



Report of the Fourth Meeting of the Nongovernmental Development Organizations Coordination Group for Ivermectin Distribution

Geneva

6 - 8 July 1994

ABSTRACT

The Nongovernmental Development Organizations (NGDO), instead of NGO, Coordination Group for Ivermectin Distribution is the new name of the Group, to reflect its developmental role.

The NGDO Group was responsible for the distribution of ivermectin to some 3 million people in 1994, and it assisted the distribution in 10 out of 13 endemic countries with ongoing ivermectin programmes. Whilst an amount of US\$ 4 million has been spent in 1994 to support these activities, a funding gap of US\$ 8 million was identified as the amount needed by the Group to maintain its present activities as well as undertake moderate expansion in the subsequent three years. The Group welcomed the creation by the World Bank of a Special Fund to support the control of onchocerciasis in endemic countries outside the Onchocerciasis Control Programme (OCP) and expressed its willingness to cooperate with the Bank.

The Group has formed an international coalition in an effort to mobilize more resources, and is forming national coalitions (a prototype of which has already occurred in Nigeria) in order to be more efficient and be better able to assist governments of endemic countries in ivermectin distribution to control onchocerciasis.

Other NGDOs are now getting involved in ivermectin distribution, thus bringing in more resources for the activity.

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The meeting was opened by Dr R.H. Henderson, Assistant Director-General who welcomed participants on behalf of the Director-General of WHO. After tracing the history of the Group from its conception at the NGDO Consultative Group Meeting in Jamaica, in 1990, the Assistant Director-General reviewed the Group's activities and praised it for having distributed ivermectin to over three million persons in the short time of its formal existence since December 1992. The Group was commended for the development of a common reporting system and a procedural manual. The World Health Assembly resolution on the distribution of ivermectin to control onchocerciasis, which was passed at the 47th World Health Assembly, is a testimony of the importance WHO Member States attach to onchocerciasis control. The creation of the World Bank special programme fund for the control of onchocerciasis will hopefully provide further support for the activities of the Group.

The Chairman of the Group thanked the ADG for his opening address. He then proposed a change in agenda item 2b to consider, instead of an overview of the activities of NGDOs, the present situation regarding onchocerciasis control by ivermectin distribution country by country, in order to assess the progress towards control. Nigeria was treated separately under agenda item 2c. This amendment to the agenda was unanimously accepted and is included in Annex 1.

The report of the third meeting of the Group which was held in December 1993 in Washington D.C. was reviewed. The Group noted with satisfaction that most of the recommendations made at the meeting had been implemented. It was encouraged that two NGDOs, Bahá'í International and World Vision International (WVI), which participated in the third meeting of the Group, were present at this meeting. With regard to other NGDOs, it was reported that Mr Padgett of the Inter-Church Medical Assistance visited Tanzania recently with the view to assisting the churches there to distribute ivermectin. Apologies were received from the International Association of Lions Clubs, which could not send a representative because their convention coincided with the meeting. The Lions expressed their wish to be kept informed of the Group's activities in view of their global "SightFirst" programme, which will include a component of onchocerciasis control.

The list of participants is shown in Annex 2.

1. Overview of WHO's activities in the first half of 1994

The WHO's activities followed the recommendations of the third meeting of the Group and covered four main areas :

- a) **Assistance to endemic countries** : The Coordinator attended the annual meeting of the Cameroonian national onchocerciasis control programme. Progress on the onchocerciasis control was reviewed and plans for the future discussed. Similarly, the Coordinator attended the Nigerian National Onchocerciasis Task Force Meeting. The framework of the NGDO National Coalition was presented to the authorities of the Ministry of Health as well as UNICEF/Nigeria. The framework was accepted as the basis for collaboration (see also 4.3).
- b) **Assistance to the activities of the Group** : Assistance was given to a subgroup in an informal meeting in Geneva in February 1994 to draw up a framework for NGDO Coalition building. The meeting developed a formula for a National and an International Coalition (see 4.2). Assistance was given to the Vice-Chairman in the preparation of the procedural manual as directed at the last meeting in Washington.
- c) **Resource mobilization** : The Coordinator assisted Lions Clubs International in Nigeria, who are cooperating with RBF, in writing up a proposal for a SightFirst project on ivermectin distribution. This followed contacts made earlier with the secretariat of the Lions Clubs in Oak Brook, Chicago, for a joint project in Nigeria within the framework of the global SightFirst programme.

