

## JOINT PROGRAMME COMMITTEE

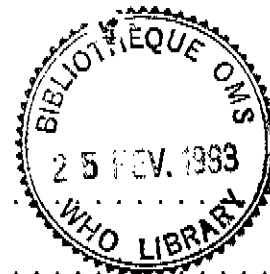
## ONCHOCERCIASIS CONTROL PROGRAMME IN WEST AFRICA

Thirteenth session, Geneva, Switzerland8 - 11 December 1992

## REPORT

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**1. OPENING OF THE SESSION: Agenda item 1**

1.1 The thirteenth session of the Joint Programme Committee (JPC) of the Onchocerciasis Control Programme in West Africa (OCP) was held at the Headquarters of the World Health Organization (WHO) in Geneva, Switzerland from 8 to 11 December 1992. The list of participants is attached as Annex III.

1.2 The session was opened by Dr Ihsan A. Badr, Associate Medical Director of the King Khaled Eye Specialist Hospital, Riyadh, Kingdom of Saudi Arabia, on behalf of the Chairman of the twelfth session of JPC, who conveyed the best wishes of his country to this session of the Joint Programme Committee and expressed his satisfaction that the Programme had enabled the populations concerned to overcome the scourge of blindness. He also stressed the importance of successful devolution as the ultimate aim of OCP.

1.3 In his address to the Committee, read by Dr R.H. Henderson on behalf of the WHO Director-General, Dr Hiroshi Nakajima brought to light those aspects of OCP and its operations which to his mind had been determining for the success of the Programme. He pledged WHO's continuing support and expressed his gratitude to the various members of the OCP family. The text is attached as Annex I.

1.4 On behalf of Dr G.L. Monekosso, Director of the WHO Regional Office for Africa, Dr D. Barakamfitye, Director, Communicable Diseases Control, underlined the keen interest taken by AFRO in the devolution process as illustrated by the close collaboration established with the Participating Countries and the OCP staff concerned. The requests by the Committee to intensify such collaboration had been fully met and AFRO was now keen to ensure that the managerial experience and resources of OCP be put to full use in the development of future multidisease surveillance and control Programmes.

1.5 The Programme Director, Dr Ebrahim M. Samba, was pleased to inform the Committee that the past twelve months had been the best period in the life of OCP. He stressed the excellent results obtained by the combined efforts of vector control and ivermectin distribution, and expressed his satisfaction that the devolution process was now operational in the Original Programme area and had already started in the Extension areas. Dr Samba finally thanked the Participating Countries and the Donors for their unwavering support and for offering the OCP staff the opportunity to serve in such a worthwhile undertaking.

**2. ELECTION OF OFFICERS: Agenda item 2**

2.1 Mr Henri-Philippe Cart, Vice-Directeur, Direction de la Coopération au Développement et de l'Aide humanitaire (DDA), Ministry of Foreign Affairs, Switzerland, and Mr Gaston Stronck, Secrétaire de Légation, Ministry of Foreign Affairs, Grand Duchy of Luxembourg, were elected respectively Chairman and Vice Chairman of the Committee.

2.2 The Chairman expressed his gratitude for his election and listed the reasons for the success of OCP as being its scientific, technical and managerial soundness coupled with unfailing Donor support, close collaboration with the Participating Countries and, not the least, the ready participation of the communities concerned. The Chairman specified three major issues of capital importance for the future: devolution, environmentally safe resettlement in oncho-freed zones and the transfer of OCP's operational experience and resources to more comprehensive public health programmes. He stressed that with the collaboration of all, the Programme would succeed.

**3. ADOPTION OF THE AGENDA:** Agenda item 3 (document JPC13.1, revision 1)

3.1 The agenda was adopted (Annex II).

**4. ADOPTION OF THE REPORT OF THE TWELFTH SESSION OF THE JOINT PROGRAMME COMMITTEE:** Agenda item 4 (document JPC12-B)

4.1 The report was adopted without comment.

**5. REFLECTIONS OF THE COMMITTEE OF SPONSORING AGENCIES:** Agenda item 5

5.1 The Chairman of the Committee of Sponsoring Agencies (CSA), Mr Bruce Benton of the World Bank, in reviewing Programme operations since the 1991 session of JPC, noted the steady progress made in the fields of vector control and ivermectin treatment. He underlined the importance of the OCP management adhering strictly to cost/efficient management principles and referred, in this connection, to the recent receipt by the Programme Director of the Swiss-Italian Balzan Prize for Preventive Medicine and of the Hunger Project Prize for African Leadership, both in recognition of Dr Samba's excellence in leadership, management and scientific skill.

5.2 The CSA was particularly encouraged by the progress made in the field of devolution and the considerable efforts made by OCP to support Participating Countries in strengthening their public health services to cope with early detection and control of any future instances of onchocercal recrudescence that may arise. The Committee stressed the importance of continuing support to the search for a field applicable macrofilaricide as the ultimate means of recrudescence control. The World Bank was financing the implementation of the Burkina Faso devolution plan and had expressed its willingness to consider financing other devolution plans through Bank-supported health projects.

5.3 At the same time as recognizing the considerable progress made and in order to ensure ultimate success of the Programme, the Committee warned against complacency and encouraged all the OCP partners to continue their support to all aspects of Programme operations.

5.4 As regards support to socioeconomic development in oncho-freed zones, CSA was making preparations for the 1993 Ministerial Conference on Sustainable Settlements and had submitted to the current session of JPC a proposal for a pilot project on Environmental Impact Assessment in the OCP area.

