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JPC14

JOINT PROGRAMME COMMITTEE

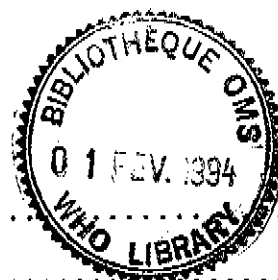
ONCHOCERCIASIS CONTROL PROGRAMME IN WEST AFRICA

Fourteenth session, Luxembourg, Grand Duchy of Luxembourg

7 - 10 December 1993

REPORT

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

1.1 At the kind invitation of the Government of the Grand Duchy of Luxembourg, the Joint Programme Committee (JPC) of the Onchocerciasis Control Programme in West Africa (OCP) held its fourteenth session in the Kirchberg Conferences Centre, Luxembourg, from 7 to 10 December 1993. The list of participants is attached as Annex III.

1.2 In welcoming participants and observers to Luxembourg, the Minister of Health, Mr Johnny Lahure, stressed the considerable achievements of OCP both in the field of health and in opening up fertile, riverain areas for socio-economic development. The Minister underlined the important tasks of the Joint Programme Committee at the current session and assured the Programme of the continued support of his country.

1.3 The session was opened by Dr Andri Bisaz, Chief, West Africa Section, Swiss Development Cooperation who, on behalf of Mr Henri Philippe Cart, Deputy Director of that same Cooperation and Chairman of the thirteenth session of JPC, expressed his gratitude for the excellent arrangements made by the host country and for the warm welcome extended to the participants. He was particularly impressed by the fruitful collaboration that existed among the different partners of OCP and congratulated the Programme on the impressive results obtained, due to scientifically based control and the support of the Donor community and the Participating Countries.

1.4 Dr Bisaz further stressed the importance of the devolution process in contributing to the strengthening of public health services within the Participating Countries and the need for maintaining the Programme's achievements through continued collaboration among the eleven OCP countries. Fully realizing the current constraints and difficulties of the Donor community, he nevertheless insisted on the need for the necessary support to continue until the Programme came to a successful end.

1.5 The Director-General of the World Health Organization (WHO), Dr Hiroshi Nakajima, emphasized in his address to the Committee, read by Dr Ralph H. Henderson, Assistant Director-General, the crucial importance of devolution for OCP to eventually reach its objective. He welcomed the Joint World Bank/OCP Initiative to support the process in the Participating Countries and urged the Donor community to come forth with financial assistance whenever required. The Director-General noted, with satisfaction, the efforts undertaken by the Committee of Sponsoring Agencies (CSA) in the field of socioeconomic development, culminating in the CSA-sponsored Ministerial Meeting to be held in April next year. Finally, Dr Nakajima stressed that the Programme was now nearing its successful end for which a last effort of all concerned was still to be made. The text is attached as Annex I.

1.6 On behalf of Dr G.L. Monekosso, Director of the WHO Regional Office for Africa, Dr Ayite M. d'Almeida, Director of Programme Management, referred to the efforts made by his office to strengthen the national devolution programmes including also help in coordinating the support of bilateral development agencies and non-governmental organizations. The Regional Office promoted devolution as an integral activity of multidisease surveillance and control based on the district-level approach incorporating epidemiological surveillance, ivermectin distribution, social mobilization and ongoing evaluation. He finally stressed AFRO's interest in onchocerciasis control in non-OCP countries within the Region.

1.7 Dr Ebrahim M. Samba, Director of the Programme thanked the authorities of Luxembourg for the efficient manner in which the meeting had been organized. He was pleased to report that the past year had been particularly successful as far as OCP operations were concerned. All elements were now in place for the Programme to ensure complete success provided that continued Donor support could be counted on. The difficulties inherent in the current situation were fully understood and priority given to support OCP during its last few years would be much appreciated.

During its meeting, the Committee learned with sorrow the death of His Excellency Mr Félix Houphouët-Boigny, President of the Republic of Côte d'Ivoire and presented its condolences to the delegation of Côte d'Ivoire.

The Committee observed a minute of silence in memory of President Houphouët-Boigny.

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

2.1 The Committee elected Mr Gaston Stronck, Secrétaire de Légation, Direction des Relations économiques internationales et de la Coopération, Ministère des Affaires étrangères of the Grand Duchy of Luxembourg, as Chairman and Professor Yao Guillaume Loukou, Directeur Général de la Santé et de la Protection sociale, of the Republic of Côte d'Ivoire, as Vice Chairman.

**3. ADOPTION OF THE AGENDA: Agenda item 3 (document JPC14.1, revision 2)**

3.1 The provisional agenda was adopted without amendments (Annex II).

**4. REFLECTIONS OF THE COMMITTEE OF SPONSORING AGENCIES: Agenda item 4**

4.1 Mr Bruce Benton, Chairman of the Committee of Sponsoring Agencies (CSA), in highlighting the achievements of OCP in the field of health, suggested that the Programme would come to a successful conclusion earlier than anticipated and in all likelihood by the year 2000 if not earlier.

4.2 As regards the impact of OCP in connection with socioeconomic development, the results were equally impressive and CSA was looking forward to the Ministerial Meeting on Settlement and Development in Paris in April 1994 which was being organized by the Committee with the aim of promoting coordinated sustainable development in oncho-freed areas.

4.3 Devolution was now well under way, and efforts were being made to seek Donor support to the implementation of recrudescence control as part of comprehensive epidemiological surveillance and response systems.

4.4 In concluding, the Chairman of CSA made a strong plea for Donor support to OCP to continue unabated during the last few years of Programme operations so as to ensure that the scourge of onchocerciasis would once and for all be eliminated from the eleven West African countries.

4.5 The text of the Reflections of the Committee of Sponsoring Agencies is attached as Annex V.

**5. PROGRESS REPORT OF THE WORLD HEALTH ORGANIZATION FOR 1993: Agenda item 5 (documents JPC14.2 and JPC14.10)**

**REPORT OF THE EXPERT ADVISORY COMMITTEE: Agenda item 6 (document JPC14.3)**

5.1 Professor Molyneux, Chairman of the Expert Advisory Committee (EAC), put on record the Committee's congratulations to Dr Samba for receiving the prestigious Balzan and African leadership (Hunger Project) prizes.

5.2 The Chairman of EAC then informed JPC about the appointment of new members of the Committee, representing expertise in the fields of ophthalmology, health systems development, entomology, ivermectin distribution and chemotherapy.

5.3 Since the 1992 session of EAC the thirteen recommendations made during that session had been implemented by the Programme. Professor Molyneux further reported on his field visit early in 1993 during which he had been impressed by the many modifications to, and innovations of, field operations, resulting in an appreciable enhancement of OCP's performance, that had been introduced since his last visit to the field in 1989.

#### Vector control

5.4 During the period under review, vector control operations within the Original Programme area were limited to those zones, situated essentially along the eastern and western borders, where interruption of transmission had been impeded by reinvasion of infective blackflies from sources located in the South-Eastern and Western Extension areas in which systematic larviciding only started in the late eighties. Vector control in the Original Programme area was now confined to less than 20% of the original river systems treated.

5.5 Larviciding continued throughout the Southern Extension area and in the southern half of the Western Extension area while the control in the northern half of that area was based solely on community-wide distribution of ivermectin 6 mg (Mectizan<sup>R</sup>, Merck), as blackflies in that area were no threat to the Original Programme area and there was a high proportion of animal *Onchocerca* in the vector.

5.6 Strict application of the rotational scheme of larvicides resulted in an improved susceptibility of blackflies to organophosphates. In addition to temephos, other compounds belonging to different chemical groups were now available and a promising new candidate for vector control was being tested at the operational level by the OCP Insecticide Research Unit.

5.7 The aerial operations had been carried out without any problems throughout the period under consideration. The introduction of a computerized discharge forecasting system, based on readings by the hydrological stations equipped with Argos beacons linked to satellite radio transmitters, allowed for instant calculation of dosages of the larvicides to be applied at the various treatment points. Thus, last minute adjustment could be made, whenever required, by radio contact with the helicopter pilots concerned.

