In the wake of the Ebola epidemic outbreak in the African sub-region, the Director of the African Programme for Onchocerciasis Control (APOC), in his capacity as Acting Coordinator of the Inter-Country Support Team for West Africa, invited all the WHO staff in Burkina Faso to an informational meeting on 14 August 2014 in the Luis Gomes Sambo Conference Room at APOC headquarters. Before giving the floor to Dr. Adama Berthe, focal point/DSR, who made a bright presentation to the staff, Dr Jean Baptiste Roungou, Director of APOC, observed that the epidemic is a real concern and requires preventive measures. The meeting, he said, will not only help the staff to learn how to protect themselves and their families but also to know "how to respond if the outbreak were to affect Burkina Faso." Dr. A. Berthe brought to the attention of the audience the characteristics of the Ebola virus, the background of the disease, its epidemiological situation in West Africa, its mode of transmission, its symptoms, people at risk, its treatment, its prevention and the WHO recommendations in accordance with the International Health Regulations (IHR).

The Ebola virus (EVD) appeared for the first time in 1976 in Yambuku, Democratic Republic of Congo (DRC), near the Ebola River (from which the name of the disease is derived) and Nzara in Sudan. Part of the Filovirus group, this virus is dangerous and is the cause of large epidemic outbreaks in human beings with a mortality rate of about 90%. Its natural hosts in Africa are fruit bats. It can survive neither in water nor in air. It is sensitive to heat, sun, light, alcohol and detergents (bleach, soap). Cases of Ebola hemorrhagic fever were reported between 1976 and 2012 in DRC, Sudan, Gabon, Uganda, Republic of Congo, Côte d’Ivoire, in addition to imported cases reported in South Africa. 9% of people infected were health workers. As of 12 August 2014, 2,059 cases were reported in Guinea, Liberia, Sierra Leone and Nigeria with 84 deaths out of 180 cases relating to health personnel.

EVD is transmitted to humans mostly by dead or living animals carrying the virus (chimpanzees, gorillas, monkeys, fruit bats, forest antelopes and porcupines) and through contact with body fluids (blood, saliva, mucus, urine, feces, semen, vomit, sweat and breast milk) of people infected and also through objects contaminated by them even after their deaths. It can also be transmitted by healed male patients to their partners via unprotected sex, two to three months after healing. The incubation period is 2 to 21 days. But, how do you recognize the pandemic? It manifests itself by sudden fever, intense weakness, muscle pain, headache, and sore-throat. These symptoms may be accompanied by vomiting, diarrhea, rash, kidney and liver failure and, in some cases, by internal and external bleeding. There is no specific treatment or vaccine for immunization. The population at risk is made of hunters, forest users, people who have contact with raw meat of wild animals (even people responsible for the cooking of such meat), patient's relatives, health workers and people performing the last rites of the dead and other funeral rites.

Information to prevent the spread of EVD was provided. It consists in avoiding any physical contact with unprotected patients having the symptoms of the disease and with people who lived in affected communities, avoiding contact with the body of the deceased as well as with contaminated objects. Any proximity to wild animals and meat should be avoided. It is also recommended that you regularly wash your hands with soap and promptly inform the health personnel in the event of suspected cases or deaths for care or proper burial. Given the gravity of the infection among health care workers (184 cases as of 12 August 2014), it is imperative that specific preventive measures be taken into consideration in health facilities such as the appropriate use of materials (gloves and clothing) and disinfection or incineration of soiled materials. After each treatment provided to a patient, hand washing is a must.
In the context of EVD, IHR recommends that no restrictions be made for international travel. However, people who have had contact with sick people or showing symptoms should not travel within 21 days during which they should be monitored. The provision of monitoring, detection, and response at entry points must be strengthened in the country. People travelling to areas affected by the disease should be provided information about the transmission mode and preventive measures.

