A working visit to reinforce NTD control in the DRC

Black fly nuisance control project at Inga

Reinforcing the logistics to improve the operations in hard to reach areas

The reinforcement of partnership and the ownership of the neglected tropical disease control by the Democratic Republic of the Congo (DRC), namely the feasibility of onchocerciasis and lymphatic filariasis elimination, were at the heart of a mission conducted by the Director of the African Programme for Onchocerciasis control (APOC), accompanied by the Coordinator of the Director's Office and APOC Technical Advisor in the DRC from 21st to 28th January 2014.

The DRC is one of the most Onchocerciasis-affected countries among APOC member countries with more than 33 million people at risk (45% of the population), 13 million people already infected and more than 70,000 reported blind at the beginning of the 2000s. Currently, 21 community directed treatment with ivermectin projects (CDTI) are implementing mass distribution of ivermectin in more than 41,000 communities. In 2012, the average geographic and therapeutic coverages were 94% and 73% respectively. Since 2010, a possible elimination of this disease as a public health problem has been reported thanks to a regular treatment for 15 years with at least 80% of annual therapeutic coverage.

As per decision in a meeting held in January 2013 in Kinshasa to meet each year with the Ministry of Health and share information relating to the progress achieved in the implementation of the NTD control master plan, the technical and financial partners for the control of these diseases in the DRC welcomed Drs Jean-Baptiste Roungou and Laurent Yaméogo who came from Ouagadougou. For three days, the meeting focused on approaches and strategies likely to contribute to a progressive shift to the scale of preventive chemotherapy, taking into consideration the country’s specificities, mostly relating to the extent of the areas to cover and to the huge transportation challenges. •••/2

The participants in the Kinshasa forum took stock of NTD control in the DRC

Headlines

Six four-wheel drive vehicles to improve treatment in CDTI projects
IFTDE welcomes the transformation of APOC into a new entity for onchocerciasis and lymphatic filariasis elimination in Africa

The International Task Force for Disease Eradication (IFTDE) called a meeting at the Carter Center on 14 January 2014. In its conclusions and recommendations, the 22nd session of the ITFDE in which Dr Afework Tekle, Epidemiologist, represented the Management of APOC, stated that the mass drug distribution for onchocerciasis control (MDA) in Africa was quite higher than that for lymphatic filariasis control. It indicated that in order to reach the elimination of lymphatic filariasis in Africa by 2020, the year targeted by the World Health General Assembly held in 1997, it was necessary that the lymphatic filariasis distribution mapping be completed by 2015 or in 2016. The same way, a rapid upscaling of mass drug administration or any other forms of interventions should be carried out in all endemic areas by 2015.

Welcoming the setting up of the new entity in 2016 in order to eliminate the two diseases, the session pointed out challenges to take up during the transition period. The two programmes should therefore work closely to coordinate mapping and mass drug administration activities in Africa at continental, national, and district levels. Better overlapped maps of the areas affected by lymphatic filariasis, Onchocerciasis, and loiasis could then contribute to the design of more integrated programmes for lymphatic filariasis and Onchocerciasis elimination.

The meeting also noted that the WHO new guidelines for the verification of onchocerciasis elimination will be used, once elimination is achieved, without excluding the onchocerciasis elimination conceptual framework developed by APOC.

Taking into consideration the fact that the therapeutic coverages at the level of APOC are less than 80% in some countries, particularly in conflict and post conflict countries, the IFTDE indicated that treatments in those areas should be re-launched immediately (if security conditions permit) and in more than annual frequency in recalcitrant areas, including the problematic areas identified during the epidemiological evaluations.
The participants in this session were also made aware of the tools and resources available to take up the challenge of the persistent uncertainties regarding the distribution and overlap of LF, onchocerciasis and loiasis, the development of follow up and harmonized evaluation strategies in order to assess the impact of the MDA on LF and onchocerciasis and develop surveillance strategies to increase the level of confidence in achieving the elimination goals. ♦ Dr Afework Tekle

ITFDE graphically presented

Borrowing a leaf from the success of the eradication of smallpox in 1997, the Carter Center established the ITFDE in 1998 to assess the control and the prevention of the disease and the existing potential available for the eradication of other infectious diseases as well.

Re-launched thanks to Bill & Melinda Gates Fondation support to the Carter Center in November 2000, the Task Force is chaired by Dr Donald R. Hopkins, Vice-president of the health programmes at the Carter Center and is made up of scientists and international bodies well known in the area of global health, including the American Centers for disease control and prevention, the World Health Organization, UNICEF and the World Bank. Other members are experts of specific diseases. ♦

Cameroon

A new dimension of NTD control is emerging

The control of neglected tropical diseases (NTD) in Cameroon will no longer be conducted in a disparate way but rather as part of a structure whose goal is the coordination of the programmes in charge of control and/or elimination of those diseases across the entire nation. The Minister of Health made this decision on 21st October 2013 in a decree on the establishment, organization and management of a new structure.

