1. Advocacy and training mission in three regions

From May 6 to 18, 2013, the NOCP of Chad led an advocacy and training mission in the regions of Moyen Chari, Tandjilé and Logone Oriental, as part of the implementation of CDTI in 2013. Overall, 178 health workers (doctors and nurses) and 215 local leaders (heads of townships, village chiefs, religious leaders and administrative officers) were briefed on the following subjects: onchocerciasis: the disease and its transmission; information, education and communication in CDTI; data management and the indicators of CDTI; Mectizan management tools and supervision of the treatment.

2. Entomological surveillance: the Nyan Bridge, an active breeding site.

The village catchers of the Bébidja communities in southern Chad collected as of March 2013 more than 12,500 flies on three catching points established on the Nyan River, not far from the Nyan Bridge breeding site. It is expected that a sample of 6,000 flies per catching point will be obtained in order to allow for a reliable analysis of the situation.
1. Implementation of CDTI. CDTI Review: Under the supervision of the Ministry of Health represented at the opening ceremony by its Secretary General, the DRC NOTF held from May 13 to 16, 2013, a meeting to review CDTI activities in the year 2012. Participants in the meeting included the NOCP management, the coordinators of the 21 CDTI projects, the national representatives of the partner NGDOs, three representatives of the APOC Management (Dr. Sobela, Dr. Diallo and Mr. Luntadila), and a representative of MDP (Dr. Kizito).

During the meeting, participants were to: i) assess the level of achievement of key programme indicators in 2012; ii) identify the strengths, weaknesses, opportunities and threats of each project; iii) produce a plan for improving CDTI projects’ performance improvement; and iv) make targeted recommendations for the 2013 treatment campaign.

Following the standard framework provided by the NOCP, project managers presented in turn, their achievements in 2012. The NOCP management and the representatives of the APOC Management as well as MDP also made presentations on specific subjects. At the end of the deliberations, recommendations were made on some key points, namely:

- Project performance improvement for which each project must identify local innovative strategies to be put in place in order to overcome the difficulties associated with coverage improvement, completeness and timeliness of financial and technical reports to be submitted to the national level;
- Good management of the Mectizan supply which supposes that projects place their order before July 31 of each year, draw up the acknowledgments of receipt of the Mectizan supply to be signed by all parties involved in the transaction and use the four management tools made available to them including the order form, the stock cards, the inventory worksheets and the acknowledgment of receipt.

Finally, an exhortation to greater effort was addressed to the projects with low therapeutic coverage in some villages, those not implementing community self-monitoring, and those with an annual variation in the number of communities to be treated.

2. Training on CDTI: From May 17 to 20, 2013, the new coordinator of the Northern Katanga CDTI project and his administrative assistant (Dr. Celestin Zama Sazoza and Mr. Michel Banza Umbilo), the new head of the management of severe adverse effects of the East Bedijo area (Dr. Philippe Urwotho) were selected in Kinshasa after the annual review meeting, to receive more advanced training on CDTI and on the APOC administrative and financial procedures. The training conducted by the Technical Advisor and the Assistant Administrative and Financial Officer of APOC, the Deputy Director and supervisors of the NOCP was held at the NOCP headquarters.

3. Workshop on the Use of TIPAC: From May 27 to June 7, 2013, the APOC Technical Advisor participated in a workshop organized by the National NTD Control Coordination and the American NGO RTI (Research Triangle Institute) on the use of the NTD Control planning and budgeting tool developed by USAID / RTI called TIPAC (Tool for Integrated Planning and Costing). This workshop was held in Kinshasa.

4. Coordinated integrated mapping: A coordinated integrated mapping of LF / schistosomiasis / helminthiasis is underway in Bandundu province with the financial support of CNTD-Liverpool. This will bring to five the number of provinces mapped for these three diseases since 2011.

