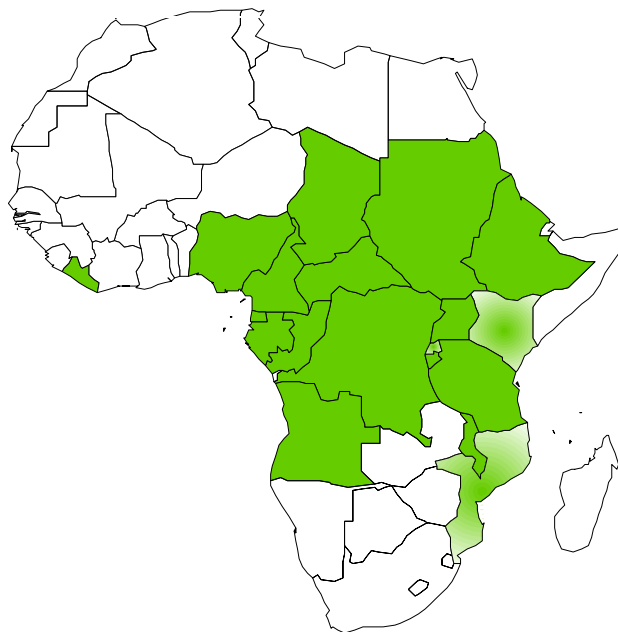

AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL (APOC)



**REPORT OF THE TWENTY-SIXTH SESSION OF THE TECHNICAL
CONSULTATIVE COMMITTEE (TCC)**

OUAGADOUGOU, 10-15 MARCH 2008

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ABBREVIATIONS

AE	Adverse Events
APOC	African Programme for Onchocerciasis Control
ATO	Annual Treatment Objective
CBO	Community-Based Organisation
CDD	Community-Directed Ivermectin Distributor
CDI	Community-Directed Intervention
CDTI	Community-Directed Treatment with Ivermectin
HKI	Helen Keller International
DEC	Diethylcarbamazine
DMO	District Medical Officer
DRC	Democratic Republic of Congo
HSAM	Health Education Sensitization Advocacy Mobilization
HQ	Headquarters
HW	Health worker
IEC	Information, Education, Communication
JAF	Joint Action Forum
LF	Lymphatic Filariasis
LGA	Local Government Area
LOCT	LGA Onchocerciasis Control Team
MDP	Mectizan® Donation Program
MOH	Ministry of Health
NGDO	Non-Governmental Development Organization
NOCP	National Onchocerciasis Control Programme
NOTF	National Onchocerciasis Task-Force
NTD	Neglected Tropical Diseases
PAB	Plan of Action and Budget
PHC	Primary Health Care
SHM	Stake Holder Meeting
SSI	Sight Savers International
TCC	Technical Consultative Committee (of APOC)
USAID	United States Agency for International Development
UTG	Ultimate Treatment Goal
VAS	Vitamin A Supplementation
WHO AFRO	Regional Office of the WHO Africa Region
WHO/NTD	Neglected Tropical Diseases - department within WHO cluster of communicable diseases (WHO/NTD)

1. OPENING: AGENDA ITEM 1

1. The twenty-sixth session of the Technical Consultative Committee (TCC) of the African Programme for Onchocerciasis Control (APOC) was held from 10 -15 March 2008 at the headquarters of APOC in Ouagadougou, Burkina Faso, under the chair of Professor Abiose Adenike. The meeting was officially opened by Dr Uche Amazigo, Director of APOC who welcomed participants, including Dr Adrian Hopkins, Dr Kisito Ogooussan, Dr Leicester Chitsulo, Mr Odame Asiedu, and Prof D. Boakye, to Ouagadougou. The list of participants is attached **Annex 1**.

2. Dr Amazigo congratulated the TCC members for their work in 2007, which had contributed to a successful JAF meeting held from 4 -7 December 2007 in Brussels, Belgium. Some of the achievements of the JAF were highlighted:

- (i) The JAF discussed and approved APOC's PAB 2008 - 2015 and granted permission to extend the programme to 2015.
- (ii) The programme's budget was approved and extra funding received from donors, including financial donation from Merck of US\$25 million dollars, US\$20 million dollar donation from the African Development Bank and other pledges from partners.
- (iii) The World Bank agreed to continue as fiscal agent of the APOC Trust Fund until 2015.
- (iv) JAF approved the repositioning of APOC and encouraged the programme to use the new funding to focus on: - strengthening health systems and building capacity; enhancing surveillance activities and obtaining more data on elimination activities; strengthening co-implementation of ivermectin with other NTD interventions and increasing support to post-conflict countries.
- (v) JAF also discussed monitoring efficacy of ivermectin.

3. Dr Hopkins informed TCC that he had assumed his role as Director for MDP with effect from January 2008. He said Dr Kisito Ogooussan would represent MDP at TCC meetings. Dr Hopkins further highlighted MDP's desire to build a closer collaboration with APOC in order to continue their support to the programme until 2015. MDP would like to be involved in programmatic and research issues. This would involve providing support to post-conflict countries to help them scale up implementation activities. Both Merck and MDP are interested in the research on when to stop ivermectin and in studies on the possible resistance to ivermectin. Another area of interest for MDP is co-implementation and the scaling up of lymphatic filariasis activities where there are already CDTI projects.

4. Dr Chitsulo, representing the Assistant Director General of the HIV/TB/Malaria/NTD cluster at WHO/HQ as well as the Director of the NTD Department at WHO/HQ, expressed the interest of WHO/NTD to learn from the success of the onchocerciasis programme. He noted the synergies between onchocerciasis control and the control of other NTDs and called on all partners to capitalize on this opportunity.

5. Professor Abiose on behalf of the TCC congratulated APOC management on a successful JAF13, and especially for the confidence expressed by donors in the programme through their pledges. APOC management was also praised for setting up a team to work on the Ghana study, based on the recommendations of TCC25.

2 ADOPTION OF THE AGENDA: AGENDA ITEM 2

6. The agenda provided as **Annex 2** was considered and adopted with the following amendments:

- (i) Agenda items 13 and 14 on Monday (Day 1) which were originally scheduled to take place in the afternoon were moved to Day 1 in the morning
- (ii) Agenda item 11 was moved to Tuesday (Day 2) to allow the team sufficient time to prepare a feedback
- (iii) The omitted project review for East Province (Cameroon) was added to the agenda
- (iv) The update on Microfil was removed from the agenda

INFORMATION

3 CSA: MATTERS ARISING FROM 118TH AND 119TH CSA SESSIONS: AGENDA ITEM 3

7. CSA 118th session was held from 8-9 October 2007 in Ouagadougou, Burkina Faso. Three follow-up actions were requested from APOC management by the CSA:

- (i) That APOC management submit to the CSA a strategy aimed at strengthening the health system. APOC management requested TCC26 guide it on the production of the strategy.
- (ii) APOC should provide Technical Advisors to post conflict countries. APOC management informed TCC26 that as of March 2008 Technical Advisors had been recruited for CAR, DRC, Southern Sudan and Angola. There were on-going efforts to identify suitable candidates with both field and scientific experience for Chad. Depending on the availability of funds, there were also plans to recruit a second Technical Advisor for DRC who will be based in Kisangani. MDP was requested for support.
- (iii) APOC management was requested by CSA to submit to CSA120 (1-2 May 2008) the final report from the Ghana study, which will help to determine if a compliance study would be required.

8. The CSA 119th session was held on 3 and 7 December 2007. The session looked at the following critical issues:

- (i) CSA recommended APOC to prepare an executive summary of the Phasing-Out Strategy plan, outlining key performance indicators, goals, objectives and activities.
- (ii) CSA noted with appreciation the unprecedented pledges made by partners during JAF13 and agreed that the strategic plan of action 2008-2015 should be amended and expanded. APOC Management was requested to set up a working group, to look at the Action Plan addendum and issues of co-implementation. APOC management confirmed to TCC26 that the working group had been set up and that it would be meeting shortly.
- (iii) CSA recommended that APOC hold a meeting with the GNNTDC during either the next MEC or Arusha meeting to discuss co-implementation issues.
- (iv) The NGDO Group was requested to submit to CSA, recommendations for two members to replace Dr Moses Katarwa and Dr Elizabeth Elhassan on the TCC.

4 JAF: MATTERS ARISING FROM THE 13TH JAF MEETING: AGENDA ITEM 4

9. 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 4-7 December, 2007. The meeting was hosted by the Government of the Kingdom of Belgium (herein the Government of Belgium) and the Federal Public Service Department of Foreign Affairs, Foreign Trade and Development Cooperation. The meeting was officially opened by the Honourable Professor David Mwakyausa, the Minister for Health and Social Welfare of Tanzania and the outgoing Chair of the twelfth session of JAF. The outcome of the JAF was presented as follows:

- (i) The JAF requested that subsequent country reports should include a detailed report on measures taken on oncho elimination activities in endemic countries. It also requested more disaggregated information on the gender differences and the rates of attrition of CDDs.
- (ii) The JAF endorsed the main recommendations of the 3-year multi-country study in Cameroon, Nigeria, and Uganda on the use of the community-directed-interventions (CDI) strategy. 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.
- (iii) The JAF endorsed that APOC should provide technical assistance where needed to countries for vector-elimination and nuisance control. APOC Trust fund money may not be used for these activities, but APOC should assist countries in the mobilization of resources and provide technical support.
- (iv) The JAF endorsed the recommendation of TCC to improve the ratio of 1 CDD to treat a maximum of 100 persons.
- (v) The JAF noted the inadequacy of the current monitoring tools and strongly recommended that WHO and partners invest in research that would help in developing and using appropriate tools for monitoring drug efficacy in large-scale treatment programmes.
- (vi) The JAF was pleased to receive the report on the health impact assessment that complements the progress report of APOC by providing additional information on the impact of APOC operations. JAF advised APOC to share the information through local radio stations and media houses for policy formulation.
- (vii) The JAF 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.
- (viii) The JAF endorsed recommendations from the multi-country study funded by APOC on external monetary incentive policies for community volunteers undertaken in Cameroon, Ethiopia, Nigeria and Uganda.
- (ix) The JAF was pleased to note that the results from a multi-country study in river basins that have used only ivermectin as a control tool for more than seventeen years in three river basins would be able to provide guidelines that can be applied to other countries.
- (x) The Carter Center representative informed JAF that four of the thirteen foci in the Americas will have halted ivermectin treatment in 2008, in three countries: Mexico, Guatemala, and Colombia.

5. NGDOS: MATTERS ARISING FROM THE 31ST MEETING: AGENDA ITEM 5

10. The 31st session of the NGDO Coordination Group for Onchocerciasis Control, in conjunction with the NGDO lymphatic filariasis Network, was held at the Merck Sharp & Dohme-Chibret (MSD) Headquarters, in Paris, France 5-7 March 2008. The conclusions and recommendations of the meeting were presented, with the following brought to the special attention of TCC (for a complete list see **Annex 3**)

- (i) Members will continue to inform the JAF of their financial contributions to onchocerciasis control.
- (ii) The meeting recommended that APOC and, the African region IAPB programme/Vision 2020 Africa should collaborate more to ensure prioritization of onchocerciasis within national Vision 2020 plans.
- (iii) The meeting recommended to the TCC that CDTI should be expanded to cover Implementation Units of the lymphatic filariasis programme where the disease is co-endemic.
- (iv) The meeting received an update on the CDTI activities in UNICEF-assisted states in Nigeria and commended their efforts. The meeting stressed the need to rapidly expand geographic coverage to 100%.

6. FOLLOW-UP ON KEY RECOMMENDATIONS OF THE 25TH SESSION OF TCC: AGENDA ITEM 6

11. The following actions have either been initiated or completed by APOC Management as a follow-up to TCC 25 recommendations (for a complete list see **Annex 4**)

- (i) A working group met in Geneva from 3-5 March 2008 to discuss how to assess the efficacy of ivermectin. The conclusion and recommendations of the working group were presented to TCC26.
- (ii) The subcommittee to review data relating to the response of *O. volvulus* to ivermectin met again on 9 March 2008 for an update on the situation and the results were presented to TCC26.
- (iii) Plans had been made for APOC to undertake missions to conduct technical, administrative and financial review of projects in DRC, Ethiopia and Nigeria.
- (iv) APOC Management had shared with the NOTFs the request from TCC to remind the National Coordinators that they need to take responsibility for submitting reports in a timely manner and for the quality of reports they endorse.

7. NOTFS: MATTERS ARISING FROM THE 4TH MEETING OF THE NOTF: AGENDA ITEM 7

12. The 4th Meeting of the NOTF took place from 29-31 October 2007. The meeting brainstormed on the extension of APOC activities to 2015 and to prepare country presentations to JAF 13 on governments' financial contributions; ivermectin treatment; selection and training of CDDs /health workers and co-implementation. Countries took note of the strategy presented by APOC and committed to prepare and submit their APOC exit plans by March 2008. On financial contribution, APOC requested the Ministries of Health to increase budget allocated to the health sector to reach the WHO requirement and to sustain onchocerciasis control in view of the exit of APOC. Regarding ivermectin treatment, projects were encouraged to apply the culture of quality before submitting routine data. The next NOTF meeting will be held in June 2008.

13. **After deliberations on these issues:**

- (i) *TCC recommended that APOC should continue working and encouraging countries to prepare and submit their exit strategies. APOC management confirmed that Tanzania, Uganda and Cameroon had already submitted their strategies, which efforts were in progress on Nigeria and Ethiopia and that two consultants had been hired to assist countries. The NGDO Group requested that the exit plans be shared with the group.*
- (ii) *TCC recommended that health staff should allow communities to continue to take a lead in the selection of CDDs, to guarantee sustainability and to reduce the need for incentives. However, APOC should provide support to ensure that no communities are left out.*

8. SIZ: FINAL EXTERNAL EVALUATION OF THE SIZ: AGENDA ITEM 8

14. SIZ activities were conducted from 2003 - 2007 under the general oversight of APOC management. As planned in the PAB of the SIZ, a mid-term review was undertaken in 2005 and a final evaluation is being undertaken in 2008. Plans for the final evaluation are underway and Terms of Reference of the evaluation had been prepared and agreed upon. With the evaluation team set up a planning meeting was held from 20-23 February 2008 and field activities will commence later in March 2008. The report of the activities should be ready by June 2008 and the results will be shared with CSA in July or October 2008 and with the JAF in December 2008.

15. APOC management informed TCC that the evaluation for the ex-OCP was still planned, but this would require a lot of money and time to conduct it.

