The campaign of mass treatment with ivermectin/albendazole will take place in Niger in October 2013, at the beginning of the school year. Until teams are deployed in the field, it is good to remember that in this country, current neglected tropical diseases (NTDs) are lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiases, trachoma, leprosy, Guinea worm, rabies, human African trypanosomiasis, and leishmaniasis. This is a second serious public health problem with about 40% of morbidity within the country, after malaria.

Niger the 2013 campaign launched soon

As part of the implementation of the neglected tropical diseases (NTDs) Master Plan 2011 - 2015, the Department of the disease control of the Ministry of Health and Social Welfare organized a training workshop from 14 to 16 August 2013 in Dakar on mass preventive chemotherapy NTDs for programme coordinators and journalists specializing in health programmes in Senegal. This workshop was the result of collaboration with USAID / Research Triangle Institute (RTI) and the International Trachoma Initiative (ITI).

Aimed at training NTD programme coordinators, the first day was used to get them familiarized with the various techniques of communication designed to help them better convey the key messages based on audiences, media support, and time available.

The second day was devoted to the training of journalists from national and international media on NTDs and also to the continuation of the training of the coordinators in communication techniques. Morbidity and the impact of NTDs in the world, of which ten are targeted in Senegal, namely, five PC (STH, schistosomiasis, lymphatic filariasis, Onchocerciasis, and trachoma) and five CM (leprosy, dengue, leishmaniasis, Guinea worm, rabies) were presented to the journalists. Particular emphasis was laid on the expected role of the media in NTD control, including the need to provide balanced information to the populations for better ownership of the interventions undertaken by the Ministry of Health whose aim is to achieve the goals of control or elimination by 2020.

The third day, scheduled for a field trip to the health district of Thiadiaye, Thiès, enabled the media men and women to meet and talk with people affected, at least, by one of the aforementioned diseases. At the end of the workshop, several newspaper articles, including social network articles were published, and several radio and television shows were broadcast. So be it in the future. Dr. Alioune Badara Ly Coord NOCP / NTDs Senegal
Since 2007, a mass treatment campaign has been organized annually against preventive chemotherapy diseases. The treatment, administered in an integrated way in every village by a single distributor, consists in distributing sets of health packages, i.e., the association Mectizan / albendazole for lymphatic filariasis, Zithromax for trachoma, and Praziquantel for schistosomiasis.

Although onchocerciasis is no longer a health problem in the common endemic area, the treatment of lymphatic filariasis with Mectizan / albendazole aims at strengthening the momentum of Niger towards the systematic elimination of onchocerciasis. The results of the campaign, organized in 2012 in 30 of the 42 health districts in the country, show that out of a target population of 9,931,544 people, 8,926,674 people were treated with ivermectin / albendazole, i.e., a rate of therapeutic coverage of 89.9%.

Dr Adamou Salissou Coord PNDO / EFL Niger

**Uganda**

**Review in Kampala of the status of transmission in different onchocerciasis foci**

The sixth annual meeting of the Ugandan Onchocerciasis Elimination Experts’ Advisory Committee was held in Kampala, from 6 to 8 August 2013. The meeting was opened by Dr Jane Aceng, Director General of Health Services from the Ministry of Health and closed by the new Minister. The 53 participants of the meeting were holders of voting rights and observers from districts implementing the elimination of onchocerciasis, partners such as the Carter Center, MDP, SightSavers, USAID / RTI Envision, and Lions Club District 411 in Kampala. They also came from the WHO office in Uganda, WHO HQ, and APOC which had a voting right and was represented by Dr. Afework Tekle.

Four goals were in the agenda: The review of the status of transmission in various onchocerciasis foci in Uganda; discussing the technical aspects of Onchocerciasis elimination; defining priority for laboratory operations, and collecting data with partners.

The review of the status of transmission revealed some signs of interruption of the chain of transmission in six out of the eighteen foci and an increase in the scale towards the breakpoint for others. Thus, the elimination of the disease in Uganda by 2020 is underway, but is faced with the situation in neighboring countries such as the Democratic Republic of Congo (DRC) and South Sudan, where the implementation of the control is slow. To address this problem, the African Programme for Onchocerciasis control had convened a meeting with the Ministry of Health of Uganda and the DRC. Promising recommendations and a work plan had been jointly agreed between the two countries and their partners. A similar reflection was proposed for South Sudan.

In Uganda, onchocerciasis is endemic in 35 districts, affecting approximately 1.5 million people. Three million people are living in at risk areas for this disease. Attempts to control onchocerciasis started in 1993. The activities have been successful in many foci. Regarding elimination as objective, it started in January 2007 and was implemented in fourteen out of eighteen districts. Then, a technical committee has been established to advise the government. The Ugandan Onchocerciasis Elimination Experts’ Advisory Committee is a consulting group commissioned by the Ministry of Health. ♦Dr. H. Afework Tekle

**Good to know**

A circular letter from the Resident Coordinator of the United Nations System (UNS) in Burkina Faso announces new working hours for the staff of the UN system:

**Monday to Thursday:** 7:30 to 1:00 p.m. and 3:00 p.m. to 6:15 p.m.;

**Friday:** 7:30 to 12:30

**Family spirit**

Wedding of Saharatou, daughter of Dr. Mamoudou Harouna Djingarey, WHO /IST / Ouaga and Dr Khalid Hassan Baka, in Niamey, Niger; wedding celebrated on 17 and 18 August 2013 in Niamey.

