



**World Health
Organization**

AFRICAN REGION

**African Programme for Onchocerciasis Control (APOC)
Programme africain de Lutte contre l'Onchocercose**

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PRESS RELEASE

WHO river blindness control board meets in Kampala

07 December 2008/Kampala, Uganda – President Yoweri Museveni of Uganda is expected on Monday, 8 December 2008, to officially declare open the fourteenth session of the governing board of the World Health Organization (WHO) African Programme for Onchocerciasis (river blindness) Control (APOC).

The four-day meeting of the Joint Action Forum (JAF) at the Kampala Imperiale Royal Hotel, will be attended by more than 300 participants including Ministers of Health from 19 African countries, representatives of UN agencies, Non-Governmental Development Organizations, the private and public sector health systems support groups as well as donor countries and institutions that have steadfastly supported river blindness control in Africa over three decades.

Onchocerciasis, one of the Neglected Tropical Diseases is endemic in 30 African countries where more than 120 million people are at risk of contracting the parasitic filarial worm disease transmitted by black flies to humans.

The international community in the early 1970s formed a broad-based public and private sector partnership to help African countries mitigate the human and socio-economic devastation of the disease, which afflicts mainly the poor, hard-to-reach communities where there are no health services, no doctors and no medicines. The partnership has since expanded with renewed impetus for the elimination of river blindness as a public health and socio-economic problem in endemic African countries by 2015.

The JAF meets annually either in a donor nation or an APOC participating African country to review activities of the disease control programme and to chart the way forward.

The Forum, which the Government of Uganda is hosting this year, has always provided a unique opportunity for donors and partners to renew their unflinching support and commitment to the programme, which has been described as an example in global public health care delivery.

Building on the remarkable achievements of the Phase I Onchocerciasis Control Programme (OCP) in West Africa, which wound up in 2002, WHO and partners through APOC, have recorded unprecedented successes in the control of river blindness in sub-Saharan Africa, where the exodus of trained health workers has compounded the poor infrastructure and weak health systems in countries.

Africa risks the loss of over US\$2.5 billion investments by countries and their development partners unless the river blindness control is sustained to ensure that the disease ceases to be a public health and socio-economic problem in the continent.

Founded in 1995, APOC has since 1997 been using its trademark Community-Directed Treatment with Ivermectin (CDTI) approach for the control of river blindness and at the same time empowering communities and strengthening health systems.

The programme is also encouraging the use of the strategy for the delivery of multiple health interventions, especially those targeting neglected tropical diseases, as demonstrated by a recent multi-country study in Cameroon, Nigeria Uganda and Tanzania.

The study showed that when communities were empowered for integrated delivery of Ivermectin, the drug for the treatment of river blindness, as well as Vitamin A Supplementation, Home Management of Malaria and distribution of Insecticide-treated bed nets, better all-round outcome was achieved, when compared to the use of conventional methods of public health care delivery.

Among the high points of the Kampala meeting will be a presentation on a WHO-supported scientific research in Mali, Senegal and Kaduna State in Northern Nigeria, which shows that onchocerciasis transmission can be halted using Ivermectin treatment alone over an unbroken period of time.

There will also be a presentation on sustainability of CDTI projects in countries with emphasis on increasing the level of governments' contributions and review of sustainability implementation plans.

The meeting will also hear testimonies by community members on the effectiveness of community-directed disease control activities, and watch displays showing the contribution of women to CDTI, and the fact that communities can handle their own health care when empowered to own health interventions through coordinated training/capacity building, supervision and effective monitoring that ensure improved project performance.