The World Bank was one of the original co-sponsors creating the Africa River blindness control Program. The World Bank, together with many other donors, including the Kuwait Fund, has strongly supported large-scale oncho control since the 1970s, through its original focus on West-Africa and later its coverage of all African countries. With the World Health Organization’s Regional Office for Africa (in Brazzaville, Congo) playing the role of Implementing Agency of the APOC Programme the World Bank remains APOCs “Fiscal Agent”, holding and managing the APOC Trust Fund. The Bank is also an important APOC donor in its own right. The Bank is at the forefront of exploring and supporting APOC options for the future and is seriously interested in building on the APOC community health systems infrastructure, APOCs governance system, and APOCs financing structure and experience to also address a selected number of other neglected tropical diseases (NTD’s), poverty diseases of neglected ‘people’, such as lymphatic filariasis [‘elephantiasis], schistosomiasis [‘bilharzia’], trachoma, and some intestinal worms. Now that river blindness is being controlled so successfully, and in many countries even ‘eliminated’, the Bank is actively considering supporting the elimination of the other NTDs in Africa beyond 2015.

The Kuwait Fund (KFAED) “is a friend in need, especially to Africa” and has been part of the oncho control partnership since 1974 and is committed until 2015, and maybe beyond. KFAED is a partner not only for the river blindness control programme but also for other development projects in different sectors: agriculture, education, health, transportation etc.

The fact that this meeting is holding in the Middle East, where there is no oncho disease is evidence of the strength of this partnership, and it is the hope of the KFAED that through this meeting people in the region will not only become aware of the health problems of people living in other continents but will know that they need our help, not just for oncho but for other NTDs. We hope they will see that if we help others to protect themselves we are also protecting ourselves because we are preventing the spread of diseases.

This partnership is a good example of cooperation, not just north – south but also north-north, and south - south. The oncho control partnership is a family, made up of different races, nationalities, religions, all working together in harmony for a common goal – to rid Africa of river blindness.

Dr Abdul-Redha Bahman
Agricultural Adviser - Kuwait Fund
USAID’s Neglected Tropical Diseases (NTD) program is one of the first global efforts to integrate existing disease-specific treatment programs for the control of the seven NTDs that can be controlled or eliminated through safe and effective preventive chemotherapy. Since 2006, the USAID’s NTD program has supported integrated NTD control and elimination program for onchocerciasis, lymphatic filariasis, schistosomiasis, soil transmitted helminths and trachoma. The program has scaled up from 5 countries in 2006 to 20 countries in 2011, of which 13 are African countries.

The APOC’s strategy community directed treatment with ivermectin (CDTI) fits in with USAID’s program that requires rapid expansion of integrated NTD control to 30 countries in five years. In 2009, the USAID’s NTD initiative awarded a five-year grant to support APOC to expand its successful CDTI strategy to LF, STH, trachoma and schistosomiasis control. The grant has been earmarked for Tanzania and DRC and illustrates perfectly how APOC’s CDI strategy is uniquely positioned to co-implement mass drug distribution for NTD control. APOC has the opportunity to improve the health of millions of people in Africa beyond the elimination of onchocerciasis by pursuing co-implementation.

In October 1987, Merck announced it would donate the medication MECTIZAN to all who need it for as long as necessary until onchocerciasis is eliminated as a public health problem, marking the start of one of the longest public-private partnership in public health. In the past 24 years Merck has not only kept this promise but is also a major financial donor as well as a member of the committee of Sponsoring Agencies (CSA), earning its place as an active member of the APOC unique global partnership. This year Merck reconfirmed its commitment to donate mectizan and announced the appointment of Henrik Secher as Managing Director for Africa. The company announced that the new MD for Africa and his team will help strengthen Merck’s commitment to Africa because they believe the company has “an important role and the responsibility to improve access to medicines, vaccines and quality healthcare in Africa as they have seen that a vast majority of people in Africa are unable to benefit from advances in medicines and healthcare”. Merck’s new Africa strategy will be rolled out across the continent in early 2012, with a portfolio of programs and initiatives which will enable access to MSD’s medicines and vaccines - from the $500 million investment towards maternal mortality efforts, to new partnerships aimed at fighting breast and cervical cancers in sub-Saharan Africa and access initiatives on HIV/AIDS and family planning.

It is a dynamic and important time for APOC and oncho programs in endemic countries. We at the Bill and Melinda Gates Foundation are dedicated to supporting the maximum impact of this program. As we look at the future, APOC and endemic countries are looking at a new ambitious target of oncho elimination and the opportunity to use the strength of the oncho program to help with the control and elimination of many of the NTDs in an integrated fashion. We are in investing in tools and strategies to help these programs improve the health and welfare of all those afflicted by NTDs. We hope together we can free Africa from the burden of oncho and other NTD for a happier and healthier population.

