Progress made towards elimination, an excellent platform for Dr Jean-Baptiste Roungou’s advocacy in Chad

The Director of the African Programme for onchocerciasis control paid his first country working visit to Chad on 25th November 2013. Five months after his arrival as Director of APOC, Dr Jean-Baptiste Roungou, accompanied by Pr Sidi Ahmedou, in charge of Partnership, Asmani Bizimana, in charge of Budget and Finances, Thérèse Belobo, in charge of Communication and Advocacy, and Dr Frank Sintondji, APOC TA in Chad, spent five days encouraging national partners for Onchocerciasis control and potential patrons to speed the elimination of Onchocerciasis on the horizon.

Data from community directed treatment with ivermectin (CDTI) campaigns show a geographic coverage of 100% in hyper and meso-endemic areas. The therapeutic coverage, in turn, is more than 80%, the minimum threshold required by the Governing body of the Programme. For Dr Jean-Baptiste Roungou, Chad is in the first rank of countries that could achieve Onchocerciasis elimination. To do so, efforts should be maintained and reinforced at the technical, structural, and financial levels.

In addition, the ivermectin distribution network in Chad that has proved efficient could be used for lymphatic filariasis elimination, another neglected tropical disease which will soon be added to the mandate of APOC.

The WHO resident Representative in Chad was first informed of this at a courtesy call with the team from Ouagadougou. Dr Jean-Marie Vianey Yaméogo was pleased with the encouraging results that he had already shared with the highest authorities and the general public at a press conference. He then suggested that the current success in Chad be more documented and that lessons learnt be disseminated as broadly as possible.

The remaining part of the first day was devoted to discussions with the disease control team of the WHO Country office, the Director General of health activities and Chair of the National Onchocerciasis Task Force, the Director of preventive, environmental and disease control. Finally, discussions with the Coordinator of the National Onchocerciasis control Programme (NOCP), the concerned technical aspects that can help improve more the outcomes of the activities and also the impact of the Programme.
NOCP Chad
After hard work, the hope for elimination begins to crop up

Onchocerciasis control in the Republic of Chad is a story that is worth being told because of its progress. At its creation on 21st August, 1992, the mission of the Chad National Onchocerciasis Control Programme (NOCP) was to manage a serious public health problem to which 34% of Chad’s populations were exposed. Indeed, since 1983, when statistics published by WHO revealed that Chad ranked eighth worldwide in regard to the burden of onchocerciasis, little had been done up till 1992, to alleviate the suffering of the populations and especially to protect them from the risk of blindness caused by this disease on its victims.

Between 1993 and 1994, Rapid epidemiological mapping of onchocerciasis based on nodules palpation and tibial depigmentation showed that seven health regions made up of twenty health districts where almost three million people live was hyper or meso-endemic. In hyper endemic areas such as Oulibangala, prevalences reached 86% with a rate of blindness of 5%.

Community-based distribution of ivermectin was established from 1993 to 1997 by the Ministry of health with the technical support of AFRICARE, an American NGO, and the funding from the River Blindness Foundation (RBF). Following the creation of APOC in 1995, the Government of Chad signed the Programme Memorandum in September 1996. The country then became a beneficiary of the fund. From this commitment, the National Onchocerciasis Control Task Force (NOTF) was created, setting up, a local coalition between the Government, WHO, the World Bank, and Non-Governmental Development Organizations (NGDOs), is affiliated to the coalition that supports APOC.

In 1998, following the signing of the first Agreement letter between the government of Chad and WHO/APOC, the implementation of community directed treatment with ivermectin (CDTI) began in Chad. But in June 2003, sustainability external evaluation revealed inadequacies such as weak leadership, the lack of national Onchocerciasis control policy document, the lack of government financial contribution and the weak involvement of health workers in CDTI activities as well as a weak integration of CDTI in the minimum activity package (PMA).

Strategic and energetical steps used in response to these inadequacies quickly led to encouraging results in terms of process and impact. The country was therefore supported by APOC in 2009 to conduct epidemiological evaluations with the aim of confirming recorded treatment data. In 141 at high risk villages, 40,989 people were surveyed. From the survey, ten villages had 36 positive cases with prevalences going from 0.3% and 3.4% and with community microfilaria load almost equal zero. Since 2011, the decline of the onchocerciasis burden has been proven true and is an advocacy for the trend towards elimination (See figure below). According to experts, the final result only depends on collective efforts. A prospect of victory.

Trend of ivermectin treatment coverage in Chad from 1998 to 2013 (source NOTF Chad)