

JOINT PROGRAMME COMMITTEE

ONCHOCERCIASIS CONTROL PROGRAMME IN WEST AFRICA

Sixteenth session, Washington, D.C., U.S.A.6 - 8 December 1995

REPORT

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1. OPENING OF THE SESSION: Agenda item 1

1.1 The sixteenth session of the Joint Programme Committee (JPC) of the Onchocerciasis Control Programme in West Africa (OCP) was held at the World Bank headquarters in Washington, D.C. at the joint invitation of the Government of the United States of America and the World Bank. The list of participants is attached as Annex III.

1.2 The Vice-President of the World Bank, Mr Jaycox, welcomed participants to the session and, on behalf of Mr Wolfensohn, President of the Bank, delivered a statement of appreciation of the achievements of the Programme and pledged the Bank's continued support to OCP. A copy of the statement is annexed to this report (Annex I(a)).

1.3 Dr Hiroshi Nakajima, Director-General of the World Health Organization (WHO), referred to the achievements of OCP and expressed his confidence that the objective of the Programme would be fully met by the year 2002. He called for continued support until the end of operations and thanked all involved in the Programme including the staff. Dr Nakajima closed his statement with an expression of gratitude to the US Government and the World Bank for hosting the JPC. The text of the statement can be found in Annex I(b).

1.4 Mr John Hicks, US AID, in welcoming the participants to Washington, expressed satisfaction that USAID had been associated with OCP since its beginning in 1974 and even during its preparatory phases. The Programme was an outstanding example of what could be achieved when national and international partners work constructively together. Mr Hicks wished the JPC session the best of success.

1.5 The session was declared open by Mr Maurice Kakou Guikahue, Minister of Health of Côte d'Ivoire.

2. ELECTION OF OFFICERS: Agenda item 2

2.1 The United States of America was elected to the Chair and the Republic of Benin to the Vice-Chair.

3. ADOPTION OF THE AGENDA: Agenda item 3 (document JPC16.1, revision 1)

3.1 The provisional agenda was adopted (Annex II).

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

4.1 Mr Bruce Benton, Chairman of the Committee of Sponsoring Agencies (CSA), while expressing his Committee's confidence in OCP attaining its objective by the end of the coming seven years, stressed the importance of continued support to the Programme by all its partners - the Donor community, the Participating Countries and the Sponsoring Agencies - until the conclusion of OCP operations by the year 2002.

4.2 The winding-down of the Programme had already started as evidenced by reduction in vector-control, a trend that would continue until the year 2002. At the same time, the process of devolution was well under way and the Participating Countries were increasing their capacity to effectively detect and control recrudescence of the disease.

4.3 The Committee of Sponsoring Agencies recognized that this process of phasing-out a long-standing field operation could indeed have painful consequences for the staff and Mr. Benton congratulated the Programme on the humane manner in which the termination of staff had been handled.

4.4 In respect to the search for a field applicable macrofilaricide, CSA reiterated its support to the Macrofil project and noted that CSA in collaboration with the Director of TDR¹ was undertaking to secure funds for the continuation of the project beyond 1997 when the OCP contribution would cease.

4.5 Mr. Benton finally congratulated Dr Dadzie on his appointment as Programme Director and pledged him the full support of CSA.

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

* * *

Dr Ebrahim Samba, Director of the WHO Regional Office for Africa, expressed his feeling of pride for having been associated with OCP as its Director for 14 years. The achievements of the Programme were indeed impressive. He had no doubt about its eventual success and was confident that the necessary Donor support would be forthcoming until the end of OCP operations.

His conviction and hope were based on his confidence in his successor, Dr Yankum Dadzie, and in the OCP staff who had so efficiently served the Programme over a prolonged period. Other factors which made him confident in the Programme eventually attaining its objective were the expertise of the African staff, the availability of tools for devolution activities, and the assurance by Merck & Co. that ivermectin (Mectizan^B) would be provided free of cost for as long as needed.

Dr Samba emphasized the importance of the distinction by the 1994 session of JPC between devolution *sensu stricto* for which support would be provided by OCP and devolution *sensu lato* supported by WHO, the World Bank and other organizations active in the field of health systems development.

Dr Samba finally assured the Committee that WHO would work closely with the Participating Countries and OCP to allow the Programme to arrive at a successful end.

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5. PROGRESS REPORT OF THE WORLD HEALTH ORGANIZATION FOR 1994: Agenda item 5 (document JPC16.2)

REPORT OF THE EXPERT ADVISORY COMMITTEE: Agenda item 5 (document JPC16.3)

5.1 In introducing the report of WHO on the progress made by OCP during 1995, Dr Yankum Dadzie expressed his gratitude to the Director-General of WHO for his appointment as Director of OCP and paid tribute to his predecessor, Dr Samba, for his outstanding leadership of the Programme.

¹ UNDP/World Bank/WHO Programme for Research and Training in Tropical Diseases

5.2 Dr Dadzie then summarized the progress made by OCP during 1995, leaving it to the Unit Chiefs concerned to provide more details. He mentioned briefly the infiltration of infective blackflies from outside the OCP boundaries for which corrective action was being sought together with the countries concerned. The situation in Sierra Leone where control had been temporarily halted did not, as at present, cause a risk of reinvasion into the Original Programme area.

5.3 The Programme Director continued by referring to a recent OCP brainstorming session, attended by key OCP staff, National Coordinators, facilitators from WHO/AFRO, WHO/HQ and the World Bank as well as independent scientists. The main recommendations could be summarized as: (a) the need for the Programme to leave behind it the least possible residual infection, and (b) to reinforce the transfer of devolution activities to the Participating Countries.

5.4 A series of specific recommendations emanated from the brainstorming session for which implementation plans were being prepared. Following a suggestion for reorganization of OCP headquarters, there would now be only two technical units.

5.5 In concluding his introduction, Dr Dadzie referred to the leadership role of OCP in the devolution process and committed the Programme to a close collaboration with WHO at the national, regional and global level as well as with other organizations and donors active in the field of health care development such as the World Bank. He finally thanked the OCP Donor community and the Participating Countries for their unwavering support to, and collaboration with, the Programme.

Vector control

5.6 During the year under review, larviciding came to an end on the Daka, Kulpawn, Mole rivers and part of the lower Black Volta river in Ghana as well as on the Baoulé and Bagoé rivers in Mali, the Sota and Alibori rivers in Benin. Ground control which replaced aerial larviciding in the Dienkoa basin in Burkina Faso has continued since recently as an entirely national operation with technical and financial support from OCP.

