1. At the invitation of the Government of the Democratic Republic of Congo (DRC), the tenth session of the Joint Action Forum (JAF) was held at the Grand Hotel of Kinshasa from 7 to 9 December 2004. The list of participants is attached as Annex 1.

2. The meeting was opened by His Excellency, Mr Arthur ZAHIDI NGOMA, Vice President of the Democratic Republic of Congo in charge of the Commission on Social and Cultural Affairs, whose opening remarks were preceded by statements of the Director-General of the World Health Organization (WHO), read aloud by Dr Claude Henri Vignes, representing the Legal Office of WHO; of the chair of JAF9, represented by Mr Stephen RANDALL, Chargé d'Affaires of the Embassy of Canada to DRC; and of Dr Azodoga Sékétéli, Director of APOC. All four speakers essentially outlined the achievements of the Programme to date, hailed the merits of CDTI and the opportunities it provided for integration, and stressed the need for countries to allocate more resources to ensure sustainability of CDTI activities.

3. Dr Sékétéli warned that not all projects would have benefited from the required minimum of five years funding from APOC Trust Fund by the year 2010 as some projects have still not yet started. It would be necessary therefore to make arrangements with the donors to authorize that the APOC Trust Fund for Phase II and Phasing out period be maintained beyond 2010 to finance such CDTI projects within the budget of US$79 million forecasted for the period.

4. Dr Sékétéli also announced that he will be retiring from his position as Director of APOC in September 2005.

5. Participants expressed their sincere gratitude to the government of the Democratic Republic of Congo for hosting this tenth session and for the warm hospitality afforded to them during their stay in Kinshasa.

6. The Forum elected the Democratic Republic of Congo as the chair of JAF10 held by Her Excellency, Dr Anastasie MOLEKO MOLIWA. Minister of Health of DRC, and France as Vice-chair, held by Dr Christian BAILLY, Coordinator of the Cellule Inter-Régionale d’Épidémiologie (CIRE), Rennes, France.
7. The provisional agenda attached as Annex 2 was adopted without any modifications.

8. In his presentation of the reflections of the Committee of Sponsoring Agencies (CSA), Mr Bruce Benton, chairman of the Committee focused on the achievements of APOC over the past twelve months and outlined the main activities planned for the next coming year. He informed the Forum of changes in the leadership of the Onchocerciasis Coordination Unit at the World Bank in relation with his recent retirement as Manager of the Unit. Mr Benton reassured JAF that his successor, Dr Ousmane Bangoura as well as Dr Alexandre Abrantes, Sector Manager, Human Development Department at the World Bank, will continue to provide high level support to onchocerciasis control activities.

9. The discussions that followed are summarized under the following agenda items. A full report of this meeting will be made available at a later date.

**PROGRESS REPORT OF THE WORLD HEALTH ORGANIZATION, REPORT OF THE TECHNICAL CONSULTATIVE COMMITTEE AND OF THE NON-GOVERNMENTAL DEVELOPMENT GROUP FOR ONCHOCERCIASIS CONTROL INCLUDING SUPPORT OF THE GROUP TO APOC ACTIVITIES**

10. The Forum congratulated the APOC Management, the Technical Consultative Committee and the NGDO Group on their collective efforts to support the participating countries that led to the impressive achievements of the Programme over the past year. Over 33 million people were treated in 2003 and 77 projects out of 106 approved projects are now being implemented. REMO exercise had been completed in most of the APOC countries and the population at risk is now estimated at 87.7 million people compared to the figure of 50 million people mentioned in the Programme document.

11. The Forum expressed its appreciation to Merck & Co. Inc for their pledge of an amount of US $1 million, to be paid over a period of five years, to the NGDOs working on onchocerciasis control in Africa. Merck & Co. Inc. also pledged a similar amount to onchocerciasis control in the Americas.

**COUNTRY REPORTS**

12. Presentations were made by Uganda, Tanzania, Cameroon, Ethiopia, Congo, DRC, Burundi, Liberia, Sudan and CAR on their CDTI project activities.

13. The Forum congratulated the countries on their achievements and noted the difficulties and challenges encountered in the implementation of CDTI. Most of the countries reported that CDTI was successfully integrated into other health activities and their governments were contributing financially to CDTI activities. It was however stressed that participating countries needed to allocate more resources to health, and particularly, to onchocerciasis control activities.