5.8 As a result of the reduction in vector control activities in the Original Programme area as well as in the northern part of the Western Extension area and in the south of Sierra Leone a number of VCU sub-sectors and catching points had been successively closed down.

5.9 The entomological evaluation results obtained were largely satisfactory. The Annual Transmission Potential (ATP)<sup>1</sup> at the regularly monitored catching points was below 100 at all the points as regards savanna species.

5.10 Once larviciding ceased in a given area, blackflies would return. It was therefore important to ensure that they were non-infective so as not to give rise to recrudescence. Consequently, fly catching points were maintained in such areas for an additional two years to carry out post-control entomological studies. At ten catching points located in former hyperendemic foci within the Original Programme area, the results were satisfactory (less than one infective out of one thousand parous blackflies) while in two cases the rate was between 3 and 4 per 1000, necessitating the temporary resumption of larviciding while waiting for an epidemiological survey to identify the villages where the prevalence was not sufficiently low.

5.11 As regards ecological monitoring, the findings of the OCP-supported National Hydrobiology Teams, coordinated by the OCP Ecological Group, confirmed the absence of adverse effects on fish as a result of VCU larviciding, while a modification of the composition of non-target insect fauna

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<sup>1</sup> The number of infective larvae which might have been transmitted to a person sitting at the river bank, 11 hours a day, 365 days a year. The level of tolerability: an ATP of 100.

and a reduction of their density were within acceptable limits. After cessation of larviciding recolonization of the rivers by the non-target fauna was observed.

5.12 The OCP DNA laboratory in Bouaké was now fully operational. It allowed for distinction between the human and animal *Onchocerca* and between the blinding (savanna) and less blinding (forest) forms of the parasite, thus permitting the Programme to enhance its focus of larviciding on areas with transmission of the blinding form of the disease. A special study had demonstrated the capability of DNA probes to detect one infective larva in 100 crushed blackflies, a finding of interest to the post-control surveillance.

5.13 The Chairman of EAC welcomed the tangible progress made in the field of vector control, including the drastic reduction in the ATP in the Extension areas and the fact that larviciding had now been discontinued in areas which were previously hyperendemic. He underlined the importance of the DNA laboratory in Bouaké allowing for improved targeting of larviciding by excluding from spraying areas with animal onchocerciasis. The availability of six larvicides (with the prospect of another larvicide within a year), used in rotation, would in future prevent any instances of resistance, particularly as the new candidate was of a different chemical class and could replace organophosphorous insecticides between 15-70 m<sup>3</sup>/s.

5.14 Professor Molyneux expressed the admiration of his Committee for the excellent work carried out by the helicopter pilots without which OCP would not have succeeded. They often worked under harsh conditions, with considerable responsibility for targeting appropriate dosages of insecticides at the right water stretches and having to fly over difficult terrain.

5.15 The Chairman of the Ecological Group, Professor Calamari, confirmed that the systematic rotation of larvicides had further reduced effects on the aquatic fauna. A non-organophosphorous insecticide, Vectron, applicable to river flows between 15 and 70 m<sup>3</sup>/s had been authorized for testing. An assessment of data from the last 10 years had shown that long-term fluctuations of fish populations were well correlated to variation in river flows rather than to larviciding by OCP.

5.16 The Group stressed that the principle of devolution had in fact been applied to the hydrobiology teams ever since OCP operations started, and recommended that ways and means be eventually sought to ensure employment of such staff in the overall field of environmental monitoring.

5.17 Members of the Committee congratulated the Programme on its successful vector control operations and the encouraging results obtained during the year under review.

5.18 In response to a question concerning the extent to which larviciding has ceased in the Original Programme area it was explained that although the area previously reinvaded was still under vector control, larviciding would soon come to an end throughout the area.

5.19 As regards the possible impediment of resettlement due to the return of blackflies after cessation of vector control, it was explained that information meetings were held with the villagers when OCP staff reassured the population that the flies were no longer transmitting the disease. To control the nuisance, the Programme supported localized ground treatment with larvicides, in particular in areas with important socioeconomic development schemes. Such treatment could be restricted to a few weeks each year.

5.20 A question was raised as to the cost to the Programme of doubling the dose of a defective B.I. H-14 batch necessitating an increase in flight hours. Although 225 000 litres, costing US\$ 1 million, were involved, OCP had suffered no loss because this defective batch was replaced by the firm. Also, the manufacturer had agreed to provide improved formulations without increase in their cost, although such increases were stipulated in the contract. Each new batch of B.I. H-14 was now tested before delivery at the OCP Bouaké laboratory.

5.21 Replying to a question concerning the risk of invasion of infective blackflies from Nigeria into the eastern part of the Programme area, the Director reassured the Committee that onchocerciasis in that country was being controlled by extensive ivermectin distribution and that OCP maintained

close contact with Nigeria through participation in their respective meetings and training by the Programme of Nigeria technicians (see also paragraph 5.46 below).

5.22 Concern was expressed about the legal aspects of property rights connected with the improvement of *B.t.* H-14 formulations developed in collaboration with the Pasteur Institute of Paris, and the Committee was assured that care would be taken to safeguard the interest of the Programme as was usual in contracts between WHO and other bodies.

5.23 In response to a query regarding the use of permethrin at Tienfala for more than the recommended maximum six cycles, it was stressed that this maximum might be exceeded in exceptional situations and that special ad hoc ecological studies were being made in that area to ensure that no serious damage was done to the aquatic fauna.

#### Epidemiological activities and ivermectin distribution

5.24 The contribution of epidemiological investigation to decision-making concerning cessation of larviciding within the Original Programme area was now a major preoccupation of the Epidemiological Evaluation Unit (EPI). Decisions on discontinuing larviciding were based on prevalence of onchocerciasis, the Community Microfilarial Load (CMFL), incidence, and the degree of conformity of the prevalence with computer predictions.

5.25 In all, 29 front-line indicator villages were examined in four river basins. The results were mainly satisfactory to the extent that larviciding could cease in three of the four basins, while the epidemiological findings in the fourth called for continuation until the situation could be reviewed at a later date.

5.26 Given that community-wide application of ivermectin precluded the use of such epidemiological indicators as time trends in prevalence and CMFL, the evaluation of the effect of vector control in the Extension areas, under combined larviciding and ivermectin control, would in future be based on incidence of onchocercal infection among cohorts of skin-snip negative persons who would be excluded from the annual ivermectin distribution only. However, any of them turning skin-snip positive would resume ivermectin treatment.

5.27 So far, 48 villages located in Guinea, Togo, Benin and the mixed savanna/forest zone in Côte d'Ivoire had been examined and cohorts established within the communities. The results of this incidence-based evaluation could only be expected after some years to come.

5.28 Special studies were carried out in Ghana, Togo and Côte d'Ivoire in order to evaluate the impact of migration on the occurrence of new onchocercal infections within the Original Programme area. In the 24 villages included, by far the majority of the new infections were found in migrants who had come in from the south in most cases.

5.29 At the request of JPC at its December 1992 session, the Programme Director established, in consultation with the Chairman of the Expert Advisory Committee, an expert group to propose a schema for epidemiological evaluation. EAC approved the proposal at its June 1993 session and recommended its adoption by JPC (document JPC14.10). It was noted, in this connection, that a tri-cocktail of antigens was being field-tested within the OCP area with a view to eventually establishing immunodiagnosis as a field-applicable diagnostic tool.

5.30 More than 1.7 million people in over 5 000 villages were now under ivermectin treatment within the OCP area, essentially in the Extension areas but also in a few circumscribed zones within the Original Programme area where the result of control operations was not quite adequate. The distribution continued to be carried out by national teams supported by OCP (70%), through programmes assisted by Non-governmental Organizations (NGO)(14%), by means of community self-treatment (10%) and in health centres (6%).