5.7 In the Western and Southern Extension areas aerial larviciding, combined with ivermectin treatment, remained without change from the preceding year. The situation in Sierra Leone remained unchanged with vector control suspended pending the resumption of helicopter access to those river basins where larviciding was essential.

5.8 In all, 13 000 km of river were treated at the height of larviciding and 3 000 km during the dry season. The application of the larvicide rotation system resulted in maintaining vector control and the resulting interruption of transmission at the optimal level. The only reported instance of lowered susceptibility, i.e., to pyraclofos in the Bamako area, resulted from repeated treatments by boat using that compound in too many consecutive cycles.

5.9 Compared to the previous year, the number of flight hours reduced by 12% from 6 700 to 5 900 hours. However, the consumption of larvicides remained without change (about 380 000 litres) at approximately the same cost.

5.10 The reduction in the entomological surveillance network continued with the closure of two subsectors (Séguéla in Côte d'Ivoire and Bobo Dioulasso in Burkina Faso) thus reducing the network to 7 sectors, 12 subsectors and 11 operational bases. There now remained 146 catching points throughout the Programme area, half visited once a week, the other half fortnightly.

5.11 The results of vector control continued to be highly satisfactory. Any residual transmission was essentially due to forest blackflies. Thus, when confining transmission to that involving the savanna species, which mainly transmit the blinding strain of the parasite, only three of the 146 catching points produced an Annual Transmission Potential (ATP) above 100^2 while 62% of the points showed an ATP of zero.

5.12 Considerable progress was made during the year under review as regards the identification of the onchocercal parasite and the blackfly vector. The identification of parasites by the PCR³ molecular methods and DNA probes⁴ at the Bouaké laboratory made it possible to distinguish not only between cattle (*Onchocerca ochengi*) and human (*Onchocerca volvulus*) parasites but also between the less blinding ("forest") and blinding ("savanna") forms.

5.13 While identification by cytotaxonomy was limited to identification of *Simulium* at the larval stage, a new DNA-based methodology, the "heteroduplex technique", made it possible to identify blackflies at all stages of the life cycle and consequently to determine under natural conditions the vectorial role of all the species of the *Simulium damnosum* complex.

5.14 The combination of the DNA technique - solely applied to infective blackflies - with the morphological examination, specially used in identifying species in forest/savanna areas, now permitted the necessary adjustments in ATPs calculation, while eliminating animal onchocerca, and enhancing the transmission potential of the blinding form of onchocerciasis.

5.15 The cessation of larviciding in the Original Programme area was vindicated by the findings in post-control entomological studies. At 18 points of capture, where prior to the commencement of larviciding the infection rate was between 25 and 90 infective flies per 1000 parous females, the infectivity rate was now less than one per 1000, a level where the risk of recrudescence of blinding disease was insignificant.

5.16 Following an international "invitation-to-bid" procedure the Director-General of WHO had signed a contract for aerial operations during the 1996-1998 period with the current contractor, Evergreen Helicopters, Inc..

5.17 The decrease in fish catches in treated and non-treated sampling stations which had been observed by national hydrobiology teams under service contract with the Programme was probably due to climatic conditions and increasing fishing pressure.

5.18 As regards invertebrates the changes in structure and densities of a few taxa remained within acceptable limits and were, in any case, considered to be unrelated to OCP vector control.

5.19 During the period under review hydrobiologists had ceased routine drift sampling and introduced spot surveys of water courses where OCP activities had come to an end in order to monitor the trend in colonization.

² Threshold for risk of blindness

³ Polymerase Chain Reaction

⁴ Developed in collaboration with Dr Unnasch of the University of Alabama, U.S.A.

5.20 The Ecological Group welcomed the approval by JPC of EAC's recommendation that the Group's mandate be expanded to encompass studies on, and monitoring of, the environmental impact of resettlement in the areas freed of onchocerciasis. The methodology applied in the Leraba pilot study⁵ could be applied in other areas to identify the potential sources of impact and assess the risk that they posed to the aquatic ecosystems.

5.21 The Chairman of the Expert Advisory Committee (EAC), Professor David Molyneux, congratulated the Programme on the increasingly cost/effective manner in which vector control had been conducted. Rotational larviciding continued to be carried out with a high degree of efficiency taking into account the cost, effectiveness at different discharge rates and potentiality for environmental impact of the seven insecticides available to OCP. Also credit was due to the helicopter pilots for a sterling performance under often arduous conditions.

5.22 He welcomed the progress in the identification of blackfly species by DNA methods which supplemented the recognition of different forms of the parasite by DNA-based techniques. This allowed, for the first time, the Programme to determine the true vectorial role of each *S. damnosum* species.

5.23 Professor Molyneux then referred to particular areas which EAC considered needed special attention: northern Sierra Leone; the Kulpawn, Mole and the lower Black Volta (Bui area) in Ghana, the last-named exposed to infective blackfly invasion from potential sources south of the OCP border which had recently come under ivermectin control by national teams; the Benin border; and Dienkoa and the Zoulou focus in Burkina Faso. Each of these areas was receiving particular attention from the different OCP technical units.

5.24 The Chairman of EAC also made reference to the planned construction of the Bui dam and its consequences concerning blackfly breeding upstream and downstream. The Programme was encouraged to contact the authorities concerned to offer its advice and support to vector control in the area concerned, also in connection with nuisance control likely to prove a necessity during the construction period.

5.25 Professor Davide Calamari, Chairman of the Ecological Group, underlined the fact that any changes in the river fauna which might be ascribed to OCP vector control remained within acceptable limits. However, a decrease in fish catches and in invertebrate population had been observed in treated and non-treated sampling areas. Some concern appeared to be related to the impact of resettlement and other external factors on the quality of aquatic environment.

5.26 As regards the study on the medium-term impact of etofenprox (Vectron) on the non-target fauna his Group had recommended that it be repeated in new river monitoring sites selected by OCP. EAC had endorsed a recommendation that no further research on new insecticides should be undertaken.

5.27 In the light of these events and of the new mandate of the Ecological Group four studies had been undertaken in order to assess the potential for environmental impact of settlement and development in OCP area, both where recolonization had already commenced or would soon start.

* * *

5.28 In reply to a question as to when OCP vector control might resume in the northern part of Sierra Leone, the WHO Legal Counsel explained that as long as the security problem remained at the "UN three level", resulting in the evacuation of non-essential international staff, helicopter flights under

⁵ Progress report of the Pilot Project on Environmental Impact Assessment in the OCP area (document JPC14.15)

contract with the Programme were not permissible. However, the Committee could be assured that OCP would resume reinforced control activities as soon as at all possible, thus reintegrating Sierra Leone within the global OCP operation.

