

JOINT PROGRAMME COMMITTEE

ONCHOCERCIASIS CONTROL PROGRAMME IN WEST AFRICA

Fifteenth session, Yamoussoukro, Côte d'Ivoire

29 November - 1 December 1994

REPORT

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1. OPENING OF THE SESSION: Agenda item 1

1.1 The fifteenth session of the Joint Programme Committee (JPC) of the Onchocerciasis Control Programme in West Africa (OCP) was held at the "Fondation Felix Houphouët-Boigny pour la Recherche de la Paix" in Yamoussoukro from 29 November to 1 December 1994 at the kind invitation of the Government of Côte d'Ivoire. The list of participants is attached as Annex III.

1.2 Mrs M.A. Agbassi, representing the Mayor of Yamoussoukro, welcomed participants and observers to her city. She referred to the impressive achievements of JPC and expressed her conviction that the Programme would eventually eliminate the threat of onchocerciasis from West Africa. She finally thanked OCP and all its partners for the work accomplished.

1.3 In his address to the Committee read by Dr Ralph H. Henderson, Assistant Director-General, Dr Hiroshi Nakajima, Director-General of the World Health Organization (WHO), referred to the twenty years anniversary of OCP which was celebrated at the World Health Assembly in May. Representatives of all the partners of the Programme had expressed their entire satisfaction with its progress and achievements as well as their wish to continue their joint efforts to take OCP to its successful end.

1.4 Dr Nakajima referred further to the Prospective Evaluation carried out by the Expert Advisory Committee (EAC) which would be a key element in JPC's deliberations concerning the future of the Programme. He then underlined the importance of the Ministerial Meeting resulting in a series of guidelines for sustainable socioeconomic settlement in onchocerciasis-freed areas. The Director-General finally reiterated his plea for continued support to the Programme. The text of the address is attached as Annex I.

1.5 Dr D. Barakamfitye who spoke on behalf of the WHO Regional Office for Africa, referred to the findings of the EAC Prospective Evaluation and underlined the stated reasons why the Programme had succeeded so well. He went on to congratulate the OCP team and its Director on an exemplary performance.

1.6 In conclusion, Dr Barakamfitye pledged the full support of the Regional Office to the devolution process through support to Participating Countries in their efforts to strengthen their health services systems.

1.7 The Director of the Programme, Dr Ebrahim M. Samba, expressed his gratitude for having been allowed 14 years of service with OCP. When he took over the directorship in 1980 immediately following the JPC session in Yamoussoukro, the Programme was faced with such serious problems as resistance, reinvasion and, as a consequence, low staff and Donor morale. He was pleased to be able to leave OCP with these problems solved due to hard work, field-oriented research, openness and integrity in all aspects of Programme operations.

1.8 Dr Samba thanked the Participating Countries, the OCP Donor Community, the Committee of Sponsoring Agencies (CSA) and the Expert Advisory Committee for the confidence extended to him and for the constructive collaboration he had experienced over so many years. He paid a special tribute to the OCP staff for its devoted and high-quality service with the Programme.

1.9 On behalf of the President and Government of Côte d'Ivoire, Mr Lambert Kouassi Konan, Minister of Agriculture and Animal Resources, welcomed the participants of JPC to his country. He paid tribute to all OCP actors on their achievements and congratulated Dr Samba on a job well done as well as on his recent nomination to the post of Director of the WHO Office for Africa.

1.10 Mr Konan, on behalf of the Participating Countries, extended his gratitude to the Donors and expressed the hope that the devolution process would facilitate the maintenance of OCP's achievements through the strengthening of comprehensive epidemiological surveillance systems in the Participating Countries.

1.11 The session was opened by Mr Jean-Claude Meyer, Secretary of Legation, Luxembourg, on behalf of Mr Gaston Stronck, Senior Secretary of Legation and Chairman of the fourteenth session of JPC.

2. ELECTION OF OFFICERS: Agenda item 2

2.1 Mr Lambert K. Konan, Minister of Agriculture and Animal Resources of Côte d'Ivoire, was elected Chairman with Mr Dennis Carroll of US AID as Vice-Chairman.

3. ADOPTION OF THE AGENDA: Agenda item 3 (document JPC15.1, revision 1)

3.1 The provisional agenda was adopted. (Annex II).

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

4.1 The Chairman of the Committee of Sponsoring Agencies (CSA), Mr Bruce Benton, expressed the Committee's satisfaction with the progress made during the past year. The parasite reservoir was now eliminated in the Original Programme area. More than two million people were included in the ivermectin distribution programme and there was reliable indication that by combining vector control with ivermectin treatment, the period of larviciding would be reduced from 14 to 12 years.

4.2 Programme costs would now continue declining until OCP came to an end in the year 2002 and estimated savings due to the devaluation of the CFA Franc would approach US \$ 15 million.

4.3 During 1994, the twentieth anniversary of the Programme had been celebrated at the World Health Assembly and a successful Ministerial Meeting on Settlement and Development in the OCP Area took place in Paris. Furthermore, a World Bank cost-benefit analysis of OCP operations had demonstrated the Programme to be a highly productive development operation.

4.4 The Chairman of CSA then referred to progress made in the devolution for which the role of OCP had been limited to the enhancement of the capacity of Participating Countries to conduct surveillance and control of onchocerciasis.

4.5 Mention was made of a new programme of onchocerciasis control based on ivermectin distribution to be launched in 16 African countries outside of the OCP area.

4.6 Mr Benton finally expressed CSA's sincere congratulations to Dr Samba for his recent nomination to the post of WHO Regional Director for Africa. Mr Benton also assured JPC that the appointment of Dr Samba's successor by the Director General of WHO would be made transparently and after the necessary consultation with interested parties.

4.7 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 1994:** Agenda item 5 (document JPC15.2)

REPORT OF THE EXPERT ADVISORY COMMITTEE: Agenda item 6 (document JPC15.3)

Vector control

- 5.1 During the latter half of 1993 and the first six months of 1994, larviciding had been carried out using the rotational schedule developed to ensure cost effective use, reduce likelihood of resistance and minimize effects on non target organisms. A seventh insecticide, etofenprox (Vectron) has recently been introduced. The length of rivers treated varied from 2 200 km during the dry season to 10 000 km in September 1993.
- 5.2 Considerable economies had been made in flying hours and in the amounts of larvicides used as compared to the corresponding 1992/1993 period, partly as a result of cessation of vector control in several river basins in the Original Programme area but also of stringent optimization of operations.
- 5.3 Operations of the aerial contractor had been particularly satisfactory due to the highly efficient spray gear capable of dispensing the seven larvicides in precise quantities and configurations; the implementation of a computerized discharge forecasting system; the hydrological stations with Argos beacons linked to satellite radio transmitters; instant ground-to-air communication; excellent pilot skill; and thorough helicopter maintenance.
- 5.4 The reduction of vector control operations within the Original OCP area had been accompanied by the closure of sectors and sub-sectors (three of the latter during 1993) as well as of capture points. Also, seven operational bases had been closed in the northern part of the Western Extension area where ivermectin distribution was the sole means of control.
- 5.5 Sector and sub-sector technicians had all been trained in morphological identification of *Simulium damnosum s.l.*. The Annual Transmission Potential (ATP) was now determined on a weekly instead of monthly basis and therefore closer to reality. Infective larvae were shipped to the OCP DNA laboratory in Bouaké for identification of species or strain to obtain accurate computation of ATP.
- 5.6 The results of vector control (accompanied throughout by ivermectin distribution) were highly satisfactory. Of the 212 catching points used regularly three showed an ATP exceeding 100, the target threshold indicating that transmission was under control. During 1993 the weekly average number of blackflies infected with *O. volvulus* came to six containing 14 infective larvae of human *O. volvulus*.
- 5.7 As a result of the annual joint review by the Units of Vector Control, Epidemiological Evaluation and Biostatistics of the entomo-epidemiological situation in river basins where larviciding had been conducted for 14 years or more, it was decided to cease vector control from 1995 in five more river basins within the Original Programme area while the findings in one of the basins examined called for continuation of larviciding for reconsideration at a later date.
- 5.8 Following cessation of larviciding, post-control entomological studies had been carried out to satisfy the Programme that transmission no longer occurred. At each of eleven points a minimum of 15 000 parous blackflies were dissected over a period of two years and the limit for the potential risk of recrudescence had been set at one infective female per 1000 parous examined. In general, the results varied between no infective females and 0.88 per 1000 parous examined. On the Banifing IV, all the larvae were of animal origin as were 62% in another case, findings which illustrated the value of molecular identification techniques.