Continued contact with other NGDOs was pursued to interest them in ivermectin distribution to control onchocerciasis. In this regard, the Coordinator attended and made a presentation on the control of onchocerciasis by ivermectin distribution at the WVI Second Global Consultation on Health held in Karen, Kenya in January 1994, and the meeting of the primary health care NGDO Group on the occasion of the 47th World Health Assembly in May 1994.

- d) *WHO in-house activities* : Assistance was given to the Minister of Health, Cameroon when he, in his capacity as member, submitted a resolution to the WHO Executive Board in January 1994 on the control of onchocerciasis by ivermectin distribution in endemic countries. The resolution was subsequently passed by the 47th World Health Assembly. The Coordinator collaborated with other WHO units involved with onchocerciasis control activities.

2. Mectizan® Donation Program

The Mectizan® Donation Program since 1988, has provided over 25 million treatments. It is estimated that over eight million people have received at least one treatment. Applications for tablets have been received from 24 ministries of health (MOH) and 34 NGDOs, 33 of which have continued to carry out ivermectin distribution. There have been over two million humanitarian donations, most of which occurred in the early years of the donation programme. It was pointed out that it takes some three to four months to process the supply of a first-time application and two months to supply a subsequent application. It is estimated that about 11.4 million ivermectin tablets will be needed by the end of 1994. So far in 1994 there has been no request for a renewed application.

It was reported that it is difficult to estimate the number of tablets supplied to Ivermectin Distribution Programmes (IDPs) which are not used, but expire. It is believed, however, that such occurrences have become rarer. Efforts to improve coordination in countries allow tablets which are about to expire to be transferred to in-country IDPs which can quickly use them, thus avoiding waste.

3. Overview of ongoing ivermectin distribution

3.1 Distribution by countries

In place of the agenda item, an overview of NGDO activities during the first half of 1994, the Group considered global ivermectin distribution activities country by country. Onchocerciasis endemic countries were divided into geographical groups and reviewed with regard to four specific questions. These were :

- a) disease burden whereby the main questions considered were the number of infected persons in the country, a brief description of location of disease and the severity or the type of onchocerciasis, i.e. blinding or non-blinding;
- b) the ongoing control activities, specifically the number of people under treatment and the executing or supporting agency or organization;
- c) the future requirements of the country;
- d) the contact person (responsible for the control activities) in the country.

The results of the deliberation are summarized in the following table :

OVERVIEW OF IVERMECTIN DISTRIBUTION BY COUNTRIES

Country	Disease	Activities	Future	Contact person
NORTH-EAST OF AFRICA AND ARABIAN PENINSULA				
Yemen	Less than 10 000 infected West of country Little eye disease Severe skin (Sowda) disease May need treatment 4 x per year	Local (leprosy) NGDO	Contact with EMRO	Dr Al-Qubati Director NLCP City of Light Hospital Taiz, Republic of Yemen
Ethiopia	Estimate 929 000 South-west Mainly non-blinding	Africare has a proposal and is looking for funds	World Vision interested in a link with Africare	
Sudan	Estimate 620 000 South Severe disease	Abu Hamed focus - RBF Refugees treated in Uganda	Mapping is needed World Vision may become involved	
EAST AFRICA				
Uganda	Estimate 1 200 000 4 foci in West of country Mainly non-blinding, but skin & other effects	800 000 treated National Plan Coalition being formed with: Sight Savers, CBM, & GTZ Most foci covered (except Mt.Elgon)	There is a good programme Consolidation is required Form a coalition of NGDOs	Nat. Coord. Dr R. Ndyomugenyi MoH, VCD Box 1661, Kampala Moses Katarwa (RBF) P.O.Box 12027, Kampala Trevor Graves (CBM)
Burundi	Estimate 143 000 North-west and south Non-blinding, skin disease	35 000 - 50 000 people treated MoH Co-op with Belgium (ABOS)	Gradual expansion to cover all foci	Dr Newell P.O. Box 337 Bujumbura
Tanzania	Estimate 650 000 Mbeya - Tukuyu Ruvuma - Songea Mahenge - Iringa Mainly non-blinding, skin disease	100 000 treated RBF - Mbeya	To develop national programme as part of MoH with PBL (Katenga)	Mr Slaa (TSB) Dr Katenga (MoH) Dr Siyame (RBF)
Malawi	Estimate 150 000 Thyolo, Mwanza Non-blinding, skin disease	100 000/year I.E.F.	MoH to take over Mwanza Try to develop National Plan	Ms Ime Bressers Thyolo, Malawi