The national coordination unit of the integrated control activities for neglected tropical disease control (UCNLIMTN) launched its first activities during the workshop of evaluation and planning of integrated control activities for NTD control in November 2013. In March 2014, the coordination unit launched the integrated campaign for drug distribution (Albendazole, Mectizan, Zithromax, Mebendazole and Praziquantel). This was one of the resolutions from the meeting from those in charge of the UCNLIMTN chaired by the Deputy-Director of Disease control on 7th February 2014 in Yaoundé.

Established on 10th October 2012, following the validation and launching of the Master Plan for NTD control for the 2012-2016 period, the UCNLIMTN, as its name suggests, takes into account several NTDs: onchocerciasis, schistosomiasis, soil-transmitted helminths, lymphatic filariasis, leprosy, yaws, trachoma, human African trypanosomiasis, Buruli ulcer, Guinea worm, leishmaniasis and loiasis. Integrated at all levels of the health pyramid, it works in partnership with related sectors, technical and financial partners, the private sector and communities.

A national steering committee defines the guidelines and the main goals of the control and initiates the mobilization of resources. The national technical group coordinates the activities of each NTD, reviews and endorses technical and financial reports and identifies, among other things, research priority areas. Regarding the executive secretariat, it plays the role of an operational coordination body for the steering committee. ♦ T.B.

New Year wishes between WHO and the Ministry of Health of Burkina Faso

Walking together more than ever in 2014

As happens every year, Dr Djamila Cabral, WHO Representative in Burkina Faso presented the best wishes of the Organization to the Minister of Health. The event took place on 17th January 2014. On behalf of the managers of the Inter-Country Team for West Africa (ISTWA), the African Programme for Onchocerciasis control (APOCH), and the One WHO Staff Association (ASOB), Dr Cabral reiterated the WHO commitment in front of the Honourable Minister, Léné Sebgo, to continue its support to the government in reinforcing the health system, particularly in the area of human resources, funding, drug management, health information, and the promotion of health. Dr Oladapo Walker expressed the same commitment at the level of the ISTWA.

Dr Jean-Baptiste Roungou, Director of APOC, informed the Minister of the future transformation of the Programme in 2016 into a unique entity for the management of neglected tropical diseases in Africa. Responding to a question regarding whether Burkina Faso was a candidate to host the Headquarters of the new entity, the Minister answered in the affirmative. He then promised to reinforce the government partnership between the government and WHO, and wished to see an increased spirit of solidarity in action. ♦ TB
On 1st February 2014, the WHO Staff Association members in Burkina Faso (ASOB) gathered together for the presentation of the New Year wishes. The gathering took place at the BCEAO’s Espace Aéré.

In a short speech, Dr François Sobela, President of ASOB wished a Happy New year to all the participants. Prior to the wishes, he had taken stock of the Association’s achievements at social, financial, sport and recreational levels. He ended his speech by presenting some projects that the Association is willing to see achieved. The projects are related to providing APOC with a cafeteria and the Inter-Country Team with a parking lot.

After Dr Sobela’s speech, Dr Jean-Baptiste Roungou, Director of APOC welcomed the friendly atmosphere of the event. He then presented some challenges that APOC should take up in 2014: a budget gap of almost 50% for the 2014-2016 transition period, the launching of the new entity in 2016 that will include LF and other NTDs in addition to Onchocerciasis. He said that the Management of APOC was planning to put in place the cafeteria by 2015.

Dr. Oladapo Walker, Coordinator of the WHO Inter-country Team for West Africa, commended ASOB for the initiative of organizing a Day for the promotion of health for the staff in 2013. He urged the Association to support its members at all levels for better performance at work.

Dr Djamil Cabral, WHO Representative, in turn, expressed her satisfaction for the mobilization framework that ASOB represents. She committed herself to providing more support to the health promotion Day and invited the staff to an increased practice of sports for their own well-being.

The event was also an opportunity to say goodbye to Dr Daogo Sosthène Zombre, in charge of the management process at the WHO Office in Burkina Faso. Dr Zombre is taking up new duties in Mauritania.

The 2014 ASOB best wishes

Wedding:
- Emmanuel Bakary, son of Georges Ki-Zerbo, Coordinator, Inter-Country Team, Central Africa, with Leïla Cissé, on 21st December 2013 at the Mairie Centrale, at the Mosque of Somgandé and at the Cathédrale de l’Immaculée Conception de Ouagadougou.

Birth:
- A baby boy in Céline Paima’s family, Secretary Emergency Immunization and Vaccines, Inter-Country Team/WA, on 24th January 2014.

Obituaries:
- Leama Emmanuel, Rock Noël Leama’s father, Telephone operator, WCO/BFA/IST, on 24th January 2014;
- Joséphine Emmanuel Ngom, Joseph Ngom’s sister, Support Unit Officer at the Inter-Country Team/WA on 1st January 2014;

Our sincere condolences to the bereaved families.

Family spirit

Congratulations to the happy parents!

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