WORLD HEALTH ORGANIZATION
AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL (APOC)

Twentieth Session of the Joint Action Forum
Addis Ababa, Ethiopia, 08 - 09 December 2014

FINAL COMMUNIQUE

Thematic Area 1 - Opening of the Session & Election of officers

1. The twentieth session of the Joint Action Forum (JAF) of the African Programme for Onchocerciasis Control (APOC) was hosted by the Ethiopian Government, from 08 -09 December 2014 in Addis Ababa, Ethiopia. The meeting was attended by Honourable Ministers or their representatives of 24 onchocerciasis-endemic countries in Africa, 10 representatives of the donor community, the World Bank, the African Development Bank, WHO (Headquarters, AFRO, Country Office/Ethiopia), senior health managers, Non-Governmental Development Organizations (NGDOs), the Mectizan Donation Programme, Merck & Co. Inc., Research Institutions, Directors and Coordinators of National Onchocerciasis Control Programmes, and Representatives of the Statutory Bodies of APOC. The list of participants is appended as annex 1.

2. Welcoming speeches and opening remarks were given by the WHO Representative in Ethiopia, Dr Pierre M’Pélé, APOC Director, Dr Jean-Baptiste Roungou; outgoing Chair of JAF19 and the Minister of Health and Population, Republic of Congo, Honourable Mr. Francois Ibovi represented by Dr Damase Bodzongo. There were also statements by the Executive Secretary of the Global Alliance for the Elimination of Lymphatic filariasis (GAELF), Dr Adrian Hopkins, and the Senior Programme Officer, Bill & Melinda Gates Foundation (BMGF), representing Uniting to Combat NTDs, Dr Julie Jacobson. The Ethiopian Federal Minister of Health, Dr Kesete-Birhan Admasu, gave the opening speech. On behalf of the government of Ethiopia, the Minister of Health declared the meeting open.

3. The JAF elected the Federal Minister of Health, Ethiopia, in the person of Dr Kesete-Birhan Admasu as Chair of JAF20, and Dr Julie Jacobson as Vice Chair. The Chair of JAF20 thanked the session for his election, and congratulated the outgoing Chair, Honourable Mr. Francois Ibovi from Republic of Congo for steering JAF in the past 12 months.

4. Reflections of the Committee of Sponsoring Agencies (CSA): The reflections of the CSA were presented by its Chair, Dr Lucien Manga. He noted that the forthcoming closure of APOC and the concomitant creation of a new entity are challenges that should be taken up by APOC and the CSA. The CSA Chair said that the declaration made on 6 December 2014 at the 149th session of the CSA by the WHO Assistant-Director General, Dr Hiroki Nakatani, on behalf of WHO, was welcomed by all the participants who considered it as a consensual basis of work regarding the closure of APOC and the launching of PENDA.
Thematic Area 2 - Progress on Elimination and Country Reports

5. JAF received presentations on the WHO Progress report (1st September 2013- 31st August 2014), the Technical Consultative Committee activities, as well as summaries of treatments and trainings in 2013. Key highlights of the presentations included the treatment of over 100.6 million persons in 24 countries; the training of 731,121 CDDs and 106,728 health workers; as well as various activities conducted by APOC Management and TCC. JAF was informed that outcomes of epidemiological evaluation suggest that transmission has been interrupted in Burundi, Chad, Malawi, Mali, Niger and Senegal and that there are focal elimination in Benin, Burkina Faso, CAR, Congo, Cote d’Ivoire, Ethiopia, Nigeria, Tanzania and Togo, while in Uganda transmission of onchocerciasis infection has been interrupted in 12 out of 16 districts where the disease has previously been endemic. These findings remain to be confirmed by repeated surveys and post treatment surveillance.

6. Ministers of Health and heads of delegations from countries made statements that expressed their renewed efforts, achievements, challenges and way forward in the elimination of onchocerciasis and other neglected tropical diseases in their respective countries.

7. The JAF session also received a presentation from the NGDO Coordination Group for Onchocerciasis Elimination which highlighted the Group's financial and technical contributions to onchocerciasis elimination.