14. The Forum agreed that:

   i. countries should specify in future the nature of government contributions (cash or kind, salaries, capital equipment, infrastructure and recurrent cost);
ii. countries should also indicate in future, over a minimum of 3 years, the trend of government contributions (whether they are increasing or decreasing);

iii. APOC Management should collate and make available to the External Evaluation Team information on government contributions to enable the Team to easily make a comparative assessment of the contributions during the evaluation;

iv. countries be encouraged to adopt an integrated budgeting system such as those reported by Uganda and Tanzania.

15. JAF was also informed that:

i. a study on the impact of the cost-sharing experience in Congo Brazzaville is ongoing and the results will be reported at JAF11 in December 2005;

ii. some studies have been done on "nodding disease" but appear to be inconclusive as to its cause. Countries where the disease is present were requested to forward details of their studies to TCC for review and consideration of the need for further research by TDR or other research institutions;

iii. Severe Adverse Events (SAEs) occurred in areas where onchocerciasis and loiasis co-exist in Bas-Congo and Tshopo CDTI projects in DRC. The cases were carefully managed although deaths were reported. Steps are being taken by the health authorities and partners to minimise such events in the future.

CONSIDERATION OF NATIONAL PLANS AND PROJECT PROPOSALS

16. The Forum endorsed the prior approval by APOC Management of the continuation of 63 ongoing projects as well as the implementation of 11 new CDTI project proposals recommended for approval by TCC.

OPERATIONAL RESEARCH AND MACROFIL

17. RAPLOA validation studies had been undertaken in DRC and Congo. The validity of the method had been confirmed and RAPLOA was now being used by APOC for mapping Loa loa.

18. The multi-country study on Community-directed interventions (CDI) had been launched in 5 APOC countries, covering a total of 45 health districts. The Forum expressed considerable interest in the study and noted its significance for the future of integrated disease control in Africa. The Forum looked forward to the first results of the study which would become available by mid 2005.

19. JAF was informed, and noted with gratitude, that the Bill & Melinda Gates Foundation had agreed to fund, at a level of $2 million, the proposed studies on the feasibility of local elimination of transmission with ivermectin treatment alone.
20. The Forum acknowledged that the development of a macrofilaricide remained a high priority. The development of the use of moxidectin for onchocerciasis has been suspended due to a safety concern with one of the veterinarian products containing moxidectin. Further development will be pursued if the concerns are cleared (at the US FDA hearing on 31 January 2005).

21. Studies have demonstrated the safety and efficacy of the co-administration of albendazole, ivermectin and praziquantel, and this was operationally significant for the integration of the treatment of onchocerciasis, lymphatic filariasis and other helminths.

22. Other MACROFIL drug development and research activities were acknowledged and endorsed by JAF. One key issue underscored was the need to create and sustain basic and clinical research capacity in developing countries.

SUSTAINABILITY OF CDTI

23. Sustainability evaluations have shown that CDTI is very strong at the community level and that the community is a key factor for sustainability of ivermectin treatment. The sustainability indicators show a less favourable picture for the formal health system, especially the First Line Health Facility (FLHF) which was considered weak.

24. In conclusion, the Forum noted that:

i. CDTI was sustainable at the community but weak at the FLHF level;

ii. there was a need to continue monitoring the implementation of sustainability plans especially during the post-APOC era;

iii. to enhance the sustainability of CDTI projects, it was important to strengthen the health systems and empower the FLHF;

iv. including onchocerciasis in the essential health package would ensure sustainable government financial contribution and could be a step towards strengthening the FLHF in the health system.

25. The Forum stressed the importance of identifying risk factors early in a project life cycle in order to predict eventual sustainability issues.

ADDITIONAL HEALTH INTERVENTIONS USING CDTI AS A VEHICLE

26. JAF recognized the opportunities and synergies of integrating other health interventions with CDTI such as Vitamin A supplementation (VAS) and possibly reproductive health. It was also noted that integration entailed securing additional resources, particularly, adequately trained human resources; and required expanding partnerships and increased coordination.

27. JAF was reminded that APOC Trust Fund could be used to finance pilot studies of integration.
PHASE II STUDIES ON THE LONG-TERM IMPACT ASSESSMENT OF APOC OPERATIONS

28. JAF was informed that the findings of Phase II studies of the long-term impact assessment of APOC operations would be reported at JAF11. The results of Phase I will be submitted for publication in scientific journals by May 2005. The Forum stressed the importance of making these results available to participating countries and other partners, and the need to publish the results as soon as possible.