Epidemiological activities and ivermectin distribution

5.29 The Epidemiological Evaluation Unit (EPI) contributed to decision-making regarding cessation of larviciding within the Original Programme area (see para. 5.6 above). A total of 35 indicator villages were examined, in all cases by national teams. The results in half of the villages were satisfactory - low prevalence and negligible CMFL⁶ - thus allowing for larviciding to come to an end while in the other half the results indicated the necessity to continue control. In most of the villages, only half of the population to be examined participated.

5.30 Incidence studies in Guinea in 13 villages under combined larviciding/ivermectin control recorded no new cases in one third of the villages while in the remainder, the incidence was below 1% as against the expected level of over 27% per annum if no control had been carried out.

5.31 In the northern half of the Western Extension area in Mali and Senegal, where the control was confined to ivermectin distribution - once or twice a year - no infections were recorded in over 500 children aged 5 years who had not received ivermectin treatment.

5.32 Ophthalmological examination in three follow-up villages in Ghana under combined larviciding/ivermectin control for seven years, showed an almost total elimination of microfilariae from the eyes of previously heavily infected populations as well as a significant improvement in early and advanced iridocyclitis and sclerosing keratitis. Similar results were obtained from evaluations carried out in Guinea and Mali.

5.33 The search continued for new diagnostic tools to replace the increasingly unpopular skin-snip test. The tricoctail antigen and C27 monoantigen tests discriminated well between blood specimens from areas with and without transmission and populations treated with ivermectin.

5.34 Skin patch tests with 10% DEC⁷ in Nivea cream showed high specificity but low sensitivity, except when read after 48 hours, while DNA scratch tests seemed to be promising.

5.35 Ivermectin treatment continued as an adjunct to larviciding in the Extension areas and in a few circumscribed foci within the Original Programme area where vector control had not yet ceased. In the northern half of the Western Extension area, in Mali and Senegal, OCP control was based exclusively on ivermectin treatment.

5.36 In most of the areas, ivermectin was dispensed once a year while in a few cases, mostly where the onchocercal prevalence showed an unsatisfactory decline, the drug was given twice a year.

5.37 In all 2.2 million people in 11 000 villages were under ivermectin treatment within the Programme area. The distribution continued to be carried out by national teams with OCP financial and logistical support and increasingly through community-based self-treatment. Seven Non-Governmental Development Organizations (NGDOs) participated actively in the distribution programmes, while several others had expressed interest to join the distribution.

⁶ Community Microfilarial Load

⁷ Diethylcarbamazine

5.38 The average coverage of the target population came to 73% for large-scale (mobile) distribution while for community-based treatment the rate reached 78.6%.

5.39 Professor David Molyneux, Chairman of the Expert Advisory Committee, stated his Committee's satisfaction with the progress made in the fields of epidemiological evaluation and surveillance as well as with the key role played by the OCP unit concerned in decision-making regarding cessation of vector control.

5.40 In stressing the importance of epidemiological evaluation and ivermectin distribution as integral tools for the implementation of the OCP strategy in the Extension areas, he recommended to JPC to reverse its decision of last year to cease OCP support to these activities by 1997 so as to enable the Programme to continue financing and providing logistical support to evaluation and ivermectin distribution in the Extension areas beyond that date.

5.41 Professor Molyneux furthermore expressed his Committee's support to increasing community-based ivermectin delivery as the most cost/effective means of distribution and called for careful monitoring of a phased move from large-scale to community-based distribution possibly setting targets for such a move. He emphasized the importance of the linkage between the Programme and TDR's onchocerciasis operational research activities which were examining the most effective community-based distribution systems.

5.42 Professor Molyneux finally emphasized that EAC had considered that the Programme (a) must define as soon as possible the appropriate diagnostic methodology which should be incorporated into country onchocerciasis surveillance activities to replace skin snipping and (b) provide guidance as to the value of entomological monitoring of recrudescence by monitoring L3 levels in parous flies via DNA methods in Bouaké.

* * *

5.43 Several participants asked questions regarding the relative development of mobile, large-scale ivermectin distribution and community-based delivery. The Programme Director explained that when ivermectin became available for treatment of human onchocerciasis, the drug was first tested for side effects in community trials requiring close monitoring and therefore mobile teams.

5.44 Once proved safe for large-scale distribution, ivermectin became an adjunct to vector control. It continued for some time to be dispensed on a mobile basis making use of OCP facilities and transport until the Programme, encouraged by national experiences, began to support community-based ivermectin delivery on an experimental basis before eventually giving priority to that method of distribution.

5.45 A technical meeting would be held in June, before the 1996 EAC session to review the results of the OCP/TDR multicountry study on ivermectin community self-treatment which addressed such issues as the cost/efficiency, indices for evaluation and level of sustainability of different methods of ivermectin distribution.

5.46 In response to a question concerning the recent detection of recrudescence in Zoulou village in the Bougouriba valley, the Programme Director explained that 10 to 15 years of ivermectin treatment should control such circumscribed reappearance of the disease as evidenced by the ONCHOSIM model. OCP was providing financial and logistical support to the national team of Burkina Faso for establishing the extent of the infection.

5.47 In respect to diagnostic tests intended to replace or complement skin snipping, the Committee was informed that the Programme was organizing a technical meeting in February 1996 to compare the results of field testing of the DEC skin patch test with the DNA scratch test and immunodiagnosis.

5.48 Dr Dadzie supported the recommendation of EAC that JPC might wish to revert its decision in 1994 that OCP cease its financial and logistical support to epidemiological evaluation as from 1998. Ivermectin distribution as an adjunct to vector control was an integral component of the OCP control strategy and therefore fully within the mandate of the Programme as was support to epidemiological evaluation. Also, exclusive ivermectin control as in the northern part of the Western Extension area was an essential element of the OCP control strategy (see also para. 5.40 above).

The Macrofil Chemotherapy Project

5.49 Clinical trials of high-dose ivermectin in onchocerciasis patients had been completed at the Onchocerciasis Chemotherapy Research Centre in Hohoe. Single doses of ivermectin as high as 800 µg/kg, whether preceded by a preliminary dose of 150 µg/kg or not, showed no clinical reactions more serious than those produced by a single standard dose of 150 µg/kg. Furthermore, two 800 µg/kg doses of ivermectin, given two weeks apart, caused no additional clinical reactions.

5.50 Patients given single high-dose treatment, as well as those receiving two times 800 µg/kg showed no unexpected adverse effect. Examination of nodules from patients who had received a single 800 µg/kg treatment showed that six months after treatment, there was no more adulticidal activity as compared to patients receiving the standard dose. Similar results from nodule examination were obtained from patients receiving 2 x 800 µg/kg. Consequently, Macrofil would not proceed with high-dose, multiple-dose clinical studies.