STRATEGIC AND TECHNICAL ISSUES

9. PREVALENCE AND INTENSITY OF *O.VOLVULUS* INFECTION AND EFFICACY OF IVERMECTIN IN ENDEMIC COMMUNITIES IN GHANA: AGENDA ITEM 9

16. Results from follow-up coverage studies in relation to rapid microfilaria (mf) repopulation after ivermectin treatment were reported. A working group had reviewed the results from three districts in Ghana (Pru, East Gonja and Kintampo). Retrospective surveys had been undertaken in 122 villages located within 20 km, i.e. within vector flight range, from the study villages of Osei et al. This showed that in the area with normal repopulation rates (Pru), all villages had received regular annual treatment during the seven years before the Osei study. However, in the two areas with rapid repopulation there had been significant coverage problems. In East Gonja, most villages had not been treated at all during the seven years. In the Kintampo area there were also untreated villages, though fewer, while annual treatment coverage varied wildly in one of the two study villages of Osei et al and averaged 19% only in the other. The working group agreed on at least two possible explanations for the observations; (i) selection of more/earlier productive worms; (ii) local transmission resulting in a new generation of young, more/earlier productive worms. The working group also concluded that it was not meaningful to do follow-up epidemiological surveys in 2008 because there were too many coverage problems to allow meaningful epidemiological comparison between 2004 and 2008. The working group came up with the following recommendations:

- (i) To undertake a prospective, longitudinal impact study of annual treatment

- with good geographical /therapeutic coverage in the two problem areas;
 - Baseline surveys in 2008 - in Osei and other villages with historical mf data (review sample size);
 - Intensified CDTI programme - with APOC's technical support and finance from MoH Ghana to ensure full implementation;
 - Annual random coverage monitoring surveys (independent);
 - Follow-up skin snip surveys after 3 years in 2011;
- (ii) If random monitoring survey indicates that coverage is still insufficient, the study should be stopped;
 - (iii) In view of possible interference of clinical trials in the area, the working group recommends that study areas be kept free of other interventions.

17. Following the presentation, Dr Amazigo thanked Dr Remme for his efforts and acknowledged the support of the Government of Ghana, Dr John Gyapong, Dr Nana Biritwum, Dr Daniel Boakye, Mr Odame, Mr Some, Mr Diarra and the Ghana team for both their technical and administrative support. She noted the support of APOC personnel especially Dr Fobi, Dr Noma and Mr Zouré. APOC's main aim is to find a solution and to identify how much work APOC can do to achieve good coverage in the three study areas. APOC called upon the Ministry of Health Ghana to support activities that will shortly be launched in these areas. Lastly, Dr Amazigo thanked the TCC for their vision and their continued support.

18. *TCC endorsed the recommendations of the working group and recommended that the Ministry of Health of Ghana should ensure that the study sites are left free from other interventions in order to allow the team to complete the study.*

19. *TCC recognized that there was low coverage in the study area but recommended that APOC should look beyond the coverage issue and continue to explore further the two hypotheses outlined in the conclusions of the Working Group.*

10. MONITORING OF DRUG EFFICACY IN LARGE-SCALE TREATMENT PROGRAMMES FOR ONCHOCERCIASIS CONTROL: AGENDA ITEM 10

20. A meeting was held on the monitoring of drug efficacy in large-scale treatment programmes for human helminthiasis at the World Bank 31 October - 2 November 2007. The meeting recommended: (i) the establishment of standard operating procedures for monitoring tools; (ii) establishment of guidelines for monitoring systems; (iii) setting up of a network of laboratories with transfer of knowledge between North and South; (iv) setting up of a repository for clinical samples; (v) resolution of research versus control issues - monitoring of both; (vi) research on molecular tools as the most pressing need.

21. Four working groups were established with a mandate to: define standard operating procedures for surveillance of the different drugs/parasite; to develop clear definitions for early detection of drug resistance and to define the way forward for research on detection tools. The working group for onchocerciasis met in Geneva 3-5 March 2008 to discuss the definition, evidence and tools for detecting ivermectin efficacy/resistance. The meeting identified a two-step process for parasitological monitoring of ivermectin efficacy namely evaluation (surveillance) of infection levels and efficacy monitoring. The proposed ensuing step was the development of a surveillance framework/plan and an efficacy monitoring plan for review by TCC before it is presented to the next working group meeting in October

2008. The draft on genetic analysis and testing will also be developed by July 2008.

22. *TCC endorsed the timeline presented by the group and requested that the Committee be updated on its implementation.*

11. UPDATE ON OPERATIONAL RESEARCH: AGENDA ITEM 11

11.1 INTEGRATED COMMUNITY-DIRECTED INTERVENTIONS - A MULTI-COUNTRY STUDY

23. Final findings from a major multi-country study on the use of integrated Community-Directed Interventions were presented. The study was conducted in Nigeria, Cameroon, Uganda and Cameroon and was funded by APOC, World Bank and the Bill and Melinda Gates Foundation. The main objective was to determine the extent to which the CDI process could be used for the integrated delivery of health interventions with different degrees of complexity.

24. The main recommendations from the study were as follows:

- (i) Where already established for onchocerciasis control, CDI should be used for the integrated, community level delivery of appropriate interventions against diseases that affect neglected populations;
- (ii) CDI packages should be developed on the basis of local considerations and criteria from this study:
 - CDI approach should be used to overcome the current obstacles in getting anti-malarials and ITNs to the people who need them;
 - CDI should be considered as an effective alternative mechanism for Vitamin A distribution;
- (iii) Special efforts will be needed to ensure reliable supplies, and supportive policies and guidelines;
- (iv) Priorities for future research:
 - How to efficiently introduce CDI in non-onchocerciasis areas,
 - Health systems research on issues of supply,
 - Research on scaling up CDI.

CDI sub-committee:

25. Taking into account the promising results of the multi-country study on co-implementation using the Community-Directed Intervention (CDI), TCC agreed that it is necessary to take integration of health interventions with CDI to a larger scale. In addition, ways of implementing CDI outside the onchocerciasis endemic areas can be considered, using community-directed resource persons, selected either from the traditional kindred structure in rural areas or from close neighbourhoods in both rural and urban areas. In order to assist and guide countries in CDI, TCC recommends that:

- (i) The results of the study are disseminated to all APOC and ex-OCP countries by APOC/TDR as soon as possible, in order to facilitate in-country discussions with the national malaria and TB control programmes for instance;
- (ii) The countries will need to put in place a national framework on integrating CDI into the national health care system and to explore further collaboration between the programmes and how CDI could be used to support other health interventions;
- (iii) In order to attain consensus for the implementation of the CDI strategy at

country level, APOC management needs to advocate to the WHO country offices and Ministries of Health at country level to organise and carry out national conferences for relevant ministry of health departments and partners;

- (iv) The decisions for integrating health activities and selecting priority interventions are the responsibility of the country, but this should be carried out in consultation with all other partners involved in CDTI, and incorporating the needs of the communities. An appropriate mechanism needs to be put in place to ensure periodic monitoring of progress;
- (v) With Lymphatic Filariasis elimination programmes using the same medication (Mectizan®), and an additional medicine (Albendazole) which can be distributed at the same time, there is a need to explore integration between the Onchocerciasis and LF programmes in the co-endemic areas.

26. *TCC set up a sub-committee on implications of scaling up the integration of LF and onchocerciasis and going into the non-onchocerciasis programmes endemic areas of LF implementation units.*

27. *APOC management should explore closer collaboration with the executive group of GAELF on the integration of LF and onchocerciasis control using CDI.*

12. UPDATE ON ONCHOCERCIASIS ELIMINATION STUDY: AGENDA ITEM 12

28. The study is being conducted in Senegal and Mali, in three phases. The first phase assessed the impact of 16 years of treatment on infection and transmission. The second phase studied the feasibility to stop ivermectin in test area, whilst the third phase will involve the actual stopping of treatment on the whole river basin, if justified. The team reported remarkable achievements and informed the TCC that they now had the proof in principle that ivermectin could be stopped. A mapping plan with a clear timeline on the way forward was presented to the TCC. The report of the study will be shared with TCC once it is completed.

29. TCC commended the team for the encouraging results that bring hope to Africa and highlight the success of the onchocerciasis programme. TCC was informed that APOC management was putting together a detailed evaluation plan from 2008 that will explore the usage of other tools such as skin snips and patch tests.

30. *TCC recommended that the results of the elimination study be published as soon as possible, as a way of bringing encouragement to partners and countries. TCC also requested to be kept up to date.*

31. *For the first time evidence suggests that elimination of transmission in Africa with ivermectin treatment alone is possible. TCC recommends that the cessation of distribution of ivermectin be maintained in the R. Bakoya and R. Gambia basins. For the R. Faleme basin, where there is a north-south gradient, the northern part, where distribution has already been stopped, could maintain cessation of ivermectin distribution. However, for the southern part of the basin, where epidemiological and entomological levels were still around the thresholds, further detailed studies will be necessary, and treatment should only be stopped in a couple of study villages, which will continue to be monitored. An*

additional study should look at possible cross-border issues with Guinea that might influence results in the southern part of the R. Faleme basin.

32. *TCC thanked the study team and MDSC for a job well done and acknowledged the need to conduct a similar study in ex-OCP countries that have had 16 years of treatment and in APOC countries with more than 10 years of treatment.*

13. INTEGRATED MAPPING OF NIDS - AGENDA ITEM 13

33. CBM has conducted integrated mapping for onchocerciasis, LF, schistosomiasis, STH and trachoma in five provinces in Burundi, including Bujumbura rural, Gitega, Kayanza, Makamba and Rutana. Study sites were chosen based on the criteria for individual disease and two teams worked full time from September to December 2007 with each team surveying 15 health districts. APOC provided support for the study by permitting the use of its vehicles and personnel. Mapping methodology was based on a district approach. Preliminary results of the study confirmed or refined the prevalence and distribution of onchocerciasis and schistosomiasis in the study area. STH was found across all the study sites. Active trachoma (TF/TI) was surprisingly found in the poorer and drier areas of the selected sites, with prevalence ranging between 7 and 28 %. Only one case of LF was found, raising the issue of its significance. Geneva global through GNNTDC, APOC and CBM were thanked for their financial support, for contributing technical expertise and logistical support (and other partners, SCI, WHO, CBM and Merck/MDP) for donating the drug.

14. INTEGRATED MAPPING OF NEGLECTED TROPICAL DISEASES IN EQUATORIAL GUINEA: AGENDA ITEM 14

34. Two strategies were adopted in 1998 to control onchocerciasis in Equatorial Guinea: vector elimination and CDTI. Vector elimination began in 2000 and continued until May 2005, resulting in a successful elimination of black flies in the Bioko Island. CDTI started in 1999 in the Bioko Island. However, therapeutic coverage remained below the threshold of 65%, and interventions stopped in 2002. With the success of vector elimination in the Bioko Island, CDTI will boost onchocerciasis elimination there. There were three challenges: (i) how to resume mass distribution of drugs; (ii) the extension of CDTI to the mainland; and (iii) the integrated control of NTDs. With financial support from Exxon-Mobil and George Washington University, APOC therefore undertook an integrated mapping of the major NTDs in Equatorial Guinea. The objective was to determine the prevalence and distribution of onchocerciasis, lymphatic filariasis, loiasis, schistosomiasis and soil-transmitted helminthiasis (STH). The first mission was conducted in July 2007 for the planning of integrated mapping activities with the Ministry of Health, Ministry of Education and WHO authorities. The second mission was in February 2008 to conduct epidemiological integrated mapping of the NTDs, including training of surveyors and health technicians. REMO/REA, RAPLOA, ICT, urine filtration and Kato techniques were used for onchocerciasis, loiasis, lymphatic filariasis, schistosomiasis and STH detection, respectively. Cross-sectional surveys were conducted in 90 villages/communities/schools, selected all over the country (10 in the Island and 80 in the Mainland). Data analysing and report writing are ongoing and results will be presented at the next TCC. Acknowledgements were expressed to APOC, ExxonMobil, George Washington University, WHO Equatorial Guinea and MOH/NOTF, were acknowledged for their support.

35. TCC acknowledged that this has not been an easy task. They thanked the team led by Prof. L.A. Tchuem Tchuente and Dr. S. Wanji for their perseverance, and congratulated them on the accomplishments to date. TCC was informed that ExxonMobil had expressed

an interest to carry out similar studies in other countries, depending on the results of the Equatorial Guinea study.

36. *TCC set up a committee for the co-implementation of CDTI with other NTD interventions. The committee will be chaired by Professor Traoré*

15. TASK FORCE ON THE REVIEW OF TECHNICAL REPORTS: AGENDA ITEM 15

37. APOC management confirmed that letters had been sent to the Ministers of Health of Nigeria, Tanzania, Uganda and Cameroon requesting them to set up report review committees as part of their national exit strategy. CSA gave APOC management the mandate to fund a committee that will meet twice a year until 2012 to conduct project reviews of those countries that are in their 7th year or beyond. The committee would submit to the March TCC a summary of project reviews and the Chair of the committee would attend the September TCC to present an update of activities. TCC agreed that for reasons of cost and time efficiency, it was appropriate to appoint only one committee with a good balance of researchers and technical persons to look at both operational research and project reviews.

38. *TCC recommended that APOC management should ensure efficiency and sustainability by providing an oversight of the process. The spirit of partnership must be maintained and the involvement of the NGDO Group should be reinforced.*

16. ESTABLISHMENT OF NATIONAL TECHNICAL COMMITTEES IN APOC SUPPORTED COUNTRIES: AGENDA ITEM 16

39. As part of the devolution of APOC activities to countries, it is proposed that the review of operational research proposals and results, and review of annual technical reports be conducted by countries with the necessary capacity. The mandate of the Technical Committee will include not only onchocerciasis-related research, but also research on other diseases, neglected tropical diseases (NTDs) using the Community-Directed Intervention (CDI) strategy. The committee will include a member from the World Health Organisation (WHO) country office with technical expertise in the disease or NTDs, interested relevant MOH staff (disease control/research, planning and statistics) partner NGOs and other institutions (research institutes and universities) with expertise in NTDs. For Terms of Reference see **Annexe: 5**

17. REVIEW OF OPERATIONAL RESEARCH PROPOSALS: AGENDA ITEM 17

17.1 STRATEGIES FOR SUSTAINED HIGH IVERMECTIN TREATMENT COVERAGE: THE ROLE OF SCHOOLS AND CHURCHES IN DISSEMINATION OF HEALTH EDUCATION MESSAGES ON THE IMPORTANCE OF LONG – TERM TREATMENT WITH IVERMECTIN IN UGANDA.