29. In socioeconomic terms, studies suggest that APOC operations have a rate of return of 17%. This rate of return may be even higher if the additional benefits of integrating other health interventions into CDTI activities are taken into consideration.

AUDIT REPORT

30. The Forum noted the report of the External Auditor confirming the correctness of the accounts, receipts and expenditures, which had been submitted for his scrutiny.

PLAN OF ACTION AND BUDGET FOR 2005

31. The Forum approved the Plan of Action for 2005 of APOC and the corresponding budget in the amount of US$ 13,544,000.

32. The Forum requested that the proportion of the recurrent cost actually attributed to country project operations should be clearly distinguished in future Plans of Action.

FINANCING OF THE AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL

33. The donor financing requirements for APOC operations remained at a total of US $135 million, of which US $56 million for Phase I, had been fully funded.

34. Of the US$79 million required for Phase II and the Phasing-out Period, US$66 million had been lined up. The financing gap had been reduced by 50% over the past 18 months and now stood at US$13 million.

35. The Forum noted with pleasure the financial pledges made by donors. It also acknowledged with gratitude the contributions of the NGDOs and the continued commitment of Merck & Co. Inc. to supply ivermectin free of charge for as long as needed for the treatment of onchocerciasis.

36. JAF noted that it might become necessary in the future to consider extending the APOC Trust Fund beyond 2010 to allow the full 5 years of financing for projects whose implementation may have been delayed for various reasons. It was understood that any potential extension would only extend the time in which disbursements could be made from the Trust Fund and would not increase the budget required beyond the current forecast.
37. The Forum approved the Terms of Reference (TOR) for the APOC External Evaluation and was informed that the Evaluation team had now been constituted and will meet early in 2005 to develop a work plan. The findings of the team will be reported at JAF11 in December 2005.

38. The Forum was informed that control activities in the SIZ countries were ongoing satisfactorily except in Sierra Leone where great concern was expressed for the current epidemiological situation. A joint mission (SIZ management – Sight Savers International) will be going to Sierra Leone in early 2005 to reassess the situation and possibilities of fully resuming CDTI activities.

39. JAF welcomed the possibility of the World Bank financing onchocerciasis and lymphatic filariasis activities in Sierra Leone together with other partners. The World Bank emphasized that such financing will be in addition to what it is already providing to a number of other health projects in the country.

40. JAF noted with pleasure the progress reports on onchocerciasis control activities in Guinea and Mali presented by the national teams.

41. JAF underscored the importance of the Multidisease Surveillance Centre (MDSC) in maintaining the surveillance of onchocerciasis in the region thereby safeguarding the over $600 million investment made in OCP.

42. The Forum stressed the need to establish or maintain strong collaborative links with national and other scientific institutions and reference laboratories; and to develop its activities gradually in accordance with the priorities of the beneficiary countries.

43. The Forum also stressed that the Centre should have some autonomy in its operations.

44. The Forum acknowledged with gratitude the World Bank's commitment to participate in the financing of the MDSC and strongly endorsed its plea to secure, as a matter of urgency, more donor support in order for the Centre to be fully functional as soon as possible.

45. On behalf of Mr James Wolfensohn, President of the World Bank, Mr Ok Pannenborg, Senior Advisor in the Africa Region at the World Bank, paid tribute to Mr Bruce Benton for his outstanding contribution to onchocerciasis control in Africa.

46. Dr Luis Gomes Sambo, the Regional Director elect of WHO/AFRO expressed his pleasure to be present at the session and pledged the continuous support of WHO to onchocerciasis control in Africa; and particularly, to APOC activities. In this regard he announced that onchocerciasis will be an item of discussion on the agenda of the next Regional Committee meetings.
47. Dr Sambo deplored the onchocerciasis situation in Sierra Leone and assured the Forum that all will be done for control activities to resume as soon as possible.

48. Dr Sambo ended by thanking all the partners for their efforts in supporting the MDSC.

DATE AND VENUE OF THE ELEVENTH SESSION

49. At the invitation of the government of France, the eleventh session of JAF will be held in Paris from 6-9 December 2005.