5.5 The Chairman of CSA expressed the Committee's gratitude for the unwavering support extended to the Programme as demonstrated by the signing of the Fund-Agreement for the fourth Financial Phase, securing 90% of the necessary financing of OCP operations during the 1992-1997 period.

**6. PROGRESS REPORT OF THE WORLD HEALTH ORGANIZATION FOR 1992:** Agenda item 6 (document JPC13.2)

**PROGRESS REPORT OF THE ONCHOCERCIASIS CHEMOTHERAPY/MACROFIL PROJECT:** Agenda item 7 (document JPC13.5)

**REPORT OF THE EXPERT ADVISORY COMMITTEE:** Agenda item 8 (document JPC13.3)

### Vector control

6.1 During the period under review, the aerial application of larvicides following the now well-established rotation-scheme had been effective and resistance was no longer a problem in any of the areas under vector control. Likewise, reinvasion had been under control since treatment was extended to Guinea and northern Sierra Leone. The steady increase in precision of the management of aerial operations had resulted in further savings.

6.2 Vector control had ceased in 80% of the Original Programme area and the entomological surveillance network was being reduced accordingly. Post-control entomological surveys, continued two years after the end of larviciding in any given area, confirmed that resumption of transmission was highly unlikely (only 0.33 to 0.73 infective female per 1 000 parous blackflies, the acceptable infectivity threshold being one infective female per 1 000 parous; before vector control the rate was 100 infective females per 1 000 parous).

6.3 The results of aerial larviciding had been most satisfactory. Only 5% of the catching points had shown Annual Transmission Potentials exceeding 100 (the tolerability level) thus confirming that residual transmission by the savanna species of the blackflies was negligible.

6.4 The recent establishment by OCP of a DNA probe laboratory in Bouaké had enabled the Programme to separate in blackflies the parasites responsible for the human disease from those giving rise to animal onchocerciasis. This new development had already allowed vector control to focus more sharply on the targets for vector control, leaving out areas where the transmission was confined to the parasite causing animal onchocerciasis.

6.5 The large-scale ivermectin distribution carried out simultaneously with larviciding had resulted in a more rapid reduction of transmission than when vector control, as in the past, had been conducted alone. Thus, in the Western Extension area two years of combined treatment achieved a reduction in the Annual Transmission Potential similar to that obtained in the Original Programme area after 8 years of larviciding alone.

6.6 An analysis of the ecological monitoring of the rivers under larviciding during 15 years showed no, or only insignificant, effects on the fish populations. Reduction of density had been observed as regards the invertebrates but neither the composition nor the structure of the communities had changed fundamentally.

6.7 The Chairman of EAC, Professor D.H. Molyneux, stated that the Committee fully endorsed the strategy and operations of OCP vector control which had continued successfully during the period under review. He stressed the need for reinforced research in the field of larvicides, in particular with a view to replacing organophosphorus compounds should resistance to those currently available develop. In connection with findings in the Western Extension area that combined larviciding - ivermectin treatment over two years had resulted in reduction in infection levels in flies similar to those obtained by larviciding alone in the Original Programme area over 8 years, the Chairman called for further assessment of this finding in other areas of the Programme area. The Expert Advisory Committee also endorsed the OCP strategy in southern Sierra Leone, where large scale ivermectin distribution was instituted as the sole means of control.

6.8 Professor D. Calamari, Chairman of the Ecological Group, introduced his report by stressing the importance of vector control applying the OCP larvicide rotation scheme. During the year there had been increased use of pyraclofos and only limited application of permethrin and carbosulfan. The Ecological Group in analyzing monitoring data had found no evidence of impact on the aquatic fauna by the larviciding carried out by OCP as well as in an in-depth evaluation of previous data series.

Professor Calamari paid tribute to the high quality of the hydrobiological teams. He finally referred to the proposal for a pilot project on the environmental impact of resettlements in the oncho-freed areas.

6.9 The Joint Programme Committee expressed its satisfaction with the vector control operations of the Programme.

6.10 In the discussion that followed, it was pointed out that larvicide applications were regularly made on the tributaries of River Niger in northern Benin in the rainy season. In the dry season, the village populations in the Sota river basin were treated with ivermectin. The entomological situation was at present satisfactory on all the river basins concerned.

#### Epidemiological activities and ivermectin distribution

6.11 Epidemiological surveys were carried out in 120 villages throughout the Programme area to ascertain the epidemiological impact of vector control and to assist in decision-making regarding cessation of larviciding. With a few exceptions, the effect of larviciding was found to be highly satisfactory (prevalence of less than 3% against 80% prior to vector control and CMFLs<sup>1</sup> (intensity of infection) below 0.1 microfilariae/skin-snip compared to 80 mf/s before OCP operations started).

6.12 Altogether 24 villages in river basins where larviciding had been carried out during 14 years or more, were examined with a view to determining whether larviciding could cease. In the majority of the villages, the prevalence trends and CMFLs followed closely the computer predictions allowing for vector control to come to an end, while in the other communities the results did not satisfy the criteria for the cessation of larviciding.

6.13 In the Asubende area where larviciding and large-scale distribution of ivermectin, had been carried out simultaneously during five years, CMFL had reduced from a pre-control level of 66 mf/s to 2 mf/s while the ocular microfilarial load had decreased to 0.2% of the pre-control level. The combined larviciding/ivermectin control might account for this very low CMFL. In Asubende there was a significant regression of early and advanced lesions of the anterior segment of the eye, with stability in the lesions of the posterior segment.