**Much happiness to the newlyweds!**
Severe Adverse Events related to taking ivermectin or Mectizan are one of the current concerns of the authorities in charge of Onchocerciasis control in Cameroon. Like in other African countries that are endemic for onchocerciasis, the strategy for the disease elimination relies primarily on community-directed treatment with ivermectin (CDTI). Community-Directed Distributors (CDDs) are responsible for treating people living in endemic areas for the disease, mostly in rural areas, by giving them the necessary doses of the drug. But, major cities such as Yaoundé and Douala, the political and economic capitals of the country respectively, are home to people coming constantly from all walks of the nation and abroad. Uncontrolled administration of ivermectin is often conducted by these people with risks of occurrence of several cases of SAEs observed in recent years.

Now that African countries are moving towards the elimination of the disease, it is imperative to popularize prescriptions in urban settings to control the drug administration. That is the reason why a training of health care providers was held from 12 to 14 August 2013. The following topic was the one formulated by the NOCP Cameroon: “Prescribing Mectizan and managing the adverse events in urban setting”. This topic was the basis for building the capacity of ten medical doctors, ten nurses, and twenty laboratory technicians from both cities. 

Dr. Fanne Mahamat, Spouse Ousman Deputy-Coord / NOCP Cameroon
In between chores she has been enjoying since her retirement two years ago, Marcelline Ntep has not given up. Despite her retirement from Civil Service, she continues to participate in onchocerciasis and other neglected tropical diseases (NTDs) control. Like a reserve officer, she responds to various online solicitations coming from APOC, as Temporary Adviser, and also from some NGDOs for missions inside the country and in African countries endemic for onchocerciasis. She knows inside out the history of river blindness and its epidemiological data in the most remote regions of Cameroon.

Starting her career in 1983 as a general practitioner graduated from the State University of MINSK in Belarus (former USSR) and as a specialist at the Institute of Tropical Medicine (ITM), Prince Leopold II of Belgium in Antwerp, she was able to start her practice in a hospital setting in the capital city. She was later on entrusted with responsibilities for HIV and AIDS control and then Onchocerciasis control in the Cameroonian Ministry of Public Health. Her expertise lasted thirty years and left its mark in the field of Onchocerciasis control and infection in her country and also in Central African Republic, Angola, the Democratic Republic of Congo, Chad, Equatorial Guinea, Burundi, and Côte d’Ivoire.

She was involved in the development of the memoranda of understanding between WHO-APOC and the Ministry of Public Health of Cameroon; in the development of the memoranda of understanding between various Onchocerciasis and other NTD control NGDOs and the Ministry on the one hand, and APOC and other donors, on the other hand; in developing the protocol for the prevention, early detection, and effective management of adverse events due to taking Mectizan® during mass drug distribution campaigns; and also in supporting the control and elimination of other NTDs such as cataract, trachoma, and lymphatic filariasis.

Marcelline Noël (because she was born on 25 December), inherited her equal temper from an extended family in which parents, children, and grandparents bravely overcome the hazards and pitfalls of life. "I retired with a sense of unfinished business and I will continue, if possible, to endeavor much for Onchocerciasis control," declared this Medical Doctor with a sturdy character whose attitudes speak volumes about her determination and sobriety. According to one of her former colleagues who would like to follow her footsteps the same way other people from the younger generation did, "She takes onchocerciasis control as a personal challenge and is actually a great Lady of public health." ♦ Therese Belobo

♦ Dr. Bernard Philippon / TCC APOC

It is with much sadness that we have learned of the death in August of Dr Guy Quélennecc, Pharmacist-Chemist and Military by training, at the age of 82 in his home in Saint-Julien-en-Genevois (France). Graduated as an entomologist from Institut Pasteur in Paris, G. Quélennecc was seconded to IOSTOM (now Institute of Research for Development) during his African career. After a brief stay in Bobo Dioulasso, he ran the Natitingou Onchocerciasis branch (Benin) from 1959 to 1963 before being assigned to the Onchocerciasis Department of Centre Muraz (OCCGE Bobo-Dioulasso), where he devoted himself to research on the formulation and use of anti-blackfly insecticides used in public health. He joined the OCP office at WHO headquarters in Geneva in 1973 where he ran the WHOPES Centre for the validation of insecticides used in public health, until his retirement in 1990.

His work has contributed to collecting OCP baseline data to provide this programme with a control tool that is effective in a sustainable way and environmentally acceptable. The development of a range of alternative insecticides that followed has secured OCP and contributed significantly to sustainability that was a promise of its success.

♦ Dr. Bernard Philippon / TCC APOC

Portrait

Dr. Marcelline Ntep, reserve officer whose commitment never weakened

Dr. M. Ntep still has much to give to Onchocerciasis control

Tribute to Dr Guy Quélennecc

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