Conclusions on Progress of Elimination:

8. JAF commended APOC Management, TCC and the countries for lucid presentations and statements. The Forum noted that some countries are showing good epidemiological evaluation results indicating elimination of onchocerciasis infection which needs to be confirmed by entomological evaluation and post treatment surveillance surveys.

9. The Forum noted the strong endorsement for PENDA as a new strategy and support to onchocerciasis and lymphatic filariasis elimination and other NTDs control/elimination activities by countries. It recognized the need to maintain the momentum and build on the achievements of APOC when transiting to PENDA.

Thematic Area 3 - Preparation for PENDA and Closure of APOC

10. JAF received a presentation on the road map for the establishment of PENDA from the CSA Chair who gave the guiding principles for the management of the transition as follows: closure of APOC and establishment of PENDA are two independent processes taking place simultaneously, the decision making bodies are separate (JAF for APOC closure, WHO for convening a meeting for PENDA, and CSA will act as "interim steering committee" for PENDA establishment). On the closure of APOC, the CSA Chair stated that WHO had indicated that an interdisciplinary team will be established immediately for programme and staff issues but APOC operations will need to be maintained and managed through the end of 2015. Meanwhile, he noted that funding for programme closure will need to be confirmed. The final closure and celebration of achievements will be at JAF21 in December 2015. On the formation of PENDA, the CSA Chair indicated that background and discussion documents will be drafted by WHO based on previous work and approved concept note and strategic plan. He also said that a group of representatives of constituencies will review and clear the documents after which high-level advocacy will be taken with stakeholders and donors to get support for the plan and budget. Furthermore he said a stakeholders' consultation with countries,
partners, and donors in a sort of "pre-forum" will take place in June 2015, convened by WHO. JAF was informed that the estimated cost for the closure of APOC will be 36 million USD.

11. The Representative of the fiscal agent presented an overview of the funding for OCP and APOC. Almost US $1.2 billion has been channelled through the Trust fund since OCP and there have not been any fiduciary mishaps. The cash flow analysis from the World Bank projects a funding shortfall for 2014 of USD 364,604, if all donors respect their pledges. In 2015, it is estimated that the closure of APOC will require an estimated USD 17,000,000 for the worst case scenario and with a flat operational budget of USD 19 million, hence about USD 36,000,000 is required. However, pledges of USD 8,666,635 have been made and a cushion amount of USD 15,000,000 is available, amounting to USD 23,666,635. It is recommended that these resources be used to pay for APOC staff salaries (Estimated at USD 8,000,000 of the USD 19,000,000) and the closure for APOC. As and when more funds become available, they should be used for the implementation in 2015. It is worth noting that at the time of planning, it was assumed that all the partners will respect their pledges but this has not been the case. By the time of the twentieth Joint Action Forum (JAF20), we had a shortfall of USD 17,800,000. If these pledges were respected, it will be possible to implement activities as planned. The World Bank updated the participants about a pledge for Onchocerciasis elimination within the new entity – PENDA of USD 0.75 million.

12. The constituent groups of JAF went into closed door sessions to discuss the road map for closure of APOC and the establishment of PENDA as well as the priority activities of PENDA. These groups presented to JAF their suggestions.

13. The Ministers noted that there is a funding gap to APOC activities in 2015 and yet there is need to maintain the momentum and work towards elimination of NTDs as planned. They emphasized that PENDA should build on the successes of APOC and learn from its weaknesses. Based on this background, Ministers resolved as follows:

i) **On closure of APOC and establishment of PENDA:**
   a. APOC should close by 31st December 2015 as earlier agreed and PENDA established.
   b. WHO should be the executing agency for PENDA.
   c. The CSA should finalize the legal documentation for the establishment of PENDA and staff requirement as soon as possible.
   d. WHO should consider retaining the critical APOC staff and re-assign them to PENDA or other programmes as appropriate. This will guide the planning/budgeting process for 2015 operations and some funds would be saved from closure staff costs.
   e. APOC should revise the 2015 activities based on the available APOC Trust funds. The revised activity plan and budget should be communicated to countries so that countries mobilise more resources internally where necessary.
   f. Countries should take additional responsibility for the control and elimination of NTDs in 2015 and should use the existing mechanisms to integrate NTDs into health systems so as to continue with the momentum realized by APOC.