Democratic Republic of the Congo

3. Strengthening the health system through the Chad-Cuba cooperation. Fifty doctors and health technicians, including an entomologist, will soon be available to the Ministry of Health. This is the result of a cooperation agreement signed between Chad and Cuba in December 2012 to address the critical shortage of health staff at various levels. With the resources derived from the exploitation of oil, some health facilities were built and equipped, but without the qualified health staff to run them. Therefore, four options were considered to remedy this situation, namely:

- A return and repatriation programme aimed at expatriate Chadian managers and technicians, with attractive working conditions;
- An in-country specialist training programme within Chad, to minimize any brain drain at the end of the training;
- A programme to mobilize UN Volunteers;
- Cooperation with Cuba for the mobilization of 20 doctors and 30 health technicians including a great number of midwives.

For the latter option, the Chadian side says it has fulfilled all the conditions of the agreement in terms of housing, logistics, language courses and salaries.

Franck Sintondji, Technical Advisor/APOC Chad
From May 27 to 31, 2013, the NOCP Cameroon received technical support from the APOC headquarters for the planning of onchocerciasis mapping surveys in connection with the possible extension of ivermectin treatment to hypo-endemic areas for onchocerciasis. The workshop which was held at the Centre for Research on filariasis and other tropical diseases (CRFilMT) in Yaounde, and was conducted by Honorat Zouré, officer in charge of Biostatistics and mapping at APOC headquarters, was attended by the NOCP staff along with representatives of the non-governmental development organizations Helen Keller International, International Eye Foundation and PersPective, as well as the Director of CRFilMT.

At the end of the workshop, a list of 40 villages was selected for conducting mapping surveys to determine the areas where ivermectin distribution could be envisaged; a plan of action and a budgeted technical assistance sheet were developed for transmission to the APOC Management; monitoring data on the geographical coverage were verified and made available; the NOCP Cameroon staff improved their knowledge of data compilation and became familiar with the use of the open source Quantum GIS software package for the selection of villages. ✦ Michel Hendji Yoya, Administrative and Financial Assistant APOC / WHO Cameroon APOC/OMS Cameroun

Ethical issues regarding health research

In Brazzaville, Congo, a training workshop on the standards and concepts in health research involving human subjects and on international ethical guidelines brought together twenty participants from 10 countries and WHO from May 6 to 9, 2013. Among the participants invited by the WHO Regional Office for Africa, APOC was represented by Dr. François Sobela, officer in charge of health systems’ strengthening at APOC.

It was a multi-directional learning and practice workshop that used a combination of introductory presentations on key ethical concepts and principles and international guidelines applicable to research, case studies, simulations, video-projection and panel discussions. The themes covered related to issues of standards, approaches to obtaining informed consent, the balance between the benefits and risks of community participation, privacy, and vulnerability management. Another point raised was the sharing of information on the experience of the health research ethics committees of some countries (Angola, Cameroon, Congo, Gabon, Niger, DRC) and of two health networks: the Central African Network on HIV / AIDS, TB and Malaria (CANTAM) and the Organization of coordination for endemic diseases control in Central Africa (OCEAC).

At the end of the training, participants committed to put in place: a database on ethics committees, research in the health sciences and experts in the countries, a network of the ethics committees of Central Africa (Central Africa Ethics Network / CAEN) in order to facilitate and promote the exchange and sharing of experience. Finally, they promised to develop performance indicators and to promote online learning. ✦ Dr. François Sobela, officer in charge of health systems’ strengthening, APOC

Retirement:

Pavan Segal, an Indian national, was hailed by many colleagues from WHO Burkina Faso, on the occasion of his retirement on May 30, 2013. He spent twenty-seven years working for the organization, including seven in the Inter-Country Team for West Africa (IST / WA).

Obituary:

- Ms. Assita Sow, wife of Moussa Sow, APOC Technical Advisor, CAR, on May 17, 2013, in Lyon, France;
- Hamidou Savadogo, husband of Bintou Savadogo, A / HR APOC, on May 27, 2013 in Ouagadougou;
- Lamoussa Zombré-Bamogo, elder sister of Dr. Daogo Sosthène Zombré, Programme Officer at the Burkina Faso WHO country office and advisor to ASOB, on May 28, 2013 in Bobo Dioulasso.

Our sincere condolences to the families of the deceased.