Country	Disease	Activities	Future	Contact person
NORTH-CENTRAL AFRICA				
Chad	Estimate 870 000 6 Prefectures Blinding disease	So far 200 000 treated RBF supported; Africare implemented; National Programme	Funds needed for expansion	Dr Doumdé MoH N'Djamena Mr Tyrone Gaston (Africare)
C.A.R.	Estimate 600 000 N-W 400 000 S-E 200 000 Severe blinding disease (north-west) mod.disease (south- east)	More than 200 000 treated CBM + RBF co-funded CBM + MoH national programme Start 1993 N-W	Expand distribution Develop PBL activities	Dr A. Hopkins B.P. 1772 Bangui
Cameroon	Estimate 1 300 000 Most parts of the country Blinding in the North & Central Provinces	200 000 treated - Nat. Prog. (RBF support) - Nat.Coord. Rapid Epid.Map 94/5 - RBF N.Province 92-95 x 2 + Batia (PHC, Fr. Coop) - HKI - Central Province (PHC, UNICEF) - I.E.F. Southern Province, full integration in PHC	- Sight Savers Central - IEF writing Manual on Integration in PHC - Form a coalition of NGDOs	Dr P. Ngoumou (Coordinator) P.O.Box 12892 MoH, Yaoundé Dr Christine Godin, Dr Djibrilla & Dr Abdoulaye Yagouda
SOUTH CENTRAL AFRICA				
Eq.Guinea	Estimate 60 000 Bioko (island) Non-blinding disease	About 15 000 treated x 3 Dr Mas - University of Barcelona Spanish Government	O.N.C.E. funding is being requested	Dr J. Mas Programa Control Oncocercosis y otras Filariasis Cooperation espa-nola Embajada de Espa-na Malabo
Gabon	Estimate 60 000 Very many small forest foci Non-blinding and concurrent <i>Loa loa</i>	10 000 treated University of Libre- ville + Fr.Coop	Consolidation	Dr Kombila
Angola	?? 100 000 ? in north Non-blinding	Nil	Assessment needed	

Country	Disease	Activities	Future	Contact person
Congo	Estimate 50 000 Small focus (Brazzaville) Non-blinding	15 000 treated RBF + MoH + Fr.Coop Urban distribution	Expansion & Consolidation	Dr Stanghellini
Zaire	Estimate 4 565 000 Many foci Some blinding	30 000 Lusambo - CBM 20 000 Uele - CBM 30 000 Yakusu - CBM (new)	More activities needed	Dr Shannon - Lusambo Dr Ukety - Uele Dr Mandiangu - B.N.L.O. Mr D. McAllister CBM P.O. Box 58004, Nairobi, Kenya
WEST AFRICA				
Liberia	Estimate 600 000 Non-blinding	Nil	Assessment required	Dr Jallah (RBF/C.H.A.L.)
Nigeria	Estimate 3.5 million 20+ States	Coalition of NGDOs (RBF/SS/Africare/IEF/C BM) working with NOCP	Rapid epidemiological mapping Expand programmes	Dr Jiya, NOCP Dr E.Miri, RBF Dr E.Gemade, UNICEF Dr Sadiq, WHO Mr LeVonne Harrel (Africare)
AMERICAS				
	Estimate 65 000 Guatemala/Mexico Brazil/Venezuela Ecuador/Colombia	OEPA (Multi-donor coordination) IDP in 5 countries RBF/IEF/HKI/CBM	Inter-American Development Bank \$4 million	Mr J. Blanks O.E.P.A.

A table on ivermectin distribution by NGDOs in countries as estimated for 1994 is given as Annex 3. As illustrated by the table, NGDOs carried out ivermectin distribution in endemic countries outside OCP as well as in some OCP countries.