ii) **On the priority activities for PENDA:**
   a. PENDA should play a technical leadership and coordinating role with decisions decentralized and bulk of the activities implemented at country level so as to reduce overhead costs.
b. PENDA should facilitate the procurement of donated medicines for all Preventive Chemotherapy (PCT) NTDs.
c. PENDA should operate an incentive funding/counterpart financing mechanism to ensure governments increasing responsibility for programme implementation. This is without prejudice to its investments on personnel.
d. PENDA should work on strengthening health systems.
e. PENDA should focus on all PCT NTDs and NOT only Onchocerciasis and Lymphatic Filariasis and continue to assist countries in implementation of MDA and surveillance.

14. The NGDO group after the review of the issues stated as follows:

i) On closure of APOC:
   a. First and foremost, there is need to stop MDA at national level somewhere with fanfare and thereby prove the validity of the APOC plan of oncho elimination. But stopping MDA activities will have cross border issues; for example, extra surveillance in border areas which need to be considered.
   b. Great concern was expressed about the $11 million shortfall. The Group called for an immediate review of projects most dependent on APOC funds to maintain coverage. Those projects should get priority available funding. A Project by Project, Country by Country analysis, with NOTF review or input is needed as soon as possible.
   c. Countries and NGDO partners should take on more costs.
   d. The closure of APOC is largely a WHO administrative issue. The group however notes that this process will be disruptive in terms of employees.

ii) On the priority activities of PENDA in 2016 the Group noted as follows:
   a. There were two divergent views on the overall focus of PENDA: continue to focus on LF and Oncho or encompass all the PC-NTDs.
   b. The NGDOs were interested here in what countries want and what donors will fund. Based on the anticipated annual budget of PENDA, activities listed in the current PENDA document should be prioritized and supported in order of priority.
   c. Staffing up PENDA will be needed especially if the skill sets needed involve other NTDs (STH, SCH, TRA) not originally contemplated in detail in the current plan.
   d. If restricted to LF and Oncho, with bringing other PCT NTDs on more slowly, there was still concern that PENDA under a restricted budget would not take off in 2016 as the elimination champion of LF and oncho. But given current financial realities, making do with a small budget and demonstrating success to donors could result in increasing budgets over time when value for money is better recognized; then more activities could be brought on, again in order of priority.

15. The donors proposed as follows:

i) To APOC:
   a. Pledges are at risk and may not be honoured if activities are not carried out in 2015. Funds from donors are given for activities and associated with deliverables and it will be unacceptable to have no activities in 2015.
   b. APOC should focus on documenting success for closure and prepare and archive the historic data and lessons learned for transition to the new entity.
c. Provide clarification on closure costs including what are fixed costs. The costs of retirement etc. for former staff on page 22 of the financial report for the year ended 2013 should not be a liability for the project and the Trust Fund.

ii) To WHO (HQ, AFRO, & APOC):
   a. WHO is expected to actively work to reduce redundancy costs so that savings could go towards programme activities in 2015.
   b. The group endorses the plan to get the new entity (PENDA) defined as soon as possible in order to maintain current donors and attract more donors to the NTD area.
   c. If WHO can ensure the availability of an endorsed plan for the regional entity within the next three months, donors are willing to actively engage and even advocate for resources.
   d. The new regional entity should support national programmes and explore new ways of working with countries to improve programme ownership.

iii) To countries:
   a. Donors need to understand the potential gaps for 2015. The Mectizan Donation Program will be calling partners together to reduce these gaps in mass drug administration during the transition 2015 – 2016. Donors are committed to working with countries to help to the best of their ability to ensure there are no gaps in MDA in the transition time from 2015-2016.

Conclusions on Preparation for PENDA:

16. JAF expressed its appreciation to the APOC constituent groups for the suggestions, thoughts and clarifications and urged that they should be seriously considered in closing APOC, establishing PENDA and determining the priority activities of PENDA in 2016.