6.14 A special study had concluded that community-wide ivermectin treatment was indicated in villages with onchocercal prevalence from 30% upwards insofar as the ocular disease load between prevalence of 30% and 60%, even if low, was not negligible.

6.15 During the period September 1991/August 1992 more than 700,000 people were included in large-scale ivermectin treatment programmes with an average coverage of 70% while another 200,000 persons were treated at fixed health centres. Community self-treatment with ivermectin had resulted in a coverage higher than by other means of distribution and at a considerably lower cost. A second revision of the OCP Manual of Procedure for Ivermectin Distribution and Monitoring of Adverse Reactions was issued during the year.

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<sup>1</sup> Community Microfilarial Load (intensity of infection defined as the geometric mean of microfilariae per skin snip among persons aged 20 years and more, including those with zero counts)

6.16 In commenting on the activities of the Epidemiological Evaluation Unit (EPI), the Chairman of EAC noted the increasing reluctance of the populations to submit to skin-snipping and supported EPI's policy to confine skin-snipping to a minimum, consistent with the Unit's priority concerns, and stressed the importance of seeking alternative diagnostic tools, such as a field-applicable immunodiagnostic test and rapid assessment methods. He welcomed the operational research underway in such fields as rapid assessment, community self-treatment with ivermectin, the effect of ivermectin treatment twice or thrice yearly, the community perception of the disease and its treatment with ivermectin, all activities that had been recommended by the Expert Advisory Committee. The Chairman expressed his satisfaction with the TDR collaboration in the operational research activities of the Programme.

6.17 During the discussion, a question was raised as to the cut-off point of community-wide ivermectin distribution shown in an instance to be at a prevalence of 30%, whereas in other cases a blindness rate of 1% persisted at prevalences below this level. It was explained that the communities with a prevalence of 10%, and 1% blindness rate reflected an unusual situation where drought had caused a dramatic decrease in otherwise higher prevalence of infection at the time of examination, while the blindness rate had not been affected in this regard. In this connection, it was confirmed that large-scale ivermectin distribution was instituted in communities with a CMFL above 10 while in the northern part of the Western Extension area, where no larviciding was carried out, the limit was lowered to a CMFL of 5.

6.18 Another question referred to the finding of a TDR-conducted study in Nigeria that making heads of family responsible for ivermectin treatment was less effective than community self-treatment or large-scale distribution. It was suggested that family heads tended to hoard tablets and that distribution programmes supported by trained primary health workers gave the best results. It was also proposed that in countries where payment for health services rendered was institutionalized, the provision of ivermectin could be included in such schemes. However, it was pointed out that the manufacturer providing the drug free of cost objected to such payment, but that payment for the service as such might be feasible.

6.19 It was pointed out that the large-scale distribution of ivermectin tended to mask the diagnostic value of skin-snipping which in any case was less and less acceptable to village populations also in view of the risk of HIV transmission. Furthermore, the eventual availability of an immunodiagnostic test would require the taking of blood and might therefore meet with similar problems. The use of ocular assessment was possibly the most acceptable evaluation method but at the same time the most expensive. In view of these and other operational problems, the Joint Programme Committee decided to request the Programme Director in consultation with the Chairman of the Expert Advisory Committee to set up an expert group to reflect on all aspects of epidemiological evaluation and make recommendations as regards the OCP concept and strategy in this field.

6.20 On the question of the impact of migration on the effect of control by ivermectin distribution it was explained that the classical movement of peoples from southern Côte d'Ivoire towards the North did not pose a major problem as the infection in the South was essentially of the forest non-blinding form and that, any way, the distribution programme had now been extended to parts of that area. Also, the movement of entire villages was of little epidemiological importance, as community-wide ivermectin distribution was then easily instituted or continued. However, the seasonal migration of fishermen in search of catch could give rise to problems of a restricted nature and special efforts were made to ensure their continued ivermectin coverage.

6.21 In response to the question of how to ensure compliance to the long-lasting treatment by ivermectin, it was stressed that the beneficial effects of the drug were well appreciated by the people and that even after five years of treatment the compliance rate remained highly satisfactory. The Programme followed closely the developments in this respect.

6.22 The target for ivermectin distribution within the OCP area was 2.1 million treatments per year and the Committee was reassured that the manufacturer had committed himself to provide the drug free of cost as long as infected people needed treatment. The Programme kept detailed records of and collaborated closely with interested NGOs and national administration in the distribution programmes.

#### Administration and support services

6.23 The progress report for the year 1992 connected the third and fourth Financial Phases (1986-1991 and 1992-1997) and a review of the third Phase showed that some of the innovations made during that Phase were still relevant in terms of their effects. Thus, data processing which occupied an ever-increasing place in management had, among other applications, helped considerably to control the difficult financial situation brought about by the unfavourable exchange rate of the US dollar during 1992.

6.24 Furthermore, increasing personnel costs led to the idea, as the end of the third Financial Phase was drawing near, of changing the status of 250 WHO/OCP workers to national status - which was more economical - by transferring them to the governments or granting them equivalent national employment conditions. Such a measure was in line with devolution and with the need to gradually standardize staff employment conditions throughout the OCP area. The implementation of these measures would start on 1 January 1993.

6.25 Also, management seminars, initiated as a result of a previous financial crisis, were continuing from one Phase to the other. During the seminars emphasis was now laid on management principles and applied to specific OCP problems, especially in the Western Extension area.