5.31 The coverage averaged 70% of the target population, reaching 77% in villages opting for community self-treatment.

5.32 As a result of five years' ivermectin control in Asubende, exposed also to larviciding, the onchocercal prevalence had reduced from 85% at the start of treatment to 63% while the intensity of infection (CMFL) had dropped by 90%. The evaluation after five years also showed a significant reduction of lesions in the anterior chamber of the eye, a reduction requiring at least ten years of vector control alone.

5.33 Professor Molyneux commended OCP on the impressive results obtained in the Original Programme area, prevalence below 2% and CMFL less than 0.1%, allowing for cessation of larviciding. As regards collaboration with TDR, he referred to studies on the impact of ivermectin treatment, ivermectin delivery, epidemiological modelling, vector/parasite relationships, DNA probes, immunodiagnosis, and development of a morphometric method for distinguishing adult blackflies. These were important studies which had led to a significant impact on Programme costs.

5.34 He then drew the attention of the Committee to document JPC14.10 containing the report of an expert group set up to make proposals regarding epidemiological evaluation in the OCP area. These proposals had been scrutinized by the Expert Advisory Committee which recommended them for approval by JPC.

5.35 The Committee expressed its satisfaction with the work of OCP in the field of epidemiological evaluation and with the considerable progress made in the ivermectin distribution programme.

5.36 In response to a question relating to the exclusive treatment of ivermectin in the northern half of the Western Extension area, the explanation was given that the epidemiology in that area differed from the southern half insofar as the parasites were mostly of the animal species, the populations were scattered and the treatment by aerial larviciding would have been extremely costly given the long distances. Both EAC and JPC had endorsed ivermectin treatment alone in the area in question.

5.37 As regards the eventual effect of human migration in respect to recrudescence, it was explained that all epidemiological evaluations undertaken by OCP included a study of migration. Special studies were also carried out in the forest areas in the south to assess the impact of migration towards the north.

5.38 The question was asked whether or not the combination of vector control and ivermectin treatment would shorten the period of larviciding necessary to bring the human reservoir of the parasite to an epidemiologically insignificant level and what would be the financial implications. These were questions to be addressed by the Mid-Term (Phase IV) Prospective Evaluation for reporting to JPC at a later date (see also section 11 below).

5.39 Responding to a question regarding the respective costs of vector control and ivermectin distribution and the costs of different modes of distribution, reference was made to a 1990 World Bank study which estimated the cost of vector control at less than half a US dollar per person protected, whereas recent estimates by OCP suggested that the cost of ivermectin distribution was in the range of US \$1 to US \$2 per person treated. Also, it should be considered that vector control over the required period resulted in elimination of the human reservoir of the parasite, while treatment with ivermectin was open-ended. The combined treatment was probably the most cost-efficient although the duration of larviciding in such combination could not yet be predicted.

5.40 As regards the respective costs of different modes of ivermectin distribution, certain estimates were in hand, but an in-depth study would be undertaken by OCP and the findings reported to JPC at its 1994 session (see also paragraph 6.26 below).

5.41 In respect to the possibility of interactions of ivermectin with drugs used for treatment of malaria, schistosomiasis, etc., OCP had approached the Mectizan Expert Committee for their views which were that there were no reactions on record.

5.42 The possibility of HIV infection being transmitted through skin snipping attracted some attention and the Committee was assured that skin snipping was used only when absolutely necessary and that, anyhow, OCP followed strictly the WHO guidelines for sterilization of the equipment used for that purpose. However, an attempt would be made to look into the risk, if any.

5.43 In this connection, it was stressed that an immunodiagnostic test whenever available would require the taking of blood with a possible inherent risk similar to that of skin snipping.

5.44 To the suggestion that ivermectin treatment of children might increase their growth and improve their level of intelligence, the explanation was given that ivermectin killed intestinal parasites which often stunted growth. With regard to raising the intelligence level and learning ability, no supporting data were in hand and OCP had no expertise in this matter.

5.45 A discussion took place on the role of non-governmental organizations in ivermectin distribution and their relations with government authorities. It was suggested that OCP assist in coordinating the work of NGOs and for that purpose prepare guiding principles for their attention. The Programme Director expressed his opinion that such collaboration be best handled by the national authorities. Also, booklets concerning all aspects of ivermectin distribution had already been prepared by OCP and NGOs. In this connection, it was further suggested that ivermectin provided for humanitarian purposes be also provided through OCP instead of being procured directly or via NGOs outside the Mectizan Expert Committee. Coordination among NGOs concerned with ivermectin distribution was now ensured through a Group Committee with the secretariat at WHO headquarters.

5.46 The issue of a potential reinvasion into the OCP area of infective blackflies from Nigeria or transmission of the infection by migrants from that country was repeatedly referred to during the debate. It was explained that the prevailing South-West/North-East winds militated against such reinvasion, that the common river valley was limited to a few hundred kilometres and that Nigeria was now undertaking large-scale ivermectin distribution along the frontier in question. It was further stressed that there was regular contact between OCP and the Nigerian authorities during reciprocal visits, and that OCP trained Nigerian staff.

5.47 The Committee finally requested the Programme Director to report to its 1994 session on the OCP/Nigerian collaboration including its historical development. The Committee further suggested that Nigeria be invited as Observer to the 1994 JPC session. An alternative possibility would be to invite a Nigerian who was a member of EAC.

5.48 To a request for clarification of the strategy for ivermectin distribution and its evaluation, it was pointed out that the Programme followed the strategy laid down in the Plan of Operations for the fourth Financial Phase.

5.49 The Committee heard a statement by Dr N.M. Hien, Secretary-General of OCCGE<sup>2</sup>, who underlined the close collaboration that had always existed, and continued to exist, between his Organization and OCP including attendance at each other's meetings. In referring to the need for continued collaboration between the Participating Countries after the end of OCP operations, he proposed that OCCGE could eventually fulfil the role of a future Inter-Country Facility, one of the possibilities put forward by the 1990 External Review group.

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<sup>2</sup> Organisation de coordination et de coopération pour la lutte contre les grandes endémies (= Organization for Coordination and Cooperation in the Control of Major Endemic Diseases)  
Member States: Benin, Burkina Faso, Côte d'Ivoire, Mali, Mauritania, Niger, Senegal, Togo.

### The Macrofil Chemotherapy Project

5.50 Close collaboration with the various units of the WHO/UNDP/World Bank Special Programme for Research and Training in Tropical Diseases (TDR), the pharmaceutical industry and academic institutions was maintained throughout the period.

5.51 Ciba-Geigy continued its clinical trials of CGP 6140 (Amocarzine) in Latin America. Further trials in West Africa would be conducted by OCP after receipt of assurance concerning the safety and efficacy of the drug; particularly that a dose schedule of 5 mg/kg on two consecutive days was clinically acceptable and seemingly effective up to two years post-treatment.

5.52 Toxicity testing of Ciba-Geigy compound, CGI 18041, showed unexpected irreversible anaemia in two animal species and clinical testing in man was therefore excluded.

5.53 UMF 078, produced by the University of Michigan, was now in its preclinical phase. A patent application for the manufacture and use had been filed in collaboration with the University. Partners for joint development of the drug were being looked for with the help of the Product Development Unit of TDR.

5.54 As regards the possible development of lowered susceptibility of *Onchocerca* to ivermectin, research was under way to develop a "molecular probe" capable of identifying resistant genes. Also, repeated skin-snipping over time in selected villages would follow closely the level of microfilarial susceptibility to ivermectin.

5.55 The Chairman of EAC was encouraged by the latest development in the search of a field-applicable macrofilaricide and, more specifically, suggested that once Amocarzine (CGP 6140) had been registered by the Swiss authorities, a few limited field trials with the drug in different epidemiological situations, under strict medical supervision, might be carried out to test its future applicability as a means of control on a larger scale.

5.56 Some concern was expressed about the reduction of the Macrofil/OCT budget and its possible consequences for identifying a macrofilaricide that could play an important role in onchocerciasis control, in particular in the context of the devolution process. The Committee was assured of the continued priority given to the project which also enjoyed support from pharmaceutical firms. One reason for the decrease was the discontinuation of the CGI 18041 project and the project manager felt that the project could carry out its planned activities within the 1993 and 1994 budgets.

