EVALUATION MEETING ON THE IMPLEMENTATION OF THE INTEGRATION PROCESS OF THE COMMUNITY DIRECTED INTERVENTIONS (CDI) STRATEGY IN THE FACULTIES OF MEDICINE AND SCHOOLS OF PUBLIC HEALTH, OUAGADOUGOU, FROM 13 TO 17 AUGUST 2012

Editorial by Dr Paul-Samson LUSAMBA-DIKASSA, Director of APOC

CDI teaching in academia: a promising start

Revising the introduction of the strategy of Community-Directed Interventions (CDI) in the training curricula for health senior officials occurs as the Olympic event faded away with its pomp of medals awarded to the best athletes. APOC was awarded in 2011 by the Champalimaud Foundation for the excellent results achieved in the control of river blindness in Africa. These results are due, in large part, to the implementation of the strategy of Community-Directed Treatment with Ivermectin (CDTI). CDI has inspired CDI which in turn has attracted the interest of educational institutions. In accordance with its partnership philosophy, APOC has supported the experiences of introducing CDI in the training curricula of the Faculties of Medicine, schools of public health and other health training institutions.

From 13 to 17 August 2012, APOC evaluated eleven institutions of health education. Adhering to the resolutions of the Abuja conference, Nigeria, held in June 2009, some had started these courses in the academic year 2010, others in 2011, and still others are awaiting the green light from higher academic bodies to provide such teachings. With representatives of institutions in seven African countries, we have been able to reframe this experiment and hope to have given it a boost.

We thank all the institutions and all the partners who, directly or indirectly, have shown their enthusiasm for expanding the use of this strategy (Benin, Burkina Faso, Cameroon, Nigeria, Senegal, Sudan and Togo) in order to improve health care and achieve the Millennium Development Goals (MDGs).

To enable you to get a clear idea of the involvement of the representatives of the health training institutions which are ready to carve out a good share in the established programmes, we offer you this special edition of our electronic newsletter. ‘APOC newsletter’ is the new communication tool in which you will now find information relating to the control of river blindness and other NTDs implemented by using the CDI strategy, that is so rich in activities and outcomes.

Before concluding these remarks, I would like to express the great compassion of the APOC family who received, as a shock wave, two announcements of death: one occurred in South Africa as a result of illness, the death of Dr. Norbert Birintanya, Permanent Secretary in the Ministry of Public Health and AIDS control and chair of the Burundi NOTC; and that of Dr. John Mulang, previously PF / IST / AFRO in the inter-country team, Gabon. On behalf of the entire staff of APOC, I wish their Souls to Rest in Eternal Peace. May the providence support their respective families through this difficult time.

Happy reading! ♦

CONTENTS

<table>
<thead>
<tr>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3 and 4</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

| Editorial by Dr Paul-Samson Lusamba-Dikassa |
| CDI strategy in Health Sciences module assessed and redefined, in Ouagadougou |
| Participants’ notes |
| The organizing team |
| The meeting in pictures |
From 13 to 17 August 2012, representatives from eleven universities and schools of public health in seven African countries, gathered together in Ouagadougou in order to take stock of the introduction of the teaching of the strategy of Community-Directed Interventions (CDI) within those institutions. This reflection was intended to be crucial regarding this type of strategy successfully tested in controlling river blindness that is rife in 31 African countries south of the Sahara. Its results have inspired the implementation of the strategy to other endemic diseases with disastrous effects such as malaria, HIV and AIDS and mainly preventive chemotherapy neglected tropical diseases (intestinal worms, schistosomiasis, lymphatic filariasis, trachoma).

At the opening of the meeting, Dr Paul-Samson-Lusamba Dikassa, APOC Director, welcomed the participants and reminded the participants of the new focus of onchocerciasis control. Based on the evidence collected from the field, the focus is on its elimination in countries where it is still rife, rather than on its control. The data from many sites show satisfactory progress towards the elimination of the disease. To the Director of APOC, the partners, who are the academics teaching the CDI strategy to future generations of health workers, can be a significant contribution to the collective efforts. It is up to them to consolidate the encouraging results received relating to the piloting of this teaching in health education institutions.

Since the Abuja Conference held June 2009, the introduction of the curriculum on CDI strategy was proposed to 67 medical schools and schools of public health in Africa. Three years later, only ten of them have demonstrated their commitment, each going at its own pace.

**Results.** The Ouagadougou meeting enables the participants to develop useful tools for the inclusion of the CDI module in the curricula of various institutions represented. Among them there are: the action plan of each institution, the evaluation guide, the seven stages for the introduction of the module, the next steps and way forward, the approval of a proposal for establishing some centres of excellence for the teaching of the strategy, and the revision of the curriculum and the module and also the finalization of a guide for trainers.