5.51 All information regarding previous preclinical and clinical studies of Amocarzine, as well as the remaining stocks of the drug viable until June 1996, had been transferred to WHO by Ciba Geigy. A clinical trial with 100 onchocerciasis patients, using the optimized drug regimen of 3 mg/kg, twice a day after meals for three days, was under way at the OCRC. Within the patient groups already treated (60 patients) there had been no severe clinical adverse effects and microfilarial counts were reduced to very low levels within one month. Additional results of the macrofilaricidal effect of Amocarzine treatment would be available in 1996.

5.52 At present it could be concluded that with the divided dose regimen used in Ghana and Latin America, there were no adverse clinical effects which precluded the use of Amocarzine on a wider scale.

5.53 A Phase I clinical study of safety and pharmacokinetics of Amocarzine in uninfected volunteers had also been initiated in India and, if satisfactory, would be followed by a Phase II study in patients with lymphatic filariasis.

5.54 UMF 078, a benzimidazole prodrug, was currently being tested against *O. ochengi* in cattle, while additional toxicity and mutagenicity studies were being completed.

5.55 Analysis of the projected development of potential macrofilaricidal drugs by Macrofil indicated that, provided the safety and toxicological parameters were satisfied, and an adequate macrofilaricidal effect was demonstrated, Amocarzine could be applied in a village situation by late 1996, and UMF 078 by the year 2002.

5.56 Studies continued on the cloning and sequencing of ivermectin resistance genes from free living and parasitic nematodes with a view to the development of a diagnostic tool capable of detecting, at an early stage, any reduction of *O. volvulus* susceptibility to ivermectin. ONCHOSIM modelling had indicated that provided resistance genes were recessive, and occurred rarely as would likely be the case

in *O. volvulus*, resistance should it ever occur would only be expected after several decades of ivermectin treatment.

5.57 Dr W. Gutteridge, Chairman of the Macrofil Steering Committee, emphasized the need to continue development of potential macrofilaricides for onchocerciasis and lymphatic filariasis. The budgetary requirements over the period 1996-1999 had been estimated, covering the last two years of OCP funding and the 1998-1999 biennium when TDR alone would be responsible for financing the Macrofil Project. The Director of TDR was already taking steps to raise additional funds for the continuation of the Macrofil Project.

5.58 The Chairman of EAC expressed his Committee's satisfaction at the efforts being made to continue Macrofil activities beyond 1997 and encouraged OCP to maintain a realistic funding level for the project through to 1997, to allow a smooth transfer of activities.

* * *

5.59 Several questions were asked regarding Macrofil itself and the prospects of eventual onchocerciasis control by means of macrofilaricides. It was suggested that attention should be given to multidrug therapy and the Committee was informed that steps in that direction had been undertaken with negative outcomes and that a trial combining ivermectin with Amocarzine was ongoing.

5.60 It was stressed that even if the three days treatment by Amocarzine might be difficult to institute on a large-scale, it could be applied in conditions of circumscribed foci of recrudescence.

5.61 In response to a question regarding the extent to which the Macrofil project collaborated with the pharmaceutical industry, the Committee was assured that several major companies were involved in the search by the project for a field applicable macrofilaricide. Through this collaboration, Macrofil was able to conduct the screening process at a stage when molecules had already been synthesized ready for preclinical assay. The Chairman of the Macrofil Steering Committee assured JPC that there were good prospects of having a field-applicable macrofilaricide available within a reasonable period.

5.62 Responding to the concerns about funding of Macrofil after 1997 when OCP financing would come to an end, the Committee was informed that the Director of TDR was undertaking a number of initiatives to ensure adequate funding of Macrofil from 1998 onwards, including launching a Tropical Diseases Research and Development Alliance intended to support control of tropical diseases research in general and, more specifically, the search for a field-applicable macrofilaricide.

5.63 The Chairman of the Committee of Sponsoring Agencies assured members of JPC that CSA during the coming year would give priority attention to ensuring adequate arrangements and funding to support the search for a macrofilaricide beyond 1997. It was recognized that a macrofilaricide which satisfied criteria of safety and cost would be of considerable value for recrudescence control; for coping with resistance to ivermectin, should it ever occur; and for APOC.

Biostatistics and information systems

5.64 The unit concerned with biostatistics and information systems (BIS) continued processing, validation and analysis of epidemiological and entomological data. A revision of the administrative data banks was completed and staff of the OCP had been trained in the use of the corresponding computer programmes.

5.65 Progress was made in applying the computer programmes (SEPT) allowing for national epidemiologists to exchange evaluation results with OCP and for them to make routine data analysis.

Training had commenced and plans were being developed for eventual data transfer to the Participating Countries.

5.66 Computerized mapping had been further developed for digitizing rivers and categorizing larviciding stretches and other geographical parameters to allow for spatial analysis of entomological and epidemiological data by means of the Geographical Information System. National Coordinators would be initiated in the development and use of these systems.

5.67 Epidemiological investigations based on ONCHOSIM simulations concluded that ivermectin in all likelihood reduced permanently the level of microfilarial production by 30% after each treatment.

5.68 Simulations further suggested that an annual treatment of ivermectin at a coverage of 65% for 15 years in an area with a pre-treatment CMFL of 20 microfilariae per skin snip would reduce the risk of recrudescence to 4%. However, the risk of recrudescence would be considerable even after 20 years of annual treatment if the pre-control level exceeded 60 microfilariae per skin snip. These findings required validation by field data to arrive at final conclusions.

5.69 ONCHOSIM studies were also under way to predict the extent to which DNA-probe techniques applied to crushed masses of blackfly heads collected by villagers could provide an indicator for recrudescence. Preliminary findings suggested that five years after cessation of larviciding, 3% or more of the pre-control level of infective larvae would signify recrudescence. These predictions could be used to guide epidemiological surveillance in areas with local transmission.

5.70 Professor Molyneux emphasized that EAC considered the maintenance of the Programme's informative and predictive system as a key component of future OCP activities.

Administration and support services

5.71 The management of the budget, finances, personnel, logistics, infrastructure and services continued to aim at a high level of efficiency at the lowest possible cost. One way of achieving this had been to conduct training courses of OCP staff in such fields as change, motivation and leadership.

5.72 The impact of the 1994 50% devaluation of the CFA Franc had now stabilized with its inflationary effect controlled at the 35% level. During 1994 General Service staff of the United Nations system serving in the OCP area were granted a 25% salary increase in CFA terms. The steady decrease of the US dollar against the CFA - 580 CFA in June 1994 to 486 CFA in November 1995 - would result in a budgetary deficit for 1995 expected, however, to be absorbed by operational savings.