5.57 It was further pointed out that the Programme Director had the authority to transfer up to 10% between allocations for various activities, a facility to which he might resort in case Macrofil/OCT showed a real need.

5.58 In response to a proposal that representatives of industry, active in the health field, be invited to attend such sessions as those of the Joint Programme Committee, it was suggested that meetings with interested pharmaceutical firms be rather organized by WHO/TDR at the national level.

### Biostatistics and information systems

5.59 In addition to such routine activities as processing of entomological and epidemiological data, assistance to the Units of Vector Control and Epidemiological Evaluation and training of OCP staff in the use of electronic information systems, the Biostatistics and Information Systems Unit (BIS) had initiated a programme of support to national devolution activities in terms of establishing data banks and introducing the use of microcomputers in the field.

5.60 The central entomological data bank was further developed so as to facilitate trend analysis of the biting rates and infection potential of the blackflies. Also, BIS has introduced a system of computerized mapping, allowing for easy geographical localization of the different strains of *Onchocerca volvulus*, as identified by DNA probes, and of the results of vector control.

5.61 The model predictions of the BIS Unit contributed to a great extent to decision-making regarding cessation of vector control within the Original Programme area.

5.62 As to the impact of combined larviciding/ivermectin treatment, computer simulation predicted a 33% permanent decrease in microfilarial production compared to the level of the previous treatment.

#### WHO Expert Committee on the Control of Onchocerciasis

5.63 Dr Ramachandran, Secretary of the Expert Committee, reported on the conclusions reached by the Committee which met during the week preceding the current session of JPC. Since the Expert Committee's last meeting in 1987, considerable progress had been made in the understanding of the transmission, diagnosis and control of the disease, much of it due to the work of OCP, and it was important that the momentum in onchocerciasis control in non-OCP countries be maintained. The provision of ivermectin by the manufacturer, Merck & Co. free of charge was specifically recognized. From 1990 to 1993 the annual treatments had increased from 1.5 million to 9.2 million worldwide.

5.64 The Committee dealt with such matters as rapid assessment, cost-effectiveness of distribution with emphasis of delivery through Primary Health Care Systems sustainability, and the socio-psychological aspects of onchocerciasis. A number of recommendations were made in these respects.

#### Administration and support services

5.65 Maintaining a high level of efficiency/productivity at the lowest possible cost continued to be of major concern to the central management of OCP, i.e. the Programme Director and the Unit of Administration and Support Services. Special efforts had gone into extending the field of computer applications while the managerial capability of the staff had been further strengthened by conducting reading programmes on selected topics.

5.66 In spite of almost half of OCP expenditures being defrayed in CFA francs, the unfavourable exchange rate between that currency and the US dollar in the first half of the year did not result in expenditures exceeding the total budgeted amount, as savings were made wherever possible. Rather, the Programme managed in 1993 to maintain the cost of operations below the approved budget for that year.

5.67 During the period under review, considerable progress was made in the process of transferring staff in the Original Programme and Southern Extension areas from WHO/OCP status to national status. In all 251 General Service posts were thus converted. Furthermore, 13 General Service and two Professional posts were abolished within the same time frame.

5.68 A clarification was sought concerning the increase in salary of General Service staff in Burkina Faso in view of the statement that such staff were now remunerated on national scales. It was explained that this increase, determined by UNDP on behalf of all the UN organizations in Burkina Faso, applied only to WHO/OCP employed General Service staff working in the country.

#### Composition of the Expert Advisory Committee

5.69 Several questions were raised concerning the membership of EAC, and it was suggested that expertise in such fields as social marketing, public health and social development might be represented. The Committee was assured that one member had some experience in social marketing in respect to large-scale ivermectin treatment in her own country and that members were knowledgeable of public health services and health systems development. The Chairman of CSA explained that his Committee appointed EAC members under the signature of the WHO Director-General and that CSA did its best to achieve a balanced membership reflecting the operational needs of OCP. As to the appointment of an expert on social matters of particular interest to community

self-treatment with ivermectin, CSA had already considered this possibility and would follow up in that direction. It was furthermore suggested that the Committee should include in its membership a district health specialist to advise on devolution within strengthened health services in the context of Primary Health Care.

#### OCP collaboration with TDR

5.70 Dr Godal, Director of TDR emphasized the complementarity in the collaboration between OCP and TDR, the former allowing for field studies and testing under operational conditions of research projects designed by the latter. In addition to collaboration in such fields as the search for a macrofilaricide and the application of DNA for operational purposes, TDR was now engaged in research concerning the stigma attached to the manifestations of onchocerciasis from the sociological point of view.

5.71 TDR was also collaborating with OCP in research on matters of particular interest to control programmes in non-OCP countries. This included sustainability of operations, rapid assessment (for which a TDR manual on epidemiological mapping had been completed) and community self-treatment by ivermectin.

5.72 Professor Molyneux expressed his Committee's satisfaction with the close collaboration between OCP and TDR in the Macrofil/OCT project and noted the agreement made with the Janssen Laboratories in Belgium, supported by the government, which would allow for the testing of 1 000 compounds for screening annually. This was a welcome model for public and private sector commitment to collaboration in respect to research in the field of public health. He further underlined the importance of the research on the possible development of resistance to ivermectin.

5.73 In summing up, the Chairman of the Expert Advisory Committee emphasized that there could be no compromise on technical issues regarding OCP operations as articulated in the 1990 External Review report approved by JPC. He was confident as to the successful completion of the Programme which, he stressed, required the continued support of all partners in this important endeavour.

#### 6. **DEVOLUTION:** Agenda item 7 (documents JPC14.5, JPC14.6, JPC14.7, JPC14.8, JPC14.9, JPC14.12, JPC14.13, JPC14/INF/DOC.2)

6.1 The role of the Programme as regards devolution continued to be promoting and supporting national efforts so as to ensure that effective devolution structures were in place when OCP came to an end. The activities of the OCP Devolution Unit were grouped around assistance to training; awareness raising; epidemiological surveillance and ivermectin distribution within the Original Programme area (in collaboration with the EPI Unit); preparation and updating of devolution plans; mobilization of resources for the implementation of the plans; and operational research.

6.2 All units at OCP headquarters and most of the Programme infrastructure at the field level were now involved in providing support to the national devolution processes, be it full-time or part-time. Also, collaboration was maintained with the WHO Regional Office for Africa, the AFRO Inter-country Devolution Coordinator stationed in the office of the WHO Representative in Ouagadougou and WHO headquarters.

6.3 At the request of the Joint Programme Committee made at its December 1992 session, the Devolution Unit submitted to the current session of the Committee a document outlining, and clarifying, the institutional framework of, and the respective roles of the partners in, the devolution process (document JPC14.7).

6.4 The National Onchocerciasis Coordinators played an increasingly important role in the field of devolution. In order, therefore, to ensure a coordinated approach throughout the Programme area and benefit from exchange of points of view regarding activities in the field, a meeting attended by the Coordinators in all eleven Participating Countries was held at OCP headquarters. The meeting

adopted a series of recommendations ranging from support to the creation of National Devolution Committees, appeal for Donor assistance, and strengthening of WHO/AFRO involvement at the national level, to coordination of the various approaches to ivermectin distribution and the training of the National Coordinators in epidemiology (document JPC14.8).

6.5 A total of 25 fellowships were granted by OCP during the period under review, all of them in such devolution-oriented disciplines as health management, epidemiology, ophthalmology and health education. The total number of fellowships awarded by OCP since 1974 came to 407.

6.6 With the technical support of the BIS and EPI units, special emphasis was laid on collaboration with the devolution partners, such as WHO/AFRO, OCCGE and the PASE<sup>3</sup> project whose training activities aimed at strengthening the epidemiological surveillance capability of the countries at the peripheral level.

6.7 A special study was under way intended to determine the extent to which nationally conducted entomological surveillance might eventually supplement epidemiological surveillance in the context of detection of recrudescence (document JPC14.9).

