

Final Communiqué of the first follow-up meeting on Integration of Onchocerciasis Control into National Health Systems and Co-implementation of Neglected Tropical Diseases (NTDs).

Addis Ababa, Ethiopia - (APOC)

Thirty years after the Alma-Ata Declaration there is renewed interest in the Primary Health Care (PHC) concept as the approach to strengthen the health systems and achieve the Millennium Development Goals. The opportunities offered by this renewed interest and commitment of the international community provide an opening for additional funding for integration and co-implementation of NTDs and malaria interventions to meet the needs of especially the poorest and hard-to-reach communities.

An International Meeting on Integration of Onchocerciasis Control into National Health Systems and Co-implementation of Neglected Tropical Diseases (NTDs) and some components of Malaria Control took place in Brazzaville, Congo in 2007. The first follow-up meeting was held at the Hilton Hotel, Addis Ababa, Ethiopia from 25-27 June 2008 on the kind invitation of the government of the Federal Republic of Ethiopia. The meeting was jointly hosted by the Ministry of Health, WHO Country Office, WHO AFRO (ATM) and APOC.

The meeting was attended by top-level policy and decision makers on health from six countries - Ghana, Nigeria, Sierra Leone, Tanzania, Uganda and host country Ethiopia – WHO Africa Region, as well as representatives of donors, Non-Governmental Development Organizations and other health system support groups. Participants included Directors of Disease Control and Public Health, Programme Managers of Onchocerciasis and Malaria Control as well as representatives of the USAID, the Carter Center, Liverpool School of Tropical Medicine, Sight savers International and cbm (formerly Christian Blind Mission).

The Ethiopian Minister of State for Health, Dr Shiferaw Teklemariam, officially opened the meeting with the WHO Country Representative Dr Fatoumata Nafu-Traore in attendance. The Minister welcomed participants to the meeting. He expressed his country's pleasure at hosting the meeting, which he described as an opportunity for them to share with other countries Ethiopia's experiences on integration of community-directed interventions into the national health system as well as co-implementation of some NTDs with malaria, using the Health Extension Programme.

The Minister called on stakeholders to move beyond declarations to the implementation of various decisions so as to empower communities and strengthen health systems towards the achievement of the Millennium Development Goals (MDGs). He described Onchocerciasis control as an "ongoing success story from which we need to draw lessons badly needed to successfully deal with the other neglected tropical diseases."

The objective of this meeting was to follow up on the implementation of the recommendations of the Brazzaville meeting in February 2007 by countries, foster inter-country collaboration, promote exchange of experiences and lessons learnt on integration and co-implementation of malaria and NTDs interventions and make recommendations.

The meeting noted that progress had been made by some countries in the implementation of the 2007 recommendations. The majority of the countries had put in place management structures for co-implementation, developed strategic plans of action and some are co-implementing with some flexibility in the use of donor funds. However, there are still challenges with regards to country leadership, development of policy, mapping of diseases, resource allocation, community empowerment, inter-country collaboration and political commitment.

Countries were informed of the current global strategic direction on NTD and malaria control to enable them harmonize activities in the country strategic plans

The meeting recognized that the multi-country study on Community-directed interventions (CDI) undertaken in Uganda, Cameroon and Nigeria has provided strong evidence for integrated delivery of ivermectin, vitamin A supplementation, home-based management of malaria and long lasting insecticide treated bed nets.

In order to ensure the integration¹ and co-implementation² of malaria and NTDs the meeting made the following recommendations:

Governments:

1. Countries should lead the co-implementation process in policy, strategic planning, implementation, monitoring and reporting, and adopt the CDI strategy in line with Ouagadougou Declaration on PHC and Health Systems, for up scaling integration and co-implementation of NTDs and malaria control interventions.
2. Further operational research on integration of DOTS involving national researchers and/or research institutes should be undertaken.
3. Countries should allocate financial and other resources from national budgets to address their resource and capacity needs on co-implementation and provide progress report before the next meeting.
4. The meeting strongly urges countries to consider co-implementation of malaria and NTDs as a component of proposals to the Global Fund.
5. Countries should develop/finalise national policy on NTDs before the next meeting and advocate for its inclusion in the national health policy.

¹ Integration is the inclusion of programme activities in the broader health system with strong community involvement.

² Co-implementation is the strategy of bringing two or more programme initiatives together to increase efficiency and avoid fragmentation.

6. Ministries of health should avoid fragmentation by bringing the co-ordination of NTD programmes under one unit, to reduce the work load of Programme managers and improve co-implementation and cost efficiency.
7. Programme Managers use innovative ways to engage Ministers of Health to prioritize NTD control, for example, presentations at national assemblies and use of the media to increase political will and support for the NTD programmes in countries.
8. Countries should accelerate and complete the mapping of NTDs before the next meeting in 2010. Where available, data from literature should be used to identify known endemic areas and exclude them from mapping.
9. Programmes should give pharmaco-vigilance the needed attention, manage drug reactions, document and report all cases and undertake studies in multiple drug administration
10. Countries should report on the status of implementation of the above recommendations at the next meeting in 2010.

WHO AFRO/APOC

11. APOC should share the results of the Addis Ababa meeting with the four Anglophone countries that did not attend and undertake advocacy visits to bring them on board.
12. WHO should provide technical support to countries to develop/finalise national strategic plans on NTDs before the next meeting in 2010.
13. WHO AFRO and Country Offices should advocate that UNDAF³ put co-implementation of NTDs and malaria control on their agenda.
14. The meeting urges AFRO to allow the participation of DPC Advisers in WHO Country Offices in future follow-up meetings in view of their important role in the promotion of co-implementation of NTDs and malaria control.

Partners/Donors

15. Global Fund and other donors should be urged to support countries to strengthen health systems through integration and co-implementation of malaria and NTDs control programmes.
16. Donors should provide additional resources to address operational research needs for integration and co-implementation of NTDs and malaria based on country priorities.

³ UNDAF: United Nations Development Assistance Framework