**Recommendations.** At the end of the deliberations, the eminent scholars proposed the following five recommendations: each institution should designate a focal point to be contacted by APOC, APOC should provide technical support and equipment necessary for the training of trainers at the request of each institution, the Programme should urge other institutions that have not adhered to this teaching to do so, it is desirable that APOC be prepared to respond to external evaluations required by 2014, and similarly, APOC should provide documents on the curriculum and the trainers guide, upon their publication.
The introduction of the CDI curriculum receives academics invited to the reflection the mark “Good”

After five days deliberations, the participants were satisfied and energized by the results of the evaluation. Here’s what they said:

**It was great!**

Pr Abdarahmane Dia, Dean of the Faculty of Medicine, Pharmacy and Dentistry, Université Cheikh Anta Diop, Senegal: “The general idea that emerges from this work is that we have made great strides, we agreed on the curriculum implementation process, a consensus shared by the French and English Faculties. I think it was time, because since 2009 we never met before for an update. In Dakar, the sixth-year students experienced the teaching this year, and even went to the field. I leave very satisfied because everything is clear now and it is a global vision in which all the institutions are interested.”

**Greater clarity**

Pr Kenneth Kalu Agwu, Dean of the Faculty of Health Sciences and Technology, University of Nigeria, Enugu Campus: “I thought it was a workshop, but I realized that it was evaluating the introduction of the CDI strategy in education. Everything is clear to me.”

**Ready to transmit knowledge**

Dr Serge Billong, Faculty of Medicine and Biomedical Sciences, University of Yaoundé, Cameroon: “My impressions are excellent. There were fairly important discussions and information sharing among different institutions. We believe we can effectively start this course that had already been piloted in our Faculty. There is need to revisit what has been done so far and to formalize it in the official documentation of the curricula.”

**Satisfied**

Pr Ajayieoba Tunde, Dean of the Faculty of Clinical Sciences, College of Medicine, University of Ibadan, Nigeria: “I am a newly-come in the group of participants, I am satisfied that my expectations were met. My colleague and I worked on a feasible plan of action that we will introduce in our institutions by the end of the year. I am proud and motivated.”

**Something more for aspiring physicians**

Pr Noufounikoun Médé, Professor in ophthalmology at the training and research unit in health sciences at the University of Ouagadougou, Burkina Faso: “This is an additional step in looking for solutions for the communities in managing their own health problems. Now, it is up to us to train competent physicians in the field, drawing their attention to the fact that these communities have the capacity to manage their own health problems that needs either to be awaken or to be mentored.”

**The best is yet to come**

Pr Oladimeji Oladepo, Dean of the Faculty of Public Health, University of Ibadan, Nigeria: “I participated in the Abuja meeting in 2009 during which we were invited by APOC to pilot this teaching. After evaluating what has been done, this meeting allows us to have a better overview of the importance of this integration, to ensure its monitoring and evaluation with the provided indicators and really do our job better.”

**This meeting was a success**

Dr Hanan Tahir, University of Medical Sciences and Technology (UMST) Khartoum, Sudan: “I really enjoyed the meeting. It led us to adopting all together the teaching of CDI. The discussions were very useful to us. We keep all the lessons learned here. Upon our return, we hope to be able to share them with others, because we think it will be useful to other institutions as well. To me, this meeting has been a success.”

**Reassured**

Pr Attipou Komla, Vice-Dean of the Faculty of Medicine and Pharmacy, University of Lomé, Togo: “There were things fuzzy in my head that have been clarified. The meeting also allowed me to see what others have been doing and adjust the strategy started in the 2010-2011 academic year for our sixth-year students of medicine and fifth-year students of pharmacy.”
A new starting point

Pr Kardaman Mohamed, Dean of the University of Medical Sciences and Technology (UMST), Khartoum, Sudan: “In Sudan, we pay particular attention to the integration of the CDI strategy in the courses and consider it as an important method for disease control. Upon our return home, we intend to include it in many other health institutions, with great support from APOC.”

A great step forward

Pr Christine Enwanya, Department of Parasitology and Entomology, Nnamdi Azikiwe University, Awka, Anambra State, Nigeria: “I have made much progress. Based on social studies relating to the drug for which I was greatly interested as investigator, I found myself in the distribution of ivermectin. Currently, the programme works very well in communities. In my opinion, its inclusion in the curricula of the universities is a very good thing for all.”

New progress ahead

Pr Ifeoman Enweani, Dean of the Faculty of Health Sciences and Technology, College of Health Sciences, Nnamdi Azikiwe University, Nnewi Campus, Anambra State, Nigeria: “This meeting enlightened me on several aspects that will be developed in our session for the inclusion of the CDI strategy in the curricula of health sciences. I feel that in our University, we will be able to improve what we have been doing so far.”

These small details that made the event successful

Within the Unit for Sustainable Drug Distribution (SDD), organizer of the evaluation meeting, the head of the Unit and five collaborators, assisted by computer engineers, facilitators, drivers and other staff from the APOC, contributed to the success of the meeting. For weeks, Dr Grace Fobi and her little team meticulously assembled elements that have served as the foundation for the organization of this meeting. Mails, collection and analysis of reports, agenda, making records and badges, invitations, travel authorizations, security visas, setting up the meeting room, transportation of participants and coffee breaks were tasks scrupulously managed under the guidance of the head of Unit.

The facilitators

Pr Grace Offorma

Pr Okeibunor and Pr Akogun

Pr Abdoulaye Diallo

APOC team
The meeting in pictures

Welcome to all!

Consultation with the facilitator

CDI under study!

A steady pace!

The APOC team does its best!

Parking time!