6.8 Six countries in the Original Programme area had completed revision of their devolution plans. In the Western Extension area, Guinea, Guinea-Bissau and Senegal had finished preparing their devolution plans while Sierra Leone had taken steps for the finalization of its plan before 31 December 1993. In this connection, information was provided on a recent Joint World Bank/OCP Initiative inviting the Participating Countries to review their plans together with the Bank and OCP. In cases where bilateral assistance was unlikely to be forthcoming, the World Bank would be prepared to consider financing such plans as part of ongoing or new Bank-assisted health projects (document JPC14/INF/DOC.2). So far, the devolution activities of Burkina Faso had been financed as part of a Bank-assisted health development project while requests for consideration under the Joint Initiative had been received from Benin, Ghana, Guinea, Guinea-Bissau, Mali, Niger, Senegal and Sierra Leone.

6.9 The Participating Countries reported on the progress made, and their activities, in the field of devolution. They had all prepared, or revised, devolution plans most of which had been transmitted to the Donor Community and especially to the World Bank for financial support.

6.10 The principle of onchocerciasis surveillance and control being integrated with surveillance and control of other diseases, within the Primary Health Care systems was variably reflected in each one of the devolution plans.

6.11 Onchocerciasis Devolution Committees were being established with varying memberships in all the countries concerned. Sensitization of committees was a prominent feature of the plans as was the training aspect. Regular surveillance activities had commenced in several of the countries.

6.12 The Representative of the Director of the WHO Regional Office for Africa saw devolution as a two-step process: devolution in its current phase followed by the Participating Countries assuming certain OCP activities. The main components of devolution were epidemiological surveillance, ivermectin distribution, social mobilization, and evaluation.

6.13 Dr d'Almeida referred to the support of the Regional Office, i.e. the appointment of an Inter-country Devolution Coordinator, assisted by national epidemiologists, members of WHO country teams, who assisted the Participating Countries in such fields as training, capacity building, research, management and logistics. In addition, AFRO provided technical advice to its Member States.

6.14 A package of integrated devolution activities for the control of parasitic and other diseases, including onchocerciasis, had been developed based on the district level approach and was available for the use of the Participating Countries.

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<sup>3</sup> Projet d'appui à la surveillance épidémiologique, financé par le Canada et établi en Côte d'Ivoire, Mali et Niger.

6.15 The Committee was informed by Dr Pieter de Raadt, Director of Control of Tropical Diseases, about a Technical Informal Meeting, jointly organized by WHO headquarters and OCP, to be held in Ouagadougou in conjunction with the annual meeting of National Onchocerciasis Coordinators in March 1994. The purpose of the informal meeting was to make use of the OCP experience in building up multidisease surveillance and control programmes and to identify regional and national institutions to support such programmes.

6.16 The Chairman of the Expert Advisory Committee reported on EAC's deliberations on devolution. It had been felt that there were encouraging positive developments in this field and the presence of National Coordinators was welcomed. The tools were now available and the question of integration was given much attention in connection with a health systems model presented by one of the EAC members. Professor Molyneux also referred to the report of the 1990 External Review group which stressed the importance of sustainability and the cost/effectiveness of integration of devolution with such programmes as Family Planning, Expanded Programme of Immunization and Mother and Child Health Care.

6.17 The shift of ownership to the communities of devolution aspects (such as the recognition of needs and the dispensing of drugs) were important considerations. In conclusion, the Chairman of EAC expressed his Committee's full support to the OCP's efforts in the field of devolution.

6.18 Details of the Joint World Bank/OCP Initiative in support of devolution were provided by staff of the two organizations who stressed the readiness of the Bank to consider financing devolution activities as part of comprehensive health systems development supported by the World Bank whenever other assistance was unlikely to be forthcoming.

6.19 In this connection, the Representative of the African Development Bank, while expressing his satisfaction with the ADB/OCP collaboration, informed the Committee about the various health projects receiving ADB support in the Participating Countries and suggested that the 11 countries might submit a common inter-country "devolution package" for ADB financing. The Programme Director assured the Committee that this proposal would be followed up in the very near future.

6.20 The Representative of OCCGE also assured the Committee of his organization's readiness to support the devolution process, and reiterated OCCGE's availability to become involved in post-OCP coordination activities of the West African countries concerned.

6.21 Although the elimination of onchocerciasis as a public health problem was now in sight, vector control operations would need to be continued through 1997 and possibly until the year 2000 at the latest as a priority for Donor support. At the same time, OCP assistance to devolution became of increasing importance so as to ensure that Participating Countries would be in a position to effectively detect and control any instances of recrudescence that might occur after OCP came to an end and was therefore essential for sustaining the achievements of the Programme.

6.22 There was unanimous agreement within the Committee that devolution activities be conducted in an integrated manner. The essential elements, detection of onchocercal recrudescence and its control, should be an intrinsic part of public health epidemiological surveillance and control systems which, in turn, should be an integral part of national health care systems. Devolution structures should be kept simple, and should avoid the multiplication of institutions; they should rather rely on those already existing. Vertical programmes should be avoided at all cost. A suggestion was made, in this connection, that Donor-supported health development programmes would lend themselves particularly well to the integration of devolution activities.

6.23 Concern was expressed as to the post-OCP arrangements for the continuation of collaboration between the Participating Countries, and the Programme Director was requested to reflect on that issue and report thereon to the 1994 session of the Joint Programme Committee (see section 11 below). In this connection, it was suggested that rather than disestablishing OCP when its operations came to an end, its infrastructure could be maintained as part of an Inter-Country Facility established to support the continued coordination and collaboration among the Participating Countries.

6.24 Assurance was given that the selection of diseases combined with onchocerciasis in devolution programmes had followed well established criteria.

6.25 In reply to a question, it was explained that the comparatively high number of staff listed under the Devolution Unit in fact referred to staff working part-time in addition to other duties.

6.26 It was stressed that the question of sustainability of initially successful operations, such as community self-treatment with ivermectin, deserved serious consideration. OCP was encouraged to undertake costing exercises in respect of different modes of ivermectin distribution.

6.27 It was agreed that OCP with collaboration from AFRO would review the document explaining the devolution structure (JPC14.7) to seek simplification.

6.28 The Committee decided on the desirability of joint reporting of the Participating Countries as regards devolution and the Programme Director undertook to approach the governments concerned for that purpose. The joint progress report would then be transmitted to JPC participants in advance of the session.

6.29 The Committee further agreed to structure future discussions on devolution around two major issues: devolution *per se* (progress in onchocerciasis surveillance to support recrudescence detection and control); and the progress of overall endemic disease surveillance and control supporting devolution, in the context of the development of integrated national health care systems.

6.30 In the light of the need for support to national efforts to enhancing health care systems, it was proposed that the Devolution Unit be strengthened by the services of a consultant expert in the field of district health services with special emphasis on Primary Health Care.

6.31 In reply to a question regarding the effect of the structural adjustment promoted by the World Bank/IMF, the Committee was informed that efforts were made to avoid cutbacks in the health and educational sectors.

6.32 There was general satisfaction with the progress of devolution which was now in its operational phase throughout the Programme area.

#### 7. **AUDIT REPORT:** Agenda item 8 (document JPC14.11)

7.1 The Representative of the External Auditor explained the procedure followed in auditing the financial transactions of the Programme and thanked the OCP staff for their constructive cooperation during audit visits to the Programme.

7.2 The Programme Director expressed his gratitude to the External Auditor and to his own staff for their transparent and careful handling of entrusted funds.

7.3 The Committee noted the report of the External Auditor.

#### 8. **PLAN OF ACTION AND BUDGET OF THE PROGRAMME FOR 1994 AND ITS APPROVAL:** Agenda item 9 (document JPC14.4)

8.1 During 1994, particular emphasis would be attached to the support of the Programme to the devolution process in the Participating Countries. In line with the increasing involvement of national teams in the activities carried out by, or under the auspices of, OCP, overall Programme operations would gradually decrease.

8.2 Vector control was expected to continue in Guinea and Sierra Leone as in 1993, while aerial larviciding in other parts of the Programme area, although planned on much the same scale as in 1993, would cease in certain river basins where the results of entomo-epidemiological investigations so warranted.