5.9 As in previous years the national hydrobiology teams confirmed that larviciding carried out by OCP did not appear to have any relevant detrimental impact on the non-target fauna.

5.10 The Ecological Group (EG) approved etofenprox (OMS 3002 or Vectron) for use by the Programme with the proviso that further information on its medium-term effect on the non-target fauna be collected for the Group's 1995 session. As this additional compound brought the number of operational larvicides to seven it was suggested that the search for new chemical insecticides could be discontinued (see also section 9). The activities of the OCP Insecticide Research Unit (IRU) would therefore in future concentrate on the testing of batches of operational larvicides and on the improvement of *Bacillus thuringiensis* formulations.

5.11 Given that the present aerial contract would expire in December 1995 the Expert Advisory Committee expressed its concern that aerial operations continue beyond that date at the current high level of efficiency.

5.12 The Chairman of EAC, Professor Molyneux, complimented the Programme on the excellent performance of vector control operations. They had now reached the optimal stage regarding cost-efficiency as a result of the recent categorization of river systems, the transmission by satellite of hydrological data, the improved spraying systems aided by a computer on board and the improved communication from ground stations to pilots.

5.13 Professor Molyneux stressed the importance of the availability of seven larvicides of five different chemical classes now being available for rotational use resulting in a regression of resistance, an accomplishment so far unmatched in any other vector control programme. EAC and EG considered that there was no likelihood that any resistance which emerged in the future was not easily managed.

5.14 Professor D. Calamari, Chairman of the Ecological Group, in referring to the reduction of monitoring stations emphasized the need for long-term monitoring of larvicides with potential adverse effect on the non-target fauna. He further stressed the importance of keeping within the approved maximum of treatment by such larvicides.

5.15 Professor Calamari then referred to the recommendation of the Ecological Group that its Terms of Reference be expanded to cover studies of the effect on rivers of environmental degradation due to changes in land use which had occurred during recent years following resettlement in areas freed from the threat of onchocerciasis. Otherwise, the Group would no longer be able to monitor separately the effect of OCP larviciding on the river fauna. He understood that this expansion of the mandate, which did not require additional funds, could be accommodated within the existing Memorandum of Agreement attached to the OCP Fund Agreement (see also paragraphs 9.9 and 9.18).

Epidemiological activities and ivermectin distribution

5.16 The Epidemiological Evaluation Unit (EPI) participated in the decision-making concerning cessation of larviciding within the Original Programme area by contributing essential epidemiological data and trend analyses in the indicator villages situated in the river basins, or in parts thereof, which were being considered for discontinuation of vector control (see also 5.7 above).

5.17 The return of blackflies, although non-infective, had in several cases posed a nuisance problem and even though OCP's mandate was limited to onchocerciasis control, the Programme was aware of the problem and was providing national authorities with technical guidance for larvicide ground control in areas where blackflies constituted a serious problem (see also paragraph 6.5).

5.18 In the Extension areas under combined larviciding/ivermectin control, national teams supported and guided by EPI continued the evaluation of the effect of larviciding. As ivermectin masked the

result of skin snipping, the evaluation used as an indicator the incidence of the disease in cohorts of previously skin-snip negative people excluded from ivermectin distribution (who in case of turning positive would revert to annual ivermectin treatment).

5.19 In all, 24 indicator villages in the river basins in Guinea and Sierra Leone were examined. Given the relatively infrequent occurrence of new cases in areas under control, any significant instance of renewed incidence of the disease would only be detected after several examinations had taken place.

5.20 Questionnaires designed to assess the epidemiological impact of migration were routinely administered by the evaluation teams. In addition, a special study was carried out in the Bui area in Ghana where out of 193 persons found positive almost half were migrants from the south of the country, possibly infected by the forest strain of the parasite.

5.21 The criteria for ivermectin control remained unchanged: priority to large-scale distribution among populations with a high risk for onchocercal manifestations, i.e., in zones under larviciding with Community Microfilarial Loads (CMFL) of 10 or more microfilariae per biopsy (mf/s) (Southern Extension area and southern part of the Western Extension area); treatment in areas without vector control with CMFLs of 5 mf/s or more; and distribution within the Original Programme area in certain limited zones where the entomo-epidemiological situation was not yet entirely satisfactory.

5.22 Although large-scale ivermectin distribution by national teams supported by OCP or by non-governmental organizations (NGOs) still accounted for the majority of treatments (70%), community self-treatment was on the increase in several of the Participating Countries, having reached 24% of the total of over two million people treated in 7 000 villages throughout the Programme area, of whom 700 000 were treated by, or with, the support of NGOs.

5.23 The coverage of distribution - persons treated as a proportion of people listed during census-taking - reached 70% in mobile large-scale distribution programmes and 75% when carried out as community self-treatment.

5.24 In an area where five years of biannual ivermectin distribution had been carried out as the sole means of control (northern part of the Western Extension area, the Gambia basin in Senegal), no onchocercal infections were detected among children aged five years or less and therefore excluded from ivermectin treatment.

5.25 The impact of combined larviciding/ivermectin control on ocular manifestations of the disease was assessed in two villages in Guinea where pre-control baseline data had been collected and an ophthalmological survey had been carried out one year after commencement of control operations. Now after five years of annual treatment, microfilariae had disappeared from the cornea, a result that would only be obtained after ten years of vector control alone. As regards ocular lesions existing before control, it was found that sclerosing keratitis and advanced iridocyclitis had stabilized as had lesions in the posterior chamber while early lesions in the anterior chamber had disappeared. These results confirmed those previously obtained at Asubende in Ghana.

5.26 No tendency towards lowered microfilarial susceptibility to ivermectin had been observed in the villages selected at random for monitoring the efficacy of the drug.

5.27 Around 2 000 blood samples on filter paper from children aged 5 to 15 years living in oncho-free zones in Burkina Faso and 200 samples from children from hyperendemic areas in Sierra Leone were tested with the tri-cocktail antigen in order to assess its immunodiagnostic potential using an Elisa detection system. Further evaluation together with TDR was under way of which the results would be available in 1995.

5.28 The Chairman of EAC was pleased to note that the epidemiological situation was satisfactory throughout the Programme area with the exception of the Bui area which continued to constitute a potentially focal point for dissemination of infected blackflies given its large breeding sites. He also noted that the Programme had confirmed that combined larviciding/ivermectin control produced a more rapid impact on ocular manifestations than vector control alone. He furthermore referred to the apparent impact of ivermectin on transmission in the Gambia river basin in Senegal where absence of infection in the under-five year age group was of potentially particular importance.

5.29 Professor Molyneux underlined the excellent compliance obtained in ivermectin distribution programmes based on community self-treatment being implemented at an increasing rate stimulated by the National Coordinators. He emphasized the importance of the studies undertaken by the Programme on the impact of migration on the epidemiology of onchocerciasis.

5.30 The Chairman of EAC finally stressed the importance of the OCP/TDR evaluation of an immunodiagnostic test and emphasized the operational impact of the Bouaké laboratory with particular reference to its role in separating by the DNA methodology the forest (non-blinding) from the savanna (blinding) *Onchocerca volvulus* parasite and from the cattle parasite (*O. ochengi*). The Bouaké laboratory would be of crucial importance for future OCP activities and support to the devolution process.

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5.31 Responding to the expression of concern about disruption of OCP control in troubled areas in Sierra Leone, the Programme Director reassured the delegates that OCP followed the situation closely and would institute control operations as soon as the situation so allowed.

5.32 In reply to a question concerning the apparent high level of transmission in parts of Benin, it was stressed that although the level exceeded the threshold of 100, the annual transmission potentials were low enough to secure, in collaboration with ivermectin treatment, a depletion of the human reservoir and a very low risk of infection. In border zones near Nigeria exposed to transmission from that country, intensified ivermectin treatment had been introduced. Also, the actual prevalence was low and no new infections had been recorded. In this connection, the Committee noted with satisfaction that a Nigerian delegation attended the current session of JPC as observers.

