Distinction granted to APOC

As part of the in-service training, the French Army Health Services organize each year an information day in ophthalmology at Hôpital d’Instruction des Armées (HIA) in Percy, at Clamart, on the outskirts of Paris. This meeting gathers specialists in refractive, corneal, cataract and retina surgery. This year, on 27 September Pr Sidi Ely Ahmedou COP/APOC, made a presentation entitled: “Onchocerciasis: Case of the African Programme for Onchocerciasis Control” during the cornea session that acquainted participants better with APOC and its role in blindness control. The presentation was awarded the distinction of best communication in the session. This was also an advocacy opportunity to revive partnership and collaboration with the French Cooperation and the private sector. The French Army Health Services are regarded as the flagship of tropical medicine.

NTD/NGDO Network and Four Disease Groups in Brighton

Resource mobilization and morbidity case management remain key concerns

The Brighton meeting that gathered NGDOs involved in NTDs (Neglected Tropical Diseases) control, held on 16 – 20 September, was special this year with the first two days (16 and 17) devoted to NGDO Group working on PCT/NTD. Half a day was devoted to each disease (schistosomiasis and helminthiasis forming one group). The remaining three days focused on NTD control. On the first day, the NGDO Coordination group for Onchocerciasis elimination held a meeting chaired by Frank Richard (Carter Center). APOC Director, Dr Jean-Baptiste Roungou, made a major presentation taking stock of all the activities of the Programme. He underscored APOC’s determination to sustain efforts for the elimination of onchocerciasis. This requires financial resource mobilization and institutional reform. A concept note on the future of APOC for 2016 -2025 is being developed. The concept note gives preference to a scenario, i.e., transforming APOC into a regional entity for the elimination of onchocerciasis and lymphatic filariasis, while providing support to other PCT/NTDs. Contributions and suggestions from all partners are welcome to improve the document that will be submitted to the approval of JAF 19 to be held in Brazzaville in December 2013.

For his part, Dr Dirk Engels, PCT/NTD Coordinator at NTD Department (HQ Geneva) pointed out the need to improve mapping and strengthen coordination and collaboration among various diseases. Finally, Dr Adrian Hopkins, Director, of the Mectizan Donation Programme (MDP), raised the issue of atypical response to Ivermectin (AR) and requested that MDP in collaboration with APOC prepare guidelines for programme managers, indicating what to do in case of occurrence of ARs.

Each group of NGDOs drafted a summary of their activities that was presented at an NNN session (18-20 September 2013), chaired by Dr Simon Bush from Sight Savers that led to the following recommendations: enhancing advocacy for better resource mobilization; ensuring better management of morbidity cases and better integration of NTDs.

The next NNN meeting to be held in Paris, France, at the end of September will be supervised by OCP (Organisation de Prévention de la Cécité). APOC delegation in Brighton included Dr Jean-Baptiste Roungou, Director, and Pr S.E Ahmedou (Officer in charge of community ownership and partnership). They seized the opportunity to explain to the various partners they met the role of the APOC Programme at a crucial time in its evolution in the framework of onchocerciasis elimination and other NTD control. ♦ Pr S.E. Ahmedou

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WHO is not accountable for any erroneous opinion or information expressed or contained in this document.
The review of projects performance through technical reports and of research proposals are key to APOC member countries. TCC members also pay special attention to these aspects. Here are the viewpoints of some TCC members:

Pr Ekanem Braide, Chairperson of Nigeria Technical Review Committee, Lafia Federal University, Nasarawa State, Nigeria, Former TCC Chair. Question: Which are the main features of a good Technical report of a CDTI Project?

« Two aspects are taken into account in the review of technical reports: the quality of the report and the quality of CDTI implementation. Regarding the report, the following indicators are important: keeping to the classical template, the endorsement by the hierarchy, data consistency and the completeness of information on CDTI. Concerning the quality of CDTI implementation, geographic and therapeutic coverage and the achievement of planned activities are taken into consideration. »

Dr Fanné Mahamat, Deputy Coordinator of Cameroon NOCP. Question: how do you develop a research proposal?

« It is a long-term work that requires a lot of attention. Regarding the research proposal submitted by Cameroon to TCC37, it started at the level of the NOCP with the eagerness to achieve onchocerciasis elimination. After several working sessions and the desktop review we carried out with the Principal Investigator who is a lecturer and a medical anthropologist, we decided to try and find out the strengths and weaknesses of the CDTI strategy, as perceived by beneficiaries, careproviders and health system managers. Thence, a research proposal was drafted and submitted to TCC for approval. »

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Interviews realized by Thérèse Belobo
The best keeping of documents for easy retrieving whenever the need arises has always been a major concern for the onchocerciasis Control Programme in West Africa (OCP) and the African Programme for Onchocerciasis Control (APOC). The operation consisted first in organizing paper documents and later in digitalizing them for an electronic management.