5.73 At the beginning of the year OCP staff numbered 752. Since then, two professional posts had been abolished as had 19 General Service posts. In all 737 people were employed at the time of preparing the present report i.e. 187 on WHO/OCP contract; 221 on national salaries paid by OCP; and 329 on national salaries paid by their governments.

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5.74 At the end of the consideration of agenda item 5, the Joint Programme Committee approved the Progress Report of the World Health Organization for 1995 as well as the Report of the Expert Advisory Committee. In so doing, JPC reversed a decision taken at its 1994 session insofar as to continue beyond 1997 OCP financial and logistical support to epidemiological evaluation and ivermectin distribution in the southern (south-eastern and south-western) Extension areas, and logistical support to these activities in the northern part of the Western Extension area.

6. **DEVOLUTION:** Agenda item 6 (documents JPC16.2 (paras. 92-116), JPC16.5, JPC16.6, JPC16/INF/DOC.3, JPC16/INF/DOC.4, JPC16/INF/DOC.5)

6.1 The Programme Director referring to the fact that devolution had been a subject of discussion in JPC since 1981, was convinced that there was now a real opportunity to bring the process into full operation. A number of recent developments had brought about this promising situation.

6.2 The distinction made between devolution *sensu stricto* and devolution *sensu lato* by the 1994 JPC session and the assignment of responsibilities in this respect had clarified the role of OCP. Furthermore, the reinforced commitment of WHO/AFRO to the support of devolution would constitute an important contribution to its success.

6.3 Dr Dadzie then underlined the importance of the meeting of the OCP Ministers of Health in conjunction with the current session of JPC at which the Participating Countries made a firm commitment to ensure effective recrudescence detection and control. In this respect, the support of the World Bank was also being strengthened.

6.4 He then referred to JPC16/INF/DOC.4 summarizing the findings and recommendations of the brainstorming session as regards devolution.

6.5 In conclusion, the Programme Director called for renewed vigour in the implementation of devolution during the few years left of OCP so as not to miss the opportunity for ensuring that the achievements of the Programme be maintained after it comes to an end.

6.6 The Chief of the OCP Devolution Unit defined the role of the Programme as being advisory and catalytic in respect to training, awareness raising, recrudescence detection and control, resource mobilization and operational research.

6.7 Training in devolution-oriented priority fields continued. Eleven OCP fellowships were granted during the period under review, bringing the total since 1974 to 441. It was noted that only a small proportion of the beneficiaries of OCP fellowships were employed in onchocerciasis control. Furthermore, 250 villagers and technicians had been trained in the ground larviciding technique for nuisance control intended to safeguard socioeconomic development.

6.8 Weekly information meetings were held at the sector and subsector levels to reassure villagers that the return of blackflies did not signify resumption of transmission; to explain the effects of ivermectin; and to secure community participation in the prevention/detection and control of recrudescence.

6.9 An evaluation of the Participating Countries' capability to successfully undertake devolution activities was carried out during the period under review, based on ten criteria ranging from the availability of structures and staff to the extent to which financing and community participation were secured. Most of the criteria for successful devolution were at this stage only partially fulfilled.

6.10 The future approach to Programme support to devolution, considered during a brainstorming session involving Programme's staff, a selected number of National Coordinators and representatives of WHO/HQ, AFRO and the World Bank (see para. 5.3), was summarized as the OCP search for an early replacement of skin snipping to facilitate future epidemiological surveillance; the determination of the role and eventual implementation of community-based entomological surveillance as a complement to epidemiological surveillance; promotion of community-based ivermectin distribution; and training of middle-level staff in devolution-oriented disciplines in accordance with the findings of "needs assessment" in the Participating Countries.

6.11 Dr Caboré of Burkina Faso in introducing the consolidated report on devolution activities of the eleven OCP countries underlined the distinction between "devolution *sensu stricto*" and "devolution *sensu lato*", the former being the joint responsibility of the Programme and the Participating Countries while the latter fell outside the OCP mandate.

6.12 The sustainability of effective epidemiological surveillance of onchocerciasis required its integration into comprehensive multidisease surveillance and control systems and the endemic diseases listed in the national devolution plans were selected with their potential for successful integration in view.

6.13 As regards financing of the implementation of devolution plans Dr Caboré stressed that devolution as a long-term process should be financed by state budgets but external support would, obviously, accelerate implementation of devolution activities within the framework of multidisease surveillance and control programmes.

6.14 He informed the Committee about the current situation regarding appointment of National Devolution Committees and their activities and provided details concerning the content, approval and financing of the implementation of devolution plans.

6.15 Knowledge, Attitude and Practice (KAP) studies and Information-Education-Communication (IEC) activities had been applied in Burkina Faso and Niger with considerable impact in terms of improving community participation and enhancing the involvement of the authorities concerned.

6.16 Epidemiological surveillance had been carried out in 175 sentinel villages in areas where larviciding had ceased. Prevalences varied between 0 and 5% and CMFL was less than 0.5 mf/skin snip. However, in two villages, Zoulou on the Bougouriba in Burkina Faso and Tchri in Togo, the national teams detected prevalences slightly more than 10%. Follow-up investigations instituted in Zoulou confirmed the emergence of recrudescence while the situation in Tchri would be further investigated in 1996.

6.17 Dr Ngoumou summarized the contribution of the WHO Regional Office for Africa to the devolution process as support to the strengthening of national health systems, support to WHO Representatives and training of nationals.

6.18 In most of the OCP countries, WHO Representatives had attached epidemiologists to their country teams which would help to ensure the integration of devolution activities within the national health systems. Also, the Regional Director had arranged for financial support to OCP specifically intended to facilitate integration of recrudescence detection and control.

6.19 WHO Representatives had been instructed to encourage governments in OCP countries to establish a budget line for devolution in their WHO country allocations. More than US \$ 100 000 had thus been mobilized for that purpose.

6.20 In the field of training and in support to devolution, WHO/AFRO provided fellowships to OCP countries for attendance at advanced applied epidemiology courses in Bamako (in French) and Nairobi (in English).

6.21 The representative of the World Bank, Dr Bernhard Liese, outlined the policy and approach of the Bank's support to devolution. He was encouraged by recent developments as regards the devolution process. The operational distinction between devolution *sensu stricto* and devolution *sensu lato* was an important step toward defining the respective role of the various partners in the process.

6.22 Dr Liese further underlined the importance of the meeting of the OCP Ministers of Health which *inter alia* paid particular attention to the need for building up or strengthening endemic diseases control systems within which onchocerciasis recrudescence detection and control would find their rightful place. In this connection it was encouraging to note the detection of a focus of reinfection in the Zoulou village in Burkina Faso by the National Team, proof that devolution was now effectively at work.