5.33 It was explained in response to a question regarding the origin of infections due to migration that migrants giving risk to such infections came from localities outside the OCP area essentially from forest zones south of the area under control.

5.34 The Programme Director, responding to a question regarding the possible negative cumulative effect of the combination of ivermectin with other drugs including anti-malarials informed the Committee that the manufacturer of ivermectin felt confident that such interference was unlikely.

5.35 The issue of the possibility of resistance to ivermectin was raised with particular reference to the new Pan African control programme relying essentially on ivermectin treatment. The Chairman of EAC explained that his Committee was concerned with the matter and had requested further clarification from OCP. Although the probability of resistance was low and in any case would take many years to develop, it was important to carry out in-depth studies recognizing that the possibility did exist.

5.36 In this connection Dr Hans Remme of TDR emphasized that OCP aimed at the virtual elimination of the parasite reservoir and to achieve this the EAC recommended a strategy of combined larviciding and ivermectin treatment for a period of 12 years. Another option, which the EAC

discarded would be 10 years of vector control followed by 10 years of ivermectin treatment. It was believed that the risk of ivermectin resistance would be negligible under both strategies, but computer simulations were needed to investigate this further. Outside the OCP area, the control strategy would be based on large-scale ivermectin treatment alone with the objective to control severe onchocercal morbidity. Such large-scale treatment would have to be maintained for a period of decades and the risk of ivermectin resistance was largest under this strategy. However, computer simulations of this strategy, using information of ivermectin resistance in a nematode with a very short generation time, indicated that if resistance developed, it would do so very slowly. It was predicted that it would take more than 30 years before resistance would become a problem for ivermectin-based control. Nevertheless, the risk did exist under this strategy which justified the continued development of alternative chemotherapy that could replace ivermectin if required in the long run.

The Macrofil Chemotherapy Project

5.37 Ciba-Geigy, the manufacturer of Amocarzine (CGP 6140) having decided to abandon further field testing of this compound, had transferred the stock of tablets and the preclinical and clinical data of 2000 patients treated with the drug in Africa and Latin America to WHO/Macrofil. Clinical testing would commence as soon as possible at the Hohoe Onchocerciasis Chemotherapy Research Centre (OCRC) in Ghana.

5.38 A benzimidazole (UMF 078) would move into the clinical test phase in 1996 provided the results of the ongoing mutagenicity and teratogenicity studies so warranted.

5.39 Further testing of compound CGI 18041 in man was discontinued following the occurrence of irreversible anaemia in animal toxicity studies.

5.40 After studies at OCRC demonstrating that an increase in ivermectin dosage up to 800 $\mu\text{g}/\text{kg}$ did not result in significant side-effects the Centre would now undertake studies on the impact, if any, of high-dose and multiple-dose ivermectin on the fecundity of the adult worm.

5.41 Studies continued on two nematodes both resistant to ivermectin with a view to develop molecular probes that could eventually be used to detect resistance to the drug in *O. volvulus*.

5.42 Professor Molyneux, Chairman of EAC, noted that a macrofilaricide amenable to large-scale field-application was not likely to become available within the next few years. In the meantime Macrofil should concentrate on studies of the two compounds most likely to provide a drug with proven macrofilaricidal effect which, even if it would need to be given under medical supervision, could play a role in such situations as limited recrudescence control. Macrofil should also continue its study on the potential macrofilaricidal effect of high-dose ivermectin treatment as this provided the best hope at present for a drug which killed adult worms and which did not require expensive development costs.

5.43 In this connection the Chairman of EAC stressed that a field-applicable macrofilaricide was unlikely to materialize before the end of OCP operations in time to reduce the duration of vector control and that his Committee had therefore recommended the cessation of OCP funding of Macrofil by the end of 1997. Several delegations emphasized in this connection the importance of continuing the search for a field-applicable macrofilaricide beyond 1997.

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5.44 Dr Hans Remme, speaking on behalf of Director, TDR, and referring to the EAC recommendation that OCP cease its funding of Macrofil by the end of 1997, informed the Committee that Director, TDR, intended to support continued search for a macrofilaricide to control

onchocerciasis and lymphatic filariasis. Proposals would be made in that respect to the TDR Governing Body within a 1996-1999 four-year plan.

5.45 A close collaboration between OCP and TDR continued in such fields as the development of an immunodiagnostic test and operations-oriented field studies. Dr Remme emphasized the importance of applying OCP experience in TDR studies aiming at onchocerciasis control outside the OCP area, such as research on community self-treatment by ivermectin and the effect of ivermectin on skin manifestations.

Biostatistics and information systems

5.46 The Biostatistics and Information Systems (BIS) Unit continued the routine processing and analysis of entomological and epidemiological data, the training of OCP staff and national coordinators, the management of OCP data banks and had increased its support to the development of national computerized information systems designed for use in devolution activities.

5.47 The Geographical Information System (GIS) was now operational allowing for instant reproduction of maps depicting the location of such operational components as river stretches under larviciding and catching points as well as epidemiological indicator and sentinel villages, the latter selected for post-control surveillance.

5.48 Further analysis of the observed 30% reduction in microfilarial production after each ivermectin treatment, supported by ONCHOSIM simulations, concluded that this decrease reflected either a permanent reduction in the productivity of all the adult worms or a total loss of fecundity of some of them.

5.49 ONCHOSIM simulations were also undertaken to determine the duration of combined control activities necessary to reduce the risk of recrudescence to less than 1%. The conclusion was that a combination of uninterrupted larviciding and ivermectin distribution during 12 years would reach this target.

5.50 The Chairman of EAC emphasized the continuing importance of modelling to the future of the Programme.

Administration and support services

5.51 The Unit of Administration and Support Service responsible for the management of budget, finance, personnel, logistics and Programme infrastructure continued together with the Director's Office to ensure that all OCP activities were carried out in the most cost/effective manner. Thus, the use of computerized data treatment was reinforced and training in this, as well as in other management fields, was actively pursued.

5.52 The 50% devaluation of the CFA franc early in 1994 had resulted in considerable savings during that year given that the OCP budget was US dollar-based while 40% of expenditures were defrayed in CFA. Corresponding savings could be expected in coming years although on a decreasing scale as local salaries and commodity prices would increase.

5.53 During the period under review, five professional and 26 general service posts had been terminated, nine of the staff in the latter category being transferred to national status. By the end of the period, the WHO/OCP employed personnel comprised 26 full-time professionals, 14 short-term professionals and 160 general service staff, in all 200 posts, while a total of 580 were nationally employed. This compared to 524 WHO/OCP and 344 national posts in 1992, the first year of the fourth Financial Phase.

5.54 303 OCP vehicles were in operation in 1994 of which 98 had been lent to Participating Countries in the Western Extension area for the use of national teams while seven vehicles had been transferred to countries mostly in the Extension areas for use in their devolution programmes. In order to reduce the purchase of new vehicles to a minimum, the life of those already in operation had been extended.

6. DEVOLUTION: Agenda item 7 (documents JPC15.2, JPC15.3, JPC15.5, JPC15.8, JPC15/INF/DOC.6)

6.1 The Programme Director in introducing the agenda item on devolution, referred to the somewhat inconclusive debates on this subject that had taken place at JPC over the past years. He emphasized the roles of the three main actors in the devolution process as follows: OCP was providing technical guidance and training support to the Participating Countries; the countries themselves implemented devolution activities; and the Donor community as well as international and bilateral organizations were called upon to support governments in their devolution efforts.

6.2 Dr Samba, in referring to a devolution "concept paper" (JPC15/INF/DOC.6) pleaded that the discussions in JPC be limited to devolution *sensu stricto* to which the role of OCP was restricted, that is to promote onchocerciasis surveillance and control. The issue of strengthening national health services to "accommodate" onchocerciasis devolution activities fell outside the mandate of OCP and should be considered in other fora, such as the WHO Regional Committee. Dr Samba then assured the Committee that he, in his new capacity, would give full support to devolution *sensu lato* activities in collaboration with other interested organizations.