The presentation ignited great interest among the staff. This was evidenced by the many questions to which the presenter and the Director of APOC provided answers to the satisfaction of all the participants. The Director also emphasized the need for sanitary measures and urged the staff to communicate the information to their respective families. He also advised the WHO administrative officers to take basic sanitary steps, such as hand-washing within the WHO premises.

To conclude, the arrangements for the prevention and management of a potential outbreak of the epidemic in Burkina Faso by the WHO country office in consultation with national authorities were highlighted at the meeting. Among them are the development of a response plan, guidance provided in health facilities, the identification of an equipped isolated site in Ouagadougou, enhanced sanitary measures at the International Airport of Ouagadougou, the distribution of the 4,000 individual protection kits, the dissemination of awareness messages to the population through the media and to the customers of mobile phone companies, the organization of sensitization sessions for road transport organizations and hotels, and finally getting the authorities aware of the need to increase communication on EVD to maintain zero infection in Burkina Faso.

**Status of Onchocerciasis transmission in Uganda closely scrutinized by the Ugandan Onchocerciasis Elimination Expert Advisory Committee**

The Ugandan Onchocerciasis Elimination Expert Advisory Committee (UOEAC) held its 7th annual meeting in Kampala, Uganda, from 5 to 7 August, 2014. The goals of this 7th session were to review the status of transmission in Uganda, discuss technical issues related to onchocerciasis elimination; define priorities for field and laboratory operations; and get updates fromNeglected Tropical Diseases (NTDs) partners. The meeting was attended by the members of the committee and observers from Onchocerciasis elimination implementing districts, partners such as the Carter Center, Mectizan Donation Programme (MDP), World Health Organization/WHO Country Office (WHO/WCO), SightSavers and USAID/RTI Envision. APOC was represented as a non-voting member but as part of WHO.

The shift from Onchocerciasis control to elimination started in January 2007. Further to this shift, the Uganda Ministry of Health (MOH) commissioned the UOEAC, an advisory body set up to technically advise the government. Uganda has 16 districts endemic for River Blindness with about 1.4 million people affected and at least 3 million people at risk of infection. Implementation has gone on in 14 districts that cover 18 foci. The review of the transmission showed that transmission is interrupted in 12 out of 16 districts where the disease has previously been endemic. Elimination of Onchocerciasis in Uganda planned for 2020 is moving on. However, insufficient implementation from neighboring countries like Democratic Republic of Congo (DRC) and South Sudan is a threat to the elimination of River Blindness. To sort out the issue, a consultation with South Sudan is recommended. Such a meeting had already been organized by APOC in 2013. The outcomes were recommendations and a workplan to the attention of the two countries and partners. APOC and other partners were also requested to facilitate and continue the debate started last year to allow action and intervention in both countries: DRC and South Sudan. The Review and Planning meeting, held in Ouagadougou last November, proposed that the next steps be definitely addressed during a cross border meeting. Other important issues discussed during the technical presentations were: communicating UOEAC’s decision of stopping treatment to the Technical Consultative Committee of APOC, and the role of skin snip and OV-16 in decision making of Onchocerciasis elimination. A consensus has been reached on the need to submit a dossier to TCC in order to seek TCC’s advice/recommendation on stopping treatment in some foci where the UOEAC has already claimed that transmission had been interrupted. On the second issue, it was agreed that skin snip was the right tool to use in phase 1a and 1b epidemiological evaluations to determine whether there is progress towards reaching the breakpoint and whether the breakpoint is reached respectively, and also to determine whether Ov16 may be used together with skin snip during phase 1b. APOC presented the activities achieved between August 2013 and 2014 to the committee.