6.26 Finally, it was noted that on two occasions in 1992 prior approval of the Committee of Sponsoring Agencies was obtained to allow for increases of more than 10% in allocations for devolution and the Macrofil Chemotherapy Project. This was done through internal transfers within the 1992 budget as approved by the JPC.

6.27 On the subject of fluctuation of the exchange rate of the US dollar and the decision of JPC12 to allow contributions to OCP in US dollars and French Francs, it was explained that two Donors (France and the Netherlands) had opted for payment into the French Franc account. This had in fact helped to minimize the loss that could have been incurred due to the exchange rate of the US dollar. This account would be transferred to OCP early next year.

6.28 In response to a question concerning the OCP payment of supplements to nationally employed staff, the Committee was informed that such payments had been in force since the Western Extension countries made staff available to OCP. These motivation supplements, the amounts of which depended on the nature of work, level of responsibility, etc. constituted 20-25% of the national salary scale and would also apply to staff in the Original Programme area remunerated at national salary levels.

6.29 In this connection, the question of uniformity of supplements granted by organizations and agencies came up. The Committee was informed that such efforts had been made through the offices of UNDP Resident Representatives, so far without much success.

6.30 The apparent contradiction between the OCP move towards national employment and the World Bank/IMF promoted structural adjustment was referred to. The representative of the World Bank explained that this adjustment aimed at closing the gap at the national level between expenditures and resources available so as to be able to move on to promote real growth. However, the Bank gave priority to education and health development and allowed for financing personnel in health plans if so desired by governments

#### The Onchocerciasis Chemotherapy/Macrofil Project

6.31 Clinical data on amocarzine (CGP6140) from West Africa and Latin America were being analyzed by the manufacturer and OCP would undertake limited trials of the drug once approved by the Swiss regulatory authorities on the basis of satisfactory documentation on its safety and efficacy being made available to the Programme. The second Ciba-Geigy compound (CGP18041) had shown good macrofilaricidal activity given intramuscularly but would only go to phase I clinical trials if preclinical results were satisfactory. As regards the benzimidazole analogue synthesized by the University of Michigan (UMF 078), OCT/Macrofil would contact a pharmaceutical company for collaborative development and manufacture if the product passed the preclinical and clinical tests.

6.32 An increasing number of test compounds were being obtained and Macrofil had in place sufficient laboratories to meet all essential efficacy screening for onchocerciasis and lymphatic filariasis.

6.33 Following the wish expressed at the 1991 session of JPC that OCT-conducted research - which accounted for less than 7% of the annual OCP budget - be increased, the OCT/Macrofil Steering Committee revised the budget of the project for the fourth Financial Phase (1992-1997) upwards from a total of US \$ 14 million to US \$ 22 million. Efforts were made to cover the increase for the years 1992 and 1993 by savings in other Programme activities thus keeping the total OCP budget below the ceiling for the two years set out in the approved Plan of Operations, but even if it were possible, the application of similar solutions might be more difficult for the remaining four years.

6.34 Dr Tore Godal, Director, TDR, expressed his satisfaction with the increasingly close collaboration between his programme and OCP and this, in particular, in respect to the Macrofil project. This collaboration was of interest also to non-OCP countries and the Programme often provided a test ground for new diagnostic means and operational approaches. He referred in this connection to the rapid assessment methodology and the development of DNA probes to distinguish between forest and savanna onchocerciasis.

6.35 The question was raised as to the probability of a field-applicable macrofilaricide becoming available and what was the likely timeframe for that event. The Committee was informed that all three potential candidates carried good hope but that obviously no firm assurance could be given at this stage. The time-span for the development of any drug was generally considered to be in the order of 10 years but the three drugs were already well on the way. In regard to the possible development of an anti-onchocercal vaccine, it was stated that research was underway in certain laboratories.

6.36 In reply to a question regarding the status of UMF 078 it was explained that this compound was a benzimidazole with proven macrofilaricidal activity in animal models, particularly when given by the parenteral route. Preclinical toxicology was about to be initiated, and particular attention would be paid to possible mutagenicity. If preclinical studies proved satisfactory then clinical trials of UMF 078 could begin in about two years time.

Concluding remarks of the Chairman of EAC

6.37 Before concluding his presentation, Professor Molyneux referred to statements in his Committee's report which did not fall within the Terms of Reference of EAC. This included recommendations that the Programme Director seek firm funding for an increase in the expected expenditures of the OCT/Macrofil project, and reference to the Environmental Working Group which had already been established by the Committee of Sponsoring Agencies.

6.38 In conclusion, the Chairman of EAC congratulated the Programme on its scientific excellence, its rapid application of research finding to field operations, its close collaboration with Participating Countries, the Donor Community and TDR, and, not the least, its active support to devolution.

**7. DEVOLUTION - REPORTS OF OCP, WHO (HEADQUARTERS AND REGIONAL OFFICE FOR AFRICA) AND OF PARTICIPATING COUNTRIES:** Agenda item 9 (documents JPC13.7, JPC13.8, JPC13.9, JPC13.10, JPC13.12)

7.1 The Chief of the OCP Devolution Unit reported that the devolution process was well underway. The plans approved by JPC for the seven countries in the Original Programme area had been, or were being, revised, while the devolution plans for the Western Extension countries had been finalized or were under preparation. Bilateral assistance had been secured in the case of Burkina Faso and was being negotiated in other countries. Active surveillance of onchocerciasis had started in Burkina Faso, Mali and Niger. National Devolution Committees with a direct operational responsibility were being constituted in all the Participating Countries in the Original Programme area.