6.3 Since its establishment late 1991, the OCP Devolution Unit had supported Participating Countries in such devolution-oriented fields as training, awareness-raising of national authorities of the populations concerned, strengthening epidemiological surveillance and preparedness for recrudescence control, preparation and implementation of devolution plans, resource mobilization, and operational research.

6.4 In response to a request by JPC at its 1993 session, the National Coordinators' meeting held in March 1994 presented a schema setting out the objectives, roles and activities of the three partners in the devolution process: the countries, OCP and WHO/AFRO. It was expected that as a result of this clarification the collaboration between, and common efforts of, all involved would be further strengthened.

6.5 OCP's fellowship programme was now almost exclusively oriented to the support of national devolution activities with emphasis on epidemiology and public health management/administration. A total of 32 fellowships were granted by OCP during the period under review. The total number of fellowships awarded by OCP since 1974 came to 430. In addition, National Devolution Coordinators and field staff were being trained in the OCP data analysis methodology including the use of computers. A special effort was made to familiarize villagers with the technique of ground larviciding for eventual use in nuisance control in areas where blackfly concentrations impeded socioeconomic development.

6.6 Following the proposal made at the 1993 JPC session by the representative of the African Development Bank (ADB) that the Bank might consider requests for financing inter-country projects, a project proposal for support to training in epidemiology had been submitted to ADB as a request common for all the Participating Countries. The training would rely on the Epidemiological Surveillance Support Project methodology already being pursued in some of the countries and aiming at creating Epidemiological Surveillance Centres in conjunction with the health information systems established at the different operational levels.

6.7 During regular information sessions, OCP field staff motivated village populations to collaborate with the Programme in epidemiological surveillance and ivermectin distribution activities. Also, people were reassured that the return of the blackfly did not entail any risk of resumed onchocercal infection.

6.8 The National Onchocerciasis Coordinators continued to play 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 in March at OCP headquarters as in 1993. The meeting also examined the progress made since 1993 and provided answers to the questions raised by the JPC, during its fourteenth session in December 1993 in Luxembourg, on the devolution process.

6.9 Another meeting was held at OCP headquarters in March, attended by chief epidemiologists and National Onchocerciasis Coordinators from the eleven Participating Countries, Chairman EAC as well as staff from WHO/HQ, WHO/AFRO and OCP. At that meeting issues of relevance to the strengthening of epidemiological surveillance and integrated control of endemic diseases, based on the OCP experience, were reviewed.

6.10 The participants agreed that the Participating Countries should prepare an integration policy; integration did not mean a complete upheaval of existing systems; certain vertical programmes might co-exist with integration; real decentralization of health systems was essential; appropriate attention should be given to the required quality and quantity of staff; donor attitudes would be a determining factor for the success of integration; and the OCP experience and infrastructure could eventually be of importance in the context of epidemiological surveillance and effective integration.

6.11 In order to be able to assess the capacity of the Participating Countries to carry out effectively onchocerciasis recrudescence detection and control, the Devolution Unit had drawn up a series of criteria with which the situation currently existing in individual countries could be compared. Also, a list of conditions for devolution to succeed was prepared as they applied to the Participating Countries, to OCP and to WHO and the international community.

6.12 The representative of the Regional Director, Dr Barakamfitye, emphasized that the support of the WHO Regional Office for Africa (WHO/AFRO) centred essentially on three aspects: (1) the strengthening of health infrastructure in the context of the traditional collaboration between WHO and its Member States; (2) the training in epidemiology as exemplified by the organization of workshops for the training of trainers in six countries and (3) the support of WHO Representatives; between 1992 and 1994, the WHO regular budget country allocations to devolution had increased from US \$ 20 000 to US \$ 250 000 in the 11 countries.

6.13 The AFRO Intercountry Devolution Coordinator, based in Ouagadougou, continued his country visits to assess surveillance activities and the adequacy of training programmes. Two intercountry and six national workshops using AFRO epidemiological training modules had been conducted during the period under review.

6.14 In Ouagadougou, headquarters of OCP and duty station of the Intercountry Devolution Coordinator, the reinforced WHO/AFRO devolution support team now consisted of the Coordinator, two medical epidemiologists, one public health/teaching methodology expert and one sanitary engineer. Furthermore, allocations had been earmarked in the WHO country budgets for support to devolution in all eleven Participating Countries mostly in the field of training (see paragraph 6.12).

6.15 The National Onchocerciasis Coordinator of Côte d'Ivoire, Dr Brika, in introducing on behalf of the eleven Participating Countries the consolidated report on national devolution activities, stressed that National Devolution Committees had now been constituted in all the OCP countries which had also

finalized their devolution plans. So far only Burkina Faso had received financial support to the implementation of its plan from the World Bank to which eight other countries had applied for assistance.

6.16 National devolution activities within the seven countries of the Original Programme area consisted of information of the public concerning onchocerciasis, its transmission and its control; reassurance that the return of blackflies did not imply resumption of transmission; training of villagers in ground larviciding aimed at nuisance control; and epidemiological surveillance.

6.17 Out of 230 sentinel villages selected within the Original Programme area for tri-annual recrudescence surveillance, the population of 135 villages were examined by means of skin snipping during the period under review. The results were entirely satisfactory insofar as no cases of recrudescence were detected. Quality control by OCP of the national teams confirmed the reliability of their readings.

6.18 In the Extension areas, the emphasis was still on preparations for devolution in terms of reliance on national teams to carry out epidemiological surveillance and ivermectin control with little, if any, participation of OCP staff.

6.19 With regard to the integration of recrudescence detection and control with surveillance and control of other endemic diseases, instances of progress were recorded, such as combining surveillance of onchocerciasis in indicator villages with that of schistosomiasis and dracunculiasis. Also, large-scale ivermectin distribution moved towards integration within the public health system by increasing involvement of health centre staff.

6.20 National expenditures on devolution activities during 1994 were exemplified as follows (excluding infrastructure and salaries): US \$ 72 000¹ (Côte d'Ivoire), US \$ 16 000 (Niger), US \$ 4 700 (Togo), US \$ 34 367 (Ghana), and US \$ 4 773 (Guinea-Bissau).

6.21 The Chairman of EAC, Professor Molyneux, stated that although encouraged by recent clarifications of the devolution process, EAC underlined the need for further deliberation on the subject. Meanwhile, the OCP Devolution Unit had successfully implemented its mandate as regards devolution *sensu stricto*, that is to support Participating Countries in their efforts to assume responsibility for onchocercal epidemiological surveillance and recrudescence control.

6.22 Professor Molyneux went on to stress that the Programme's mandate was limited to onchocerciasis control and that the responsibility of devolution *sensu lato*, i.e. support to multidisease surveillance and control in OCP countries, fell outside the terms of reference of the Programme. Further consideration of the various aspects of the devolution process was therefore necessary including the apportionment of responsibility and country priorities in respect to multidisease surveillance and control, all seen in the light of the changing environment in the WHO/AFRO setting.

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6.23 During the debate a series of comments and questions were brought up including the need for training in epidemiology in other languages than French; OCP coordination of training courses in epidemiology conducted by several institutions in West Africa; the criteria for successful implementation of national devolution plans; the financing of such plans; the need to involve target populations in devolution activities; and the request for a plan of operations for OCP devolution activities including a corresponding time table.

¹ Exchange rate: 577 FCFA = US \$ 1

6.24 Several speakers expressed their concern that onchocerciasis devolution activities be integrated within the existing comprehensive health services rather than being instituted as yet another vertical programme.

6.25 The Programme Director in responding to the interventions of delegates stressed once again that the mandate of OCP in devolution was restricted to transferring to the Participating Countries the capability to undertake onchocerciasis epidemiological surveillance and recrudescence control.

6.26 Questions relating to the strengthening of health services to become capable of integrating effective devolution should be considered in other intergovernmental fora. Dr Samba proposed in this connection that future sessions of JPC might be conducted in two sections, one in which experts in onchocerciasis control discussed devolution *sensu stricto* the second in which public health experts considered such issues as integration, strengthening of health systems and multidisease surveillance and control. OCP would prepare the documentation required for the discussions in the two groups.