3.2 Progress in developing Ivermectin Development Programmes

The review of ivermectin distribution by countries has allowed the progress towards the development of IDPs to-date (1994) in non-OCP countries of Africa to be assessed. Parameters considered in this exercise were :

- a) size of the problem : Onchocerciasis in a country was considered extensive (a major problem country) when more than 200 000 people in the country are infected;
- b) the control of onchocerciasis by ivermectin distribution in a country is **poor** when less than 25%, **inadequate** when 25-50%, **satisfactory** when 50-75% and **good** when over 75% of the "at risk" population are being treated by a programme. The results of this assessment are shown in a table as Annex 4.

It appeared evident that despite all the present effort, the control of onchocerciasis by ivermectin distribution has not reached the level of "good" in any country. Only two major countries have a satisfactory level of coverage and most countries, including 80% of major problem countries, have poor or inadequate coverage. There is clearly a need for a major expansion of activities.

In discussions which followed, the Group agreed that it was important to note that ivermectin distribution to control onchocerciasis will need to be carried out for a long time. It is therefore necessary for programmes to define their objectives clearly. These are formulated under No. 3 of Recommendations and Conclusions of the meeting. It was also imperative that mapping of onchocerciasis in endemic countries is carried out as soon as possible as this will enable monitoring of progress towards coverage of the population at risk and hence control of the disease.

4. Nigeria

4.1 Background

Nigeria is probably the country with the highest number of onchocerciasis infected persons in the world. The Federal Government of Nigeria has recognized onchocerciasis as a disease of public health importance and has set up a National Onchocerciasis Control Programme (NOCP). The country has thus been receiving assistance from several NGDOs and UNICEF/Nigeria towards the control of onchocerciasis in endemic States for the past few years. Recently a five-year national action plan for the control of onchocerciasis has been developed. This has prompted NGDOs working in Nigeria to review the form of their assistance to Nigeria in order to be more effective. One formula the NGDOs have considered is coalition building to promote the sharing of experience and resources to enable them to better assist the country.

4.2 Meeting of NGDO Coalition for Nigeria and follow-up

Following the deliberations of the subcommittee of NGDOs working in Nigeria during the third NGDO Group meeting in December 1993 in Washington, the sub-group met again in February in Geneva and formulated the framework of coalition in the form of International and National NGDO Coalitions. The objective of the National Coalition, in the specific case of Nigeria, was defined as : to provide an effective and coordinated assistance to the Federal Government in the execution of its National Onchocerciasis Control Plan, by developing sustainable State and local government area (LGA) ivermectin distribution programmes, thereby strengthening its primary health care system. The International Coalition's aim is to work together to mobilize resources to support ivermectin distribution to control onchocerciasis through National Coalitions in endemic countries.

4.3 National NGDO Coalition in Nigeria

In the process of coalition building, project officers of NGDOs in Nigeria have held several meetings. These meetings in the past have been referred to as pre-NOTF meetings during which the same members attending the National Onchocerciasis Task Force (NOTF) meetings also participated. The last NOTF meeting in April 1994 recommended that the Federal Ministry of Health adopt the new framework of National NGDO Coalition and renamed the pre-NOTF meeting, "NGDO coalition meeting". That meeting recommended that ivermectin distribution activities should be expanded and efforts should be made to mobilize the resources necessary to support the 5-year National Action Plan. The meeting called for the sharing of experiences in the execution of programmes and, specifically, for the development of a common Management Information System (MIS) and the harmonization of training materials in use. Two experts were identified at the meeting and entrusted with the responsibility of developing respectively a common MIS and training materials for the NOCP which will thereafter promote their use by all programmes in Nigeria.

During its own meeting, the newly constituted Nigerian NGDO Coalition suggested the development of a proposal format which would be used for application for funds from the International Coalition. Further it requested that the WHO/Lagos Office should form the secretariat for the National Coalition and provide the appropriate channel of communication to the International Coalition; it was reported that WHO Lagos plans to set up the relevant office. The chairman of the National Coalition was elected for one year with the proviso of an extension for another year, as appropriate. The National Coalition recommended to the other NGDOs active in the country, viz. International Foundation for Education and Self Help and Lions Clubs International of Nigeria to join the National Coalition.

The NOCP will submit its request for support by the NGDO Coalition. The NOCP has now a National Coordinator and is in the process of appointing four Assistant Zonal Managers who are to be supported by UNICEF.