7.2 In order to fulfill its advisory, supportive and catalytic role, operations of the OCP Devolution Unit had been strengthened by dividing the Programme area into a western, central and eastern animation zone, each headed by an OCP animator. The staff of the Unit, including devolution staff in the animation zones, had increased to fifteen and both VCU and EPI field personnel was actively supporting devolution-oriented activities, including ivermectin distribution and awareness raising. The collaboration with WHO/AFRO, directly and through the AFRO Inter-country Devolution Coordinator, and with WHO/HQ, remained important elements of OCP's support to national efforts in devolution.

7.3 The Committee was informed that 50 fellowships had been granted by OCP to nationals (18% females) of the Participating Countries between 1 August 1991 and 30 November 1992. All the awards concerned devolution-oriented disciplines. This brought the total of OCP fellowships granted since 1974 to 358.

7.4 The Chairman of the Expert Advisory Committee expressed EAC's satisfaction with the more recent developments in the field of devolution. His Committee was particularly pleased with the now firm collaboration with and support from WHO/AFRO and the efforts made in the fields of training and preparation of manuals. He also noted the considerable progress made in preparing and refining national devolution plans combining surveillance and control with that of other endemic diseases.

7.5 The Representative of the WHO Regional Director, Dr D. Barakamfitye, reminded the Committee about the contribution to devolution and the support provided by the Regional Office which had appointed an Inter-country Devolution Coordinator, set up a Devolution Task Force and instructed the WHO Representatives to follow closely devolution efforts in their countries of assignment and in agreement with the national health administrations to reserve, to that effect, a budget line in their WHO country allocations.

7.6 Several delegates from Participating Countries presented progress reports on the implementation of their devolution plans. All devolution programmes included surveillance and control of other endemic diseases and efforts were made to strengthen the public health systems in the countries

concerned to cope adequately with the operations involved. As a general principle, the devolution plans aimed at the integration of several independent, often vertical, disease control programmes. Considerable efforts were made to ensure community involvement and training of trainers and trainees was an essential element in all the plans, as was the Information, Education and Communication concept. The ready acceptance of OCP and WHO/AFRO support to the devolution process was acknowledged by several of the speakers.

7.7 On the side of impediments to the implementation of devolution plans, several delegates brought up the problem of funding. Despite the willingness of the governments concerned to provide funds to meet a substantial part of the expenditures involved, most of them were actively seeking Donor support to fill the gaps, although with limited success so far, except for Burkina Faso whose plan had been funded by the World Bank. In this connection, the Bank reiterated its willingness to consider additional requests for funding of devolution plans as part of Bank financed health systems development.

7.8 Dr R.H. Henderson, Assistant Director-General, stated his belief in the potential for devolution activities of OCP to contribute to the strengthening of public health services in the OCP area as being essential for the Programme benefits to become permanent. He made a plea for moral and financial support to the development of initiatives which, using the OCP infrastructure, would lead to the establishment of a multi-disease surveillance and control programme. The efficacy of OCP operations and their potential as building blocs for activities directed against other diseases should provide a strong incentive.

7.9 Following consultation between WHO/HQ, AFRO and OCP, a proposal aimed at taking advantage of OCP's managerial and technical experience and of its facilities to establish a system and mechanism to support multidisease surveillance and control had been prepared. The initiative was also aimed at preparing right now for a process which, after OCP came to an end, would give the necessary technical support not only to the maintenance of the Programme's achievements but also to the strengthening of integrated national public health programmes. The proposal was before the JPC for its comments and guidance.

7.10 In referring to document JPC13.12 presenting the proposal for a multidisease surveillance and control programme, Dr Barakamfitye stressed the need to make full use of the OCP operational experience, management capability and resources to ensure that the Programme's achievements be maintained within the framework of larger national undertakings including the surveillance and control of other endemic diseases. He was aware of WHO headquarters' keen interest in this proposal and pledged the full support of the WHO Regional Office.

7.11 Dr P. de Raadt, Director of the programme of Control of Tropical Diseases, supported the proposal for a multidisease surveillance and control programme for which his division stood prepared to help in such fields as planning, programming, training, operational criteria setting, etc.. In referring to the decision to set up an expert group to reflect on all aspects of epidemiological evaluation and advise on OCP concepts and strategies in this field (see paragraph 6.19 above), Dr de Raadt drew the attention of the Committee to a meeting of an Expert Committee on Onchocerciasis Control to be held late 1993. The findings of that expert group and the comments of EAC thereon would constitute a valuable contribution to the Expert Committee.

7.12 A thorough discussion followed the various presentations which might be summarized as follows. The Committee reconfirmed that the attainment of the Programme's objective depended on the implementation of effective devolution programmes. It was agreed that OCP with its appropriate structure would play a catalytic and promotive role in support of the national devolution process. The Committee requested the Programme Director to review further the structure of the OCP/AFRO devolution machinery and report his findings to the 1993 session of the Joint Programme Committee.

In this connection, the Committee was particularly interested in a clarification of the role of the OCP Devolution Unit in relation to that of the AFRO Devolution Coordinator and the Task Force.

7.13 The Committee emphasized the importance of integration, also in terms of work programmes, so as to avoid village communities being exposed to a series of individual specialized health actions separated in time.

7.14 It was agreed that all the issues raised regarding devolution at the current session of JPC and for which no final conclusion had emerged would be reconsidered at the next session of the Committee.