6.23 The Minister of Health of Côte d'Ivoire, Prof. Maurice Guikahue, Chairman of the private meeting of OCP Health Ministers held on Tuesday 5 December 1995, summarized the conclusions arrived at during that meeting. He first assured the Committee that all Participating Countries were intent on fully implementing their devolution plans. Recrudescence detection and control would be tackled together with the control of other diseases within strengthened epidemiological surveillance and control systems.

6.24 The meeting of the Health Ministers had expressed concern about some of the dates set for cessation of vector control within the Original Programme and suggested that the overall efforts should aim at reaching the OCP objective by the year 2002 while some flexibility should be allowed in determining the dates of cessation of area-wide larviciding.

6.25 At the end of the private meeting, the Ministers of Health adopted a resolution reaffirming the political will of the Participating Countries to maintain the achievements of OCP and provide resources in the national budgets for this; recognizing that the method of community-based ivermectin delivery should be the method of choice; urging countries to establish multidisease surveillance systems incorporating onchocerciasis control; and inviting WHO, the World Bank and the OCP Donor community to support the Participating Countries in their efforts to establish such integrated multidisease surveillance systems. The resolutions are attached as Annex VI.

6.26 The meeting finally decided to establish a committee at the ministerial level which would contact Heads of State in the eleven OCP countries to solicit support for devolution activities integrated within reinforced multidisease surveillance and control systems. The Committee would also plead with Heads of State for the allocation of 10% of the countries' overall budget to the health sector.

6.27 As regards financial support to the implementation of devolution plans, the World Bank would be requested to assist in the budgeting process and presentation of such plans to facilitate their consideration by the Bank.

6.28 Following the private meeting, the Ministers of Health had an opportunity to discuss health matters with President Carter, Dr Nakajima and officials of the World Bank.

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6.29 The WHO Regional Director for Africa was encouraged by the very active approach to devolution expressed at the meeting of OCP Health Ministers. He underlined the importance of the approach to the Heads of State and wished to be included in the committee that would prepare the visit to the Participating Countries.

6.30 Dr Samba pledged WHO support to national multidisease surveillance and control systems using AFRO funds and seeking support from the donor community. The OCP devolution process would constitute an entry point for the development of integrated health care systems.

6.31 Several participants commented on the OCP training activities. The importance of a rigorous planning according to needs assessment was underlined as was the importance of including the

multidisease surveillance and control aspect in the curricula. Consideration should also be given to how to ensure that trained health staff were available wherever needed.

6.32 In response to questions raised and comments made by delegates, the Programme Director stressed that OCP's objective and mandate consisted in bringing the human reservoir of the parasite to an epidemiologically insignificant level before OCP operation ceased. Before discontinuing vector control in any given area an epidemiological and entomological evaluation should satisfy strict criteria as would also be the case in those circumscribed areas in the Original Programme area where control had not yet come to an end.

6.33 As regards the risk of reinvasion from sources in Ghana south of the OCP border into the Bui area, increased ivermectin control was being instituted and entomological surveillance stations were being set up along the suspected axis of reinvasion.

6.34 The control of nuisance fell outside the OCP mandate. The activities of the Programme in this respect were therefore confined to training for ground control. Moreover, OCP assisted in informing populations that the return of blackflies did not signify resumption of transmission of the disease and planned to engage the service of social scientists to assist in developing appropriate messages for the education of the communities concerned.

6.35 The OCP training programme was increasingly being oriented to comply with the requirements of comprehensive health systems, including onchocerciasis control for which training modules had been prepared. Special emphasis was given to "on-the-job" training. The OCP fellowship programme was being developed in close collaboration with WHO/AFRO.

6.36 Although direct support to national multidisease surveillance and control programmes was not included in the OCP mandate, the Programme kept in close contact with WHO/AFRO to ensure that devolution activities were given adequate consideration in building up such programmes.

7. AUDIT REPORT: Agenda item 7 (document JPC16.7)

7.1 The report, introduced by the Programme Director on behalf of the External Auditor, expressed full satisfaction with the accounts and activities examined during visits to OCP.

7.2 The Committee noted the report.

8. PLAN OF ACTION AND BUDGET OF THE PROGRAMME FOR 1996 AND ESTIMATES FOR 1997: Agenda item 8 (document JPC16.4)

8.1 At the request of the 1994 session of the Joint Programme Committee, future annual Plans of Action and Budget (PAB) should include preliminary budget forecasts for the next year. The PAB for 1996 therefore provided preliminary estimates for 1997.

8.2 During 1996, larviciding will remain at the 1995 level. Two subsectors and the Bamako office will be closed while one operational base will be "reactivated" bringing the network to seven sectors and 21 subsectors and operational bases. The number of entomological catching points will be slightly reduced.

8.3 To measure the impact of control operations, epidemiological evaluation including ophthalmological surveys will be pursued in areas both under combined larviciding/ivermectin control

and in those under exclusive ivermectin treatment. Particular emphasis will be given to community-based ivermectin delivery.

8.4 The transfer of OCP's epidemiological data to the Participating Countries and support to computerization, analysis and interpretation of such data will be accelerated.

8.5 As regards support to devolution, OCP will continue to bring onchocerciasis to a level at which the risk of recrudescence is insignificant; to promote sustained awareness among all concerned; and to ensure availability of appropriate tools (diagnostic means, ivermectin) and methods (community-based ivermectin delivery).

8.6 Macrofil will concentrate on the evaluation of the efficacy and clinical safety of Amocarzine and on taking UMF 078 to the Phase I clinical trial stage.

8.7 The Administration and Management Unit will continue its support to other units. It will reduce stocks of surplus equipment, conduct management seminars for OCP staff and nationals and arrange for gradual transfer of OCP equipment to Participating Countries in areas where Programme operations have come to an end.

8.8 The budget proposed for 1996 comes to US \$ 24 278 000, slightly less than the 1995 budget, while the preliminary estimate for 1997 amounts to US \$ 22 493 000.

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8.9 In response to an observation that the total number of personnel seemed to vary from year to year it was explained that the figures were adjusted according to the activities of the operational units. The total figures were reducing gradually. Increased budgets under National Teams were a direct result of increased activities being carried out by these teams, but compensated for by greater reductions in the closing down of OCP structures. Care would be taken in the preparation of future Plans of Action to facilitate comparison of budget categories and methods used from one year to the next.

8.10 Harmonized personnel were those ex-OCP employees whose conditions of work were changed in January 1993 to reflect the conditions of national staff elsewhere in the Programme area. These employees were to be taken over by their respective Governments while OCP continued to pay them until the end of the fourth Financial Phase. Ghana had so far taken these employees under their responsibility.