6.27 In replying to questions, the Programme Director assured delegates that OCP was actively concerned with coordination of epidemiology courses and that arrangements were under way for training in English and Portuguese, the latter confirmed by the delegate of the Gulbenkian Foundation.

6.28 As to the list of conditions for successful implementation of devolution activities it should be understood that the list was to be seen as a guidance for national authorities.

6.29 Concerning Donor financing of devolution plans the situation seemed to be improving insofar as the World Bank had recently responded in a promising manner to requests from three of the OCP countries (Côte d'Ivoire, Guinea and Senegal) in addition to its current funding of the Burkina Faso plan. Also bilateral agencies had shown interest in providing financial support. In this connection several delegates from Participating Countries expressed their determination to go ahead with the implementation of their devolution plans.

6.30 As to the request for a time-table for OCP devolution activities, the Chairman drew the attention of the Committee to the recommendation in the EAC Prospective Evaluation report that all OCP financial support to ivermectin distribution and epidemiological surveillance at the national level would cease by the end of 1997 throughout the OCP area.

7. AUDIT REPORT: Agenda item 8 (document JPC15.6)

7.1 The report was introduced by the Programme Director who explained that the External Auditor's Team after visits to the Programme had found accounts and other activities scrutinized in order. The External Auditor had therefore not found it necessary to attend the session personally.

7.2 The Committee noted the report of the External Auditor.

8. PLAN OF ACTION AND BUDGET OF THE PROGRAMME FOR 1995: Agenda item 9 (document JPC15.4)

8.1 What was left of aerial larviciding in the Original Programme area would come to an end in 1995 except in a few, limited border zones where operations would amount to less than two per cent of vector control at its maximum in that area. Also, the last two sub-sectors in the Original Programme area would be closed at the end of 1995.

8.2 Epidemiological evaluation would continue its surveys in indicator villages as a contribution to decision-making concerning discontinuation of vector control within the Original Programme area. Ophthalmological evaluation would also be carried out to assess the impact of ivermectin treatment on ocular manifestations of onchocerciasis.

8.3 OCP would continue its support to national teams carrying out large-scale ivermectin distribution while encouraging other modes of dispensing the drug such as community self-treatment.

8.4 In the field of biostatistics emphasis would be given to the processing and analysis of data collected by national teams whose members would receive the necessary training by the OCP Unit concerned. Evaluation of the impact of larviciding/ivermectin control on onchocercal transmission, using the ONCHOSIM model, would continue.

8.5 The OCP support to devolution would aim at reducing the disease in the Participating Countries to an epidemiologically insignificant level; at promoting active community participation; and at ensuring the availability at the national level of diagnostic tools, ivermectin and the means of its distribution.

8.6 In the search for a macrofilaricide, the OCP/TDR Macrofil project would concentrate on clinical trials of Amocarzine (CGP 6140), on preclinical studies of UMF 078 and on the possible macrofilaricidal effect of high-dose ivermectin. In addition, the search would continue for a test capable of detecting lowered susceptibility to ivermectin in onchocerciasis.

8.7 The Administration and Support Services Unit, together with the Director's Office, would further intensify its efforts to improve cost/effectiveness of Programme operations in addition to its assigned role to provide administrative and logistic support to OCP units. Greater financial stringency and control would need to be exercised as a result of the devaluation of the CFA franc.

8.8 The proposed budget for 1995 amounted to US \$ 24 689 000 showing a 13% decrease from the 1994 approved budget. Compared with the 1995 budgetary forecast in the Plan of Operations for the fourth Financial Phase, the proposed budget reflected a saving of US \$ 3 615 000 or 12.8%.

* * *

8.9 Questions concerning the impact of the devaluation of the CFA franc were asked by delegates during the discussions which followed the presentation of the Plan of Action and Budget for 1995; some expressed their concern about what appeared to be a planned salary increase for the professional staff while others had reservations about an increase in the budget for the national teams given the expansion of the devolution process. It was explained that only part of the salary of the international staff was paid in CFA francs and was subject to a multiplier factor which decreased during the devaluation. As regards the national teams, their increased involvement in the Programme implied a cost increase greater than the savings made from the devaluation of the CFA franc.

8.10 The reduced level of the budget for fellowships and training made a participant ask whether that measure was right, considering the imminent end of the Programme which should rather encourage an increase in that field. It was explained that the budget compared favourably with that of the past year since the figures given for 1994 included a corrective factor for fellowships which were not taken into account during the previous year.

8.11 It was agreed that the 1996 Plan of Action and Budget would include predictions for 1997 as well as relate planned operations and budgetary forecasts for 1996 to those foreseen for the same year in the Plan of Operations.

8.12 The proposed Plan of Action for 1995 and the budget in the amount of US \$ 24 689 000 was approved.

9. MID-TERM (PHASE IV) PROSPECTIVE EVALUATION OF OCP: Agenda item 11
(document JPC15.7)

9.1 Professor Molyneux, Chairman of the Expert Advisory Committee, referred to the Terms of Reference of the EAC Prospective Evaluation as approved by the Joint Programme Committee and outlined the background for, and process of, the evaluation process itself. A series of questions concerning current and future OCP operations, duration of the Programme and the implication of premature cessation of larviciding by OCP was addressed to the OCP staff and to individual EAC members who also received background documentation in advance of the session. Much of the work carried out by the Committee during its one week session was conducted in working groups.

9.2 The Chairman of EAC emphasized that the Prospective Evaluation had considered it its responsibility to ensure that the Programme came to a satisfactory conclusion in the context of its objective.

9.3 OCP had ever since its inception been exposed to external evaluations, the last in line being the 1990 External Review which constituted a starting point for the present Prospective Evaluation which dealt with a review of the past performance of the Programme; operations and budgetary forecasts for the remainder (1995-1997) of the fourth Financial Phase; and activities required to bring OCP to a successful conclusion, including the corresponding cost estimates.

9.4 EAC fully endorsed the findings of the 1990 External Review team including its recognition of impressive past achievements and the necessity to continue implementing the control strategy based on interruption of transmission by aerial larviciding for as long as required to exhaust the human reservoir of the parasite.

9.5 Professor Molyneux also highlighted the significant achievements of the Programme since 1990 which had contributed to further efficient operations.

9.6 The achievements accumulated since 1974 could be summarized as more than 30 million people protected; 10 million children spared the risk of onchocercal blindness and 250,000 people prevented from going blind; 1.5 million people having lost the infection; 430 fellowships granted; and 25 million hectares of riverain tillable land recuperated, enough to feed 17 million people.

9.7 As regards the findings of the EAC Prospective Evaluation, Professor Molyneux emphasized its endorsement of the overall strategy of the Programme as well as the corresponding control operations, continuing vector control with ivermectin treatment.

9.8 In respect to OCP operations during the remaining years (1995-1997) of the fourth Financial Phase, EAC concurred with the activities set out in the Plan of Operations for those years. The Committee recommended that given the availability of seven operational larvicides no further research for additional insecticides was needed.

9.9 The Chairman of EAC also referred to the recommendation that the activities of the Ecological Group be expanded to encompass the monitoring of the effect on the aquatic environment due to increased population pressure following the settlement in oncho-freed zones. The distinction between the impact on the rivers of OCP larviciding and that caused by human populations in changing land use had posed problems for the Ecological Group.

9.10 As already mentioned, the EAC evaluation also recommended that OCP funding of Macrofil should come to an end by 1997, the project now concentrating on a very limited number of compounds.

9.11 Professor Molyneux then addressed the findings of the EAC Prospective Evaluation regarding OCP operations during the Phasing-out period starting in 1998. The Committee recommended that the Programme come to an end by the year 2002 which would allow for virtual elimination of the human reservoir of the parasite throughout the OCP area. Operations, limited to the Extension areas, would be conducted on a gradually reducing scale.

9.12 The Committee presented annual budgetary forecasts for the Phasing-out period totalling US \$ 67 million reducing from US \$ 16 million in 1998 to US \$ 11 million in the year 2002.

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9.13 Members of JPC expressed their satisfaction with the work accomplished by EAC and the report itself. A number of questions and requests for clarifications came up during the debate.