7.15 Training in OCP had become the responsibility of the Devolution Unit. Practically, all fellowships granted by the Programme fell in fields directly connected with devolution activities. All grants were now awarded for studies in African institutions. During the discussion, the problem of a mandatory post-graduate year at a training centre outside Africa, for which OCP had so far not been able to defray the cost, was raised and it was decided that in future when such cases arose OCP would, exceptionally, be authorized to pay for the expenses involved.

7.16 The Chairman of CSA expressed doubts as to the acceptance of the proposed multidisease surveillance and control programme in its present form which had not received the approval of his Committee. He suggested that the proposal be further scrutinized by CSA and that CSA report to JPC at its next session. Other speakers supported this proposal.

7.17 The Assistant Director-General, Dr R. Henderson, brought up, in this connection, the issue of the need for a future post-OCP coordination in a wider field than that of devolution for which, in his opinion, the experience and infrastructure of the Programme might constitute an operational base. The proposal in question would target the control of specified endemic diseases but was also intended to reinforce national public health systems. He felt that the sooner action was taken to visualize arrangements for the post-OCP era the better. Dr Henderson subscribed entirely to the proposal that the issue be considered in detail by the Committee of Sponsoring Agencies.

7.18 In conclusion, the Joint Programme Committee decided not to approve document JPC13.12. It noted that proposals to combine the Devolution Units, currently being separately managed by WHO/AFRO and OCP, into one Devolution Unit responsible for developing multidisease surveillance and control programmes were contrary to the recommendations of the OCP External Review of 1990 and the Plan of Operations for the fourth Financial Phase approved by the twelfth session of the JPC in Riyadh in 1991. The JPC decided to request the Committee of Sponsoring Agencies to examine the issues contained in document JPC13.12 and report back to the fourteenth session of JPC.

## 8. **AUDIT REPORT:** Agenda item 10 (document JPC13.6)

8.1 The External Auditor after having examined the Status of Funds Statement and its two Annexes in respect to the Onchocerciasis Control Programme for the year ended 31 December 1991 found them in order and did not make any observations.

8.2 The report of the External Auditor was noted by the Committee.

## 9. **PLAN OF ACTION AND BUDGET OF THE PROGRAMME FOR 1993 AND ITS APPROVAL:** Agenda item 11 (document JPC13.4)

9.1 During 1993 the Programme would continue its ongoing and long-standing activities with particular emphasis being given to OCP's support to devolution. Ivermectin distribution would be further strengthened, both when carried out in combination with larviciding and when the drug was

given alone. The search for a field-applicable macrofilaricide would be intensified in line with the encouragement to OCT/Macrofil to accelerate its efforts in drug discovery and development.

9.2 Further reductions in the entomological surveillance network were foreseen, following the cessation of vector control in the major part of the Original OCP area. Epidemiological evaluation would continue to play a decisive role in decision-making regarding the area-wide termination of larviciding.

9.3 The year 1993 would see the transfer of part of the OCP staff to government service in the Participating Countries within the Original Programme area, or the granting such staff, if continued to carry out OCP operations, a status based on national employment and no longer on WHO/OCP conditions. Also, rather than hiring permanent staff the Programme would resort to the employment of consultants and short-term professionals from the Participating Countries thereby familiarizing a great number of nationals with the work of OCP and promoting inter-country collaboration and understanding within the region. Such measures were to be seen in the context of devolution.

9.4 The proposed budget for 1993 amounted to US \$ 29,739,000 showing a decrease of US \$2,714,000 (or 8%) when compared to the approved budget for 1992 (US \$ 32,453,000). Also, the projected budget for 1993 was slightly lower than that approved in the Plan of Operations for the fourth Financial Phase (US \$ 30,085,000). There was a decrease in costs as regards duty travel, aerial operations, operating costs and larvicides, and an increase in costs regarding consultants, research contracts, fellowships and training. OCP would do everything within its power for the expenditures to remain within the budget presented.

9.5 In clarification of the proposed budget, it was confirmed that the cost of all staff employed in the Devolution Unit was presented under that unit only. As regards the "lump sum" paid to nationally employed staff, it was explained that this should be seen as an incentive/motivation adjusted according to function. In respect to the provision of only four months consultancy for ophthalmology, after the departure of the full-time ophthalmologist, it was pointed out that the workload was decreasing and that two potential consultants had been trained by the former staff member who would be available for short-term assignments to the Programme. At the request of one participant the list of OCT/Macrofil contracts would be made available to him to substantiate the increase in the 1993 budget for that project.

9.6 The proposed Plan of Action for 1993 and the budget in the amount of US \$29,739,000 was approved.

## **10. FINANCING OF THE ONCHOCERCIASIS CONTROL PROGRAMME: Agenda item 12**

10.1 The World Bank representative in introducing this item informed the Committee that at the closure of accounts for the third Financial Phase (1986-1991) the Fund succeeded in carrying over a surplus of US \$8 million to the Phase Four Fund. He then reminded the Committee that the budgetary forecast for the fourth Financial Phase (1992-1997) amounted to US \$175 million, an amount slightly lower than that expended during the third Financial Phase and 22 per cent less in real terms. It was not expected that the expenditures for the fourth Financial Phase would exceed the approved level of US \$175 million.

10.2 As to the projected financing available for the fourth Financial Phase, the World Bank representative anticipated that total Donor contributions would reach US \$154 million to which should be added the US \$8 million carried over from the third Financial Phase and an expected US \$3 million in interest earned. The estimated total thus came to US \$165 million representing a shortfall for the fourth Financial Phase of US \$10 million. It was intended to bridge this shortfall by encouraging supplementary increases from selected Donors and by recruiting new Donors into the Programme.

