member of the JAF. This request was duly noted by the secretariat, which will submit the request to the CSA for consideration.
37. The JAF thanked and acknowledged the contributions of Dr Ousmane Bangoura, who had retired from the World Bank for his long-standing contribution to onchocerciasis control in Africa.
38. To mitigate the plight of thousands of African children suffering from bilharzia, JAF urged African Ministers to explore local and international ways of obtaining the treatment drug, praziquantel. African pharmaceutical companies were also encouraged to manufacture generic drugs for the treatment of NTDs. An Africa-based pharmaceutical company pledged to make available for donation and sale, the drug for the treatment of bilharzia.

DATE AND PLACE OF THE 15th JAF

39. At the kind invitation of the African Development Bank (AfDB), the 15th Session of JAF will be held in Tunis, Tunisia. The dates will be communicated to JAF members in the coming months.

CLOSURE

40. JAF expressed profound appreciation to the government and people of Uganda, the National organizing committee of the meeting, for the warm hospitality extended to JAF members throughout the meeting.
41. The Chair closed the session by congratulating participants for a productive meeting in which very important decisions on the orientations and funding of the APOC were made.

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

JOINT ACTION FORUM
Office of the Chairman

JAF-FAC

FORUM D'ACTION COMMUNE
Bureau du Président

JOINT ACTION FORUM
Fourteenth session
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