8.3 Also, given the encouraging results of combined vector control/ivermectin treatment, larviciding would be suspended for longer periods than had hitherto been the case. Furthermore, one sector in the Original Programme area would be reduced to sub-sector status and three sub-sectors would close down.

8.4 Epidemiological evaluation would continue its two principal activities without any change, i.e. to contribute to decision-making regarding cessation of larviciding and to assess the effect of vector control on transmission.

8.5 A third major activity would be the coordination of, and support to, large-scale ivermectin distribution carried out by national teams and in some instances by non-governmental organizations. Encouragement would be given to the community self-treatment approach.

8.6 In case of insufficient funding, the Macrofil Chemotherapy Project would emphasize its preclinical and clinical facilities to enhance its projects for identifying a field-applicable macrofilaricide at the expense of basic research.

8.7 The proposed budget for 1994 amounted to US \$ 28 336 500 which was 5% less than that approved for 1993, and 6% less than that predicted for 1994 in the Plan of Operations for the fourth Financial Phase (1992-1997). Economies would be sought wherever possible without harm to the cost/efficiency of operations. This applied to such categories of expenditure as travel, consultantships, larvicides, research contracts and capital costs. The savings expected from a planned reduction in the number of staff on WHO/OCP contract would be offset by a considerable increase of the take-home pay of General Service staff in Burkina Faso.

8.8 On a question regarding the harmonization, it was explained that "harmonized" staff were staff members in the Original Programme area whose employment conditions had been changed from the United Nations status to that of local staff, i.e. their employment conditions were similar to those of government employees.

8.9 Technically, these persons belonged to their respective governments that had made them available to the Programme. The salaries of these persons were still paid by OCP and this would be continued up to the end of the fourth Financial Phase, i.e. at the end of 1997. The salaries paid were the same as those of government employees occupying similar posts to which OCP added a fixed amount.

8.10 National team staff were the staff in the western zone attached to their respective governments but seconded for OCP's work. In this case, the salaries were fully paid by the different countries; OCP supplemented the salaries by giving them fixed allowances.

8.11 Assurance was given to the Committee that the supplements and indemnities paid by the Programme had been discussed with other organizations providing similar financial support to national activities.

8.12 The proposed Plan of Action for 1994 and the budget in the amount of US\$ 28 336 500 were approved.

## 9. FINANCING OF THE ONCHOCERCIASIS CONTROL PROGRAMME:

### Report of the World Bank

9.1 The World Bank representative in presenting the financial situation of OCP announced that today there was a shortfall of US\$ 22 million for the fourth Financial Phase (1992-1997) for which the current estimate of expenditures based upon recent savings and projections beyond 1993 in the Plan of Operations, came to US\$ 175 million. He underlined that expenditure had peaked in 1992 so that henceforth there would be annual declines in the budget until the end of Programme operations.

9.2 Mr Benton informed the Committee that two Donors had announced that they were unable to fulfil their pledge under the Phase IV Agreement and one Donor which had made a verbal commitment only had left the OCP Donor community due to severe cutbacks in its foreign assistance programme. Unless increased Donor contributions were forthcoming in 1994, it could be expected that the contingency reserve of US\$ 10 million would be depleted by mid-1995 which could result in the Programme being unable to continue its operations due to lack of funds.

9.3 Urgent action was consequently required to safeguard the remarkable achievements of this Programme by bringing it to a successful end. The World Bank therefore recommended that during 1994 current Donors consider increasing the level of their contributions through Phase IV, particularly those Donors who had substantially reduced their contributions from Phase III levels; that bilateral discussions be held with each current Donor; that all efforts be made to bring new Donors into the Programme; and that a Donor Conference be held at the Bank's office in Paris in October 1994 to discuss the action necessary to restore financial viability to OCP.

#### Pledging of Donor contributions

9.4 Annex IV lists the contributions pledged by the Donors.

#### **10. REVIEW OF ISSUES RAISED IN DOCUMENT JPC13.12 (Support to Multidisease Surveillance and Control): Agenda item 11 (document JPC14.13)**

10.1 In response to a request made by JPC in December 1992, the Committee of Sponsoring Agencies (CSA) presented a paper (document JPC14.13) setting out its reflections on devolution and multidisease surveillance and control.

10.2 In the opinion of CSA, effective multidisease surveillance and control systems in the Participating Countries, including onchocerciasis as a target disease, would ensure successful devolution. At the same time, advantage could be taken of the operational and managerial experience of OCP when building up, or strengthening, multidisease surveillance and control systems. It was emphasized that any Donor support to such systems would be distinct from contributions to OCP and would not imply a continuation of Programme operations beyond the date of cessation of its control activities.

10.3 The Committee agreed to the reflections of the Committee of Sponsoring Agencies in respect to the interrelationship between devolution and multidisease surveillance and control.

#### **11. MID-TERM (PHASE IV) PROSPECTIVE EVALUATION: Agenda item 12**

11.1 The Plan of Operations for the fourth Financial Phase (1992-1997) made allowance for an external review to be carried out at mid-term during that period. The Committee of Sponsoring Agencies had consequently given thought to how this review could be structured and what would be the expected outcome of the exercise.

11.2 The Chairman of CSA, Mr Bruce Benton, explained that the Committee proposed that this review would be prospective in nature and consist of four elements. It would (a) make a brief assessment of the Programme performance and achievements to date; (b) assess what was essential in terms of operational activities to bring the Programme to a timely and effective conclusion within a resource constrained environment; (c) make operational forecasts for the post-Phase IV winding-down period and estimate the corresponding resource requirements; and (d) assess possible regional mechanisms for the continuation of collaboration between the Participating Countries post OCP within the context of devolution.

11.3 CSA further proposed that EAC at its 1994 session, undertake the above tasks and present its findings in a report to a Donors' Conference to be held in autumn 1994 before presenting the report to JPC in December 1994.

11.4 The Joint Programme Committee would then decide whether this review met its requirements or if it would be necessary to have the review examined by another external group. Terms of Reference for the review would be worked out by CSA in the near future.

11.5 The Chairman of EAC expressed his agreement with the CSA proposal and would be prepared to initiate the necessary action at an early date. He stressed the particular need for a careful planning of the phasing-out period.

11.6 It was agreed that EAC might call on external expertise should this turn out to be necessary.

11.7 It was further agreed that draft Terms of Reference would be sent to Donors and Participating Countries inviting their comments within a defined time period.

## 12. MINISTERIAL MEETING ON SUSTAINABLE SETTLEMENT AND DEVELOPMENT IN THE OCP AREA: Agenda item 13 (documents JPC14.14, JPC14.15)

12.1 Members of CSA emphasized that the Ministerial Meeting was being held to offer an opportunity to exchange experience regarding settlement policies, the interrelation between settlement and the environment, and sustainability of development as well as to identify possibilities for external investment.

12.2 The timing of the meeting was appropriate as a follow-up to the Rio Agenda 21 in terms of applying sustainable development in the poorer areas. Also, the Meeting should be seen in the context of the second part of the OCP objectives, namely to remove onchocerciasis as an obstacle to socioeconomic development.

12.3 It was further stressed that the Meeting which was intended to coordinate development policies and strategies would highlight the importance of food security.

12.4 The preparations for the Ministerial Meeting to be held in Paris on 12-14 April 1994 were well in hand and the necessary funds were now available although some additional funding was still required. The tentative programme and the provisional agenda had been prepared by the Committee of Sponsoring Agencies and a CSA-sponsored preparatory mission had visited some West African countries. Invitations to the Participating Countries and to the OCP Donor Community had been sent out under the signature of a Vice-President of the World Bank on behalf of CSA.

12.5 Participants were encouraged to submit working papers setting out national experiences related to land settlement and some member-organizations of CSA would submit papers. The progress report of a CSA-sponsored pilot project on environmental impact assessment in the OCP area (document JPC14.15) would also be one of the background papers for the Ministerial Meeting.