10.3 Please see annex IV for the amounts pledged.

**11. SOCIOECONOMIC DEVELOPMENT:** Agenda item 13 (documents JPC13.11 and JPC13.13)

Ministerial level Conference on Policy Issues of Sustainable Land Settlement

11.1 Preparations for the Conference, which had been approved by JPC at its December 1991 session, were well underway. Preliminary discussions had been held with officials from interested Participating Countries and Donor Organizations. The individual Sponsoring Agencies stressed that the Conference was meant to assist the Participating Countries in developing the oncho-freed areas in a sustainable manner. The Conference would provide a forum for discussing the considerable experience the countries and Donors have had in settlement activities. It would also allow the discussion of a series of guidelines for supporting sustainable settlement developed from the two regional studies previously supported by the CSA.

11.2 The estimated cost of the Conference was put at US \$400,000 of which the Sponsoring Agencies were committed to providing US \$100,000. They requested interested Donors to indicate their support for the Conference in the near future, so the preparations could proceed.

Draft proposal for a pilot project on Environmental Impact Assessment in the OCP area

11.3 The proposed study would deal with the effects of human settlement on the aquatic environment in two pilot zones within the OCP area. Full use would be made of the data collected over the years by the Programme and by national hydrobiological teams.

11.4 The pilot study would help to develop and refine methodologies for use on a larger scale and provide planners with tools for optimizing development strategies aiming at protecting the environment. The estimated cost of the study, which would be completed in time for presenting a report on its conclusions to the Ministerial level Conference, would be in the order of US \$100,000.

11.5 Although some delegations expressed reservations about the proposed venue of the Conference and the mode of financing, the JPC confirmed that the costs of the Conference and of the pilot project would be funded from special Donor contributions and not from OCP funds.

**12. OTHER MATTERS:** Agenda item 14

12.1 The Programme Director asked for the Committee's understanding of difficulties arising now and then with regards to the amount of detailed information to be provided. He stressed that any information requested would be provided forthwith but suggested at the same time that the Committee might not wish to be overburdened with details, a fair amount of which would have already been digested by EAC before it presented its reports to JPC.

12.2 The Committee was informed, in reply to a specific question, that the Expert Advisory Committee was now composed of ten members (including one woman) of which six had recently been appointed. Five of the members were Africans. The membership of the Committee was determined by the need for expert advise in the different operational fields of the Programme which had over the last years led to an increase in the expertise required for devolution. Candidatures for membership were nominated by CSA and members were appointed by the Director-General of WHO for a period of two years, renewable.

12.3 The Committee was informed that four staff members had left, or were leaving, the Programme: Dr P. Guillet, Dr Y. Dadzie, Mr G. Koulischer and Dr D. Baldry. The Committee expressed its sincere gratitude for their devoted service to the Programme and wished them the best of luck for their future.

**13. DATE AND PLACE OF THE FOURTEENTH SESSION:** Agenda item 15

13.1 The Committee accepted with thanks the kind invitation of the Government of the Grand Duchy of Luxembourg to hold its fourteenth session in Luxembourg from 7 to 10 December 1993.

**14. CLOSURE OF THE THIRTEENTH SESSION:** Agenda item 16

In closing the session, the Chairman recalled some of the issues which had been in the foreground. He stressed the importance of giving due prominence to the impact of development activities on the environment and welcomed the action taken by CSA in that respect. He also underlined the necessity of conducting control programmes in an integrated manner with a clear focus and with a policy and strategy determined by the need for decentralization and community involvement. To that effect, the Chairman emphasized the increasing demand for planification and implementation of development programmes as global and comprehensive undertakings, both by the recipient countries and the Donor community.

### CONCLUSIONS AND DECISIONS

1. The Programme Director, in consultation with Chairman EAC, to establish expert group to examine OCP epidemiological evaluation (para. 6.19);
2. Programme Director to review OCP institutional framework of devolution and report to JPC.14 (para. 7.12);
3. OCP authorized, in exceptional cases, to defray the cost of mandatory final year outside Africa for fellows (para. 7.15);
4. CSA to examine issues in document JPC13.12 and report back to JPC.14 (para. 7.18);
5. Proposed Plan of Action and Budget for 1993 approved (para. 9.6).
6. Proposed Ministerial level Conference and Environmental Impact Assessment to be financed from special Donor contributions and not from OCP funds (para. 11.5).

OPENING STATEMENT BY DR R.H. HENDERSON ON BEHALF OF  
THE DIRECTOR-GENERAL OF WHO

Thank you, Mr Chairman,

The Director-General of the World Health Organization, Dr Nakajima, would have very much liked to attend the opening of this session of the Joint Programme Committee and regrets sincerely that he is unable to be with you today. He has asked me to read the following message on his behalf:

"Excellencies, ladies and gentlemen,

"It gives me great pleasure, once again, to address the governing body of one of the largest and most successful field operations undertaken by the World Health Organization.

"In my statement to the Forty-fifth World Health Assembly six-months ago I highlighted certain aspects of WHO-supported development programmes which are crucial for achieving success. Let me dwell on what to my mind are the three most important principles to see how they apply to the Onchocerciasis Control Programme.

"The World Health Organization is increasingly concerned with meeting a growing demand for equity and social justice without which "health for all" loses its true meaning. It is therefore gratifying to note that OCP operations are all directed to the control of a health problem afflicting the disadvantaged populations "at the end of the road".

"Another principle in health development is active community participation in decision-making and in the implementation of programmes designed to control diseases and improve people's health. Here again, I am pleased that recent years have seen an increasing involvement of the village populations in the OCP devolution process and, more particularly, in the community-wide distribution of ivermectin.