4.4 Status of Rapid Epidemiological Mapping of Onchocerciasis (REMO) in Nigeria

A workshop on REMO was organized by NOCP/UNICEF in Ibadan, Nigeria on 17 January 1994. Participants included UNICEF, members of NOCP, Mectizan® Zonal Managers, Steering Committee members and NGO project officers in Nigeria. The workshop laid down the basis for carrying out rapid epidemiological mapping of onchocerciasis in Nigeria by zones.

Following the selection by a panel of experts of indicator villages in each zone, rapid epidemiological assessments were conducted in the selected villages in each State under the supervision of State Onchocerciasis Control Units (SOCU). Validation of the preliminary results is to be carried out by the zonal office staff and consultants. NGDOs have been requested and have agreed to carry out cross-validation of the results. Final results are expected in late August.

It was pointed out at the meeting that some data collection, based on the use of the sign of "leopard skin" might not have been carried out correctly. The results of the REMO will need to be looked at carefully in this light. The importance of having correct results of REMO was stressed as this will enable accurate assessment of the onchocerciasis problem in the country (see also 3.2).

4.5 Financing of NOCP in Nigeria

The present state of funding of IDPs in the country was reviewed. It was reported that RBF supports five States. The cost of supporting the programme of Plateau State is declining and funding to the State is minimal. The funding of IDPs in Imo, Abia, Edo and Delta has been an RBF/State venture. A proposal to control onchocerciasis by ivermectin distribution in six States (Imo, Abia, Edo, Delta, Anambra and Enugu) has been submitted to the Lions Clubs International Foundation SightFirst for funding. If approved, funds will be available for starting and/or consolidating IDPs in the six States for a period of five years.

Africare supports five States (Kwara, Kogi, Borno, Adamawa and Taraba). The funding sources have been USAID, Public Welfare Fund and RBF. Further, there has been funding input from LGAs but this source of funding has collapsed with the change of government. Lately, UNICEF has donated a vehicle for use in Taraba State and German Agency for Technical Cooperation (GTZ) is supporting an LGA in one State. Whilst present funding in Adamawa and Taraba comes to an end in September 1994, funds for Kwara, Kogi and Borno will last until September 1995.

Sight Savers is presently supporting an IDP in Kaduna State and has received a request from the Federal Government to support IDPs in Kogi, Kebbi and Sokoto. Sight Savers is in the process of taking a decision in this connection.

IEF is currently collaborating with UNICEF, and it is providing technical support in the form of training, management and MIS in the implementation of ivermectin distribution activities in UNICEF-assisted States.

Christoffel Blindenmission (CBM) is not yet carrying out ivermectin distribution but would be ready to start an IDP in January 1995. It would like to work where there is blinding onchocerciasis on a long-term basis and plans to use ivermectin distribution as an entry point for eye care delivery. CBM will coordinate its activities with Sight Savers and the other NGOs.

4.6 Local fund-raising

This activity has not been given sufficient consideration by the NOCP so far. It was reported at the meeting that RBF has made a start and has so far collected two million Niara.

4.7 UNICEF support

Originally, UNICEF supported Bauchi, Benue and Niger States. Later, it added support to three other States, Oyo, Osun and Ondo. The plan is to carry out an expansion in each State to cover seven LGAs. UNICEF is providing logistics and financial support for the Nigerian Government in its onchocerciasis control programme. It is providing two years' salary for four Assistant Mectizan® Zonal Managers to be appointed who will, among other things, oversee the implementation of ivermectin distribution in UNICEF-assisted States. It has provided Mectizan® Zonal Managers with computers. The funds for supporting onchocerciasis control in Nigeria by UNICEF are provided by US Committee for UNICEF. UNICEF Nigeria's support for onchocerciasis control will continue as long as funds will be forthcoming from the US Committee which has already provided funds for this year.

The Group noted the progress made in onchocerciasis control by ivermectin distribution in Nigeria. It was encouraged in particular by the formation of National NGO Coalition and UNICEF's involvement. It pledged that the International Coalition will do everything possible to raise the necessary funds to support the national action plan for onchocerciasis control.