12.6 The Committee was informed about the progress made by the pilot project. Aerial reconnaissance and photographic flights had been made in the upper Léraba Valley and large-scale maps drawn on the basis of these flights were compared with maps of the same areas prepared on the ground in 1972 and 1983.

12.7 From such comparisons it appeared that in the areas in question, where OCP had operated since the early seventies, there had been a considerable extension of homestead settlements and small-holder farms and a significant extension of the zones containing established villages with adjoining areas of intensive utilization, in particular of cotton.

12.8 As regards the toxicological profiles of insecticides applied for cotton protection, preliminary findings showed that the products most commonly in use seemed to have a limited impact on the aquatic environment. However, a more refined evaluation was under way to confirm this finding and, more particularly, to assess the impact of dimethoate, a compound which could reach the river with an untoward effect.

12.9 Several Donors announced contributions to the organization and holding of the Meeting for which the Chairman of CSA expressed his sincere thanks as well as his Committee's gratitude to the Netherlands for financing the pilot project on environmental impact assessment.

12.10 As regards the composition of government delegations of Participating Countries, the Committee was informed that the attendance of four members would be paid for, with the expectation that at least two of them would be Ministers. In addition, three Heads of State had been invited and it appeared likely that each would attend. All OCP Donors had also been invited to participate.

12.11 The Committee was assured that gender issues, particularly in regard to land tenure, site selection and farming systems, were incorporated into the technical preparations for the meeting.

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

13.1 The Committee decided to limit its sessions in the future to three days.

**14. DATE AND PLACE OF THE FIFTEENTH SESSION: Agenda item 15**

14.1 The Committee accepted with gratitude the kind invitation of the Government of Côte d'Ivoire to hold its fifteenth session during the week commencing on 28 November 1994.

14.2 Following the established procedure, the 1995 session was scheduled to be held in the country of a Donor organization and it was hoped that a Donor would inform the Programme Director about its intention of hosting the sixteenth session of the Committee.

**15. APPROVAL OF THE REPORT: Agenda item 16**

15.1 A draft of the report of the fourteenth session was approved with the understanding that comments and suggestions made by members of the Committee would be reflected in the final version.

**16. CLOSURE OF THE FOURTEENTH SESSION: Agenda item 17**

16.1 After the customary exchange of courtesies the Chairman declared the fourteenth session of the Joint Programme Committee closed.

### CONCLUSIONS AND DECISIONS

1. The Programme to investigate the possible effect of combined larviciding/large-scale ivermectin distribution on the required duration of vector control and, if any, its financial implications in preparation for the Mid-Term (Phase IV) Prospective Evaluation.
2. The Programme undertake study on respective costs of different modes of ivermectin distribution.
3. The Programme Director to report to the 1994 JPC session on the OCP/Nigeria collaboration.
4. To invite an observer from Nigeria to attend the 1994 JPC session.
5. CSA to consider the appointment of EAC members with expertise in the fields of sociology and district-based health systems.
6. The Programme to encourage and help in preparing a common inter-country "devolution package" for submission to the African Development Bank for financing.
7. The Programme, together with WHO/AFRO, to review document JPC14.7 (devolution structure).
8. The Programme Director to approach the Participating Countries with a view to instituting joint reporting on devolution, the report being transmitted to JPC participants prior to each session.
9. Future JPC deliberations on devolution to focus on onchocerciasis surveillance and control and support of multidisease surveillance and control to onchocerciasis-related activities in the context of national health care systems.
10. The Devolution Unit to invite consultant services in the field of PHC district health services.
11. The Committee noted the report of the External Auditor.
12. The Committee approved the proposed Plan of Action for 1994 and the corresponding budget (US \$28 336 500).
13. The Committee agreed to the reflections of CSA concerning OCP and multidisease surveillance and control.
14. Draft Terms of Reference for the Mid-Term (Phase IV) Prospective Evaluation to be sent to Donors and Participating Countries for comments; to include consideration of post-OCP arrangements for collaboration between the Participating Countries.
15. Future JPC sessions to be limited to three days.
16. The fifteenth session of JPC to be held in Côte d'Ivoire during the week commencing on 28 November 1994.

**OPENING STATEMENT BY DR R.H. HENDERSON, ASSISTANT DIRECTOR-GENERAL,  
ON BEHALF OF DR HIROSHI NAKAJIMA,  
DIRECTOR-GENERAL, WORLD HEALTH ORGANIZATION**

The Director-General of WHO, Dr Hiroshi Nakajima, has asked me to represent him at this session of the Joint Programme Committee and to read to you the following message on his behalf:

"Excellencies, ladies and gentlemen,

"The Joint Programme Committee of the Onchocerciasis Control Programme in West Africa is a convincing demonstration of how all the parties involved in a major public health operation come together for a common purpose: to ensure that the Programme receives the support necessary to bring it to a successful end. Your deliberations, whether on the technical, operational, administrative or financial side, have never failed to move OCP yet another step towards reaching its final objective.

"It is therefore with the greatest pleasure that I welcome this opportunity to reiterate WHO's complete identification with OCP and our satisfaction at being intimately involved in the conduct of the Programme.

"Mr Chairman, from my regular contacts with the Programme Director I understand that OCP is making good progress and that onchocerciasis in the eleven Participating Countries is well on its way to being eliminated as a disease of public health importance as envisaged in the Programme objective.

"This, however, is not the only concern of OCP, whose objective also calls for this achievement to be maintained after the Programme comes to an end. I am therefore particularly encouraged by the considerable progress made by the Participating Countries in the field of devolution, even in the countries where OCP-conducted control started only a few years ago.

"Maintaining onchocerciasis at the epidemiologically insignificant level brought about by OCP, can only be achieved by including recrudescence control within a wider epidemiological surveillance system, an approach adopted by all the Participating Countries in their devolution programmes.

"Mr Chairman, the devolution process requires outside support. OCP plays an advisory and catalytic role and Donors are encouraged to give financial assistance. I therefore welcome the World Bank-OCP Initiative to review devolution plans, for which the Bank could consider financing as integral components of Bank-funded health projects, whenever other support does not appear to be forthcoming. This could very well be an important step towards the strengthening of national multidisease surveillance and control systems to which I alluded last year in my address to your Committee. May I add that WHO will continue its support to the devolution process, also in the wider context of strengthening national public health services.

"There is a third facet of the OCP objective on which I shall dwell briefly. The Programme was set up originally not only on public health grounds but also to alleviate poverty, and the objective therefore gives equal importance to health and to the removal of an obstacle to socioeconomic development. Although, assistance to such development falls outside the Terms of Reference of OCP as such, this aspect has been taken in hand by the Committee of Sponsoring Agencies and I am pleased to note that the Committee has taken the initiative to hold a Ministerial Meeting on Policy Issues for Sustainable Land Settlement and to carry out a pilot project on Environmental Impact Assessment in the OCP Area.

"Mr Chairman, today we are well into the fourth Financial Phase of the Programme. The operational and budgetary forecasts in the corresponding Plan of Operations have been adhered to, and even surpassed. After the fourth Phase, OCP will need a few years to wind down, so the end of the Programme is very much in sight. It is my hope and conviction that we will all stay together to see the successful conclusion of our joint efforts.

"Before I close, I wish to thank most sincerely, all the partners in this our common endeavour. It is due to the never failing efforts of all of you that OCP has succeeded, be it through the collaboration with the Participating Countries, the support from the Donors, the recommendations of the Expert Advisory Committee, the guidance of the Committee of the Sponsoring Agencies and, not the least, the daily labour of the staff.

"Excellencies, ladies and gentlemen,

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

This is the end of the message of the Director-General of WHO.

Thank you, Mr Chairman.