9.14 In response to a request for clarification regarding OCP operations after 1997 it was explained that as had been the case for previous Financial Phases, the Phasing-out period (1997-2002) would be covered by a Plan of Operations to be prepared in 1996 for JPC approval in 1997 before the signature of a new Fund Agreement beginning 1998, after consultation with the Donors. However, in response to a proposal to advance the preparation cycle by one year, beginning with the preparation of the Plan of Operation in 1995, the Programme undertook to consider that possibility.

9.15 Several participants referred to the issue of post-OCP collaboration and made a plea for the use of existing regional institutions rather than creating a new mechanism in the form of an "Inter-country Facility". The Chairman reassured the Committee that this was not the intention of EAC and that the change of leadership in WHO/AFRO would now justify AFRO and OCP in consultation with other interested organizations to study ways and means of ensuring the required inter-country collaboration. The representative of WHO/AFRO confirmed that the objectives of such collaboration were in line with the mandate of WHO and supported the proposal for further AFRO/OCP consultations.

9.16 Concern was also expressed about the recommendation that OCP cease funding of Macrofil by the end of 1997 given that a field-applicable macrofilaricide would be of capital importance for onchocerciasis control outside the OCP area as well as for recrudescence control. It was explained that if none of the two candidate compounds or high-dose ivermectin fulfilled expectations by end 1997 any drug found after that date would become available too late to have any impact on OCP reaching its objective.

9.17 However, the search for a macrofilaricide for the control of onchocerciasis and lymphatic filariasis would continue, as explained previously, with TDR funding.

9.18 As regards the recommended expansion of the mandate of the Ecological Group, it was stressed that this expansion was necessary to protect the Programme against the possibility of accusations that OCP vector control had damaged the river fauna, a damage which in fact could be the effect of environmental pollution due to population pressure and other factors.

9.19 The observer from the Mectizan Committee drew the attention of the JPC to the fact that when OCP ceased financial and other support to ivermectin distribution by end-1997 (see paragraph 6.30 above), the Programme might no longer be in a position to monitor, stock and control the use of tablets and therefore unable to order supplies from the manufacturer on behalf of the Participating Countries. The future role of OCP in this respect would need to be considered during the coming year.

9.20 The Committee approved the recommendations contained in the EAC Prospective Evaluation report with the understanding that TDR would continue the search for a field-applicable macrofilaricide after 1997 and that WHO-AFRO and OCP, in consultation with interested organizations, study for reporting to JPC.16, the possibilities of institutional arrangements for post-OCP inter-country collaboration.

10. FINANCING OF THE ONCHOCERCIASIS CONTROL PROGRAMME: Agenda item 10

Cost-benefit of OCP (document JPC15/INF/DOC.4)

10.1 Before outlining the financial situation of the Programme, Mr Bruce Benton referred to a cost-benefit analysis of Programme operations prepared by the World Bank.

10.2 This analysis was based on the total cost of OCP operations in relation to the labour and land-use related benefits resulting from OCP control. The economic rate of return of the investment in the Programme was estimated at 20%, a return which compared very favourably with projects in any sector and in any region in the developing world.

Financial situation

10.3 Turning to the financial situation of the Programme, Mr Benton, was pleased to inform the Committee that the projected budgetary deficit for the fourth Financial Phase which last year amounted to US \$ 22 million had now been reduced to US \$ 8 million which however if not met by additional contributions would need to be met by drawing down the OCP emergency contingency reserve.

10.4 The budget forecast for the entire Phase IV was now US \$ 160 million as against US \$ 175 million projected in the 1991 Plan of Operations approved by the JPC, the reduction in large part due to the devaluation of the CFA franc. As from 1992 there had been, and would continue to be, a steady decline in annual expenditures.

10.5 As to the financing available for Phase IV, Mr Benton estimated the current Donor commitments at US \$ 140 million. The interest earned, or to be earned through 1997, was estimated at US \$ 3.5 million and a surplus in the contingency reserve of US \$ 8.5 million carried over from Phase III. This would bring the total amount available for financing for Phase IV to US \$ 152 million. US \$ 10 million would be maintained in the contingency reserve for the duration of the current Phase and would be carried over into the Phasing-out period (1998-2002).

10.6 In order to meet the US \$ 8 million financing gap the World Bank proposed that Donors reassess their level of support particularly such Donors who had substantially reduced their contribution from Phase III levels; that those Donors who had indicated inability to fulfill their pledges for Phase IV reconsider; and that Donors still in arrears of their contributions make payment as soon as possible. In the meantime the Bank would intensify its search for new Donors.

Pledging of donor contributions

10.7 The list of pledges which would be faxed to all donors is attached as Annex IV.

11. **MINISTERIAL MEETING ON SUSTAINABLE SETTLEMENT AND DEVELOPMENT IN THE OCP AREA:** Agenda item 12 (documents JPC15/INF/DOC.1, JPC15/INF/DOC.2², JPC15/INF/DOC.3)

11.1 The Chairman of JPC15, who also chaired the Ministerial Meeting in Paris during April 1994, informed the Committee about the outcome of the Meeting.

11.2 He referred to the guiding principles adopted by the Meeting and the recommendations which related to the promotion of social and economic integration; the process of consultation and coordination; the encouragement to "assisted spontaneous settlement"; the responsibility of line ministries; the provision of social and health services; the management of natural resources; production systems; agricultural research; marketing; tenure systems; women's rights; and donor support.

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11.3 The FAO representative underlined the importance of follow-up to the Meeting by the countries concerned and by the donors with the help of a technical agency which could be his Organization.

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

Pan African Programme of Onchocerciasis Control (document JPC15/INF/DOC.5)

12.1 The Committee was informed about the progress made in establishing the new Pan African Programme of Control of Onchocerciasis outside the OCP area. The Programme would be based essentially on ivermectin distribution applying the community self-treatment approach and would require ivermectin treatment for several decades to come.

12.2 The Programme supported by WHO, TDR and a consortium of NGOs would last for ten years to enhance the building up of national capacities for ivermectin distribution. TDR would carry out field research in such fields as epidemiological mapping, the significance of skin manifestations and ivermectin distribution methodologies.

12.3 The World Bank had contributed US \$ 1.2 million to a Bank-managed Trust Fund with the expectation that additional funding from other donors would be forthcoming.

Statement by the Nigerian delegation

12.4 The observer of Nigeria thanked OCP for the assistance received from the Programme in terms of working sessions with the Director, visits to the OCP area and manpower development.

12.5 He informed the Committee that the Nigerian Onchocerciasis Control Programme enjoyed high priority and presented an organization chart of the Programme as well as a summary of its operations. 2.8 million people were now under ivermectin treatment in 18 out of the 30 states in most cases with the support of NGOs.

Meeting of Participating Countries

12.6 Responding to a proposal that the Health Ministers of the Participating Countries meet separately to discuss OCP matters, the Programme Director undertook to look into the modalities and transmit his suggestions to the Governments concerned.

² English only

13. DATE AND PLACE OF THE SIXTEENTH SESSION: Agenda item 14

13.1 The Committee accepted with gratitude the joint invitation of the Government of the United States of America and the World Bank to hold its sixteenth session in 1995 in Washington, D.C., the dates to be determined later.

14. APPROVAL OF THE REPORT: Agenda item 15

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

15. CLOSURE OF THE FIFTEENTH SESSION: Agenda item 16

15.1 The Committee adopted a Vote of Thanks (attached as Annex VI) to the Programme Director for his outstanding leadership of OCP during 14 years. Dr Samba then received a standing ovation by the participants present.

15.2 After the customary courtesies, the Prefect of the region, on behalf of the Chairman, declared closed the fifteenth session of the Joint Programme Committee.