Thematic Area 4 - Programme Management and Finance

17. The external auditors' report was provided to JAF.

18. Representatives of the various donors at the meeting made statements on their support for the elimination of onchocerciasis and other neglected tropical diseases in the context of APOC, PENDA and direct country support. Such statements were received from ADB, BMGF, CNTD/Liverpool, END Fund, France, GNNTD, GSK, Japan Embassy, Merck & Co. Inc., MITOSATH, NGDO Coalition, Kuwait Fund, Sightsavers, USAID and World Bank.

Conclusions on Programme Management and Finance:

19. The Forum took note of the Auditor’s report. JAF thanked the donors and NGDO Partners for their renewed commitment and support.

Thematic Area 5 - JAF Recommendations

20. Based on the presentations, discussions and conclusions reached during the meeting, JAF made the following recommendations:
To WHO:

a. PENDA should focus on all PC-NTDs while remaining committed to the goal of achieving elimination of Oncho and LF and should recruit staff with relevant expertise across all the PC-NTDs.
b. The road map for PENDA should clearly reflect among its priorities support for MDA implementation, the facilitation of the timely approval of applications of NTD medicines, support for MDA, and building capacity of endemic countries for monitoring and evaluation and for post-treatment surveillance.
c. The original scenario of launching PENDA with full coverage for onchocerciasis and lymphatic filariasis should be reviewed given the very low reported coverage of LF for 2013 and the plan revised accordingly.
d. WHO should ensure the availability of an endorsed plan according to the road map presented for the establishment of the new regional entity by March 15, 2015 to enable donors to actively engage and advocate for resources.

To Countries:

a. DRC and Liberia are commended for the CDDs contribution in containing the Ebola crises. JAF called on countries to strengthen their health systems to address such challenges and ensure MDAs are resumed when prudent. JAF urge DRC and Liberia to share their experiences in publication for the benefit of other countries.
b. Given the wide array of partners supporting NTD interventions, Member-States should ensure improved coordination at national level.
c. Countries should take additional responsibilities for the control and elimination of NTDs and utilize existing mechanisms to integrate NTDs into health systems to ensure the momentum created by APOC is maintained.
d. Countries should make available to donors the potential gaps for 2015 so that gaps in mass drug administration during the transition 2015 - 2016 can be reduced.

To Partners:

a. Partners in consultation with countries should support in filling MDA gaps in 2015 and at the early stages of PENDA to ensure that current gains are maintained.
b. Partners should harmonize their support at country level for better synergies in line with the NTD Master Plans.

JAF Decisions

21. JAF made the following decisions:

a. The road map for development of PENDA as presented by CSA is accepted.
b. APOC should close by 31st December 2015 but should continue operations and support for MDA prior to its closure, aligning activities with available funds in 2015, prioritizing MDA.
c. APOC should revise the 2015 activities and communicate to countries so that countries mobilise more resources internally where necessary, prioritizing MDA.
d. PENDA should be established beginning from January 2016. The CSA should finalize the legal documentation for the establishment of PENDA and staff requirements determined by WHO by March 15, 2015.
e. The new regional entity while having a bigger and long-term vision that includes all PC-NTDs should be leaner and country-led in its operations.
f. Noting that some 2013 treatment data are not yet collected, APOC Management should update its data base and share with JAF participants by March 2015, and work to improve timely data reporting.

g. APOC should ensure all current and historic data is available after the closure of the programme.

**Date and Place of the 21st JAF session**

22. The 21st session of JAF will be held in the second week of December 2015. The venue will be communicated at a later date after further consultation by APOC Management with the Chair of JAF20 and the Chair of the CSA.

**Closure**

23. JAF thanked the Ethiopian Government for hosting JAF20 and for the warm hospitality extended to participants.
### Annex 1

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

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<th>JOINT ACTION FORUM</th>
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**JOINT ACTION FORUM**  
Twentieth session  
Addis Ababa, Ethiopia, 08-09 December 2014  
December 2014  
ORIGINAL: ENGLISH

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