Julie Jacobson, Senior Program Officer
Bill & Melinda Gates Foundation

The Non-Governmental Development Organization (NGDO) Coordination Group for Onchocerciasis coordinates all activities by NGO’s involved in ivermectin distribution for the control of Onchocerciasis. In view of this, the NGDO coordination group for Onchocerciasis control will in the years ahead be looking for the required additional funding as we continue in the partnership. We congratulate APOC and partners and wish all a successful JAF 17 session. The NGDO group is happy to be associated with the first evidence that onchocerciasis elimination is feasible with ivermectin treatment which was published in 2009 in the open-access journal PLoS and our continued partnership with APOC. Our group is willing and already supporting the Onchocerciasis elimination agenda in APOC and OPEA countries in addition to other Neglected Tropical diseases related activities in APOC countries.

Sightsavers’ vision is of a world where no one is blind from avoidable causes and where visually impaired people participate equally in society. We are an international organisation working with partners in developing countries to eliminate avoidable blindness and promote equality of opportunity for disabled people. Our values include:

• Blindness is an important cause and effect of poverty. We work with poor and marginalized communities in developing countries.
• We achieve much more when we collaborate. We forge alliances and partnerships to ensure a positive and long term impact on people’s lives.
• People should not go blind unnecessarily. We prevent, treat and cure avoidable blindness and promote eye health.
• People with visual impairment should be able to develop their potential to the full. We work with disabled people and others to promote equal rights and opportunities.
• With the right resources, people can find their own solutions. We strengthen organisations and communities to develop practical and enduring solutions.

Learning and innovation are essential in order to improve the quality of what we do. We underpin our work with the best available evidence and research.

Our supporters are a key part of the solution. We work together to accomplish our goals. In 2010 Sightsavers assisted in 25 million treatments for onchocerciasis in Africa.

Founded in 1915, Helen Keller International’s (HKI) mission is to save the sight and lives of the most vulnerable and disadvantaged. HKI combats the causes and consequences of blindness and malnutrition by establishing programs based on evidence and research in vision, health and nutrition. The organization is known for sustainability, reliability, efficiency, and the highest level of technical expertise in preventing blindness and reducing malnutrition. HKI is headquartered in New York City, and has programs in 21 countries in Africa and Asia as well as in the United States, addressing malnutrition (including vitamin A deficiency), cataract, trachoma, onchocerciasis (river blindness) and refractive error.

Helen Keller International is currently working in onchocerciasis control often through its integrated NTD programs in Burkina Faso, Cameroon, Côte d’Ivoire, Guinea, Mali, Niger, Nigeria, and Sierra Leone. HKI has worked in collaboration with APOC since its inception in 1995. As APOC, HKI recognizes the need to establish partnerships if we are to be successful in the control and elimination of onchocerciasis.
Conquering Onchocerciasis has been a long term project that could never have been accomplished without partnership. Initially the only tools were long-term vector control. Many partners have supported these programmes from the beginning. One of the long-term partners supporting Onchocerciasis control has been the Kuwait Fund and congratulations are due as they celebrate 50 years of development assistance around the world, and the Onchocerciasis community is really appreciative of the magnificent hosting of this important moment and it has produced some remarkable successes. This JAF will be discussing once again the shift from “control” to “elimination”. No one 25 years ago would have thought we would have been using such language. There are still some major challenges to overcome but many countries are moving toward elimination already, and in several foci transmission seems to have been interrupted. This could never have been achieved without this partnership. Besides the drug and the funding partners the whole process of implementation has required a network of committed partners.

The APOC family has fostered this dynamic partnership. Last year we celebrated 15 years of APOC and all that has been achieved and it is still growing! This year as we look to the future of APOC, what a foundation we have to build upon! It is not only getting the drugs out to people, it has been the development of CDTI and CDI, it has been co-implementation explaining the basis for the policy of preventive chemotherapy for the NTDs, all combining to strengthen primary health care and strengthening health systems.

Moving towards elimination: I do not think it is too ambitious to move from control to elimination of oncho in Africa. The communities, MoH, NGDOs, donors and supporting partners have worked hard. They have provided sufficient scientific evidence to endorse the move towards elimination. However, to meet this new challenge there is need for the following:

Ensure political and financial commitment by participating governments, maintain strong commitment by project teams in order to achieve and sustain high treatment and geographic coverage. Speed up efforts to define/delimitate all transmission zones, define and show hypo-endemic areas with higher than 5% nodule prevalence, ensure consistent and sustained commitment and dedication on the part of program managers, maintain the support of APOC donors and find new donors and of course deal with technical challenges including individual compliance to treatment.

The Kitsato Institute in Tokyo represents the origin of ivermectin. The microorganism from which the drug originates has only been found in a single Japanese soil sample collected by the Institute’s scientists. The Institute’s researchers have continually been involved in the development of ivermectin from avermectin, as well as detailed analysis of the organism which produces it. Concerned about the possibility of ivermectin resistance developing, new research is being undertaken to test synthesized ivermectin derivatives. In addition, the Institute has recently established an international research collaboration with Fiocruz in Brazil to test ivermectin analogues and compounds from existing libraries against other NTDs. The Kitsato philosophy has always been to effectively and swiftly apply the benefits of research to improve public health, and so the Institute has been trying to help ensure that ivermectin actually reaches those most in need by supporting APOC activities in providing free bicycles and mobile phones to CDDs.