40. This was praised as an interesting and innovative study. Should this be successful, it will contribute to improved health education of communities and annual compliance to treatment for the required duration. However, the study may not be as simple as it reads. The following recommendations are suggested to improve the study:

Sampling: Bias in selection – selection of households not visited at baseline. It would be better to randomly select the households.

Methodology:

- (i) Study Instruments: Baseline and evaluation instruments not provided
- (ii) Provide FGD instrument, document review format and coverage instrument

- (iii) Selection of control and intervention arms: There could be interference using the same district for control and intervention arm. It could not be better to separate these.
- (iv) Selection of counties: Coverage of sub-counties should be used for selection
- (v) Timing of evaluation: three months timing post-intervention could affect recall. The timing should be reduced to ensure recall.
- (vi) Standardization of number of Churches and schools in each sub-district: How do you standardize for disparity in number? This should be pre-assessed and be used along with coverage as a basis of selection.

41. *TCC recommended that the project review the proposal, in line with the comments above and resubmit to reviewers*

17.2 THE IMPACT OF COMPLIANCE WITH IVERMECTIN TREATMENT ON ONCHOCERCIASIS IN NEBBI DISTRICT, NORTHERN UGANDA

Title of proposal: The impact of compliance with ivermectin treatment on Onchocerciasis in Nebbi district, Northern Uganda - **Principal Investigator:** Richard Ndyomugenyi

42. The proposed study aims to examine the impact of high, medium and low compliance with ivermectin treatment on onchocercal dermatitis, microfilaria carrier rate, and fecundity and longevity of adult worms in Nebbi district, northern Uganda. In spite of the good coverage of annual treatment with Mectizan since 1995, prevalence of onchocercal dermatitis had only declined from 72.5% in 1993 to 20% in 2005, while nodule prevalence had declined from 80% to 19.55 and microfilaria carrier rate from 98.8% to 19.7%.

TCC Comments

43. The study is interesting and pertinent but methodology issues need to be addressed before approval of study.

Methodology

44. TCC notes that the criteria for compliance definition and selection of individuals for examination follow those of the APOC-supported compliance study, and that Nebbi District was not included in the earlier study. It is however important to classify the onchodermatitis being investigated since ivermectin treatment is not expected to be beneficial to skin depigmentation. Although therapeutic coverage figures are provided from 1997 to 2006, the geographic coverage in the district is not provided. The timing of the study relative to the last cycle of ivermectin treatment is also not indicated. These would all affect the outcome variables. It is not clear if it is proposed that the DEC patch test be used as a screening procedure, prior to skin snipping. It is stated that CMFL will be calculated, but only selected individuals are being skin-snipped and not the whole community. Nodulectomy is planned on some, not all of the patients with nodules from each category of compliance. This would introduce an element of bias to the analysis.

Investigators

45. No dermatologist, parasitologist, social scientist or scientist from the Bernhard Notch Institute, which is supposed to carry out the histopathology of worms, is included as co-investigator.

TCC Recommendation

46. The study is interesting, but too extensive to be carried out in its present form. TCC recommends refinement of the study, which is to be carried out in two phases.

- (i) The operational research aspect should examine the impact of compliance with treatment on onchodermatitis. The present protocol should be refined to address this specific aspect, taking account of the methodology issues raised and ensuring inclusion of a dermatologist and social scientist as co-investigators. The budget should be revised downwards accordingly and justified. The revised proposal should be sent to the reviewers.
- (ii) Nebbi District should be included in the larger APOC study on evaluation/surveillance and monitoring of efficacy of ivermectin, using standardized methodology, which will be developed before the end of 2008; and be one of the sites where nodulectomy will be carried out. The effect of compliance on microfilaria carrier rate and adult worm fecundity and longevity could be investigated in this context. The Carter Center should be requested to provide baseline data which will facilitate this.

18. INTEGRATION OF ONCHOCERCIASIS CONTROL IN THE NATIONAL HEALTH SYSTEM AND CO-IMPLEMENTATION OF NEGLECTED TROPICAL DISEASES (NTD) CONTROL-UPDATE: AGENDA ITEM 18

47. Under its phasing-out and exit strategy 2008-2015 APOC will have established by 2015, a country-led system capable of eliminating onchocerciasis as a public health problem in all endemic African countries, including those countries covered by APOC's mandate and those in the ex-OCP area that are causing concern. One of the specific objectives is to implement onchocerciasis control activities in conjunction with other health intervention (co-implementation). The target is to ensure that all 16 APOC countries put in place an effective co-implementation mechanism by 2015. In the 2008 action plan, APOC intends to increase the number of CDTI projects co-implementing other health interventions along with ivermectin treatment from 27 in 2006 to 54. The activities would include the training of health workers and CDDs on co-implementation. The follow-up meeting on integration and co-implementation is scheduled to take place in Addis Ababa, Ethiopia in June 2008.

48. Major challenges of co-implementation include the lack of national policy, no incentives to CDDs and safety of co-administration of drugs. In the spirit of co-implementation, TCC was informed that APOC was looking for ways to harmonize efforts with RTI and that APOC Director had scheduled a meeting with the new Director of RTI in April 2008. TCC noted the need for information sharing and coordination of activities by all partners to avoid duplication and to maximise the use of available resources. TCC recognised the need to increase coverage but warned that co-implementation should not jeopardise what has already been achieved.

49. *TCC recommended that APOC management and NOTF should use the experience in small/stable countries to scale up co-implementation in post-conflict countries*

MANAGEMENT OF APOC TRUST FUND

19. REPORT ON THE FINANCIAL MANAGEMENT OF APOC FUNDED PROJECTS: AGENDA ITEM 19

50. A total of 117 proposals for Letters of Agreement were to be received for 2008. Out of the total, 110 were received and 102 Letters of Agreement were prepared and the funds were released for the Letters of Agreement that came back signed. The remaining eight Letters of Agreement to be prepared (two for Malawi and six for Angola) are being finalized.

51. Out of the 1209 financial returns to be received for 2007-2008, 724 were received (equivalent to 60%) and 626 (86% of the received returns) were analysed by the AAF at the country level and APOC HQ. At the end of February 2008, 99 returns are to be analysed by APOC Headquarters.

52. As of 29 February 2008, 51 projects had red cards meaning they are more than four months late in submitting financial returns. The release of funds to these projects has been suspended until they submit the 403 returns concerned.

53. The non-submission on time of financial returns was addressed and it was pointed out that all the concerned partners should find ways of improving the situation (transfer of funds, communication problems, channelling of returns) to enable a smooth implementation of activities. The non-application by the projects of the corrections and recommendations made during the feedbacks was addressed.

54. The attention of the TCC was drawn to the fact that the Plans of Action and Budgets (PAB) submitted by the countries do not follow the standard format, which makes the revision of the said budgets very difficult. The TCC was informed that the deadline for releasing funds was end October.

55. The TCC was informed about the new management system called GSM (Global Management System). Several concerns were raised concerning the impact of this new system on APOC operations and on the implementation of CDTI activities in the countries.

56. *TCC recommended that APOC should re-train accountants to improve their performance in dealing with financial returns.*

PROJECT REVIEWS

20 REPORT ON THE REVIEW BY THE APOC MANAGEMENT OF 1ST, 2ND, 3RD, 4TH, 5TH, 6TH, 7TH, 8TH AND 9TH YEAR PROGRESS REPORTS AND SUBSEQUENT YEAR BUDGETS: AGENDA ITEM 20

57. An overview of the projects to be implemented in 2008 was given. A total amount of US \$ 5,878,000 has been budgeted for funding 117 projects in 2008 and other activities in 2008. As of 29 February 2008, US \$ 4,411,872 had been committed (75% of the budget) for 102 national projects (97 CDTI projects and 5 HQ support projects), leaving a balance of US \$1,466,128 to finance a total of 15 national projects (13 CDTI projects and two HQ

support projects) and other activities.

58. Overall, 39% of APOC global budget (US \$15 020 000) has been implemented, as of 29 February, to support 102 national projects, fund technical assistance and consultants, training activities, personnel services, contracts, statutory meetings, travel, supplies and equipments, and operating costs.

59. It was suggested that for future presentations, it would be useful to show the number of projects in their 7th year or beyond to be implemented. It was also pointed out that the vector elimination activities in Tanzania did not yield the expected results. However, APOC Management is willing to provide technical support to the country for further vector elimination activities if necessary.

21. REVIEW OF NEW PROJECT PROPOSALS AND 1ST, 2ND, 3RD, 4TH, 5TH, 6TH, 7TH, 8TH AND 9TH YEAR ANNUAL TECHNICAL REPORTS ON THE IMPLEMENTATION OF CDTI AND VECTOR ELIMINATION PROJECTS RECOMMENDATIONS ON THE 2ND, 3RD, 4TH, 5TH, 6TH, 7TH, 8TH, 9TH AND 10TH YEAR IMPLEMENTATION OF THE PROJECTS: AGENDA ITEM 21

60. A summary of the budgets received for research was presented to TCC. Two research proposals were received for Uganda amounting to US\$32 800. They are:

- (i) The Strategies for sustained high ivermectin treatment coverage: the role of schools and Churches in dissemination of health education messages on the importance of long-term treatment with ivermectin in Uganda (US \$ 10 550).
- (ii) The impact of compliance with ivermectin treatment on onchocerciasis in Nebbi district, Northern Uganda (US \$ 22 250).

LIBERIA

Liberia Northwest Project: 6th year report

61. Some improvements have been made in the report writing but there is still room for improvement. Table 3 in this report is exactly the same as in the South East and South West CDTI. This project is in its 6th year and therefore geographical coverage should now be 100% rather than 70%. The therapeutic coverage is barely above 65%.

62. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) Verify all calculations to avoid percentages above 100% (tables 1, 4, 7);
- (ii) Complete table 9 and include totals in table 13;
- (iii) Explain what is meant by “discarded” in relation to handling of expired Mectizan®;
- (iv) Include all abbreviations in the list of acronyms.

Project-related

- (i) Reduce CDTI implementation time frame,
- (ii) Advocate for more state funds,
- (iii) Train CDDs on record-keeping and correct handling of registers,

- (iv) Increase the training content for the CDDs (for now only data collection).

Liberia Southwest Project: 2nd year report

63. The project is making good progress. However, there is a need to make the necessary corrections in table 4. In addition, good explanation is required to justify the decrease in treatment cost per person (0.09 US\$/per person; 0.18 in 2006)

64. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) Correct table 4

Project-related

- (i) Enhance integration and co-implementation activities,
- (ii) Develop a sustainability plan,
- (iii) Encourage community leaders to motivate CDDs,
- (iv) Seek additional partners to cover the financial gap,
- (v) Advocate for government counterpart funding

Liberia Southeast Project: 2nd year report

65. This is a young project in its 2nd year. The geographical coverage has reached 100% and therapeutic coverage is 65%. The project responded to all the TCC recommendations and provided a concise executive summary, which reflects project activities. It is interesting to see government funding from the 1st year of the project. However, too many tablets (6782) were lost and many tables require review.

66. *The TCC accepted the report with the following recommendations and suggestions for improving project implementation:*

Report-related

- (i) Check the arithmetic in tables 13 and 14;
- (ii) Complete section 4 of the report, which was completely blank;
- (iii) Give details of how the \$19,286.4 (table 14) was used and verify the addition in table 13;
- (iv) Give information on women's participation in CDTI under table 4.

Project-related

- (i) Intensify sensitization of the communities to improve on the therapeutic coverage;
- (ii) Intensify advocacy at the government level to increase funds allocated for CDTI;
- (iii) Encourage the selection of more CDDs to improve the CDD/population ratio;
- (iv) Only 13% of the communities have supervisors, they need to increase the numbers;
- (v) Two communities have low therapeutic coverage and coverage needs to be increased in these communities;
- (vi) Continue efforts to involve women in CDTI activities;

- (vii) Adjust the treatment period with the communities to the dry season;
- (viii) Take steps to secure ivermectin tablets.

CAMEROON

Cameroon Littoral I: 3rd year report

67. TCC commended the project on a well-written report, however requested for a more concise executive summary. It was noted that there were too many supervision activities.

68. *The TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) Provide a more concise summary

Project-related

- (i) Improve geographical coverage from the current 90% and develop a plan for integration;
- (ii) Conduct community self-monitoring;
- (iii) Data on REMO and RAPLOA should be provided;
- (iv) Plan for a final sustainability evaluation.

69. *Because of very high prevalence of loiasis in the project area, TCC recommended that research projects should consult with implementing partners on the ground before conducting new research activities to ensure coordination of activities and to help countries move in one direction.*

Cameroon East Province: 4th year report

70. The report is well written. All TCC comments have been responded to. The project is commended for attaining 100% geographical coverage and 70.9% therapeutic coverage by the 3rd year in an area, which is very remote with long distances between communities. The efficient management of three cases of SAEs is also noteworthy. However, the percentage of CDDs trained is 94.3 not 99 (table 5). The number of absentees and refusals is still high.

71. *The TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) Check table 5 for accuracy of figures,
- (ii) Provide details for the expenditure of \$102,099.67 (table 15) under others.

Project-related

- (i) Intensify sensitization of and advocacy to communities and community leaders to support the CDDs and help convince community members to take the medication during distribution session);
- (ii) Provide information on the operational research, which was funded for this project;
- (iii) Review the timeline of activities to reduce training and drug distribution time. Train communities on CSM and enhance/scale up this activity;

- (iv) Conduct formal training to reduce maladministration of drugs and poor record-keeping.

Cameroon Littoral II: 8th year report

72. The report is well written and presented according to the general outline recommended by the TCC. Figures are well presented and commented upon. However, there is a drop in performance of CDTI as shown by the therapeutic coverage, which dropped from 72.45% to 68.6% in 2004 and 2007 respectively.

73. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) Explain why funds allocated to project are not used,
- (ii) Address the decrease in therapeutic coverage.

Project-related

- (i) Plan for CSM to be carried out.

TCC recommendation to APOC

- (i) Only 17.1% of the released funds was used and this resulted in a decrease in performance. APOC management should follow up to ensure adequate use of funds.

Cameroon North West: 4th year report

74. The report is well-written using the format approved by TCC. Numbers are accurately presented and interpreted. The project is making good progress with therapeutic coverage increasing from 66.4 % in 2004 to 71.7 % in 2007. The strength of the project includes a very strong financial support from the government and partners. In addition, there is a great involvement of women in ivermectin distribution; 65% of communities have female CDDs.