CONCLUSIONS AND DECISIONS

1. The Committee agreed to the expansion of the mandate of the Ecological Group (paragraph 5.15).
2. It was proposed that discussions on devolution during future sessions of JPC would be conducted in two parts, one dealing with devolution *sensu stricto* attended by onchocerciasis experts and one concerned with such issues as integration, strengthening of health services and multidisease surveillance and control to be attended by public health experts. OCP would prepare appropriate documentation (paragraph 6.26).
3. The Committee noted the report of the External Auditor (paragraph 7.2).
4. It was decided that the Plan of Action and Budget for 1996 would include also predictions for 1997 and that the 1996 forecasts would relate to those presented in the Plan of Operations for the same year (paragraph 8.11).
5. The Committee approved the proposed Plan of Action and Budget for 1995 (paragraph 8.12).
6. OCP would consider the possibility of starting the process of preparations for the Phasing-out period (1998-2002) during 1995 (paragraph 9.14).
7. OCP would look into the arrangements to be made for the ordering of ivermectin after 1997 and report thereon to JPC.16 (paragraph 9.19).
8. The Committee approved the recommendations contained in the EAC.15 report as well as in the EAC Prospective Evaluation report with the understanding that TDR would continue Macrofil research beyond 1997 (paragraph 5.44) and that WHO-AFRO/OCP would study the possibilities of institutional arrangements for post-OCP inter-country collaboration and report thereon to JPC.16 (paragraphs 9.15 and 9.20).
9. OCP would examine the modalities of possible future meetings of Health Ministers of the Participating Countries to discuss OCP matters (paragraph 12.6).
10. The Committee accepted the joint invitation of the Government of USA and the World Bank to host its sixteenth session in Washington (paragraph 13.1).

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

Distinguished participants,

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

"Excellencies, ladies and gentlemen,

"This session of the Joint Programme Committee is held during the year of the twentieth anniversary of the Onchocerciasis Control Programme in West Africa and the mid-point of its fourth Financial Phase. These two milestones are important in the life of the Programme and I would like to indicate their respective significance.

"Twenty years of uninterrupted operations in an internationally supported, inter-country programme have rarely, if ever, been surpassed within the United Nations System. The fact that OCP has enjoyed the trust and support of all its partners for such a long period is in itself a proof of its success and a recognition of its impressive achievement.

"It was therefore most opportune that the World Health Assembly decided to celebrate the anniversary at one of its Plenary meetings this year during which representatives of the different groups and organizations directly concerned with the Programme took the floor. I was impressed by the unanimity with which the speakers expressed their satisfaction with the progress made and results obtained. Equally important, they voiced their wish to see the joint efforts continue for another few years so as to bring the Programme to a successful end.

"Mr Chairman, I also mentioned that OCP has now completed half of the fourth Financial Phase which covers Programme operations from 1992 to 1997. Your Committee, therefore, decided last year to have a Mid-Term Prospective Evaluation carried out, and entrusted the task to the Expert Advisory Committee (EAC).

"You have before you the evaluation report of the EAC in which that Committee not only makes an assessment of past performance, but it also makes recommendations for future Programme activities and even touches on the need for inter-country collaboration during the post-OCP era. You will, no doubt, examine this report in detail and I only wish to express my gratitude to the EAC for its thorough analysis and constructive forecasting, all done within a very limited period of time.

"Mr Chairman, on the side of socioeconomic development, the Committee of Sponsoring Agencies of OCP made a substantial contribution by organizing last April the Ministerial Meeting on Sustainable Settlement and Development of the OCP area. The meeting offered a unique opportunity to share national experience in the field of socioeconomic development and led to the adoption of a set of guiding principles for sustainable settlement. The Committee is to be congratulated for its initiative in organizing such a successful meeting.

"Finally, as regards OCP operations per se, I am pleased to learn from regular briefings by the Programme Director that field activities continue to be carried out smoothly, effectively and at

minimum cost. Also, as the end of the Programme is now in sight, increasing emphasis is placed on support to the devolution process to ensure that the achievements of OCP will be maintained.

"At this stage, let me reiterate my plea that we all stay together in our joint effort to see this Programme come to a successful end. In this connection, I believe that EAC has rendered a great service to your Committee with its recommendations regarding the number of years still left to go as well as estimations of the required resources, necessary for the Programme to reach its final objective. We now have a clear idea of what is required.

"Mr Chairman, your Committee can count on the continued support of WHO both as a donor and as the Executing Agency of one of the largest and most successful intercountry programmes ever undertaken by the Organization. I wish to thank all of you for the unfailing support you have extended to the Onchocerciasis Control Programme in West Africa.

"Finally, Mr Chairman, allow me to express my sincere gratitude to Dr Samba who has, since 1980, so competently steered the Programme towards its successful conclusion now in sight. His departure from OCP will be a loss to the Programme but with his nomination to the post of Director of the WHO Regional Office for Africa, he will be in a position to continue his support to the Programme, in particular, to activities closely concerned with the devolution process.

"I wish you all possible success for this, the fifteenth session of the Joint Programme Committee."

This, Mr Chairman, concludes 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 1994
Report of the Expert Advisory Committee
6. Devolution
7. Audit report
8. Plan of Action and Budget of the Programme for 1995
9. Mid-term (Phase IV) prospective evaluation
10. Financing of the Onchocerciasis Control Programme
 - report of the World Bank
 - pledging of Donor contributions
11. Follow-up to the Ministerial Meeting on Sustainable Settlement and Development in the OCP Area
12. Other matters
13. Date and place of the sixteenth session
14. Approval of the report
15. Closure of the fifteenth session

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Annex III

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PLEDGES

DONOR	FOR 1995	FOR ENTIRE PHASE IV
African Development Bank	US \$ 300 000	
Belgium	BF 15 million*	
Calouste Gulbenkian Foundation	US \$ 50 000	US \$ 300 000
European Union		ECU 7 million
France	FF 15 million	FF 45 million
Germany	(not present)	
Italy	(not present)	
Japan	(not present)	
Korea	(not present)	
Kuwait Fund	US \$ 250 000	US \$ 1.5 million
Luxembourg	FL 8.5 million	
Netherlands	NLG 4.5 million	
OPEC Fund for International Development	(not present)	
Portugal	US \$ 50 000	
Saudi Arabia	US \$ 2.33 million	US \$ 14 million
Switzerland	CHF 3 million	CHF 18 million
UNDP	US \$ 2.84 million	
United Kingdom	US \$ 1.2 million	
USA	US \$ 3.5 million	US \$ 21 million
WHO	US \$ 250 000	US \$ 1.5 million
World Bank	US \$ 2.63 million	US \$ 15.78 million

* an increase above BF 15 million is under consideration - to be decided upon

REFLECTIONS OF THE COMMITTEE OF SPONSORING AGENCIES (CSA)

by Bruce Benton,
Chairman, CSA

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

I am honoured to share with you the reflections of the Committee of Sponsoring Agencies. But first let me begin by expressing our gratitude to the Government of Côte d'Ivoire and to you Mr Chairman for the warm hospitality you have extended to the OCP community during our stay here. It is a great pleasure to meet in this beautiful and historic city of Yamoussoukro - birthplace of one of Africa's great leaders.

There is much encouraging news to report this year. As regards control of the disease, the parasite reservoir has virtually died out in the original seven country area, where more than 20 million people live. Hence, the possibilities for any resumption of transmission there within the coming decade are close to zero, provided the Programme continues to fully control the disease in the extension areas. More than two million people, primarily in the extension areas, received ivermectin treatment this past year. And a greater proportion of treatments are being provided through community-based distribution which is more cost-effective and achieves a higher compliance rate than previous methods of distribution. There is now clear evidence that combining vector control with ivermectin shortens the period required to eliminate the adult worms in the population from 14 to 12 years. Hence, as the Chairman of the Expert Advisory Committee (or EAC) will report to you later, there is every reason now to expect that the Programme can be brought to a definitive conclusion by the year 2002 - just eight short years away.

Programme costs are steadily declining and will do so until OCP ends in 2002. The devaluation of the CFA franc this past January will result in estimated savings of close to 15 million US dollars during the second half of Phase IV, which ends in 1997. As a consequence the funding shortfall for Phase IV has shrunk to eight million dollars during the past year. In addition the costs for the phase out period, 1998-2002, are now lower than we had projected two years ago. Hence, we have a Programme which it is possible to fund through to its conclusion, if we can maintain the long-standing coalition of solid donor support up to the end.

The CSA would like to draw the attention of the Committee to four new milestones reached since we met last year in Luxembourg.