WHO / AFRO

CAMEROON

5 - World Health Assembly: Dr. Awaca Pitchouna, NOCP Director, participated with a delegation from the Ministry of Health of the DRC in the 66th World Health Assembly held in Geneva from May 20 to 28, 2013. The DRC has supported the statement made on behalf of Africa by Cameroon on neglected tropical diseases. Taking advantage of her stay in Geneva, the NOCP Director exchanged views with several partners and research institutions including DNDI (Drugs for Neglected Diseases Initiative). The discussions focused on Flubendazole, a macrofilaricide in its pre-clinical phase of development and the possibility of conducting the clinical phase in the DRC. ✦ Dr Diallo Nouhou Konkouré, APOC Technical Advisor / DRC

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Amado Congo: A simple and healthy lifestyle that helps keep the morale up

Soon we will no longer see his lean silhouette at the copying and internal mail transmission room. At 62, Amado Sotiss Congo has reached the age of retirement. This time he will not be called back to work as in 2008.

APOC then had reintegrated him in its workforce, after the Onchocerciasis Control Programme in West Africa (OCP) for which he had worked for six years had closed and had laid off so many others, in 2002. Five years of uncertainty that he spent doing agriculture work in his native Biéré, a village located 70 km south of the capital. For the education of his numerous progeny from his union with Awa in 1979 and Abgeta in 1991, “it was hard!” he recalls over and over again. Not that the rural environment was unknown to him, he was born there. But because having moved to Ouagadougou at the age of seven to help his maternal grandmother sell foodstuffs, he had not had time to develop any skills for farming.

Amado Congo is an employee without fear and without reproach who leads a simple, healthy and peaceful life. Always on time, efficient and smiling, he bows to you as many times as he meets you in the corridors or in the courtyard. He has no nickname. He has few friends outside the family circle. Between APOC and his house, there is no room in his life for the occasions and places of perdition of modern life.

Congo is leaving APOC with a light heart. As a retiree, he can finally indulge in his dream occupation when he was an adolescent: that of road transport operator. And, if possible, on Saturday mornings, he will continue to find great pleasure in bicycling as he likes to do on the road to Po towards Ghana, or on the road to Ziniaré, the home village of “Blaise” (the President of the Republic). A distance of seventy kilometers round trip that deserves that upon his return, he can relish his favorite dish: “tô” (paste made of corn dough) with a sauce of dry fish, okra and soumbala (a spice traditionally made with nereid seeds (parkia biglobosa)). For Congo who claims to have some cooking skills, there is no greater happiness.

Thérèse Belobo

Sébastien Sawadogo: A clever mix of public relations and discretion

Sawadogo, a name borne by several employees of APOC, does not refer directly to the person you’re thinking of. But add the name Sébastien or simply say “TAT” and everyone will immediately know that you are talking about the travel agent, in English, “Travel and Transportation officer”.

After 30 years in this position, he knows his job on the tips of his fingers. Arriving at the office every morning at 6:45, he coordinates every single day that God has made the travel arrangements for the APOC staff, APOC partners, consultants and guests, with the support of the drivers of the Programme. His effectiveness is well proven both in transactions with travel agencies and in dealing with the required formalities in consular offices and public services.

A quiet and discreet person, he is nevertheless notable for his tall figure, an athletic look that practitioners of the long or high jump would envy him, and a dark complexion which at his birth earned him the nickname of “Sobodo” (dark, in Moré language). As a child, his attendance of the parish of the village Notre Dame du lac Bam, 100 km north of Ouagadougou, fostered in him a vocation to the religious orders that circumstances did not favor. In 1971, after completing his junior secondary school studies at the Petit Séminaire Notre-Dame d’Afrique de Koudougou located west of the capital of Burkina Faso, he was unable to continue his training for the priesthood. The class of seminarians was too large and could not be entirely promoted to the Inter-Seminary St Pierre St Paul on the outskirts of Ouagadougou. For a long time, he carried a bitterness that ended only in 1976 when, through the interpersonal skills of a benefactor, he was offered a job as census enumerator by the OCP, the ancestor of APOC.

Today, for TAT, the time has come for retirement. He is retiring with mixed emotions: sadness at leaving a family of professional colleagues that he has known and worked with for 36 years and a half, and the joy of having conscientiously fulfilled his duties. And most importantly, the exciting prospect of beginning another phase of his life and of enjoying time with his family. Surely, so shall it be, “with the help of God” in whom he strongly believes. T.B.