75. *TCC accepted the report with the following recommendations and suggestions for improving project implementation:*

Project-related

- (i) Increase the involvement of communities by engaging some members as community supervisors;
- (ii) Accelerate the attainment of full geographical coverage by using alternative strategies to reach the remaining 18 difficult-to-reach communities;
- (iii) Address the issue of high number of absentees;
- (iv) Release allocated funds by the government directly to the programme (apart from government salaries).

TCC recommendation to APOC

- (i) APOC Management should assist the project to ultimately determine the number of communities in the project area.

Cameroon South West 1: 9th year report

76. As is the case each year, the number of patients treated in the hypo-endemic area accounts for a greater proportion (31%) of the total. The executive summary does not provide separate information for the hyper-endemic and meso-endemic areas. In relation to last year, a drop in the number of health personnel is noted in public health facilities (758 to 442) and private ones (466 to 65). The report gives an indication of the negative effect of health personnel under-staffing on the project, but 225 additional staff members have been recruited in the province. Mobilisation and sensitisation were inadequate. The proportion of women CDDs has dropped from 29.6% to 17.6%. For a number of years now, the report has been indicating that CDTI is integrated into eye care activities, but there is very little information on these activities and their impact. The CDD/population ratio is 1:449 in meso-hyper-endemic areas. The ratio of number of persons treated/number of CDD is 353:1 in meso-hyper-endemic areas, and 320:1 in hypo-endemic areas.

77. Project is commended for the increase in therapeutic coverage from 73.85% in 2006 to 78.42 in and 2007 respectively. In table 10, the report does not indicate the whereabouts of the remaining 81,000 tablets of the previous year. It is noted that 211,930 tablets were leftovers in that year, i.e. 15.9% of the number of tablets that were ordered. The report indicates that vehicles and motorbikes of the project are in a deplorable state. It is reported that the budget was approved late, and that APOC funds were received but at the end of July 2007. The cost per person treated in the entire project is US\$0.32. But the cost of treatment in meso-hyper-endemic areas is not given. According to tables 13 and 14 US\$14,250 from APOC was not spent in 2007. The report indicates that the cost of drugs used for treating adverse events is covered by SSI, but the amount is not mentioned in table 14. It is suggested that, following the claims of the project, the State disbursed funds meant for CDDs.

78. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) The executive summary should include total population, number of persons treated and the therapeutic coverage in the meso-hyper-endemic and hypo-endemic areas;
- (ii) Reason why the column “community supervisors” is ticked in table 6

Project-related

Information should be provided on:

- (i) Reasons for the drastic increase in the number of CDDs in the hypo-endemic areas while it decreases in the meso/hyper-endemic areas;
- (ii) Reasons for the drop in the number of health personnel, as compared to figures in the previous report;
- (iii) After nine years of project implementation provide reasons for (a) IEC materials being not distributed at the right time, (b) health education messages in local languages were not developed (c) dialogue structures are not fully involved;
- (iv) Integrated eye care activities. What do CDDs actually do? How many people are screened through this? How many of them are oriented to referral facilities?

What is the impact of these activities on eye care carried out by CDDs?
Quantitative data would be interesting;

- (v) Roles of CDDs in other health programmes (vaccination, malaria, leprosy, etc.
- (vi) Initiatives taken with other partners of APOC, with respect to replacing old vehicles with new ones
- (vii) The impact of the recruitment of a high number of health personnel on work load in the Health Districts and Health Areas
- (viii) The cost per person treated in meso-hyper-endemic areas
- (ix) The amount allocated to treating adverse events
- (x) Time lapse between the end of the distribution campaign and award of incentives to CDDs.

Cameroon South West II: 7th year report

79. The report is well-written in line with the TCC-recommended template. Figures are well presented and commented on. There is a continuous increase in CDTI performance, demonstrated by an increase in therapeutic coverage from 65.6% in 2003 to 76.2% in 2007. A decrease was also noted in the number of refusals.

80. ***TCC accepted the report with the following recommendations and suggestions for improving project implementation:***

Project-related

- (i) Scale up advocacy towards government to take care of CDD incentives;
- (ii) Scale up advocacy towards communities to make CSM effective;
- (iii) Take concrete actions to increase therapeutic coverage in areas where performance is low;
- (iv) Undertake project evaluation, after several postponements.

Cameroon Adamaoua II: 8th year report

81. The document is well written and easy to read. The geographic coverage is 100% since 1999. In spite of onchocerciasis-loa co-endemicity in the Bankim health district and the socio-political disturbances, the average therapeutic coverage has fluctuated between 70% and 73% since 2003. The support of Lamibés seems to be crucial because even in periods of socio-political disorder, the project still records a wide distribution of ivermectin. The report contains some gaps and unanswered questions.

82. ***The TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) The section on integration is a cut and paste from last year's report. Furthermore, there is no data on the integration of CDDs in the other health activities (increase in the vaccination coverage, number of cases of leprosy, Buruli ulcer);
- (ii) Review of the calculation of the therapeutic coverage in the Tingnere health area (pg 26);
- (iii) Summary tables (p26 to 29) should either be numbered or put in the appendix;
- (iv) Provide information on the two cases of SAEs;

- (v) Watch out for repetitions (see page 19 and 20) in connection with the management of the SAE case.

Project-related

- (i) The CSM (17% of 488 communities) and the SHM (0) are inadequate for a project in its 8th year. Some explanation should be given;
- (ii) Encourage communities to be responsible for their CDDs;
- (iii) Write a sustainability plan for the project;
- (iv) Train a maximum number of female CDDs;
- (v) Increase the number of CSM and SHM sessions;
- (vi) Request the support of Lamibés before each ivermectin distribution campaign;
- (vii) Try to maintain the competent health personnel (or train new ones) of the reference hospital to deal with SAEs;
- (viii) Indication of the reactions of communities after the sensitization/mobilization and any suggestions for improvement should be given.

Cameroon Adamaoua I: 3rd year report

83. The report is well-written and includes all aspects to assess all elements of the project.

84. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) Correct the rate of UTGs.

Project-related

- (i) Provide an explanation for the differences in coverage rates among districts and among villages;
- (ii) Find ways to improve therapeutic coverage;
- (iii) Find ways to increase the number of female CDDs;
- (iv) Increase the cost effectiveness of treatment

Cameroon Extreme North: 3rd year report

85. The project submitted a comprehensive and well-written report describing its CDTI activities. The project should be commended for having a 100% geographical coverage and maintaining a therapeutic coverage of approximately 75% for three consecutive years. It is evident that the project staff and the communities are engaged in CDTI.

86. *TCC accepted the report with the following recommendations and suggestions for improving project implementation:*

Project-related

- (i) Outcomes of advocacy should be provided in future reports.;
- (ii) The project is encouraged to increase the number of CDDs. It is noted that there were fewer CDDs in 2007 than in 2006, while the population in the treatment area increased during the same period;
- (iii) The report of the increased involvement of women in CDTI in the project area was well received, and it is hoped that this involvement will continue to grow;

- (iv) The project is encouraged to continue its efforts to reduce absentees and refusals.
- (v) The project reports that the lack of transport is a constraint to a sustainable project. The project is encouraged to discuss this constraint with APOC Management;
- (vi) The project is encouraged to conduct CSM and SHM.

Cameroon Centre 3: 9th year report

87. The report is well-written. TCC notes with pleasure that therapeutic coverage has slightly increased this year (78.6%, from 75.5% last year) and that it was the highest ever recorded by the project. It also notes with satisfaction that the proportion of women CDDs has increased from 22.5% to 26.7%, and that the proportion of communities with women CDDs has gone up from 44% to 54%. However, TCC is concerned that the total number of CDDs dropped from 1004 to 812 between 2006 and 2007. Besides, the ratio of 1 CDD per a total population of 335 persons is still very unsatisfactory. TCC congratulated the project on its participation in developing a guide for facilitating advocacy activities of communities among themselves. The committee would be happy to be served a copy of this guide, once it has been tested. The TCC notes that only one SAE case was recorded in 2007, but does not understand why it is indicated “see national lois technical advisor” in the paragraph describing the case. As a matter of fact TCC received no reports from the technical advisor. Besides, no mention, regrettably, is made of this case in the executive summary.

88. The gradual institution of community self-monitoring is welcome, but it would be useful in the next report, to summarize the outcome of this exercise. TCC noted that the situation was not clear with respect to the use of check lists during supervisions carried out by district and health zone staff. The Committee noted that this aspect would be given special attention during subsequent supervision. TCC also noted the excellent performance of Vitamin A Supplementation activities (84% coverage in children from 6-59 months, and 78% in post-partum women). This co-implementation is certainly a great success. TCC is concerned about the drop in the State’s financial contribution from (\$91 713 in 2006 and \$45 902 in 2007 respectively) as well as the negative impact of the lateness in paying CDD incentives. It equally noted that table 14, which indicates the amount of expenditure per activity, is not included in the report.

89. ***The TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) The points mentioned above should be taken into account in the 10th year report;
- (ii) Avoid copy and paste. It was observed that all three projects had exactly the same information as follows: Centre I, page 21; Centre II, page 22 and Centre III, page 33.

Project-related

- (i) Missing information on SAE cases, and table 14, must be sent to APOC Management as soon as possible.

Cameroon Centre 2: 5th year report

90. As in the previous year, the project has a good geographic and therapeutic coverage for CDTI and vitamin A supplementation. This good performance has happened in spite of a difficult environment, the poor CDD/population ratio and the attrition of CDDs. TCC acknowledged the efforts of maintaining CDD involvement in onchocerciasis control and their participation in other health activities. In addition, the project is commended for the results of advocacy to the local administrative authorities and the widespread release on different phases of CDTI to the media including training. However, TCC regrets the drastic decrease in the government's counterpart funding of the project. The Committee also regrets that the breakdown of expenses per budget line and donor was not included in the report.

91. *TCC accepted the report with the following recommendations and suggestions for improving project implementation:*

Report-related

- (i) Amounts in table 13 should be checked;
- (ii) Include the information on SAEs in the executive summary;
- (iii) Provide a complete table 14 with a breakdown of expenses per budget line and donor.

Project-related

- (i) Provide details on advocacy guidelines at the community level which were developed by several projects in Cameroon under the topic "advocacy" of the report;
- (ii) Report on the training of health staff of hospitals and other health facilities on the management of SAEs;
- (iii) Report on the results of vitamin A supplementation within the report itself;
- (iv) Report on the results of CSM;
- (v) Elaborate on "supervision" part which is less detailed than the previous year; project should ensure that supervision lists are effectively used at all levels;
- (vi) Provide the results of operational research mentioned in the previous report.

Cameroon Centre 1: 6th year report

92. The comprehensive report describes an active project, which has maintained 100% geographic coverage and greater than 70% therapeutic coverage over the last several years.

93. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) In the future, the executive summary should be written in paragraph form, rather than as a collection of bullet points;
- (ii) The figures in Table 2 need to be updated to be consistent with information provided in the executive summary. The total population in the hyper-/meso-zones should be 413,311 since this is what the CDD census recorded in 2007. Also, the ultimate treatment goal provided in Table 2 is different from that

given in the executive summary;

- (iii) As previously recommended, outcomes of mobilization campaigns should be described in the next report;
- (iv) The project should use 413,311 as the denominator in the therapeutic coverage.
- (v) A brief summary of all SAEs occurring in the project area should be included in the annual technical report. Reviewers do not always have access to Dr. Kamgno's annual summary during the review process;
- (vi) In the future, the project should use more appropriate statements to respond to TCC recommendations.

Project-related

- (i) The project is encouraged to continue with its efforts to increase the number of CDDs in order to bring the population to CDD ratio closer to 100:1;
- (ii) The project should discuss with APOC Management the issue of lack of funding for implementing CSM;
- (iii) The project should take an inventory of all equipment and discuss needs with APOC Management. The information provided in this technical report is the same as that given in Year 4 and 5; thus, it is not clear whether the information is current or not;
- (iv) The project should explain if it had difficulties as a consequence of budget reduction
- (v) Were the results of the study on coverage conducted in 2006 used to improve activities in 2007?
- (vi) The information on sustainability (section 4.2) and integration (section 4.3) is the same as the 2006 report. Is there any updated information to report?

Cameroon NOTF/HQ: 9th year report

94. The report was very comprehensive, proof that the NOTF is active in CDTI in Cameroon. Overall therapeutic coverage was 74% in 20007. Geographic coverage was nearly 100% in the whole country the same year, except Littoral I and North West CDTI projects with communities not covered in treatment. The NOTF is encouraged to work closely with these two project areas to help them obtain 100% coverage.

95. ***TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) The year being reported should be clarified. Is this year nine or 10 report? The reviewer thinks it may be year 10;
- (ii) Outcomes of advocacy and sensitization were not given and should be provided in future reports;
- (iii) The NOTF is asked to provide further information regarding the documentary to be produced in 2008;
- (iv) The same information regarding the reasons for absentees and refusals were given in the report for 2005. Are they the same?
- (v) The strengths, weaknesses, opportunities and challenges given in this report are the same as those reported in 2005. Is the situation the same?

Project-related

- (i) The UTG for all projects was calculated after first subtracting the total population of the Littoral 1 CDTI project area. The reason for this was not explained, and it seems to be an incorrect method for calculating the nationwide UTG; all project areas should be included in the calculation. Moreover, the UTG projected for 2010 was calculated using the 2007 population data with no adjustments for population growth. The project should re-calculate the 2010 UTG using 84% as recommended by the TCC members, including the Littoral 1 project area's population and, should adjust the total population for growth over the years leading up to 2010;
- (ii) The only supervisory exercise reported was to the RRLC (Rural Radio). Was this the only supervision carried out by the GTNO in all of 2007?
- (iii) It appears from the report that monitoring/evaluation was only carried out in the Littoral I CDTI project area in 2007. Can the NOTF verify that this was the only project where monitoring/evaluation took place?

96. ***TCC recommended that APOC should provide to the new MoH Cameroon evidence on the decline of performance by CDDs as a way to encourage the ministry to release funds. APOC requested TCC to consider a study by APOC in Cameroon in order to provide evidence to be presented to the MoH.***

Cameroon South Province: 3rd year report

97. The report is presented according to the TCC format. The average therapeutic coverage was 67% (minimum: 65%; maximum: 70%). The acceptance by the population of the programme has improved and the management of SAEs remains effective. However, the report contains some gaps and unanswered questions, for example:

- (i) Number of absentees in Djoum, Meyomessala and Zoétélé;
- (ii) Was the number of tablets in stock taken into account to make the order? If not, what happened to the 111,107 left over after the distribution?
- (iii) Are the figures after the comma taken into account? If not, the average number of communities having women CDDs in table 4 seems closer to 23 than to 22;
- (iv) No indication of incentives to CDDs and their attrition rate;
- (v) No indication either on the quantity and the quality of human resources;
- (vi) No specific information on the difficulties related to advocacy and the suggestions for improvement.