IMA World Health has a long history of working towards the control of Onchocerciasis in Africa. IMA began NTD work in Tanzania in 1998 and in collaboration with WHO and other NGDOs, supporting the establishment of the Tanzania National Onchocerciasis Task Force. The result is a self-sustaining legacy of work under the auspices of the Ministry of Health and Social Welfare in which millions of individuals receive treatment annually across the country. From humble beginnings in Tanzania, IMA’s work in Onchocerciasis control spread across the border to millions of individuals receiving treatment in the neighboring Democratic Republic of Congo through the successful USAID-supported SANRU III Program, bringing treatment and care to some of the most remote areas of the country. IMA co-financed, along with APOC, Onchocerciasis projects in three provinces including Bas Congo, Bandundu, and Ituri. The strategy provided direct community treatment with ivermectin, integrating preventive annual treatment into the routine preventive activities in 9 health zones, treating over 1.1 million people. In both Tanzania and the Democratic Republic of Congo, IMA World Health continues to work with national counterparts to provide support for Oncho work.
PARTNERS’ VIEWS ON COOPERATION WITH APOC

Professor Therese NDiti – Yoman – Minister of Health and AIDS control/Cote d’Ivoire

I wish to express the gratitude of the government of Cote d’Ivoire to the WHO/APOC for the support provided to my country to re-launch oncho control and surveillance activities. I am grateful for the assistance provided especially the training of health workers at all levels of the health system. The ministry of health will intensify efforts to reach the required coverage rates. As a post-conflict country I hereby request that APOC support to Cote d’Ivoire be extended beyond 2012 in order to consolidate the gains and strengthen CDTI implementation working towards the elimination of this very debilitating disease, as well as support for control of the other neglected tropical diseases.

Burkina Faso has always strived to sustain onchocerciasis control activities, and in 1991 set up a national programme of onchocerciasis control (PNLO) to protect the achievements of OCP and detect very quickly any recrudescence of the disease. Burkina Faso and its partners immediately started CDTI projects in affected communities to get rid of the pockets of active onchocerciasis transmission revealed during the epidemiological evaluation conducted in 2010.

Burkina Faso is committed to working with other countries in a common effort to avoid the return of onchocerciasis which will compromise the investments made by countries, donors and other partners.

The Niger government remains convinced that the long standing primary health care policy is still the most effective and most appropriate way to improve the health of the population. The health situation in Niger has been marked by the continuing high level of maternal and child mortality, and the impoverishing and debilitating impact of neglected tropical diseases such as onchocerciasis, due to the weak performance of the health system and the inadequate consideration of all the determinants of health. The epidemiological and entomological evaluations conducted since the end of the OCP in 2000 to date have shown that onchocerciasis is no longer a public health problem in Niger. These results have made us think that we have reached the breakpoint where the parasite population has moved irreversibly towards its extinction. This trend has been maintained through the distribution of mebuxol for LF control in formerly oncho-endemic areas. We in Niger are convinced that to meet the challenges of eliminating onchocerciasis the most effective and appropriate strategy remains integrated action.

I would like to take this opportunity to thank all our technical and financial partners for all the effort made to assist Niger to achieve success. However there is still need for additional effort to ensure that the gains of the past years do not go in vain. On behalf of my government, I wish to express our gratitude for the excellent relations that exist between the peoples of Niger and Kuwait.

Sabin Vaccine Institute’s Global Network for Neglected Tropical Diseases is an advocacy and resource mobilization initiative. We endeavor to raise awareness about NTDs: what they are, how they affect people, and what can be done to combat them. One way We use this information is to identify potential donors and to introduce them to worthy projects. Once we described the important work being done by APOC community volunteers, often under very difficult conditions, several donors agreed to provide funds that the Global Network transferred to APOC for the purchase of bicycles to help make their efforts more efficient. APOC has created a remarkable community-based response to the oncho threat; a model that can be the basis for effective NTD control work well beyond the treatment and prevention of oncho. The Global Network looks forward to continuing to support APOC in building on its success thus far and strives to achieve the elimination of oncho from all parts of sub-Saharan Africa.

Onchocerciasis is a serious public health problem in the Central African Republic and it is the third cause of blindness in my country where it affects two million people living in 5,572 communities, almost 50% of the population. In 2010, several training workshops to strengthen health systems were financed by APOC. Between 2007 and 2010 both treatment and geographic coverages increased. These results are encouraging and should be pursued so that CAR can also follow in the footsteps of those countries moving towards elimination of onchocerciasis. This is why I am making an urgent appeal so that APOC is granted sustained support from partners to enable countries move from control to elimination of onchocerciasis. Thanks to the network of CDDs trained over the years through APOC support, several health programmes are currently delivering health interventions to communities using the APOC CDTI strategy.