CLOSURE OF THE TENTH SESSION

50. On behalf of the participants, Dr Charlotte Gokaba Okemba from Congo Brazzaville thanked most sincerely all partners for their untiring support to the Programme since its launching. She relayed the hope of participants that a macrofilaricide drug would soon be available to boost the fight against onchocerciasis, and she reassured the Forum that in any case, the participating countries will be implementing its decisions and conclusions in order to reinforce their capability of evolving towards putting in place sustainable CDTI in all countries, even in areas where onchocerciasis and loiasis co-exist. Dr Charlotte Gokaba Okemba finally expressed once more the sincere gratitude of participants to the government of DRC.

51. The chair paid a special tribute, and expressed the appreciation and gratitude of the participating countries, to Dr Ole Worm Christensen, consultant to OCP/APOC, and to Mr Bruce Benton, recently retired Manager of the Onchocerciasis Coordination Unit at the World Bank, for their dedication to onchocerciasis control in Africa. On behalf of Africa she wished them well for the future.

52. Dr Sambo thanked the government of the Democratic Republic of Congo and particularly saluted the presence of His Excellency, the Vice President in charge of the Commission on Social Affairs, Mr Arthur ZAHIDI NGOMA, at the opening and closure of the session. This, he said, indicated the high-level commitment of the government of Democratic Republic of Congo to onchocerciasis control activities in the country. Dr Sambo also thanked donors for their support and congratulated Dr Christensen and Mr Benton for their invaluable contribution to health in Africa. He reassured the Forum that onchocerciasis control will be among his priorities.

53. In their respective closing remarks, both the chair, Her Excellency, Dr Anastasie MOLEKO MOLIWA, Minister of Health of DRC, and His Excellency, the Vice President of DRC in charge of the Commission on Social Affairs, Mr Arthur ZAHIDI NGOMA, thanked all the partners for the honour given to DRC by holding this tenth session in Kinshasa. The Vice President echoed the commitment of the participating governments themselves as being of prime importance for the sustainability of CDTI. He congratulated the Forum for the outcome of the session and wished participants a safe return to their homes.

54. The tenth session of the Joint Action Forum was declared close by His Excellency, the Vice President in charge of the Commission on Social Affairs, Mr Arthur ZAHIDI NGOMA.

18.12.2004
ANNEX 1

African Programme for Onchocerciasis Control (APOC)
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Programme africain de lutte contre l'onchocercose

JOINT ACTION FORUM  JAF-FAC  FORUM D'ACTION COMMUNE
Office of the Chairman  Bureau du Président

JOINT ACTION FORUM  JAF10.2
Tenth session
Kinshasa (DRC), 7-9 December 2004

AGENDA

1. Opening of the session
2. Election of the Officers
3. Adoption of the Agenda
4. Reflections of the Committee of Sponsoring Agencies
5. Progress report of the World Health Organization
6. Report of the Technical Consultative Committee (TCC)
7. Report of the NGDO Coordination Group for Onchocerciasis Control including the support of the Group to APOC activities
8. Country reports:
   (i) (Cameroon, Nigeria, Tanzania, CAR, Uganda, Malawi, Sudan, Equatorial Guinea, DRC, Liberia, Congo, Chad, Ethiopia, Burundi, Angola)
   (ii) (Gabon, Mozambique, Rwanda, Kenya)
9. Consideration of National Plans and Project proposals
10. Operational Research and MACROFIL
11. Sustainability of CDTI Projects
   i) Outcome of the special meeting on sustainability
   ii) Developing and monitoring the implementation of sustainability plans
12. Additional health interventions using CDTI as vehicle
13. Phase II studies of the long term impact assessment of APOC operations
14. Audit report
15. Plan of Action and Budget for 2005
16. Financing of the African Programme for Onchocerciasis Control (APOC)
   (i) Report of the World Bank
   (ii) Pledging of Donor contributions
17. Terms of Reference for the External Evaluation of APOC for the period 2001-2004

18. Information on the activities in the Special Intervention Zones (SIZ) of the Ex-OCP, in the countries/areas of the ex-OCP outside the SIZ, and on the Multidisease Surveillance Centre (MDSC)

19. Other matters

20. (i) Date and place of the eleventh session
(ii) Consolidation of JAF10 conclusions and decisions and preparation of the final communiqué

21. Approval of the conclusions and decisions and adoption of the final communiqué

22. Closure of the tenth session

DIR/APOC/21.10.04