98. ***TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) Weaknesses (questions without answers, gaps) must be taken into account in the next report;
- (ii) Record only SAE figures in the SAE column

Project-related

- (i) To apply the solutions relating to the strengthening/intensification of advocacy, improvement of nursing and the systematic follow-up of patients with neurological problems;
- (ii) To increase the number of CSM sessions and to start SHM and report data from CSM exercises;
- (iii) A sustainability plan should be developed;
- (iv) Results of CSM in 2007 (4.9% of communities) show some progress compared to 2006 (1.2%), but remains insufficient.

TCC recommendation to APOC

- (i) *The TCC urges the Management of APOC to find a solution to the problem of vehicle raised by the project since the past three years.*

Cameroon Western Province: 7th year report

99. The report is well written and easy to read. In spite of the difficulties/constraints the geographical coverage has been 100% since 2001. Personnel capacity building, stability of health personnel, the integration of the CDTI in the LDC and the implementation of the strategy of the clans for the distribution of ivermectin should contribute to improve the performance of the project. These factors also guarantee project sustainability. Information on the various sections of the report is provided. However, the report contains some gaps and unanswered questions, for example: After the sensitization/mobilization (what were the reactions of the communities? Suggestions for an improvement?); quantity and quality of human resources; Ivermectin stock after 2007 distribution (p25), what was left over? Plan not evaluated in 2007, how can you be sure of its level of execution (65%)? And which investigation was carried by the Carter Center in November 2007 in the communities?

100. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) The TCC urges project to answer the questions raised above in the next report.

Project-related

- (i) Intensify the advocacy to the Government to release 100% of the budgeted funds and follow up the dossier on the timely release of approved funds;
- (ii) Intensify advocacy, health education and sensitization;
- (iii) Take into account the balance of ivermectin when planning new orders, and take precautions to avoid loss, theft and expiration. Also provide evidence of stolen ivermectin tablets
- (iv) Hold CSM and SHM meetings to enhance the populations acceptance of the programme

101. *TCC recommended that APOC Management write a letter requesting the project to give cost value, and include evidence of the theft reported. The letter should be copied to the National Coordinator, TCC Chair, MDP and Merck*

NIGERIA

Nigeria Cross River State: 8th year report

102. Geographical (100%) and therapeutic (80%) coverage are good. Conducting 280 CSMs and SHMs is commendable. However, state and LGA financial contributions are negligible, and erratic. Additionally, the CDD per population ratio is still unsatisfactory, and attrition is still high.

103. *The TCC accepted the report with the following recommendations and suggestions for improving project implementation:*

Project-related

- (i) Continue training new and more CDDs, both male and female,
- (ii) State and LGA financial contribution should be improved upon,
- (iii) There is need to continue promoting involvement of women.

Nigeria Ekiti State: 7th year report

104. Geographic and therapeutic coverage have been consistent and good at 100% for the former and 75% for the latter. Involvement of women is commendable, however the CDD population ratio is not good (1CDD: 400 people). Additionally, only 45% of health workers are involved in CDTI. Census update and record keeping are still a challenge. State and LGA funding is inadequate and irregular. It is not clear what will happen when APOC will no longer provide funding.

105. *TCC accepted the report with the following recommendations and suggestions for improving project implementation:*

Project-related

- (i) Increase state and LGA funding,
- (ii) Try to achieve a ratio of 1 CDD per 100 people,
- (iii) Improve record keeping, and carry out household census in the project,
- (iv) Involve more health workers in CDTI

Nigeria Ebonyi State: 7th year report

106. The project has provided a concise and well-written report describing a year of successfully implemented CDTI. The report provided information on planning at all levels, coverage, integration and release of funds by government. There is progress on integrating drug delivery into PHC. During CDTI training, Guinea worm, LF and polio are included. However, some items require maintenance, and given the consistently high level of funding by government, the project should spend funds on maintenance. The project is commended for implementing the kindred system as a means of reaching isolated communities and increasing the number of CDDs in communities.

107. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) The project should review its calculation of therapeutic coverage for 2007. Reviewers calculated the coverage to be 77% rather than 78%;
- (ii) The project should recalculate the UTG coverage provided in table 9. Using the UTG provided in table 2, the UTG coverage should be less than 100%.

Project-related

- (i) The project is commended for implementing the kinship system as a means of reaching isolated communities and of increasing the number of CDDs in communities;
- (ii) The project should review its timeline and ensure it is realistic for census update, Mectizan® distribution and supervision;
- (iii) The project should explain why the LGA level training was 0% of the ATO and TOT was not carried out. The reason was not clearly understood from the information provided;
- (iv) The project is encouraged to bring therapeutic coverage closer to UTG in upcoming years;
- (v) The conduct of CSM and SHM should be encouraged throughout the project area;
- (vi) The project should assure maintenance of equipment so that supervision and monitoring can be carried out
- (vii) The project should strive towards reaching the UTG during future treatment cycles.

Nigeria Kwara State: 5th and 6th year report

5th year report:

108. This report follows one presented to TCC in 2003 (18th session). The project was started in 1999 but there seems to be a problem of submission of reports (the TCC 26 received the 2005 and 2006 reports). The project has maintained a therapeutic coverage of over 70% since its inception. The therapeutic coverage for the reporting period of 85.7% should be commended. Although this is a fairly well written report, the project should be encouraged to submit yearly reports. There are inconsistencies in many of the tables that render interpretation of some of the results difficult. The project should rewrite the tables for consistency.

109. ***The TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) There is incomplete information, inconsistencies and miscalculations in tables 2, 4, 5, 7, 9 and 13 which should be corrected;
- (ii) The team should recalculate the UTG – the figure in the report is wrong.

Project-related

- (i) It is critical for the team to update the population data so as to target appropriately;
- (ii) The project needs to invest in and support CSM and SHM, which have not

- been done within the reporting period;
- (iii) Work with the health system to increase the proportion of health workers engaged in CDTI;
- (iv) Improve the CDD/population ratio to 1:100 from the current 1:459;
- (v) Increase the number of communities with community supervisors (only 11.5% of the communities have supervisors);
- (vi) Design and utilize innovative mechanisms of increasing the proportion of female CDDs from the current proportion of 16.9%;
- (vii) Share findings of research conducted on onchocerciasis in its areas of operation with APOC and other stakeholders. In this case, the project should share the parasitological results with APOC if this has not been done.

6th year report:

110. This report was presented to TCC simultaneously with the one for 2005. There are similar strengths and weaknesses in the two reports. The project should be commended for retaining a high therapeutic coverage of 84.9%. It was, however, noted that the geographic coverage has reduced to 85.4% (the reason provided is that Moro did not provide CDDs). Also, there are inconsistencies in some of the tables that render interpretation of some of the results difficult. The project should rework the tables and resubmit the report to APOC Management.

111. ***TCC accepted the report subject to the project submitting a revised report to the reviewers through APOC. The revised report should address the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) There are incomplete information, inconsistencies and miscalculations in tables 1, 2, 4, 5, 6, 9 and 13, which should be corrected;
- (ii) The team should recalculate the UTG – the figure in the report is wrong.

Project-related

- (i) The team needs to invest in and support CSM and SHM, which have not been conducted within the funding period;
- (ii) Advocate with the health system to increase the proportion of health workers engaged in CDTI;
- (iii) Improve the CDD/population ratio to 1:100 from the current 1:364;
- (iv) Increase the proportion of female CDDs from the current proportion of 15.7%, which is even lower than that of 2005;
- (v) Increase the proportion of communities with supervisors from the current levels of 9.3%, which is lower than that for 2005;
- (vi) Address the falling geographic coverage from 100% in 2005 to 85.4% in 2006.

BURUNDI

Burundi Bururi: 2nd year report

112. This second year report is well written and the project is commended for their efforts.

113. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) Present the executive summary in a narrative manner,
- (ii) Select appropriate advocacy activities to be directed at decision-makers.

Project-related

- (i) Expand the integration activities of the project;
- (ii) Address the motivation issue of CDDs;
- (iii) Address the issue of absentees;
- (iv) Plan the sustainability evaluation;
- (v) Clarify the issue of 163,935 ivermectin tablets "physically existent" by providing the batch number, expiry date and the storage conditions;
- (vi) Improve collaboration between the National Programme for Onchocerciasis Control and the Neglected Tropical Diseases Control Programme in order to improve the efficiency of both projects.

Burundi Cibitoke & Bubanza: 3rd year report

114. This is a very well-written report. The project is commended for: the great efforts made in reaching specific groups of people; the massive and pertinent use of media and other means of communication; the good ratios of CDD/population and female/male CDD; excellent geographic and therapeutic coverage; the co-implementation of CDTI with the distribution of praziquantel and albendazole; efforts in mobilizing local leaders and possible local partners and in supervision. However, TCC noted that the supervision lists are not very detailed. In addition, the information concerning the stock of Mectizan® is unclear as well as the difficulties with regard to the treatment registers of the NTD programme.

115. *TCC accepted the report with the following recommendations and suggestions for improving project implementation:*

Report-related

- (i) To incorporate in the executive summary the strengths and the weaknesses of the project;
- (ii) To clarify the number of various types of available equipment;
- (iii) Make supervision checklist more informative.

Project-related

- (i) To follow-up on the recommendations of independent participatory monitoring;
- (ii) To ensure closer collaboration between CDTI and NTDs projects in terms of using joint census data and the same registers ;
- (iii) Make efforts to increase MOH financial support to the project.

Burundi Rutana: 2nd year report

116. The geographic coverage has been 100% since the beginning of the project in 2006. The average therapeutic coverage has gone from 62% in 2006 to 67% in 2007. The male/female CDD ratio is 1:1. A coherent summary; however there are some weak points. The presentation of the tables does not allow for easy reading.

117. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) An advocacy visit was carried out; the number of persons visited should be stated;
- (ii) The number and quality of human resources should be stated;
- (iii) Review table 14 so as to have only one column "remaining Stock".

Project-related

- (i) Choose the period of treatment in agreement with the population, to avoid over-lapping with other activities of Communities;
- (ii) Carry out advocacy toward the religious authorities, in order to solicit their participation in CDTI and thus decrease number of refusals;
- (iii) Check the census in order to avoid double counting (Makanaki system);
- (iv) Take the necessary steps to avoid huge quantities of ivermectin leftover after treatment and consequently having many expired tablets;
- (v) Carry out the envisaged training;
- (vi) Encourage communities to apply the recommendations made by the TCC to increase the rate of therapeutic coverage.

CONGO

Congo I Project: 7th year report

118. The document is well-written using the TCC format. It is easy to read and the explanations are generally clear. The Geographic coverage has been 100% since 2004, and the average therapeutic coverage is 77.7%.

119. *The TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) The summary should indicate the absence of SAEs, because there were some cases some years ago;
- (ii) The cost/person treated should be presented in table 15;

- (iii) Avoid copy and paste which sometimes distorts information (2006 instead of 2007 in page 56);
- (iv) The identified weaknesses must be corrected in the next report;
- (v) The LF map Chart of Congo should be included in the next report

Project-related

- (i) Explain why advocacy is directed to 74 personalities each year?
- (ii) The operational research on the factors influencing low therapeutic coverage in the Communities should be carried out since the funds are available. A progress report should be presented to TCC 27;
- (iii) The number of women CDDs should be increased.

Congo extension: 4th year report

120. This is a good report. However, 99.9 % of the information is similar to that of last year's report. The project did not address the last TCC questions and also those raised by the sustainability evaluation team on the organizational and communication problems.

121. ***TCC rejected the report and requested the project to re-submit to APOC. The revised report should address the following recommendations and suggestions for improving report writing:***

- (i) An original report containing accurate responses to TCC25 questions, including a map of the project area should be submitted

EQUATORIAL GUINEA

Bioko Vector elimination: 8th year report

122. Larviciding was stopped in the Bioko focus in May 2005 and entomological monitoring was instituted to continue the evaluation of the campaign. Activities were carried out only from January to September 2007 in the Bioko focus. They related to the prospection of larval breeding sites and the capture of the simulium on man. The results indicate that on 189 prospected rivers and 260 visited breeding sites, no pre-imaginal stages of *S. damnosum s.l.* was found. In addition, in 314 catching-days including 83 at the grid points, no *S. damnosum s.l.* adult flies were collected.

123. ***The TCC accepted the report with the following recommendations and suggestions for improving project implementation:***

Project-related

- (i) To continue evaluation of the campaign until December 2008, in accordance with the recommendation of the workshop on the criteria of certification of vector elimination in a focus;
- (ii) To support the NOCP of Equatorial Guinea in the implementation of CDTI which resumed in the focus in 2007 (visit of DIR/APOC, seminar on Philosophy of APOC and CDTI strategy training Health personnel and CDDs. Distribution of ivermectin).

ETHIOPIA

Ethiopia Bench-Maji: 5th year report

124. Well-written report of a well-run project in spite of remoteness of area and difficulties of implementation. The five recommendations of the previous TCC are still relevant and being addressed. All activities were in a logical sequence but distribution was in the rainy season resulting in a high number of absentees. The high number of absentees and refusals suggests the need to intensify health education and mobilisation and treatment. The CDD/population ratio at 1:304 is not good and so is the percentage of female CDDs (15%).

125. ***TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) Adopt January to December reporting period,
- (ii) Indicate the role of each partner in the project.

Project-related

- (i) Avoid treatment during the rainy season to reduce absentees;
- (ii) Intensify health education and mobilisation of communities to address high number of refusals and absentees;
- (iii) Ensure remaining Mectizan® tablets are used before expiry);
- (iv) Train more CDDs to achieve at least 1: 100 minimum CDD/population ratio set by APOC and if possible, the 20-50 target for 2008 by the project;
- (v) Increase number of female CDDs;
- (vi) Therapeutic coverage has declined from 83% in year 3 to 73% in year 4 and now 70% in year 5. There is a need to find the reason and arrest further decline. Pay special attention to Meanit-Shasha district where therapeutic coverage was 63%;
- (vii) Vehicle, motorcycles and photocopier need to be repaired/replaced by APOC - 5th year project

Ethiopia Gambella: 3rd year report

126. This is a third-year report that shows a therapeutic coverage of 83% with a geographic coverage of 100% which should be commended. However, the report has major gaps that should be addressed. Although the project has provided a response to some of the issues raised by TCC25, there are problems with data compilation. The UTG as calculated is wrong, while some of the tables are either incomplete or have obvious inconsistencies. Therefore, the project should be asked to re-write the report and submit it to the reviewers for re-assessment.