5. World Bank *extra*-OCP Fund

The meeting received a report on discussions conducted during the Mectizan® Expert Committee Meeting in May 1994 in Riom, France on the World Bank's *extra*-OCP Trust Fund. The programme will cover a period of 12 years during which a total of 120 million dollars will be disbursed in four funding cycles each of which will last 3-years. There will be cost-sharing between the Bank and the participating countries in the proportion of 80/20, 60/40, 40/60 and 20/80 during the four funding cycles. There were also discussions on the organizational structure and the design of the programme which foresees the integration of ivermectin distribution into the PHC and NGO involvement. It was reported that the board of trustees of the Bank has endorsed the creation of the special fund for the programme. The Bank has committed an amount of US\$ 3.4 million over the next four years and will, in addition, attempt to raise funds from donor sources.

In another report to the meeting it was made known that the Bank is presently looking at the form the programme should take and is consulting experts. A few questions need to be answered by the World Bank. These include the definition of the aim of the programme and how it may be achieved. The organizational structure through which funds will be disbursed needs to be worked out as well as the role of NGOs. A meeting is planned for September during which invitations will be extended to the NGO Coordination Group, WHO, Carter Centre, RBF and others.

6. International Coalition

The aim of the International Coalition is for NGOs to work together to mobilize resources for ivermectin distribution to control onchocerciasis, in the first instance, in Cameroon, Central African Republic, Chad, Ethiopia, Nigeria and Uganda (countries where onchocerciasis is extensive and constitutes a serious public health problem).

The International NGO Coalition took stock of its resources for funding ivermectin distribution in onchocerciasis-endemic countries and estimated its funding gap over the next three years. It remarked that it will have spent a total of US \$4 million by the end of 1994. In order that it may continue its present activities and undertake modest expansion in the coming three years, an amount of US \$8 million will be needed. It noted that these facts and its activities in the control of onchocerciasis in endemic countries outside OCP should be brought to the attention of the World Bank. It observed that it was particularly important to cooperate with the World Bank with regard to the latter's initiative in establishing a Trust Fund for the special programme to control onchocerciasis in endemic countries outside OCP. Efforts therefore have to be made to establish a channel of communication with the Bank for such collaboration.

Other efforts towards resource mobilization were reported to the meeting. The Group learnt that contact has been made with the Save the Children UK to persuade them to include ivermectin distribution in their primary health care activities in onchocerciasis-endemic countries. This will be followed up. World Vision International has identified the endemic countries where they are working and plan to embark on ivermectin distribution. It was recommended that efforts to mobilize new members should continue and some NGO groups in Geneva may be approached in this connection. A directory of programmes in countries should be developed to facilitate communications with countries and NGOs.

7. Review of the Procedural Manual

Following the recommendations of the last meeting of the Group in Washington, a revised procedural manual, suitable for use by MOHs as well as NGOs, was presented to the Group for consideration. The new document differed from the original by certain additions to, and subtractions from, the original document. The executive summaries which preceded all the sections of the original document have been omitted. Additions included a new section on human resources development and other topics dealing with the role of district level health management structures in ensuring integration of the activity into the PHC and the carrying-out of population census. The present document consists of two parts; the first deals with planning and the second with implementation of ivermectin distribution.

The Group suggested further changes to the document. These included the creation of a third part to contain two topics, which were originally in Part I, viz. "evaluation of IDPs" and "assessing the cost-effectiveness of IDPs". Further, the annexes to the document are to be reviewed. The Group requested members to send any further written comments to the Secretariat by the end of July 1994, after which the document is to be finalized as a WHO document.

8. Operational Research

The Group was briefed on the progress of operational research which is being undertaken to promote further ivermectin distribution to control onchocerciasis. It learnt that the study by the ORSTOM Group at the "Centre Pasteur" in Yaoundé which is looking at the effect of high and frequent dose of ivermectin (400 mcg/kg every 3 months) on adult worms is progressing well. The study will consider incorporating even higher doses if the results of the ongoing studies on the safety of ivermectin at doses of up to 800 mcg/kg body weight are approved for use by Merck & Co. Inc. Studies by HKI in Cameroon to determine the factors which influence clinic attendance for regular annual ivermectin treatment by populations is also progressing. Validation of the correlation between the sign of leopard skin and skin-snip will be undertaken by the RBF team in Delta State in Nigeria.