First, 1994 marked the 20th anniversary of OCP. It is virtually unprecedented for a development project, of any kind - let alone one involving eleven Participating Countries and more than 20 donors - to operate so effectively over a span of two decades. OCP is proof that long-term, widespread international collaboration works, and that it is particularly appropriate when addressing major regional problems. OCP also demonstrates that well-coordinated donor assistance coupled with persistent national commitment produces concrete results. It was therefore fitting that the World Health Assembly commemorated the 20th anniversary of OCP during one of its plenary sessions this past spring.

Second, this past April the CSA organized a high-level regional meeting in Paris involving Presidents Diouf of Senegal and Compaore of Burkina Faso; Ministers of Agriculture, Environment, and Plan of the 11 Participating Countries; as well as donor representatives. It was chaired admirably and effectively by the Minister of Agriculture for Côte d'Ivoire, the Honorable Lambert Konan. The purpose of the meeting was to address issues related to settlement and development of the oncho freed areas. This was the first attempt to bring to the fore, at the highest policy level, socioeconomic

development of land recently freed from the disease. This land has vast potential but it also presents environmental risks unless settled and developed in a sustainable fashion. This regional meeting was notable for its high visibility, the lively participation of all delegates, "ownership" of the meeting by the Participating Countries, and the strong consensus reached on a set of Guiding Policy Principles to promote sustainable settlement and development of the oncho freed areas. It is the view of the CSA that the entire OCP community must now actively push to have the Guiding Policy Principles placed upon the agendas of the individual country Round Tables and Consultative Groups so that they can be put into action within each Participating Country's national context.

Third, the World Bank completed an analysis of the costs and benefits of OCP this fall. We know that OCP has achieved remarkable results in eliminating a widespread, devastating disease and has freed up 25 million hectares of arable land - roughly equal to the size of Burkina Faso - for agricultural development. It has produced enormous benefits as a humanitarian programme. However, many of these humanitarian benefits are impossible to quantify. How does the project measure up in strictly economic terms? Do the measurable economic benefits from OCP exceed the international community's investment of 500 million US dollars in this Programme? Most of the data - actual and projected - are now available to answer these questions. And the results of the analysis confirm much of the optimism over the years regarding OCP as a highly productive development project. The conclusion reached is that the long-term economic rate of return from OCP is on the order of 20%. Hence, OCP is a programme which compares very favorably with some of the most productive development projects in any sector in any region in the developing world.

The fourth milestone is the EAC's completion of its mid-term "prospective evaluation" of the Programme. The CSA is pleased with the basic conclusion of this evaluation, which is that the Programme, under the existing control strategy, is well on target to eliminating onchocerciasis throughout the 11 country OCP area. Reaching this objective is now principally a matter of time and resources. And we find the recommendations for making a few adjustments over the next eight years to enhance the Programme's cost-effectiveness most encouraging. In our view, the EAC is to be highly commended for having produced in a short period of time a thorough evaluation which presents a credible and detailed strategy for bringing OCP to a lasting and successful conclusion within the next eight years.

Several other developments have occurred over the past year, which we feel it is important to bring to the attention of the Committee.

As regards devolution, progress continues to be encouraging. Devolution plans have now been completed for all eleven Participating Countries. The plan for Burkina Faso is being actively financed and implemented. The financing of two other plans is under negotiation. Nevertheless, it is the view of the CSA that an actionable concept of devolution needs to be better defined. The CSA has prepared a concept paper recommending that initial implementation of devolution and the role of OCP be limited to supporting devolution sensu stricto - that is in enhancing the Participating Countries' local capacities in oncho surveillance and ivermectin treatment. Over time, devolution could evolve into a multi-disease surveillance and control approach. The execution of devolution plans should thus be made in successive stages, starting with activities tied to onchocerciasis which are well defined and can be supervised by OCP experts. Subsequently, as knowledge of surveillance and control measures for other endemic diseases is acquired, other activities could be financed, thereby building up national capacities over time.

There is the danger that unless this gradualist approach is pursued, the primary health care systems of the countries concerned will become quickly overwhelmed and that little will be

accomplished in the time frame required to prevent the onset of recrudescence. This will be an important item for further discussion and clarification during our meeting.

During this past year a new programme has been under preparation to control onchocerciasis in those 16 additional countries in Africa where the disease remains endemic. A trust fund has been set up in the World Bank to finance this programme and the World Bank has approved 1.2 million US dollars in initial funding to assist in launching it. The CSA considers that, given the knowledge base, expertise, and effective control tools developed over the years by OCP, and the availability of free ivermectin, establishing a programme to address areas still seriously infected is an appropriate next step. Many of the technical, organizational and financial aspects of this new programme are currently being worked out, and an information document has been provided to you to bring you up to date on the status of these preparations.

Last, but certainly not least, the CSA acknowledges the superb contribution of OCP's outgoing Director, Dr Samba. Dr Samba has been a mainstay of OCP for the past 14 years. He has given OCP his all, with great integrity, and the Programme has flourished under his proficient management. He has helped build OCP into a solid, viable regional programme which is fortunately not totally dependent on any one individual. Hence, OCP will endure despite Dr Samba's departure.

We congratulate you, Dr Samba, on your recent nomination to the post of WHO Regional Director for Africa. We will miss you in OCP. On the other hand, Africa and the donor community will be fortunate to have you with your proven qualities of dynamism, leadership, and integrity at the helm of WHO operations throughout most of the continent. We will all gain - even OCP - from having you in this important new position.

In this connection, the question of Dr Samba's successor remains a preoccupation for the CSA. We know that the next Director of OCP will play a critical role in bringing the Programme to a lasting and successful conclusion. We must seek out the best in management. I would like to report to you that WHO Director-General Dr Nakajima, who has the statutory responsibility for selecting a new director, is committed to a search and selection process which is transparent and consultative. That process is now under way and it is expected that a decision will be taken early in the new year.

In conclusion, fellow delegates, the CSA would like to leave you with one final thought. We, the OCP Community, must guard against complacency which may arise due to this Programme's remarkable track record of achievement, and the good news which has continued to prevail over the past year. It is important to emphasize that the war has not yet been won. Only follow-through to the year 2002 can ensure lasting control of onchocerciasis throughout the sub-region, by eliminating the parasite reservoir throughout the population. Anything short of this would be a prescription for disaster, because there would be, as emphasized in the EAC Evaluation, a resurgence of the disease within a generation. We must pursue OCP to its conclusion if the 11 Participating Countries represented here are to reap the substantial long-term benefits flowing from OCP.

Thank you for your attention fellow delegates.

**EXPRESSION OF GRATITUDE TO DR EBRAHIM M. SAMBA FOR HIS OUTSTANDING
LEADERSHIP OF OCP DURING THE YEARS 1981 TO 1994**

The first and the fifteenth sessions of the Joint Programme Committee met in Yamoussoukro. Dr Ebrahim M. Samba participated in the first session, in 1980, as nominated Director of the Onchocerciasis control Programme. Today, 1994, he attends the fifteenth session having been nominated as Director of the WHO Regional Office for Africa.

During the intervening years he has successfully steered the Onchocerciasis Control Programme in West Africa (OCP) towards its set objective so that OCP can close down its operations within the next few years, with the conviction that onchocerciasis will no longer be a public health and socioeconomic problem in West Africa.

Dr Samba's contribution has been truly remarkable. He has had to deal, and has done so successfully, with such major obstacles as reinvasion, resistance to larvicides and occasional budgetary shortfalls. Other remarkable achievements have been the expansion of OCP operations into the Extension areas and, more recently, the strong move towards devolution.

In addition to his outstanding management of the Programme, Dr Samba has established a firm relationship and close collaboration with all the OCP partners, be it the Participating Countries, the Donors, the Experts or the Sponsoring Agencies. This relationship has been built on openness, fairness and mutual trust.

The Joint Programme Committee expresses its sincere gratitude to Dr Ebrahim M. Samba for his admirable achievements during fourteen years of service with the Onchocerciasis Control Programme in West Africa which he can now leave with the satisfaction of a job well done.

The Joint Programme Committee wishes Dr Ebrahim M. Samba all possible success in his new functions.