It was recommended that APOC arrange, during the National Onchocerciasis Task Force’s (NOTF) Review and Planning meeting scheduled for November 2014, the debate on the cross border issues between Uganda, DRC and South Sudan to develop a joint action plan. The meeting also requested that APOC evaluate Onchocerciasis status in Eastern DRC with a possible funding from a grant from ‘Shrinking of the NTD Map in Africa’ and improve the capacity of entomology technicians in DRC and South Sudan to enable them to assess the Onchocerciasis transmission situation in cross border areas.
Update on the situation of Neglected Tropical Diseases (NTDs) in Ethiopia and the preparation of the 20th session of the Joint Action Forum (JAF 20).

Dr Jean Baptiste Roungou, APOC Director, and Dr Afework Tekle, epidemiologist, had a half day meeting on 8 August, 2014 with the World Health Organization (WHO) Representative in Ethiopia and his team. The major objective of the meeting was to discuss outstanding implementation issues relating to Neglected Tropical Diseases (NTDs) in general, and Onchocerciasis and Lymphatic Filariasis (LF) in particular in Ethiopia and also the preparation of the 20th session of the Joint Action Forum (JAF 20). The governing body of APOC (JAF meeting) to be hosted this year by the government of Ethiopia in Addis Ababa, from 8 to 12 December 2014.

Eleven million people are at risk of Onchocerciasis infection in five Regions, 13 CDTI Zones, and in 163 Districts. The programme targets to treat 8.4 million people for Onchocerciasis and scale up the co-implementation of LF from 5 to 21 districts partially overlapping with Onchocerciasis in 2014 and 2015. The priority activities for the 2014 remaining period will include: treatment boundary delineation surveys, developing National Guidelines for Onchocerciasis Elimination, setting up a National Expert Advisory Committee on Onchocerciasis Elimination, conducting of a nation wide mapping of Onchocerciasis transmission, establishing a molecular laboratory to evaluate progress towards elimination, and launching a national Onchocerciasis Elimination Strategy. The challenges noted were: identifying extensively Onchocerciasis endemic areas with the shift from Control to elimination; competing priorities at the Ministry of Health and regional levels; delay in establishing Direct Financial Cooperation (DFCs) and financial expenditures returns; shortage of human resources, and delay in drug clearance. Update on the preparation of JAF 20 was also given.

It was also noted that a consensus has been reached to address the critical HR issues by orienting the existing WHO National Programme Officers (NPOs) from other programmes at the field level, and augmenting financial support of APOC and AFRO and capacity building for the Federal Ministry of Health (FMoH) and WHO staff on health programme management. It was also agreed that to facilitate the JAF 20 preparation, APOC would closely provide proactively support including making full time personnel at WHO country level available; organizing an official advocacy visit to Federal and Regional levels including a field visit to a CDTI zone before JAF 20 event was given due emphasis.

Bangui: Mobilization for the re-launching of Onchocerciasis and Lymphatic Filariasis Elimination activities in Central African Republic

A planning workshop for the re-launching of Onchocerciasis and Lymphatic Filariasis Elimination activities in Central African Republic (CAR) was held in Bangui, in the conference room of the Center for AIDS Information and Documentation from 23 to 25 July 2014. The opening ceremony was chaired by the Director of Cabinet of the Ministry of Public Health, Social Welfare, Gender Promotion, and Humanitarian Action, Dr Christophe NDOUA. This ceremony was graced with the presence of the Officer in Charge of the World Health Organization (WHO), Dr Casimir MANENGU, and the Director of the Blinding Diseases Control Programme, Dr Georges YAYA. The directors from the health regions of endemic areas, the district chief medical officers, the managers of the Onchocerciasis control programme at the decentralized level, and the national and international non-governmental organizations (NGOs) attended this workshop.

Like the thirty (30) other countries endemic for Onchocerciasis, CAR has been implementing the Community Directed Treatment with Ivermectin (CDTI) since 1998. The launching of the activities in 2007 contributed to getting good indicators. However, since 2012, the humanitarian crisis experienced by the country has disrupted the running of health structures and the implementation of activities. In order to maintain the gains made and to improve the performance of the Programme, the national Coordination initiated a project for activity reorganization with the support of the African Programme for Onchocerciasis Control (APOC).