127. ***TCC accepted the report subject to the project submitting a revised report to the reviewers through APOC. The revised report should address the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) Recalculate the UTG – the current calculation is wrong;
- (ii) Correct table 5 (% ATO), table 2 (UTG revision), table 7 (put figures of refusals and absentees), table 9 (revise ATO, ATO coverage and UTG coverage) and table 10 clarify issues on remaining tablets;
- (iii) Table 13 on financial contributions to be completed and compared to Figures on table 14 (US\$ 27.089 released US\$23,681.52 spent);
- (iv) Respond to the issues raised by TCC 25 on providing an explanation for lack of treatment in 2005;
- (v) All partners should edit the report before endorsement (there are simple errors that should have been corrected before submission to TCC).

Project-related

- (i) Increase the proportion of community supervisors because the current level 17% is still low;
- (ii) Increase the number of communities with female CDDs. There is need to specifically focus on Dimma, which has the lowest number of female CDDs followed by Gambella;
- (iii) Increase the levels of community mobilization and sensitization in all the project areas but more so in Dimma;
- (iv) Prepare to undertake mid-term sustainability evaluation.

Ethiopia Illubador: 4th year report

128. The report was endorsed by partners. The percentage of health workers in the project area involved in CDTI has shot up from 59% to 84%. Activities were in a logical sequence but all were ill-timed and carried out in the rainy season. There were 2,834 refusals and 4,541 absentees due to inadequate health education and wrong timing. The geographic and therapeutic coverage were high at 100% and 81% respectively with the latter increasing. The 8,528 and 114,456 tablets wasted and remaining respectively are high. Community participation is encouraging but communities should be encouraged to conduct SHM back-to-back with CSM. Information was still not provided on partner equipment and condition.

129. ***TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) Adjust reporting period to January to December;
- (ii) Indicate role of each partner;
- (iii) Provide reasons for the increase in number of communities from 3503 to 3704 as indicated in table 9;
- (iv) Provide information on partner equipment and condition;
- (v) Review tables 13 and 14 and explain disparity in cash released and expenditure (i.e. MoH expenditure was US\$1,330 whereas districts released US\$ 20,762).

Project-related

- (i) Continue to work at increasing number of female CDDs and improving the M:F ratio;
- (ii) Improve on calculation of Mectizan® needs and ensure that remaining tablets are used.

Ethiopia Jimma: 4th year report

130. Good report of a good project. However, the proportion of female CDDs was only 12%. There were 1,648 refusals and 3,291 absentees although the therapeutic coverage improved. 11,530 tablets wasted are high. Information was still not provided on partner equipment and condition.

131. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) Complete table 12 and Provide list of NGDO and MoH equipment and condition;
- (ii) Review tables 13 and 14 and explain disparity in cash released and expenditure (i.e. MoH expenditure was only US\$350 whereas districts released US\$ 25,860).

Project-related

- (i) Improve female CDD ratio;
- (ii) Intensify health education and follow-up treatment to ensure reduction in the number of refusals and absentees;
- (iii) Maintain the good therapeutic coverage;
- (iv) Ensure timely maintenance of equipment;
- (v) Advocacy for improved funding support from central government;
- (vi) Ensure timely liquidation of APOC funds, in order to access second instalment;
- (vii) Upscale SHM.

Ethiopia Kaffa Shekka: 7th year report

132. The report is well-written, but the project should make efforts to document the contributions of government at all levels. It is insufficient to submit blank tables. The NGDO partner contribution increased to meet the shortfall in funding. This in itself makes it necessary to document the contributions of government at all levels, to provide lessons on integration. Similar comments were made at TCC 23. The district is commended for the release of funds for CDTI. However, table 14 does not reflect expenditure of district funds.

133. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) Provide information on contributions of government to improve (tables 13 and 14);
- (ii) Correct error in summation in table 13;
- (iii) Explain non-inclusion of district funds in table 14;
- (iv) Provide information on implementation of sustainability plan;
- (v) Provide information on MoH, district and NGDO equipment.

Project related

- (i) Address weaknesses identified i.e. delays in reporting at lower levels, accounting for funds expended;
- (ii) Address reasons for high turn-over rate of health staff at Woreda and health facility levels;
- (iii) Provide information on MoH, district and NGDO equipment;
- (iv) Use district funds for maintenance.

Ethiopia Metekel: 3rd year report

134. The project is commended for improving geographic and therapeutic coverage to 100% and 71% respectively, and carrying out internal monitoring and evaluation. ATOs need to be reviewed and female CDDs recruited in Dangur and Guba districts. Information on absentees, refusals and partner equipment was not provided.

135. *The TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (I) Provide information on internal monitoring and other evaluations carried out,
- (II) Improve section on strengths and weaknesses.

Project-related

- (i) Review ATOs,
- (ii) Improve community involvement and coverage in Guba and Mandura districts,
- (iii) Provide information on absentees and refusals and address these challenges,
- (iv) Increase the number of female CDDs in Dangur and Guba districts,
- (v) Provide information on partner equipment.

Ethiopia North Gondar: 4th year report

136. The report is relatively well written, however six of the seven TCC25 recommendations have not yet been implemented/addressed.

137. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) Correct data in the summary,
- (ii) Remove the table in executive summary and summarize the data in the text,
- (iii) Correct the figures in table 2,
- (iv) Provide information on internal monitoring.

Project-related

- (i) Improve record keeping,
- (ii) Improve women's participation,
- (iii) Intensify community mobilisation to reduce refusals and absentees and avoid further decline in the therapeutic coverage.

MALAWI

138. *TCC was worried about the poor quality of most of the reports from Malawi. TCC recommended that a team of TCC and APOC visit Malawi to retrain programme staff and district teams of projects in all aspects of CDTI and help the teams to improve sustainability of the projects. In addition, support should be sought from SSI, which has offered to undertake CDTI activities in Malawi. TCC members were also asked to offer mentorship to the projects.*

Malawi Chiradzulu District: 7th year report

139. Geographical (100%) and therapeutic coverage (80.1%) are good. Female participation is commendable (1 male to about 1.6 female CDDs).

140. *TCC accepted the report with the following recommendations and suggestions for improving project implementation:*

Project related

- (i) Find ways to maintain CDDs on the programme for some time;
- (ii) Identify sources of funding within the district. Identification of partners could be another way of improving funding;
- (iii) Improve the CDDs per population ratio, since attrition seems to be high- 1 CDD: 165 persons.

Malawi Chikwara District: 7th year report

141. Geographical coverage is good at 100% and therapeutic coverage is 77.8%; however, there is confusion in the denominators used. The CDD/population ratio is 1 CDD: 113 persons, which is fair, and close to the APOC minimum of 1.100. However, there is a lot of information missing in this report on advocacy, sensitization, financial contributions, integration and sustainability.

142. *TCC rejected the report and requested the project to re-submit to APOC. The revised report should address the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) The project should provide the missing information in the current report and resubmit it;
- (ii) State and district financial contributions should be provided.

Malawi Blantyre District: 7th year report

143. The summary is concise, comprehensive, and consistent with data in the report. There is a good geographical coverage of 100% and therapeutic coverage of 82%. Improvement in female participation (1 male CDD: 1.5 Female CDDs) is commendable.

144. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) Provide information dealing with integration etc.
- (ii) In future, provide information on all aspects required in the report guide/form.

Project-related

- (i) Increase the number of trained CDDs (currently only 38 CDDs are trained out of 3,771);
- (ii) Funding from the district is commendable, but having other sources of funding may provide needed and additional funds to accomplish activities such as training of CDDs.

Malawi Mulanje District: 7th year report

145. The report does not reflect a mature 7th year project. Information provided is very limited and does not give a good overview of the status of the project.

146. ***TCC rejected the report and requested the project to re-submit it to APOC. The revised report should address the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) Information cover of report (reporting period, approval year, launching year, etc) should be provided;
- (ii) The project should resubmit a full report, according to the latest template, which gives a good description of the status of the project.

Project-related

- (i) Provide a summary of financial contributions from partners;
- (ii) The recommendations of TCC23 to this project should be addressed.

Malawi Phalombe District: 7th year report

147. The project shows clear progress and has been able to sustain high coverage levels over the past years. However, the report lacks some details and so further explanation should be given.

148. ***TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:***

Report related

- (i) Financial contributions of partners should be provided.

Project-related

- (i) High rates of attrition of health personnel are mentioned, but no number is given;
- (ii) A rather high amount of tablets were wasted (>5%) without explanation;
- (iii) 62 community self-monitors were trained, but it was mentioned that not all communities performed CSM;
- (iv) More information on the results of the CSM should be provided.

Malawi Thyolo District: 10th year report

149. The report is a resubmission, which has not addressed the TCC25 comments. The information on partners, community mobilization, etc. is insufficient. There is no information on advocacy, and as already raised by TCC25, it is not clear why the section on 'Advocacy' is labelled as non-applicable.

150. ***The TCC rejected the report and requested the project to re-submit to APOC. The revised report should address the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) The UTG should be reflected as percentages rather than figures;
- (ii) Errors in table 10 regarding Mectizan® tablets should be corrected and table 9 completed.

Project-related

- (i) Provide information on CSM and SHM,
- (ii) Provide plans for sustainability and integration.

Malawi Mwanza District: 10th year report

151. The report is poorly written with incorrect and inconsistent data. This is a 10th year progress report, but data for only three years is given.

152. ***The TCC rejected the report and requested the project to re-submit it to APOC. The revised report should address the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) Summary should be detailed and should contain no table,
- (ii) Correct the figures in tables 4, 7 and 9,
- (iii) Provide information on advocacy.

Project-related

- (i) Provide adequate supervision in areas where it is deficient,
- (ii) Train CDDs in areas where there are none,
- (iii) Institute M&E of the project.

Malawi Thyolo/Mwanza: 10th year report

153. The report is incomplete and, apart from table data, it is identical to the Thyolo Project report. The recommendations from TCC25 have not been addressed. There is no information on advocacy, and as already raised by TCC25, it is not clear why the section on 'Advocacy' is labelled as non-applicable.

154. ***TCC rejected the report and requested the project to re-submit to APOC. The revised report should address the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) The UTG should be reflected as percentages rather than figures,
- (ii) Errors regarding Mectizan® tablets should be corrected in table 10.

Project-related

- (i) Information on partners, community mobilization etc should be provided,
- (ii) Information on CSM and SHM should be provided,
- (iii) Detailed information on plans for sustainability and integration should be provided.

Malawi Extension District: 7th year report

155. This is a poorly written report. The project did complete some of the critical tables (such as follow-up of TCC recommendations) and where the tables are filled in, they contain numerous errors. The presentation of the report is poor – indicating a cut-and-paste process that renders some parts incoherent. The outcome of advocacy sessions, reasons for absenteeism and refusals, were not explained. It is important for the project to be reflective in the reports, to provide the basis for support from APOC and other partners. It is unacceptable for the team to report that the results of an OR have not been utilized in the programme implementation because they have not been disseminated.

156. ***TCC rejected the report and requested the project to re-submit to APOC. The revised report should address the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) Ensure that all the tables are filled in correctly – there are errors in most of the tables;
- (ii) Provide explanations on some of the outcomes – advocacy, absenteeism, refusals, and some of the inconsistencies in the tables. Citing traditional/religious beliefs as an explanation for refusals and absenteeism is insufficient;
- (iii) Avoid use of generalities – which do not provide appropriate insights on the issues requiring attention;
- (iv) The overall presentation of the report should be improved – the font sizes are different indicating a poor cut-and-paste work.

Project-related

- (i) Need to support the identification and training of community supervisors;
- (ii) Need to address the number of refusals and absenteeism especially in Chiradzulu, Mulanje and Blantyre;
- (iii) Complete the OR report, share it with APOC and utilize the results in improving project implementation.

TANZANIA

Tanzania Mahenge Focus: 9th year report

157. The report is an improvement on the previous submission. The project has integrated Malaria, TB and Leprosy and Mental health into CDTI. District funding has been sustained and coverage is at over 70%. However, there are still outstanding recommendations, namely involvement of additional frontline health staff and CDDs, intensification of health education, mop-up treatment and refusals need to be addressed by the project.

158. *The TCC accepted the report with the following recommendations and for improving project implementation:*

Project-related

- (i) Improve number of health staff in project area involved in CDTI (ATOs at district and health posts);
- (ii) Improve CDD: population ratio to 1:100;
- (iii) Project to fully implement TCC recommendations;
- (iv) Ensure postpartum treatment of pregnant women;
- (v) Intensify health education and mobilization to address refusals;
- (vi) Carry out mop-up treatment to improve therapeutic coverage;
- (vii) Involve more women and youth, cultural groups, schools and religious groups in CDTI.

Tanzania Morogoro Focus: 3rd year report

159. The project has provided a concise and well-written report describing a year of successfully implemented CDTI. The TCC commends the project for reaching 100% geographical coverage, including new communities that were added to the project area after completion of REMO. Therapeutic coverage in the project area has been 75% for the last two years; the project is encouraged to make efforts to reach the UTG in the next treatment cycle.

160. *TCC accepted the report subject to the project submitting a revised report to APOC. The revised report should address the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) The project is required to provide information regarding the outcomes of advocacy;
- (ii) In the section on supervision (Section 2.9), many of the responses were the same as those given in the Year 2 report. Is the situation the same?
- (iii) The forms of community support for CDTI were not provided in Section 3.3;
- (iv) Many of the strengths, weaknesses, challenges, and opportunities provided in this report were the same as those given in the Year 2 report. Is the situation the same?

Project-related

- (i) The project is commended for having strategies for reaching women and minorities and is encouraged to develop additional strategies for reducing absentees and refusals;
- (ii) The project only trained 50% of the health centre staff planned for Year 3. Can the project provide an explanation on why the ATO was not reached? When will the remaining health centre staff be trained?
- (iii) The number of refusals in 2007 was exactly the same as in the Year 2 report. Are the figures, the same?
- (iv) The project should begin to plan for the period when APOC funding will not be available for the provision of equipment or equipment maintenance.