The first is doing an inventory of the documents. It enables managers to have an insight into the informative value of each document and to decide which documents are important and must be kept and which ones are obsolete and should be discarded. Then there is an internal verification of each file to withdraw obsolete documents or add missing ones.

Then all OCP and APOC technical and statutory reports (Research/technical/statutory meetings/mission reports), are converted from analog into digital archives. In total, over 380,000 pages have been digitalized.

It is worth mentioning that besides administrative documents, over 300 staff photographs, 2,000 aerial pictures of river basins, and 310 documentary films are yet to be converted into digital files. The biggest challenge lies in ensuring their accessibility on line.

This challenge will be tackled by the 2014 plan of action that includes the development of a platform for the management of all the documents. Pascal Soubeiga, Archivist Librarian, APOC

News from partners

For the elimination of lymphatic filariasis (LF) by 2020, representatives of about ten Central and West African countries met in Ouagadougou, on 11 – 13 September 2013, in a capacity building workshop.

This workshop organized by WHO Burkina with the support of CDC Atlanta and IMA Word inter alia, focused on mass treatment planning and the management of people living with LF sequela. On this occasion, Dr Djamila Cabral, WHO Country Representative, insisted on WHO’s strategy which has so far been based on the quality of Surveillance system, surveys and operational research, an illustrative process of progress made.

As a reminder, in 2012, some 106 million people benefitted from the treatment against this disease that is transmitted through the biting of some types of mosquitoes. Elephantiasis (thickening of the skin and deformation of legs) and hydrocele (extravasation or build-up of serous liquid in genitals)are the causes of people being stigmatized and rejected. To date, only Togo was able to eliminate LF transmission throughout the country. A wonderful example to follow.
Family-minded

WHO Staff association in Burkina Faso organized a farewell ceremony on 26 September 2013 in Ouagadougou in honour of Dr Christophe Claude Joseph Rochigneux, a French Overseas development aid worker, expert in drug supply and logistics. He had been in secondment with WHO West Africa for five years. « I am leaving and taking back with me so many souvenirs, emotions and a vast professional experience! …Please keep up the spirit of open companionship that is prevailing in this team, Country Office and Inter-Country Support Team. Nothing can be more important than knowing how to keep human relations. My deepest gratitude to Dr Cabral and Dr Dapo… Dr Cabral, could you please pass on my message of sincere gratitude to World Health Organisation to Dr Luis Sambo? » ♦

Obituary

We heard the news when we were putting this edition to bed: Paul Barnabé Kaboré, Messenger at the African Onchocerciasis Control Programme, passed away on 25 October 2013 in Ouagadougou.

May his soul rest in peace. Our sincere condolences to the bereaved family.

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Portrait

Bintou Savadogo

She knows everything about anybody. Not because she is inquisitive, it is her job!

All day long, together with her two colleagues, heedless of the time, she spends time talking to staff members at the head office and in Programme member countries, consulting with the Management in Ouagadougou, and with WHO Kuala Lumpur-based Management Centre, consulting neatly filed documents in the several cupboards, and handling data and information relating to staff recruitment, promotion, retirement, transfer, and end of career. Where does she draw all this stamina, abnegation and determination? But Bintou Maïga Savadogo, the Human Resources Administrative Assistant states quite frankly that she has been in good hands, under the responsibility of her previous line managers. Their rigour was felt in those days like victimizing, but it has been rewarding in the end.

It all started some 37 years ago when, after obtaining her secretary qualification, she incidentally joined the Comité interafricain d’études hydrauliques (CIEH), a USAID project. Then, two years later, she joined the Onchocerciasis Control Programme in West Africa (OCP), another panafrican entity that was so much bigger. Although CIEH covered 19 countries, they had only twenty staff members. All of a sudden young Bintou had to handle a 900 permanent staff and hundreds of seasonal workers. She started acquiring the teamwork spirit and learnt how to work in a position requiring autonomy and adaptability. As a spouse and mother of three sons, she progressively lost her leisure time she used to devote to dancing and cinema.

This was not a big concern for Bintou who was transferred to APOC after OCP closure. Her dream as a child was to become a nurse and to some extent it was turning into reality because working in another health-related domain was also fulfilling. « Wherever we are, we may get satisfaction from the results of onchocerciasis control since this is also bringing welfare and development to millions of Africans. » ♦ T.B.