"The third reference to my address to the Health Assembly concerns the need for our activities to be planned and implemented as an integral part of socioeconomic development. Improvement of health helps to remove road-blocks on the way to economic and social advancement and it is worth noting that OCP's objective specifically calls for the removal of onchocerciasis as "an obstacle to socioeconomic development" and that this has now been achieved throughout the Programme area.

"In conclusion, the Onchocerciasis Control Programme is a good demonstration of the successful large-scale application of the policy and guiding principles of WHO-supported operations in the field of health and socioeconomic development. I therefore, once again, pledge WHO's firm and unwavering commitment to moving OCP towards its successful conclusion.

"As regards the progress of the Programme during the past year, I wish to stress only one or two points.

"Vector control has progressed according to plan. It is encouraging, and augurs well for the future, that the long-standing operational problems -vector reinvasion and resistance to larvicides - are now both fully under control.

"On the side of devolution which is now firmly entrenched and fully operational in several OCP countries, I am particularly encouraged by two new developments. I have already stressed the importance of the involvement of the communities and would, in this connection, emphasize the recent experience, within the OCP area, of community self-treatment with ivermectin. This opens up new avenues for more cost-effective, large-scale self-medication programmes, not only of interest to OCP.

"The second development is the recent initiative by OCP, in conjunction with WHO headquarters and the Regional Office for Africa, to look at the devolution process as an opportunity for strengthening the public health services of the Participating Countries. I am confident that the proposal to expand devolution plans to multidisease surveillance and control programmes, supported by WHO and the Donor community and making use of the OCP infra-structure, will meet with the approval of your Committee.

"Mr Chairman, it is customary that as head of the Executing Agency, I should express my gratitude to the partners in the Onchocerciasis Control Programme. I do this, convinced that because of our joint efforts, OCP is well on its way to achieve what it has been set out to accomplish.

"I wish first to thank the Donors for once again having shown their faith in the Programme by signing the Fund Agreement for the fourth Financial Phase. The pledging, for the 1992-1997 period, of up to 85% of anticipated total expenditure is indeed a remarkable feat.

"The increasing involvement of the Participating Countries in the operations of OCP, through the devolution process, and their readiness to take on the burden of employing OCP-directed staff, are significant expressions of confidence in OCP. I am most grateful for this indispensable support which, I fully appreciate, is given despite national economic and financial hardship.

"My thanks also go to the members of the Expert Advisory Committee and the Ecological Group who have given so generously of their expertise to OCP. Their scientific and technological guidance continues to be a determining factor in conducting Programme operations.

"The Committee of Sponsoring Agencies has continued its close collaboration with, and support to, the management of the Programme. I am grateful to the Committee for its continuing support, and more particularly, for the important role it now plays in the fields of environmentally sustainable settlements and socioeconomic development.

"May I also take this opportunity, to express my gratitude to the manufacturer of ivermectin, Merck, Sharp and Dohme, for having so generously made the drug available free of charge to governments and to organizations involved in the control of onchocerciasis.

"And, lastly, my sincere thanks go to the staff of OCP at all levels and at all duty stations. In the end, it is their contributions that take the Programme forward and ensure its success. OCP is fortunate to have a competent and devoted staff.

"Excellencies, ladies and gentlemen,

"I wish you every success in your deliberations during this, the thirteenth session of the Joint Programme Committee.

"Thank you, Mr Chairman."

This, Mr Chairman, concludes the message of the Director-General of WHO.

Thank you.

## AGENDA

1. Opening of the session
2. Election of officers
3. Adoption of the agenda
4. Adoption of the report of the twelfth session of the Joint Programme Committee
5. Reflections of the Committee of Sponsoring Agencies
6. Progress report of the World Health Organization (WHO) for 1992
7. Progress report of the Onchocerciasis Chemotherapy/Macrofil Project
8. Report of the Expert Advisory Committee
9. Devolution - Reports of OCP, WHO (Headquarters and Regional office for Africa) and of Participating Countries
10. Audit report
11. Plan of Action and Budget of the Programme for 1993 and its approval
12. Financing of the Onchocerciasis Control Programme
13. Socioeconomic Development
14. Other matters
15. Date and place of the fourteenth session
16. Closure of the thirteenth session

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Annex III

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PLEDGES FOR PHASE IV

Donor	For 1993	For entire Phase IV
African Development Bank		about US \$ 2 million
Belgium	BF 16 million	
Calouste Gulbekian Foundation	US \$ 50,000	
France	FF 7,5 million	FF 45 million
Germany	DM 2 million (1992)	
Korea	US \$ 100,000 (1992)	
Kuwait		US \$ 1.5 million
Luxembourg	US \$ 250,000	FL 51 million
Netherlands	NLG 4.5 million	NLG 27 million
Portugal	US \$ 50,000	
Saudi Arabia		US \$ 14 million
Switzerland	CHF 3 million	CHF 18 million
UNDP		US \$ 7.5 million
United Kingdom	£ 950,000*	
USA	US \$ 3,5 million	US \$ 21 million
WHO	US \$ 250,000	US \$ 1.5 million
World Bank	US \$ 2,63 million	US \$ 15.8 million

\* 1992 contribution. Hopes to contribute at similar level but possibility of small reduction.

Note: Other Donors are expected to eventually announce their contributions for 1993 in amounts similar to those of 1992, in particular Canada (1992: Can \$ 1.5 million), Japan (1992: US \$ 2 million).