In order to provide support to accelerate the elimination of onchocerciasis and other neglected tropical disease so as to reduce their impact on health and promote the development of the affected areas in Africa, an expanded session of the Committee of Sponsoring Agencies (CSA) of the African Programme for Onchocerciasis control (APOC) was held in Hammamet, Tunisia, from 3 to 5 July 2013, under the auspices of the African development Bank (AfDB).

The 141st session which was attended by representatives of the member countries of the Programme, by NGDO representatives, donors and sponsoring agencies of APOC, including the AfDB, as well as representatives of the Management of APOC and independent consultants, discussed in depth the concept note initiated by the Programme. This text is related to APOC’s role in the context of accelerating the elimination of preventive chemotherapy neglected tropical diseases (NTDs) in Africa with several options. The option that was chosen among four others is based on the creation of a structure to support Onchocerciasis control, lymphatic filariasis and other preventive chemotherapy diseases.

The development of the areas where these diseases are prevalent being through joint efforts for comprehensive action, the contributions of different participants have been taken into account as a basis for the development of a strategic plan that will be submitted for the approval of the governing body of APOC, the 19th session of the Joint Action Forum (JAF) that will take place in December 2013.

♦ Dr Laurent Yaméogo, Programme Manager, APOC
Director’s Office Coordinator

The new Budget and Finance Officer is in office. Since 1 July 2013, Asmani Bizimana is the new Budget and Finance Officer (BFO) of APOC and has succeeded to Benoit Koffi Agblewonu, assigned to Abuja, the WHO office in Nigeria. National from Rwanda, this financial and planning economist, worked for three years at the WHO Country Office in Abuja, as Operations Manager. He has served WHO on many levels and worked at the Regional Office, in Geneva at the headquarters, at the Inter-State Team West Africa, before joining the Office in Abuja. Before starting his career with WHO, Asmani Bizimana already had to his credit more than a decade of expertise in international development finance institutions.

He joined APOC with expertise covering various areas such as planning and budgeting, financial management, full cycle management of projects and programmes, evaluation at the levels of: Corporate, projects, programme and thematic. With his earlier position in Nigeria, he also gained experience in the mechanisms of coordination and planning of the United Nations System (UNS) in the countries, having been the Desk Officer for UNDAF III in Nigeria for the UNS and at the same time, member of the Programme Management Team for the UNS. ♦ T. B.
Burkina Faso
The trend of the first campaign of the year is encouraging

The first Burkinabe Community Directed Treatment with Ivermectin campaign (CDTI) of the year took place from 13 to 23 June 2013. A total of 19,006 men and 20,768 women, i.e., 39,774 people in total, received their dose of Mectizan®. This equates to an average of 78.45% therapeutic coverage, with a population of 50,699 people. Although efforts are needed to achieve the recommended therapeutic coverage of 80% at least, it is necessary to recognize the magnitude of the work done by the stakeholders in Onchocerciasis control. These are 105 treatment units led by 19 health facilities spread across the two health districts of Banfora and Mangodara that were involved and that have patiently tackled the task. They hope to achieve better results during the next phase.

As a reminder, contrary to popular belief, onchocerciasis is not over in Burkina Faso. Indeed, the disease seems to regain momentum in areas once “freed” such as the basin of the Comoé River in 2002. To meet this resurgence, the Ministry of Health, through its agencies (National Onchocerciasis control Programme and Regional Health Directorate of the Cascades) and with the help of national and international partners, such as Sightsavers, has committed itself to implement CDTI twice a year, since 2011. The next campaign is scheduled for November 2013.

♦ Pr Soungalo Traoré, Coord / NOCP Burkina Faso

DRC
Improving knowledge in CDTI implementation

The city of Matadi in the Bas Congo in the Democratic Republic of Congo (DRC), hosted from 22 to 26 July 2013, a training workshop on knowledge and capacity building of the staff of the Bas Congo project for proper implementation of the CDTI. This session was an opportunity to test the new CDTI training modules developed in 2012 by APOC SDD unit, adapted to the context of each country and was attended by 25 participants. The session was led by a team of six trainers including two trainers from APOC HQ, and the Director of the NOCP, two of her colleagues, and the technical adviser of APOC in the DRC.

The training was made up of formal presentations followed by discussions, comments and suggestions for improvement, group work, field visit and activities planning practice. The participants were able to familiarize themselves with the reference tools such as the approach and discussion with communities focusing on their role and responsibility in the annual taking of Mectizan® and the choice of CDDs, for cascade training of health workers and community distributors involved in the implementation of CDTI in the Bas Congo. One will also retain the goodwill of provincial administrative authorities to support CDTI activities and the great support to this training provided by the DRC NOCP.