Tanzania Tanga Focus: 7th year report

161. The report is written and presented according to the TCC-recommended format. CDTI performance is very good, indicated by a high therapeutic average coverage rate: 82% in 2007. There are very low rates of refusals and absenteeism. Participation of women and men CDDs is at par. There is considerable contribution of government, and integration of CDTI into state health plan and budget.

162. *TCC accepted the report with the following recommendations and suggestions for improving project implementation:*

Project-related

- (i) Draw up a project sustainability plan (if not already done);
- (ii) Find strategies to award financial incentives to CDDs;
- (iii) Carry out advocacy towards authorities to increase the number of personnel in FLHF;
- (iv) Indicate only direct government financial contributions in future reports (excluding salaries of government staff).

Tanzania NOTF/HQ: 7th year report

163. This report is accepted on condition that the project adheres to TCC recommendations in the compilation of the next report. The project should ensure that all tables are fully completed and that items requiring explanation (including absenteeism and refusals) are addressed. The project should intensify its local resource mobilization and ensure that all sites submit reports in good time to avoid the current gap in reporting for Ruvuma.

164. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) Ensure that all tables are completed accurately;
- (ii) The team was advised by TCC25 to include APOC in the financial table but it did not (this should be done);
- (iii) It is critical to encourage all sites to present reports on time – there are gaps in the current report due to missing information on Ruvuma.

Project-related

- (i) Investigate the high levels of refusals and absenteeism in Mahenge, Kilosa and Morogoro;
- (ii) Intensify mobilization of resources from the MoH for Mahenge and Morogoro (these sites have high levels of refusal and absenteeism);
- (iii) There is need to ensure that communities themselves make decisions regarding drug distribution and CDDs;
- (iv) Provide supervision on Mectizan tablet management, and train staff on how to calculate tablet needs.

165. ***TCC recommended that Tanzania NOTF be informed about the situation in the Tukuyu focus: elimination of the original vectors and subsequent re-invasion by other vectors from outside the focus.***

Tanzania Tukuyu: 7th year report

166. This is a fairly well-written report. The project has 100% geographic coverage since inception of CDTI in 2001. Therapeutic coverage increased gradually from 66% in year 1 to 80% in year 5; declined to 74% in year 6 but is now up again at 78%.

167. ***The TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) Correct discrepancy in Ileje district population figures,
- (ii) Correct UTG calculation,
- (iii) Indicate clearly, if sustainability plans are being implemented,
- (iv) Give an account of integration effort.

Project-related

- (i) Step-up advocacy toward districts to increase funding support to CDTI,
- (ii) Scale up CSM and SHM,
- (iii) Get more health staff involved in CDTI,
- (iv) Train more CDDs to improve ratio to 1:100 from 1:176,
- (v) Calculate Mectizan® needs accurately to reduce the amount of leftovers,
- (vi) Encourage Districts to increase funding to project.

Tanzania Tunduru: 3rd year report

168. This is a well-written report of a well run project, fully integrated into PHC and routine functions of the DMO. Mectizan® collection and distribution is carried out within the routine drug distribution channels. The project has reached 100% geographic coverage and therapeutic coverage has increased from 70% to 77% over the past three years. TCC commends this project on the good achievement within the first three years.

169. ***TCC accepted the report with the following recommendations and suggestions for improving project implementation:***

Project-related

- (i) The number of health staff trained and involved in CDTI needs to be further increased;
- (ii) The problem of absenteeism needs to be addressed. Though the project agreed with communities to carry out distribution outside the farming season, the number of absenteeism remains high;
- (iii) Need to scale up CSM and introduce SHM as soon as possible;
- (iv) Operational research topics to be identified and proposals written;
- (v) Information on drug misconceptions to be provided;
- (vi) Correct UTG value to be provided.

UGANDA

170. *TCC recommended that the National Onchocerciasis Coordinator of Uganda and NGDO partners involved in onchocerciasis control and elimination be invited to TCC27 to present a full report of progress on CDTI activities and co-implementation. This would provide an opportunity to discuss how the country will in future provide information to TCC on activities in the whole country.*

Uganda Itwara Focus vector elimination: 7th year report

171. The recommendation by TCC 25 relating to the integration of entomological activities into the PHC of the Districts is being implemented. However, that on the certification of elimination in the focus encounters some difficulties in its application (who does what?). The focus is subdivided in three areas: a main focus (Itwara) and two sub-foci (Siisa and Aswa). The entomological activities carried out in 2007 in the two sub-foci consist of the collection and examination of crabs from the rivers and the human bait catches. The results indicate that the vector (*S. neavei*) has been absent in the sub-foci of Siisa and Aswa for at least 4 years.

172. *TCC accepted the report with the following recommendations and suggestions for improving project implementation:*

Project-related

- (i) Put in place a vector elimination certificate procedure;
- (ii) Integrate into the PHC of the Districts, possible entomological activities that the country would like to continue to carry out in the two sub-foci.

Uganda Mpamba-Nkusi vector elimination: 7th year report

173. All recommendations made by TCC 25 were implemented. CDTI data for 2001 and up to 2007 were provided. The activities undertaken in 2007 are: prospection of rivers, specific treatment of some breeding sites, human bait catches and distribution of ivermectin. The focus is subdivided in to three areas: a main focus (Mpamba Nkusi) and two sub-foci (Mutunguru and Nyabugando). The results indicate that the vector (*S. neavei*) has been absent from the sub-foci of Nyabugando and Mutunguru for at least three years. In the main focus of Mpamba Nkusi, only two vector adults were caught in January 2007 in the entire focus, and since February 2007, no simulium was caught.

174. *TCC accepted the report with the following recommendations and suggestions for improving project implementation:*

Project-related

- (i) To stop entomological monitoring in sub-foci of Nyabugando and Mutunguru;
- (ii) To continue monitoring in the main focus and in particular in lower Nkusi and III);
- (iii) To produce a report for TCC 27.

Uganda Phase I: 10th year report

175. A well-written report, reflecting a mature programme in its tenth year. However, no reports from this project have been received since TCC 16. TCC would like to receive an update on activities carried out during these years.

176. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) The project needs to provide details of financial support from NGOs;
- (ii) More information on the semi-annual treatment and plans for elimination is needed, as well as the effect of integration of NTDs on this project.

Project-related

- (i) Overview of utilisation of Mectizan® tablets needs to be improved, with accurate data and information on how many tablets are remaining at the end of distribution.

Uganda Phase II: 9th year report

177. This is a mature project in its 9th year; the geographical coverage has reached 100% and the therapeutic coverage is 73%. The report is well-written, and the project is commended for carrying out operational research. Adequate responses have been provided to the TCC 19 recommendations. Project is largely integrated into the PHC and will benefit from upcoming NTD funding by USAID.

178. *TCC accepted the report with the following recommendations and suggestions for improving report writing and project implementation:*

Report-related

- (i) Ensure that the data in table 2 is consistent and adds up; also insert totals in table 13;
- (ii) State what APOC funding was used for.

Project-related

- (i) Intensify advocacy for more funds from Policy makers and NGOs;
- (ii) Strive to achieve a higher therapeutic coverage in Busheni and overall.;
- (iii) Explain how bi-annual treatment will be funded.

Uganda Phase III: 6th year report

179. This is a 6th year technical report on 2006 activities. The 5th year report to TCC 22 was in 2006 and it provided responses to TCC17 of September 2003. Some of the issues raised in the last report such as inaccurate tables are still relevant. Despite endorsement by the national coordinator and NGDO partner, there is no evidence that the report was reviewed before endorsement. Only 22% of health staff in project area is involved in CDTI. Supervision was incomplete and CSM was not carried out because of insufficient funds despite funding from central and national levels and the Carter Center. Coverage in Koboko district was only 41%.

180. ***TCC rejected the report and requested the project to re-submit it to APOC. The revised report should address the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) Explain the long gap in reporting between TCC 22 and 26,
- (ii) Clarify partnership in districts,
- (iii) All partners should review report before endorsement,
- (iv) Review Tables 2, 4, 5, 9, 13 and 14.

Project-related

- (i) Review UTG;
- (ii) Increase number of health staff in project area involved in CDTI;
- (iii) Ensure training and implementation of CSM and SHM;
- (iv) Address low coverage in Koboko district;
- (v) Explain high NGO contribution of US\$160,000 in table 13;
- (vi) Explain high cost of drug collection (US\$3,200) from NOTF headquarters and inability to supervise some districts despite integration and funding by partners;
- (vii) Explain disparity in funds available to project in table 13 and expenditure in table 14.

TCC recommendation to APOC

- (i) Clarify REMO in Yumbe and Koboko districts

Uganda Phase IV: 6th year report

181. The project has responded to issues raised by TCC22. However, the background information is not well structured and there are mix-ups of sub-sections, data and tables all of which makes understanding difficult.

182. ***The TCC rejected the report and requested the project to re-submit it to APOC. The revised report should address the following recommendations and suggestions for improving report writing and project implementation:***

Report-related

- (i) Table 1 is incomplete and is repeated 3 times;
- (ii) Table 2 is wrong. Columns on number of communities/villages are wrong. The UTG as provided in this table is wrong (106% of the total population);

- (iii) There is inconsistency between Tables 7 and 2 regarding the total population, annual treatment objective;
- (iv) Provide explanation for the high number of expired drugs in Kibale (38,077);
- (v) Correct inconsistency between Tables 7, 9 and 4.

Project-related

- (i) Appropriate estimation of UTG,
- (ii) Provide information on monitoring and evaluation, community responses,
- (iii) Need for advocacy to central government to provide financial support,
- (iv) CSM and SHM should be conducted.

22. OTHER MATTERS: AGENDA ITEM 22

INFORMATION ON MONITORING AND EVALUATION OF PROGRAMMES

183. APOC conducts three activities globally in all APOC countries. The first activity is the independent participatory monitoring, which is conducted in year two of the project with two objectives. Firstly, to determine whether the process of Community-Directed approach is being put in place in the communities as a way to empower the communities; and secondly to look at the treatment coverage.

184. The second activity is an evaluation, which is conducted after three years of project implementation. The main objective of the evaluation is to find out if the project is moving towards sustainability. Following the evaluation, the evaluation team remains in the country to assist the project develop sustainability plans, which clearly indicate the financial contribution of the Ministry of Health and partners. At this stage of the process, APOC financial support is decreased, and support is limited to logistics (vehicles and office equipment).

185. The third activity is the monitoring of the implementation of the sustainability plan. This activity is funded by APOC and conducted by a team of six people, two of whom are external and appointed by APOC, one NGDO partner and three local people selected by the country. From that year on, the country becomes responsible for carrying out independent monitoring, and it could select one external person to join the local team for the activity.

INFORMATION ON GENDER

186. APOC management presented preliminary data on gender collected from three projects at the community level. Preliminary results showed that, generally, the proportion of female CDDs is still smaller compared to male CDDs and that fewer female CDDs had received training. The exercise will help the programme understand gender dynamics in the allotment of the programmes objectives, and will allow them to use the findings to increase the involvement of women as CDDs.

187. *TCC recommended that APOC should continue with the exercise and present to TCC the final disaggregated data, which will help TCC to make an informed decision about the next way forward. To investigate whether increasing female CDDs has an impact on therapeutic coverage, a field study is to be funded by APOC.*

NIGERIA: SPECIAL COUNTRY INITIATIVE SUPPORT TO INCREASE CDD POPULATION RATIO

188. APOC, through its Special Country Initiative programme, allocated a total of US\$176, 245 to ten CDTI projects in Nigeria, namely Abia, Adamawa, Cross River, Oyo, Niger, Kaduna, Kebbi, Kogi, Kwara and Taraba States. The objective of the initiative was to increase and maintain geographical and therapeutic coverage in the CDTI project areas using the revised Information, Education and Communication (IEC) materials and Management Information System (MIS) forms, sensitization and mobilisation of communities and training of Community-Directed Distributors, Community Supervisors and Health Workers.

189. Six of the ten CDTI projects received the full amount approved (Abia, Adamawa, Cross River, Niger, Oyo & Taraba). Only 3 reports have been received by APOC Management (Oyo progress report, Cross River and Abia State). For financial returns, three of the six states justified more than 50% of the amount received while the 3 others did not justify at all (Oyo), or justified less than 50% (Niger). Adamawa justified 2% Kaduna, Kebbi, Kogi and Kwara States have not received the second instalment due to non completion of activities; non compliance with APOC financial guidelines, delays in the revision of IEC materials and suspension of State coordinator and project accountant in Kebba State.

190. The reports received from Abia and Cross River State, indicated a positive impact. The CDD to population ratio has improved in both states: Abia (from 1CDD:366 to 1CDD:160) and Cross River state (from 1CDD:430 to 1CDD:229). Therapeutic coverage in Abia State improved to 76% and geographic coverage to 98% “- a feat the project had not achieved since 2004”.

191. Constraints in the implementation of the Special Country Initiative included, from the CDTI projects’ point of view, laxity on the part of some health workers who are not willing to participate fully in CDTI because of dwindling resources; unwillingness of some communities to increase the number of their CDDs and poor mobilization strategy by the frontline health workers. APOC management has had enormous difficulties obtaining reports from the projects. Following pressure from APOC Management on the Director Disease Control and partners, progress is being made and some of the projects have just finished the revision and production of their IEC materials. There is hope that the other activities will soon be implemented.

192. *TCC recommended independent validation of reports submitted and the presentation by APOC of the analysed data from the ten projects before TCC can advise on the funding of the next 17 projects, and if necessary reassess and revise the process.*

NEW DRUG APPLICATION FORMS FROM MDP

193. MDP has introduced new user-friendly electronic forms, which will speed up the review of drug requests. However, a signed form is still required to complete the application process. The forms are available at: <http://www.Mectizan.org/apply.ap> and should be sent by email to: Mectizan@taskforce.org. A period of four to six months should be allowed to review and complete the shipment process. Countries are requested to respect the different

forms for onchocerciasis and lymphatic filariasis applications, and where applicable they are encouraged to use the joint application form for the two diseases.

194. *The TCC recommended that MDP take cognizance of the internet access difficulties in some countries and provide alternative application method for such.*

CERTIFICATION OF VECTOR ELIMINATION

195. Dr Yebakima updated the TCC on the certification of vector elimination with regard to the different foci, namely Itwara and Mpamba-Nkusi in Uganda, Tukuyu in Tanzania and Bioko in Equatorial-Guinea. He referred to the recommendations of the workshop on the vector elimination certification criteria which took place on 25 - 27 May 2006 at APOC HQ in Ouagadougou, Burkina Faso: *"The group revisited the elimination certification criteria, particularly on the lapse of time between the end of larviciding and the affirmation of vector elimination. It maintained this lapse at three consecutive years of total absence of the vector in all its forms. This period must be marked by the strengthening of the evaluation network of adult and pre-imaginal stages. The three-year lapse of time is a compromise between the sum of the various scientific field observations, and the logistic and financial constraints"*.