## AGENDA

1. Opening of the session
2. Election of officers
3. Adoption of the agenda
4. Reflections of the Committee of Sponsoring Agencies
5. Progress report of the World Health Organization for 1993
6. Report of the Expert Advisory Committee
7. Devolution
8. Audit report
9. Plan of Action and Budget of the Programme for 1994 and its approval
10. Financing of the Onchocerciasis Control Programme
  - report of the World Bank
  - pledging of Donor contributions
11. Review of issues raised in document JPC13.12 (support to Multidisease Surveillance and Control)
12. Mid-term (Phase IV) prospective evaluation
13. Preparations for a Ministerial Meeting on Sustainable Settlement and Development in the OCP Area
14. Other matters
15. Date and place of the fifteenth session
16. Approval of the report
17. Closure of the fourteenth session

## LIST OF PARTICIPANTS

### PARTICIPATING GOVERNMENTS

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#### Burkina Faso

Son Excellence Monsieur Christophe DABIRE  
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**PLEDGES**

Donor	For 1994	For entire Phase IV
African Development Bank	UA 0.28 million	UA 1.68 million
Belgium	BF 16 million	
Calouste Gulbenkian Foundation	US \$ 50,000	US \$ 300,000
European Economic Communities		ECU 7 million
France	FF 7.5 million	FF 45 million
Germany	DM 550 000	DM 4 million (tentative)
Italy	(amount uncertain)	
Korea	(amount uncertain)	
Kuwait	US \$ 250 000	US \$ 1.5 million
Luxembourg	FL 8.5 million	FL 51 million
Netherlands	NLG 4.5 million	NLG 27 million
Portugal	US \$ 50 000	
Saudi Arabia	US \$ 2.33 million	US \$ 14 million
Switzerland	CHF 3 million	CHF 18 million
UNDP		US \$ 5.62 million
United Kingdom	£ 900 000 <sup>1</sup>	
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

<sup>1</sup> Possibly a slight decrease

**REFLECTIONS OF THE COMMITTEE OF SPONSORING AGENCIES (CSA)**  
by Bruce Benton,  
Chairman, CSA

Thank you, Mr. Chairman,  
Excellencies, Ladies and Gentlemen:

It is a privilege and an honour for me to share with you the reflections of the Committee of Sponsoring Agencies (or CSA). Before doing so, however, I would like to express our appreciation to our Luxembourg hosts for the warm hospitality we are receiving, and for the efficiency which has obviously gone into this thoroughly prepared meeting. I remember fondly coming to this beautiful city in 1989 and meeting with you, Mr. Chairman, in an effort to enlist Luxembourg into OCP as a new donor. Little did I realize then that this small country would become one of the Programme's most faithful and magnanimous donors.

We are now well into the fourth and last full phase of the Programme. It is therefore important to reflect upon how far we have come and what is still required to eliminate onchocerciasis from this sub-region of Africa and to fully reap the benefits of successful control on a long-term sustainable basis.

This past year, the Programme's progress in controlling onchocerciasis is more evident than ever. Transmission of blinding onchocerciasis is now virtually non-existent throughout the 11 country Programme area. The possibilities for a resumption of transmission in the near-term are highly unlikely. More than one and a half million people were treated with ivermectin last year - double previous levels - and the compliance rate has averaged a remarkably high 70% of the eligible population. Existing data strongly suggest a synergistic effect of joint larviciding and ivermectin treatment resulting in an accelerating decline in the disease. Hence, the Program may now succeed in eliminating onchocerciasis several years earlier than previously projected, and in all likelihood by the year 2000, at the latest. In summary, the attainment of our objective is now largely a matter of time and resources - with the likely prospect that we will achieve that objective more quickly and at less cost than had been foreseen just two years ago.

I am equally pleased to report to you today on the substantial socioeconomic benefits flowing from the Programme's successes. As regards human productivity, this year's World Development Report published by the World Bank estimates that OCP will have prevented 500,000 cases of blindness by the end of this century. By preventing this many cases of blindness, the Programme will, by the year 2000, have added 10 million person years of healthy, productive labour to the economies of the countries participating in OCP. Moreover, 25 million hectares of arable land are being freed for resettlement and cultivation. The increased availability of this land opens up vast new possibilities for agricultural production which theoretically could feed an additional 17 million people per year throughout the subregion. Yet, at the same time, new settlement and increased agricultural production may present environmental risks. Emphasis on the importance of maximizing this socioeconomic development potential on an environmentally sustainable basis and in a coordinated fashion has inspired the JPC's decision to hold a ministerial meeting on settlement and development in Paris this coming April.

The meeting will focus on the settlement process, as well as broader issues that affect rural development and environmental sustainability, such as agricultural policies, land tenure, and natural resource management. We believe that this will be an extremely important meeting for effective development of the oncho-freed areas. It will provide the opportunity for governments to better plan for and coordinate their strategies for environmentally sustainable development at both the national and regional levels. It is hoped, and indeed expected, that every country and international agency represented here will participate actively in this meeting. After all, this meeting, in a sense, represents the culmination of much of what we in the international community have been working to achieve through the Onchocerciasis Control Programme.

In this connection, I would like, on behalf of the CSA, to thank those donors who are contributing both to the OCP and to the upcoming ministerial meeting on sustainable land settlement. In this period of increasing demands on aid budgets and global recession, the unstinting commitment of the donors to improved health and socioeconomic opportunities through this Programme is a tribute to the foresight of development assistance, to international collaboration, and to the human-resource based approach to development.

This year marks considerable progress in implementing devolution. With OCP assistance, devolution strategies have now been formulated in all of the OCP countries. Furthermore, financing discussions have been initiated between the Participating Countries and the World Bank or other donors on a number of these proposals. Plans are under way to establish epidemiological surveillance systems that will aid in identifying, tracking, and treating not only onchocerciasis, but other tropical endemic diseases such as schistosomiasis, trypanosomiasis and Guinea worm, as well. Ability to track and assess the prevalence of the HIV virus and AIDS, which loom as impending epidemics throughout the subregion, will also depend importantly on the capacities and efficacy of these emerging epidemiological surveillance systems. The CSA commends each of the Participating Countries for having taken concrete steps - in many cases ahead of schedule - toward assuming eventual full responsibility for controlling a number of major endemic diseases through devolution.

As we near the "home stretch" in eliminating onchocerciasis as a public health problem, the importance of following through on the long-term commitment to OCP cannot be overemphasized. Last year's warning that the CSA saw a danger in becoming "overly complacent" was unfortunately a more accurate prophecy than we would have liked. Donor commitments for Phase Four have declined by more than 10 million US dollars over the past year. This appears to be due to a combination of budget constraints, foreign aid demands elsewhere, and the global recession.

The emphasis on devolution during Phase Four has not been misplaced given the importance of maintaining control of onchocerciasis over the long term. However, we must be careful not to put the cart before the horse. Completing OCP operations throughout the Programme area, which will take us up to the year 2000, must remain our number one priority. Successful devolution is impossible without completing OCP. Unless we bring onchocerciasis down to the lowest possible level by eliminating the parasite reservoir in the human population, there will be no achievements which can be sustained via devolution.

So let us not fall into the trap of thinking that all of the responsibilities of OCP can be hurriedly passed on to the Participating Countries. Such premature action would be a sure path back to recrudescence and ultimately the disastrous situation of the mid-1970s. And the costs of rectifying such a situation would be enormous to the entire OCP community. There are no cheap, short-cuts to eliminating this devastating, pervasive disease. Continued funding, in the form of steady and adequate donor contributions to complete OCP operations is critical to safeguarding the huge investment in this Programme and its achievements to date. Nothing short of such a commitment will allow us to bring OCP to a lasting and successful conclusion.

Allow me to close, Mr. Chairman, by reemphasizing that eliminating onchocerciasis, achieving effective devolution and implementing environmentally sustainable socioeconomic development all hinge on bringing OCP to an effective conclusion. This will require the sustained commitment and collaboration from the donors and Participating Countries that has been the hallmark of OCP success so far, and which has carried us through a number of seemingly insurmountable challenges in the past - reinvasion of the disease, insecticide resistance, and a long-term decline in the US dollar. It is crucial that we pursue this Programme through to its conclusion, if we are to maximize the rural development potential of this subregion of West Africa, and realize what now appears to be the single greatest achievement in health in the developing world since smallpox eradication.

Thank you for your attention Mr. Chairman and fellow delegates.