

Expanding CDI to boost Primary Healthcare in Africa

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CDI promotes
Primary Healthcare

Thanking CDDs —
Community distribu-
tors for saving lives
in Africa

Look out for reports
on APOC governing
board (JAF) 15th
Session in Tunis 8-10
December 2009, and
other exciting
programme activities
in the next edition.



Vice-chancellors, deans and health experts at the CDI curriculum meeting

Vice-chancellors and senior academics of 12 African countries have agreed to introduce the Community-Directed Intervention (CDI) strategy for public healthcare delivery into their schools' curricula. This was a key decision of an international health-education meeting held recently in the Nigerian capital, Abuja.

The CDI is a simple, cost-effective strategy, which supports primary healthcare and strengthens health systems.

Endemic communities have been using this strategy introduced by the African Programme for Onchocerciasis Control (WHO/APOC), for treatment of the disease for over 12 years.

Scientific research has shown that the CDI approach is not only successful in the control of Onchocerciasis (river blindness); it is also effective in the delivery of multiple health services. More than 120,000 communities in 23 African countries are currently benefiting from the strategy.

Eighteen universities from the 12 countries that attended the meeting in Abuja, revised and adopted a draft CDI curriculum and training module developed by APOC, in collaboration with the West African Health Organization (WAHO) and the Regional Institute for Public Health in the Republic of Benin.

Some universities will introduce the CDI strategy into their curricula by 2009/10, while others will start in the 2010/11 session. The National Universities Commission (or its equivalent) of each country is also encouraged to support and promote the CDI programme.

The participants resolved to advocate for the use of the CDI strategy for multiple health interventions, including distribution of insecticide-treated bed nets, anti-malarial drugs and promotion of maternal health.

This strategy is now an important tool for extending primary healthcare -- Dr Margaret Chan, WHO Director-General.

**African Programme for Onchocerciasis Control (APOC)
Programme africain de Lutte contre l'Onchocercose**

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The Honourable Minister of State for Health of Nigeria, Dr Aliyu Idi Hong, who declared the meeting open, said it had been proven that health interventions succeeded better when community members were involved in the planning and implementation processes.

Highlighting the importance of proactive global health initiatives, the WHO Director-General Dr Margaret Chan, in a recent statement, commended the onchocerciasis control programme for introducing the community directed strategy in a large scale.



Participants at the Abuja CDI Strategy Meeting with the Honourable Minister of State, Dr Aliyu Idi Hong seated with the Oncho statue in front of him

“This strategy is now an important tool for extending primary healthcare,” she said.

The Abuja meeting is seen as a practical demonstration of how to maximize the benefits of the positive health-education synergies to strengthen health systems.

As resource-poor countries struggle to attain the health-related Millennium Development Goals, the CDI strategy has shown itself to be a tried and tested cost-effective tool that can be used to improve primary healthcare with strong community participation for better all-round outcome.

Unsung Heroes: Community-Directed Distributors (CDDs)

The success of the community-directed intervention (CDI) strategy introduced by APOC for the effective control of river blindness hinges on the active participation of communities and particularly the commitment of Community-Directed Distributors (CDDs).

These estimated 600,000 trained volunteers, selected by their own communities, deliver ivermectin, a safe drug for the treatment of river blindness, to their own people. Before APOC introduced the CDI strategy in 1997, less than 2 million people were treated per year. But thanks to the dedication of communities and the distributors, many of whom trek more than 20-km to deliver the drugs to their peers in hard-to-reach villages, communities now treat close to 60 million people annually.

To acknowledge and show appreciation to these unpaid distributors, APOC has produced two films, shot in onchocerciasis-endemic villages in Burkina Faso and Tanzania.

Amity Meria, a music star in Burkina Faso and Upendo Kilahiro, a popular musician in Tanzania, both featured in the films thanking CDDs across

Africa for their contributions to primary healthcare. The two singers accompanied the CDDs, singing and dancing, as they delivered health commodities, including ivermectin, insecticide-treated bed nets, anti-malarial and vitamin A to endemic communities. The films are in Swahili, Julla, English and French (visit www.who.int/apoc).

“I am greatly honoured to be part of the distribution,” declared CDD, Mr Soma Nestor of Burkina Faso.



Burkinabe singer Amity Meria and CDDs at Limanya village

We love the CDDs, and we are very proud of them. These are the stars, the unsung heroes -- APOC Director, Dr Uche Amazigo.

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