8.11 The Plan of Action for 1996 and the proposed budget in the amount of US \$ 24 278 000 were approved.

9. FINANCING OF THE ONCHOCERCIASIS CONTROL PROGRAMME: Agenda item 9

Report of the World Bank

9.1 Mr Bruce Benton, Head of the Onchocerciasis Unit at the headquarters of the World Bank summarized the financing situation for the last two years of the fourth Financial Phase. By the end of 1997 more than US \$ 4 million were expected as a surplus. The forecast for expenditures for the entire Phase (1992-1997) was in the order of US \$ 153 million, US \$ 22 million less than the amount approved in 1991 for the Phase.

9.2 The latest estimate of Donor commitments for Phase IV stood at US \$ 145 million while the contingency reserve carried over from Phase III amounted to US \$ 8.2 million. To this should be added US \$ 4 million earned as interest bringing the available financing for Phase IV to US \$ 157 million. The surplus in the contingency reserve would thus be US \$ 4 million available for financing (US \$ 157 million less expected expenditures (US \$ 153 million)).

9.3 It was suggested to draw down the contingency reserve in 1998 exhausting the US \$ 4 million surplus by 2000 and to continue the drawdown by further US \$ 3 million by the year 2002. The Donor financial requirements for the Phasing-out Period (1998-2002) would thus reduce from US \$ 70 million to US \$ 63 million.

Pledging of Donor contributions

9.4 The total amount pledged during the session for the year 1996 came to US \$ 21.3 million. The list of pledges is found in Annex IV.

9.5 The Programme Director expressed his sincere gratitude to the Donor community for its unwavering support not only to the Programme but also to the populations benefitting from it.

10. FOLLOW-UP TO THE MINISTERIAL MEETING ON SUSTAINABLE SETTLEMENT AND DEVELOPMENT IN THE OCP AREA: Agenda item 10

10.1 In introducing this item the representative of FAO briefly outlined a plan of action designed to support socioeconomic development in the oncho-freed zones. The plan would now be scrutinized by CSA, Participating Countries and Donors for eventual implementation by FAO.

10.2 The representative of UNDP informed the Committee of her Organization's survey of available agencies in the OCP area which can be drawn on to support development in oncho-freed zones. The report of the survey is undergoing internal study at present.

11. PLAN OF OPERATIONS FOR THE PHASING-OUT PERIOD: Agenda item 11 (document JPC16/INF/DOC.1)

11.1 In response to the request made by JPC at its 1994 session that the proposal for the Plan of Action for the Phasing-out Period (1998-2002) be submitted to the Committee at its 1996 session, the Programme Director had started the preparation of the draft document.

11.2 Although the preparation was still at its initial stage, a preliminary estimation of the budgetary requirements suggested that the total cost of the Programme during the 1998-2002 period would be in the order of US \$ 70 million slightly above the forecast made by the Expert Advisory Committee in the Mid-Term (Phase IV) Prospective Evaluation of OCP.

11.3 Following the presentation by the Programme Director, criteria for the preparation of the Plan of Operations were proposed and discussed. They included:

- continuation of vector control in the south (south-western and south-eastern) Extension areas;
- continuation of epidemiological evaluation and ivermectin distribution connected with vector control showing a decreasing budget over the Phasing -out Period reflecting the taking-over of responsibility by the Participating Countries;

- the possibility for OCP to support the national teams in emergency cases in the Original Programme area (as identified by national epidemiological surveillance teams and confirmed by OCP);
- elaboration of ground larviciding models to cope with the above-mentioned emergencies;
- continuation of devolution activities, amongst others, through capacity-building and human resource development.

11.4 It was stressed that there would be a need for establishing an EAC/OCP interphase in the Plan of Operations for the monitoring and evaluation of control activities, morbidity assessment being the responsibility of OCP. Also, a close articulation between OCP and the Participating Countries would be needed.

11.5 The Plan of Operation should reflect the gradual transfer of the relevant OCP activities in the Southern Extension area and the southern part of the Western Extension area to facilitate their take-over by the Participating Countries.

11.6 Also, OCP should be empowered to intervene in cases where the devolution process met with difficulties requiring outside support.

11.7 Furthermore, the Plan of Operations should make allowance for facilitating former OCP staff to be reintegrated into the national services of their countries of origin. Likewise, the OCP national teams should be phased out at a reasonable pace.

12. AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL (APOC)

12.1 Mr Bruce Benton, Chairman of CSA briefly outlined the background, structure and operations of the African Programme for Onchocerciasis Control. The total Donor requirements for APOC's twelve years of operations would come to US \$ 120 million. At the first session of the APOC governing body, the Joint Action Forum (JAF), held just before the present session of JPC, Donors had pledged US \$ 30 million for the coming years.

12.2 Responding to the concern that the "linking" of budgetary forecasts for OCP and APOC might jeopardize funding for OCP, the Chairman of CSA reassured JPC that there would be no competition for funds, - bringing OCP to a timely and successful conclusion would be given the highest priority. No Donor pledging support to APOC on 5 December 1995 had reduced its contribution to OCP.

12.3 Several questions regarding the control operations of APOC and their impact were asked by participants and it was stated that some of these questions would be answered through operational research projects to be undertaken simultaneously with field operations of the programme.

13. OTHER MATTERS

13.1 Dr Ralph Henderson, WHO Assistant Director-General, informed the Committee about the activities of the WHO Division of the Control of Tropical Diseases in the field of Geographical Information Systems (GIS). This management tool had been used successfully in schistosomiasis control and in collaboration with UNICEF in the Guinea-worm Eradication Programme as well as in rapid epidemiological mapping for APOC.

13.2 Dr Henderson stressed the potentiality of this GIS for application in both OCP and APOC together with the control of other parasitic diseases. The eventual use of GIS in the two programmes would soon be considered by the Committee of Sponsoring Agencies.

14. DATE AND PLACE OF THE SEVENTEENTH SESSION

14.1 The Committee accepted with gratitude the invitation of the Republic of Benin to hold its seventeenth session in Cotonou. It was decided to hold the session from 2 to 4 December 1996 possibly followed by the second session of the APOC Joint Action Forum, also in Cotonou, on 5 and 6 December.

15. APPROVAL OF THE REPORT

15.1 The Committee approved a draft of the report of the sixteenth session of JPC with the understanding that comments and suggestions agreed upon would be reflected in the final version.

16. CLOSURE OF THE SIXTEENTH SESSION

16.1 After the customary courtesies, the Chairman declared the sixteenth session of the Joint Programme Committee closed.