♦ Pr Sidi Ely Ahmedou, APOC
Parasitological surveys mapping the regions of the Littoral and the South

The objective of APOC having shifted from onchocerciasis control as a public health problem to elimination of infection and interruption of transmission, it is important to extend the distribution of Ivermectin to areas where the disease is at the hypo-endemic stage, that is to say, where the prevalence of onchocerciasis nodule carriers is less than 20% but with a sustained transmission of the infection.

To this end, the APOC Management conducted parasitological surveys of mapping in some hypo-endemic areas to check the current prevalence of onchocerciasis infection in some countries, including Cameroon.

Also, parasitological surveys, whose specific objectives were to determine the prevalence of the infection of Onchocerca volvulus and Loa loa in areas previously known as hypo-endemic for onchocerciasis took place from 10 to 25 July 2013 in the regions of the Littoral and the South in Cameroon.

To carry out this activity, two teams of 21 members made up mainly of doctors, laboratory technicians, microscopists, and health technicians were deployed, one in fourteen communities of the South located in four health districts (Kribi, Ebolowa, Lolodorf, and Mvangane) and the other in eight communities located in two health districts of the Littoral (Dibombari and Edea). Three types of tests were performed, namely, the bloodless blood snip for Onchocerca volvulus microfilariae, the calibrated thick smear for Loa loa microfilariae, and palpation for onchocerciasis nodules. In total, 3305 people were surveyed in 22 villages.

The analysis of the collected information is in progress. Pending the final report to be published by the Secretariat of the National Onchocerciasis Task Force in Cameroon (NOTF), we can notice that communities surveyed remained mostly hypo-endemic for onchocerciasis with 55% of the villages visited that have a crude infection prevalence of 2% and 91% of the villages with a prevalence of less than 5%. Carrying out this activity has strengthened human capacity of the NOTF/ Cameroon to conduct epidemiological evaluation surveys of onchocerciasis.♦ Desire Njombini, Programme Officer / Perspective Cameroon and Honorat Zouré, BIM / APOC

Obituary:

• Mrs. Traoré Karidja, mother of Ousmane NADIA, driver at the WHO Office Burkina Faso, died as a result of a disease on July 8, 2013 in Bobo Dioulasso;
• A brother of Yaovi Aholou, PRO / APOC, died on 27 July 2013 in Tema, Ghana.

Our sincere condolences to the bereaved families.
For a well-deserved retirement, he left his office in the Direction of Disease control in Burkina Faso’s Ministry of Health. During 27 years of field activities, Sié Roger Kambiré traveled across the villages in the regions of the South-West, Cascades, East-Central, the Boucle of Mounhoun and the East, almost half of Burkina Faso, affected by onchocerciasis, Schistosomiasis and Guinea worm. These populations consider him as part of their members and welcome him with courtesy and kindness that reflect the good quality of their relations with the Doctor who is small in height but generous in heart. They are not likely to forget him.

The workday of Dr. Kambiré and his team within the communities is not easy. "After a night away from critters on a camp bed and under the mosquito net, we start the day with an autonomous and consistent breakfast that can keep us strong all day long, because as long as the three teams have not completed their task of census sampling / reading biopsies and reporting the results under the watchful eye of the coordinator, there is no way we can stop! ". In these activities, information and public awareness have a prominent place to which a control is added sometimes within 24 hours following the taking of samples in the previous village. This is hard work but it is softened in the evening by a constructive dialogue with the members of the community with whom they share partridge or wild rabbit meat, hunt along the way and cooked by the medical team itself.

The Doctor with equal mood that spontaneously shows his predilection for education and health care for the well-being of the rural populations is among the pioneers in medical entomology in his native Burkina, science that is crucial for the control of neglected tropical diseases (NTDs). Born at Voukoun in the Southwestern region located 320 km from Ouagadougou, he wanted to be a public health physician after his baccalaureate Exam, D Major (science). But for this to happen one needs to be ready to handle corpses at the Faculty of Medicine. This was a real concern for the young Sié, because in his ethnic group, a young man is not allowed to touch corpses. However, attracted by health sciences, he chose to study pharmacy, biology option at the University of Dakar. And while most of his colleagues opted out for working in pharmacies, he chose to work where the populations live, by getting a professionalizing training for two years at the University Centre of Training in Medical and Veterinarian Entomology (CEMV) Bouaké, Côte d’Ivoire.

Dr. Kambiré has anecdotes in profusion both on suspicion of one vis-à-vis the health service that is close to a village that is distant from the modern world, when we have always said that it is the patient who should go to the hospital, and on the resistance expressed by others who absolutely want to know what is being done with their pieces of skin snipped for future tests. To persuade them, he had to use his powers of persuasion and his ability to communicate in several local languages.

Even though he no longer undertakes field research in his retirement, the Pharmacist-entomologists didn’t get rid of his blouse and field equipment. He intends to respond to requests from other researchers still active in the field. In addition to its potential contributions to research activities and to the control of the disease, there is an opportunity for him to start a career in pharmacy. Is this a return to one’s roots? Maybe. ● Thérèse Belobo