196. To date, the Itwara focus is the only one which has fulfilled the above criteria. The surveillance activities in Bioko focus will continue until December 2008, and until February 2010 for Mpamba-Nkusi with, APOC support.

197. *TCC recommended that APOC management should wait for the evaluation from Bioko before contacting the WHO Elimination Department for certification of vector elimination for both Bioko and Itwara. APOC should also continue to support surveillance activities in Mpamba Nkusi until final evaluation in 2010.*

FUTURE OF THE TCC

198. TCC received a presentation on the future of the Committee from Dr André Yebakima. With the repositioning of APOC, the role of the TCC has expanded beyond what it was at the initial stage. APOC management requested the TCC to play a crucial role in guiding the programme on strategic issues; i.e. co-implementation, elimination, surveillance, end-points as well as operational research. The role of the TCC should extend beyond 2015 to help countries with their decentralization plans.

199. The TCC reaffirmed its commitment to support the programme. Some TCC members indicated their interest in country visits to support CDTI implementation. The TCC set up a sub-committee chaired by Dr Michel Boussinesq that will continue the discussion on co-implementation of onchocerciasis control and lymphatic filariasis elimination.

23. DATE AND VENUE OF TCC 27: AGENDA ITEM 23

200. The 27th session of the TCC will take place from 15-20 September 2008, and TCC 28th session will take place from 9 - 14 March 2009, both in Ouagadougou, Burkina Faso.

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ANNEX 1: LIST OF PARTICIPANTS

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ANNEX 2: AGENDA

1. Opening
2. Adoption of the Agenda

Information

3. CSA: matters arising from the 118th and 119th sessions
4. JAF: matters arising from the 13th session: decisions
5. NGDO: matters arising from the 31st session: recommendations only
6. TCC: follow-up of the key recommendations of the twenty fifth session
7. NOTFs: matters arising from the 4th meeting
8. SIZ: final external evaluation of the SIZ

Strategic and technical issues

9. Prevalence and intensity of *O. volvulus* infection and efficacy of ivermectin in endemic communities in Ghana: Report of the evaluation
10. Monitoring of drug efficacy in large scale treatment programmes for onchocerciasis control
11. Update on operational research – CDI study
12. Update on Onchocerciasis elimination study
13. Task Force on the review of technical reports
14. Task Force on operational research at country level
15. Review of operations research proposals
16. Integration of Onchocerciasis Control into the health systems and co-implementation of Neglected Tropical Diseases (NTD) control
17. Strategic Direction of APOC

Management of APOC Trust Fund

18. Report on the financial management of APOC funded Projects

Reviews

19. Report on the review by the APOC Management of 1st, 2nd, 3rd, 4th, 5th, 6th and 7th, 8th, 9th, 10th year progress reports and subsequent year budgets
20. Review of new project proposal and 1st, 2nd, 3rd, 4th, 5th, 6th and 7th, 8th, 9th, 10th year annual technical reports
21. Other matters: Addendum to PAB 2008 - 2015
22. Date and place of the twenty-seventh session of the TCC
23. Conclusions and recommendations of TCC26
24. Closure of the session

ANNEX 3: CONCLUSIONS AND RECOMMENDATIONS ARISING FROM MEETING OF THE NGDO COORDINATION GROUP FOR ONCHOCERCIASIS CONTROL IN CONJUNCTION WITH THE NGDO FILARIASIS MARCH 2008

The following conclusions and recommendations came out of the meeting:

1. NTD and common issues:

- (i) The meeting concluded that exiting from programmes is a complex issue and should address coverage, endemicity, surveillance etc. Transition strategy and end-point should continue to be included on the agenda of future meetings for both lymphatic filariasis and onchocerciasis.
- (ii) Inventory management is crucial and should be tackled at the NOTF or appropriate level. The Groups should make it their responsibility to ensure that all projects receive and make use of the inventory management training tool shared during the meeting. MDP should provide to the Groups a list of countries that urgently need assistance with inventory management issues.
- (iii) The NGDO Group appreciated that the additional funds made available to the Group from MDP. The forms (similar to the previous Merck Donation forms) will be circulated together with the new criteria as soon as possible. Concept papers should be submitted to MDP by mid-April for discussion by the review group.
- (iv) The meeting noted with appreciation that the initial Merck grant had enabled members to enhance and expand activities and members expressed a willingness to prepare a summary of their achievements.
- (v) Members will continue to inform the JAF of their financial contributions to onchocerciasis control. The Group agreed that with increasing integration of activities it is becoming more difficult to separate costs for individual diseases. The GRO will work with Liverpool to explore their formulas on separating the costs for different activities.
- (vi) The meeting recommends that APOC, the African region IAPB programme/Vision 2020 Africa should collaborate more to ensure prioritization of onchocerciasis within national Vision 2020 plans. Members of the group will discuss the matter during the next IAPB regional meeting. APOC will extend an invitation to the new IAPB CEO to attend the JAF.
- (vii) The meeting recommended to the TCC that CDTI should be expanded to cover Implementation Units of the lymphatic filariasis programme where the disease is co-endemic. The Group also recommended to the RPRG for lymphatic filariasis that they coordinate with the APOC Programme to help to achieve this.
- (viii) The meeting recommended that NTD programmes in countries collaborate closely with partners already on the ground and involved in different aspects of NTD control in order not to duplicate efforts.
- (ix) The meeting thanked Ms Catherine Cross and Professor David Molyneux for their tireless efforts in the control of onchocerciasis and elimination of lymphatic filariasis over the past decennia and wished them all the best for the future.
- (x) Members noted there seems to be problems with NGDO support to Ogun state and members present who are part of the NOTF are requested to follow this up.
- (xi) The meeting received an update on the CDTI activities in UNICEF assisted states in Nigeria and commended their efforts. The meeting stressed the need to rapidly expand geographic coverage to 100%.

ANNEX 4: FOLLOW UP OF THE KEY RECOMMENDATIONS OF THE 25TH SESSION OF TCC

IMPLEMENTATION OF TCC25 RECOMMENDATIONS	
Recommendations	Follow up action
<p><u>Para. 23:</u></p> <ul style="list-style-type: none"> • Appropriate sites and methods/protocols need to be established for surveillance of the efficacy of CDTI. This should include capacity development and strengthening plans for all countries to prepare for post APOC activities. • Available databases should be evaluated for indication of presence of 'suboptimal responders' in the past, <u>in particular earlier on in ivermectin</u> treatment history, i.e. before ivermectin had the time to exert any selection pressure. • A protocol for dealing with any indication of increasing frequency of atypical response to ivermectin (including types of atypical responses not noted to date), needs to be defined. 	<p>A group of experts will meet in May 2008 to address this point.</p> <p>????</p> <p><i>A working group met in Geneva on 03-05 March 2008 to discuss how to go about assessing the efficacy of ivermectin. The conclusions and recommendations of the working group will be presented to TCC26.</i></p>
<p><u>Para. 29:</u></p> <ul style="list-style-type: none"> • A comprehensive review of all data relating to the response of <i>O. volvulus</i> to ivermectin, possible emergence of resistance and potential indicators of selection should be generated. A subcommittee has been set up. • A statement by TCC regarding efficacy of ivermectin for control programmes was issued (see Annex 4) • The organizers of the Washington consultation on monitoring of helminth resistance should be requested to include scientists and onchocerciasis control programme managers from Africa in the meeting. • A meeting focusing on research on resistance of <i>O. volvulus</i> should be organized in one of the onchocerciasis endemic countries. • The following studies to be conducted <ul style="list-style-type: none"> ○ On the epidemiological/ transmission context including collection of detailed treatment coverage data in all three areas in which the study villages were located. The data should be reviewed - if possible in March 2008 - by TCC for a decision on whether an entomological survey should be conducted. (See Word file for details please) 	<p><i>The subcommittee met again on 09 March 2008 for an update on the situation. This will be presented to the TCC.</i></p> <p><i>Done</i></p> <p><i>Done</i></p> <p><i>The meeting was held in Geneva</i></p> <p><i>Study undertaken on coverage</i></p>

<p><u>Para.61:</u></p> <p>TCC recommended that the responsibility for review of reports due as of July 2008 for projects ≥ 8 years will be devolved on the NOTF of these countries.</p>	<p><i>Letters were sent to the Ministers of health of Nigeria, Tanzania, Uganda and Cameroon, requesting them to set up reports' review committees that could also review other programmes' reports.</i></p>
<p><u>Para 74:</u></p> <p>APOC should consider missions to conduct technical, administrative and financial review of projects in these and other countries each year to ensure that financial management improves and funds are used for their intended purpose.</p> <p><u>Para. 91:</u></p> <p>TCC recommends that APOC management reminds the NOTF coordinators that they need to take responsibility for submitting reports in a timely manner and for the quality of reports they endorse.</p>	<p><i>Plan has been made but due to the preparation for the launching of GSM that mobilizes most of the finance office staff, the implementation of this activity has been postponed.</i></p> <p><i>Recommendation shared with NOTFs.</i></p>
<p><u>Para. 110:</u></p> <p>TCC recommends that APOC take steps to ensure that all the money approved and released by APOC for a particular CDTI project is fully transferred immediately to the project by the NOTF secretariat.</p> <p><u>Para. 111:</u></p> <p>APOC management is to ensure that:</p> <ul style="list-style-type: none"> • projects have all communication equipment required for prompt SAE reporting • all data/reports they received on SAEs be made available to TCC <p><u>Para. 329:</u></p> <p>TCC recommends that APOC management reconsider the current funding ceiling of USD 10000 in light of the financial requirements for good quality operational research.</p>	<p><i>APOC management has taken steps to release directly the funds to the projects in some cases, or have instructed the NOTF secretariats for appropriate actions.</i></p> <p><i>Communication equipment are being purchased for the projects in need</i></p> <p><i>Although the management is willing to consider an increase of the funding ceiling, the precise amount still need to be agreed upon.</i></p>
<p><u>Para.335:</u></p> <ul style="list-style-type: none"> • all operational research proposals should be signed by all co-investigators mentioned in the proposal • NOTF should be provided with the opportunity to comment on the proposals prior to their submission. 	

ANNEX 5: ESTABLISHMENT OF NATIONAL TECHNICAL COMMITTEES IN APOC SUPOPRT COUNTRIES.

The mandate of the Technical Committee will include not only onchocerciasis-related research, but also research on other diseases, neglected tropical diseases (NTDs) using the Community-directed Interventions (CDI) strategy.

1. Type of operational research

- (i) Questions and challenges arising from collection and analysis of routine programmes (CDTI, others diseases and NTDs) data;
- (ii) Questions on programme performance;
- (iii) Questions arising from impact studies in sentinel communities, gender-related issues or other innovative programme-related issues which may arise.

2. Capacity building (in conjunction with MoH relevant department)

- (i) Establishing technical committees within the framework of NTDs and other diseases;
- (ii) Strengthening or building relevant laboratory capacity;
- (iii) Encourage recruitment of relevant skills by the ministries of health;
- (iv) Strengthening field surveillance skills on onchocerciasis and other NTDs;
- (v) Strengthening analytical skills;
- (vi) Develop capacity in research methodology in countries with less ability and mentoring opportunities to use ivermectin to attract other funds.

3. Technical Committee (Terms of reference)

a) Responsibilities: The committee members in each country will be responsible for:

- (i) Assisting CDTI projects come up with priority operational research topics and proposals based mainly on issues encountered during the implementation of the projects;
- (ii) Selecting research topics that will be of importance to the implementation of the projects;
- (iii) Facilitating workshops on research methods and developing acceptable research protocols with emphasis on practical exercises and case studies;
- (iv) Reviewing proposals (technical and financial aspects) and making decision on financing;
- (v) Assisting (as mentors) in the implementation of approved studies, and providing technical assistance during: the planning of field activities; data collection; data centralization; data analysis and report writing;
- (vi) Advising the NOTF or any other body concerned with research on the use of findings;
- (vii) Advising stakeholders on improving field methods, laboratory and research (quantitative and qualitative) capacity;
- (viii) The committee members with programme managers will review Annual Technical Reports of CDTI projects 7 years and above. A TCC member is expected to attend at least a session particularly at the start off. TCC support to projects will continue post 2009;
- (ix) Meeting twice a year;
- (x) Reporting once a year, by 31 December, to TCC on decisions, funding, results and mentoring.

b) Other responsibilities

The committee will specify:

- (i) Guidelines for Request for Proposals (RFPs) should be circulated twice a year (January and July) by the NOTF secretariat giving a 3 months response period;
- (ii) The format for proposals and reporting of results should involve letters of intent of 1- 2 pages from which good projects will be selected, and successful applicants notified to submit standard proposals;
- (iii) The assessment of proposals should be done according to the priority of the programme, cost of the study, adherence to the format provided, and clarity of proposal;
- (iv) The limit of funding per country is to encourage disadvantaged countries and prevent some countries getting all the grants;
- (v) The committee will set rules and regulations for deciding on situations when committee members should or should not be involved in carrying out research funded by the committee and when they can receive per diems for fieldwork;
- (vi) The limit of each committee's approved operational research should be US\$ 15,000. Requests above this should be referred to TCC;
- (vii) The Principal Investigator should receive research funds from WHO country office and partners in agreed instalments and account for the grant through the WHO country office and other partners;
- (viii) The Secretary of the committee/NOTF should convene the meetings;
- (ix) APOC, MoH and partners will fund the committee in order to ensure sustainability. At the end of APOC funding, the research unit of MoH, WHO and others should fund the committee;
- (x) Membership should be for a period of 2 years renewable once.

c) Composition of the Technical Committee

The committee will include a member from the World Health Organisation (WHO) country office with technical expertise in the disease or NTDs, interested relevant MoH staff (disease control/research, planning and statistics) partner NGOs and other institutions (research institutes and universities) with expertise in NTDs. The following criteria should be considered:

- (i) Experienced persons in OR, connection with donor partners, and knowledge of onchocerciasis, other diseases using CDI + NTDs, social scientists, economists and others (epidemiologist, microbiologist, etc).
- (ii) The Ministry of Health should select the research experts while other committee members should be recommended to relevant authority for ratification.
- (iii) The Chairman and Vice- Chairman of the committee should be appointed following relevant regulations at the country level.
- (iv) The size of the committee should not exceed 5. Expertise can be called in when required.