During this meeting, the new configuration of the operational projects was presented to the participants for good understanding of their roles and responsibilities in future interventions. For the Officer in Charge of WHO, “it seemed important to broaden the partnership to NGOs involved in the health sector” At the end of the meeting, priority areas, where health facilities will carry out key activities for 2014 and 2015 in collaboration with local NGOs, were identified.

The Director of Cabinet, Dr Christophe NDOUA, thanked the NGOs for their participation and reaffirmed the conviction of the Government vis-à-vis the many benefits of integration and the joint implementation of CDTI with other health interventions for populations living in remote and hard to reach areas.
DRC: Follow up of the preparations for the launching of coordinated Mass Drug Administration (MDA) in DRC and the DFCs’ financial returns

As part of the African Programme for Onchocerciasis Control’s support to the process of MDA planning and implementation, Dr Francois Sobela, Specialist in health system in the Programme, was on mission to Kinshasa from 04 to 08 August 2014. He seized this opportunity to follow up the state of the Direct Financial Cooperation’s (DFCs) financial returns.

The objectives of this mission were to assess the preparations for the launching of the MDA campaign, to follow up the DFCs’ financial returns for the 2nd quarter of 2013, and the recruitment of National Programme Officers (NPOs) and to discuss the documentation of MDA.

From meetings, work sessions and a teleconference held, a favorable trend has been noted for the launching of the campaign which will probably coincide with the rainy season; i.e., between September and October 2014.

By the end of the mission, 20 out of the 22 projects in DRC had submitted the financial returns for the 2nd quarter of 2014. Out of these 20 projects, 10 included mid-term Funding Authorization and Certification of Expenditure (FACE). The financial returns from the 2 remaining projects (Sankuru and Kasongo) were not ready, as the training process was ongoing.

The need to strengthen the mechanism for the management and monitoring of the DFCs, for the best rate of promptness and completeness of reports and supporting documentation received, has been recognized by the national team and the World Health Organization (WHO). Both parties expressed the need for a provision in time of funds allocated for specific and Community Directed Treatment with Ivermectin (CDTI) activities in accordance with the periods indicated. For the 3rd quarter, except for the Mongala project’s DFC, all others have been signed and returned to the APOC management for disbursement of funds.

With regard to the documentation of the MDA, the management of the National Programme for Onchocerciasis Control (NOCP) requested that all the project coordinators document each step of the process. A draft terms of reference for documenting the campaign is being finalized in order to be presented in December 2014 during the 20th session of the Joint Action Forum (JAF) of APOC.

The WHO Representative in DRC is committed to accelerating the recruitment of NPOs. According to the committee in charge of shortlisting, the process will be closed by the end of August 2014.

At the end of the mission, the major recommendations made were getting support from all the partners for the official launching of the MDA campaign and its documentation in the targeted projects, the establishment of the DFCs follow-up mechanism, and the acceleration of the implementation of the activities planned. The partners were requested to fulfill their financial commitments and to harmonize their support to the implementation of the MDA, to avoid duplication.

GOOD TO KNOW

According to World Health Organization (WHO) rules, staff members with temporary appointments, after 24 months uninterrupted services, should observe at least one month-interruption of contract. For this reason, Mrs Therese Belobo (Communication and Advocacy Officer) and Professor Sidi Ely Ahmedou (Community Ownership and Partnership Officer) from the African Programme for Onchocerciasis Control (APOC) have been observing contract interruptions since 05 August 2014.

Obituary:

Dr Nehemie Mbakuliyemo, died from illness on 30 July 2014 in Ouagadougou, Burkina Faso.

Our sincere condolences to the bereaved families.

Chief Editor: Jean-Baptiste Roungou
Advisor: Chris Ngenda Mwikisa
Editor: Emma Kalsany
Layout: Emma Kalsany
Translation: Raogo Augustin Kima - Emma Kalsany
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