The Group received a briefing on operational research activities which are being supported by WHO/TDR. Multi-country studies to determine the psycho-social importance of onchocercal skin disease are ongoing and the results are expected to be analysed and presented at a workshop planned for October 1994 in Kaduna, Nigeria. Techniques for assessment which have been developed in these studies will be applied in future studies which will be undertaken to determine the observed and perceived effect of ivermectin treatment on skin disease as well as the frequency of treatment which is necessary to give the best effect. At the workshop in Kaduna the results of ongoing studies by Nigerian research groups on methods for monitoring IDPs and methods of health education for promoting sustainability of ivermectin distribution will also be available.

Another workshop was carried out in June 1994 to develop a protocol for multi-country studies on community self-treatment. The study objectives are : to develop and compare community self-treatment as designed by the control programme with that conceived by the community. It was expected that the study should develop new approaches to community self-treatment and enable the evaluation of ongoing self-treatments.

9. Future activities

The Coordinator was requested to:

- (i) assist in the formation of NGDO National Coalitions in Cameroon and Uganda;
- (ii) attend Subregional Workshop in Manpower Development for Prevention of Blindness in West Africa (21-23 September 1994, Ijebu-Ode, Nigeria);
- (iii) attend Mectizan® Expert Committee meeting (18-19 October 1994, New Jersey, USA);
- (iv) attend Nigerian Onchocerciasis Operational Research TDR Workshop (23-26 October 1994) and Nigerian Onchocerciasis Task Force (NOTF) meeting (27-28 October 1994) both in Kaduna, Nigeria.

CONCLUSIONS AND RECOMMENDATIONS

1. In order to reflect more realistically the role of the Group, hitherto referred to as the "Nongovernmental Organizations Coordination Group for Ivermectin Distribution" it was agreed and **recommended** that forthwith the title of the Group be "Nongovernmental Development Organizations Coordination Group for Ivermectin Distribution".
2. There is a rapidly increasing number of ivermectin distribution programmes in most endemic African countries. In order to maintain proper coordination of work and development of national programmes, it is **recommended** that a directory of country programmes with supporting NGDOs and responsible focal points and/or coordinators be compiled.
3. Ivermectin is a drug of high public health relevance which is available free of charge. It is important that it be made accessible to all people and communities suffering from onchocerciasis so that they may benefit from it as quickly as possible. In order to ensure the effectiveness of distribution efforts which are carried out mainly on a community basis, ivermectin distribution programmes (IDPs) should define their goals and establish systems of monitoring and evaluation. Goals may include :
 - a) preventing new cases of blindness from onchocerciasis,
 - b) preventing other disease manifestations (e.g. skin lesions),
 - c) elimination of the disease as a public health problem.

It is **recommended** that the objectives for individual IDPs be defined. Priority should be given to prevention of blindness, then prevention of morbidity from skin disease, then reduction of transmission and finally elimination of all onchocercal disease in the focus.
4. The Group was very encouraged by the progress made by the National Coalition of NGDOs in Nigeria in assisting the National Onchocerciasis Control Programme. In view of the positive experience the Group **recommends** that National Coalitions of member NGDOs active in IDPs be formed for (a) Cameroon and (b) Uganda.
5. There is a need for exact knowledge of distribution and severity of onchocerciasis in Nigeria, to facilitate further fund-raising and programme planning. In this regard, the Group highly commended the initiative of UNICEF in supporting the ongoing rapid epidemiological mapping of onchocerciasis in the country. It is **recommended** that these results be made available as soon as possible after their proper validation has been completed in cooperation with the NGDOs of the National Coalition.
6. The Group appreciated the work done by the secretariat in writing a Procedural Manual for IDPs. The Group **recommended** that the final revisions be made and the document be printed as a WHO document for distribution to endemic countries.
7. Some of the onchocerciasis endemic countries are subject to civil unrest, with subsequent migration of populations and displaced people. It is therefore **recommended** that ivermectin distribution should be considered in refugee populations coming from highly endemic areas. Such a distribution should form part of the basic and regular health care system for those populations, to be considered in consultation with other health programmes and/or organizations concerned.

8. The NGDO Group welcomes the establishment by the World Bank of a programme to address the problem of onchocerciasis in the non-OCP areas of Africa, and **recommends** that there should be close collaboration with the Bank in order to ensure that the experiences and capacities of the NGDOs currently working with ministries of health in IDPs shall be taken into full consideration in the development of the new programme.

9. The present funding level of IDPs carried out jointly by ministries of health and NGDOs is at a level of about US \$4 million per annum and the funding gap, if these programmes are to be sustained and expanded over the period 1995-97, is of the order of US \$8 million. The mobilization of these needed resources is becoming a critical issue since NGDOs are primarily responsible for their own fund-raising. In order to complement the ongoing planning of a special "Extra-OCP" programme by the World Bank, it is **recommended** that the NGDO Coordination Group should develop a mechanism for monitoring funding gaps in relation to future planned activities and should make every effort to raise funds to fill them.

It was agreed to hold the **fifth meeting** of the Group from **1 to 3 November 1994** in north America, the exact venue to be identified and communicated to participants at a later date.

ANNEX 1

AGENDA

Opening of the meeting

Adoption of Agenda

Administrative Announcements

1. **Review of the Report of the Third meeting**
2. **Overview of activities, first half of 1994:**
 - (a) WHO
 - (b) Ongoing onchocerciasis control by ivermectin distribution in endemic countries outside OCP
 - (c) Reports on
 - meeting of NGDO Coalition for Nigeria
 - financing NOCP (Nigeria)
 - status of REMO in Nigeria
3. **Resource mobilization**
 - (a) World Bank *extra*-OCP fund
 - (b) International Coalition
4. **Review of procedural manual**
5. **Update on operational research**
6. **Future activities and targets**
7. **Other matters**

Date and place of next meeting

Closure of the meeting

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IVERMECTIN DISTRIBUTION BY NGDOs IN COUNTRIES
OUTSIDE OCP AREA

Country	NGDO	Other Organization	Estimated number treated 1994	Estimated number infected
ANGOLA	-	-	-	100 000
BURUNDI	-	Belgium Cooperation	40 000	143 000
CAMEROON	HKI ¹ , IEF ¹ , RBF ¹	GTZ	200 000	1 300 000
C.A.R	CBM ¹ , RBF	-	300 000	390 000
CHAD	AFRICARE, RBF	-	200 000	870 000
CONGO	RBF	French Cooperation	25 000	50 000
EQ. GUINEA	-	University of Barcelona	30 000	60 000
ETHIOPIA	-	-	-	929 000
GABON	-	French Cooperation	10 000	60 000
LIBERIA	-	-	-	600 000
MALAWI	IEF	-	100 000	150 000
NIGERIA	AFRICARE, RBF, SS ¹ , IEF, Lions	UNICEF	1 000 000	3 302 000
SUDAN	RBF	-	< 1 000	620 000
TANZANIA	RBF	-	100 000	650 000
UGANDA	CBM, RBF, SS	GTZ	800 000	1 200 000
YEMEN	-	Local leprosy NGO	< 10 000	30 000
ZAIRE	CBM	-	50 000	4 565 000
		TOTAL	2 830 000	15 019 000

¹CBM = Christoffel Blindenmission; HKI = Helen Keller International; IEF = International Eye Foundation;
RBF = River Blindness Foundation; SS = Sight Savers

Annex 3

**IVERMECTIN DISTRIBUTION BY NGDOs IN COUNTRIES
IN OCP AREA**

Country	NGDO	Estimated number treated 1994	Estimated number infected
GHANA	SS	50 000	123 000
GUINEA	OPC, SS	60 000	510 000
MALI	OPC, SS	450 000	196 000
SENEGAL	OPC	30 000	65 000
SIERRA LEONE	CBM, SS	110 000	701 000
	TOTAL	<hr/> 700 000	<hr/> 1 595 000

PROGRESS IN DEVELOPMENT OF IVERMECTIN DISTRIBUTION PROGRAMMES
1994

AFRICA - NON-OCP COUNTRIES

Size of Problem	Poor < 25% coverage	Inadequate 25-50% coverage	Satisfactory 50-75% coverage	Good 75%+ coverage
< 200 000 infected	Angola	Yemen Burundi Gabon	Malawi Equatorial Guinea Congo	-
> 200 000 infected	*Zaire *Sudan Ethiopia Liberia	*Nigeria *Cameroon *Chad Tanzania	*C.A.R. Uganda	-

* Indicates severe blinding onchocerciasis

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