CONCLUSIONS AND DECISIONS

The Committee:

1. Supported the decision of the Programme to suspend its aerial operations in the northern part of Sierra Leone until such time as UN security rating would allow them to resume (para. 5.28).
2. Was reassured that TDR and CSA would spare no efforts to raise the funds necessary for continuing the search for a macrofilaricide after 1997 when OCP financing of Macrofil came to an end (paras. 5.62 and 5.63).
3. Approved the WHO Progress Report for 1995 and the Report of the Expert Advisory Committee. In so doing JPC reversed a 1994 decision insofar as to continue beyond 1997 OCP financial and logistical support to epidemiological surveillance and ivermectin distribution in the southern (south-eastern and south-western) Extension areas as well as logistical support to these activities in the northern part of the Western Extension area (para. 5.74).
4. Welcomed and supported the conclusions of the private meeting of the OCP Ministers of Health (para. 6.25 and Annex VI) and the decision to establish a committee to contact Heads of State (para. 6.26).
5. Stressed the importance of OCP training activities being rigorously planned according to needs assessment (para. 6.31).
6. Noted the report of the External Auditor (para. 7.2).
7. Called for future Plans of Action to be prepared and presented so as to facilitate comparison of budget categories and methods used from one year to the next (para. 8.9).
8. Approved the Plan of Action for 1996 and the proposed budget of US \$ 24 278 000 (para. 8.11).
9. Enumerated criteria for consideration in the preparation of the Plan of Operations for the Phasing-out Period (para. 11.3).
10. Was reassured that there would be no competition for funds between OCP and APOC (para. 12.2).
11. Decided to hold its seventeenth session in Cotonou, Republic of Benin, from 2 to 4 December 1996 (para. 14.1).

STATEMENT BY MR JAMES WOLFENSOHN, PRESIDENT OF THE WORLD BANK
delivered by Mr Edward V.K. Jaycox, Vice-President

Distinguished participants,

Mr Wolfensohn, our new President wanted to be here this morning. In fact he planned to be here to open this session. Unfortunately the Bank's involvement in Bosnia and the climatic situation that is developing had prevented his schedule. So he asked me to come here and convey his regrets, and also to open this meeting on his behalf. I am going to give you the speech that he was prepared to make.

First of all we would like to welcome all our partners in this Joint Programme Committee here, to the Bank. I understand that this is the first time in 22 years that the Joint Programme Committee has actually met at the Bank. So it is a great honour and a great pleasure that we have meeting here.

The Bank is extremely proud of the role it has played in helping to launch and implement this highly successful effort over the years. The Onchocerciasis Control Programme (OCP) is proof that people-centred development has a high pay-off and that global partnerships are extraordinarily effective.

This morning I would like to do two things. First, recount some of the achievements of this remarkable programme and secondly to suggest where we go from here.

On achievements of the Oncho Programme, its first and foremost is that it has helped greatly to improve the quality of people's lives. This is an extremely significant accomplishment of the River blindness Programme. It has been putting an end to a major source of human misery. This has been a central vision guiding the Programme from its very beginnings - when Robert Mc Namara, then President of the World Bank, encountered the disease first hand in Burkina Faso in the early 1970s. Actually we have become used to looking at the problem of development in terms of numbers, and numbers do help to tell the story. Today, 32 million people in 11 countries who once would have been at risk of river blindness are now fully protected from the disease. By its conclusion in the year 2002, this Programme will have prevented an estimated 600 000 cases of blindness and ensured that 12 million children born since the inception of the Programme will never contract the disease. Hence, the Programme has helped put the smile on many a child's face and indeed brought a certain security to entire families - the true test of successful development.

A second major achievement of the Programme has been its important contribution to economic development. Again, by 2002, we will have added the equivalent of 5 million years of productive labour to the West African sub-region. This Programme will have opened up an estimated 25 million hectares of fertile, arable land to cultivation and habitation - land which had been previously abandoned due to the oncho epidemic. This Programme would have allowed growth in agriculture - thus helping to increase food security, alleviate a range of health and nutritional problems, and mobilize the domestic resources needed for investment.

Third, the Programme has helped to safeguard the environment, thereby promoting sustainable development. From its inception 22 years ago - long before environmental issues reached the forefront of the development agenda - this Programme included careful monitoring by an independent group of internationally recognized ecologists. Thus this Programme serves as a model of how development programmes in general can be designed in ways that closely monitor and incorporate actions to safeguard the environment as development progresses.

Fourth, this Programme has contributed to institution-building and capacity-building in Africa. It has fostered the skills of African managers. 97 percent of the 500 OCP staff members are African. An African-owned and run institution which is extremely effective has been built. In addition, a major effort is now under way to build local capacity within each of the Participating Countries - the so called devolution process - to ensure that there is no recurrence of the disease once the Programme is brought to a conclusion in the year 2002.

Fifth, this Programme is proof that development partnerships work. It is in fact a rare example of successful regional collaboration among a sizable number of African countries in a combined area three times the size of France - and which incorporates hundreds of ethnic groups and countries of Francophone, Anglophone and Lusophone heritage.

This Programme has involved not just 11 countries of Africa working in cooperation, but over 20 donor organizations, and private sector collaboration of a very important order as well. In fact it has become and it is one of the few true model of international cooperation.

Based on this model, the international community established just yesterday a new programme to control oncho in the remaining parts of Africa where it remains endemic. This new programme - known as the African Programme for Onchocerciasis Control (APOC) - widens the partnership even further by involving a large coalition of development NGOs and local communities. Hence, prevention and control of river blindness now involves a truly global partnership.

Where do we go from here ? First of all, I think everybody around this table really deserves to be congratulated for this remarkable success, but we must ensure and we must be sure, that this success is consolidated.

Even as the prevalence of river blindness declines daily and dramatically, it may become increasingly difficult to maintain Donor and Participating Country commitment in the face of other pressing development requirements. It is crucial that we follow through on this Programme now - and bring it to a lasting and successful conclusion. We must remember that a premature relaxation of control efforts has led to the return of other major diseases such as malaria which were once thought to have been defeated and put on the run. This is a warning that we must heed.

I want to assure everyone here that the World Bank will play its part in the future: helping with capacity-building in Participating Countries through health-sector projects; with the health sector programmes we want to make sure that these vertical integration and interventions line up with the strengthening in general of the health sectors in each of the countries. We will help with resettlement and environmental issues in affected areas. We will help with financial support and with the experience we have gained with the Programme up to now.

This is one of the great development success stories of our time - and one of the great development partnerships.

We at the Bank are very proud to have been associated with it in the past - I pledge to you today that we will continue to be one of its strongest supporters in the future.

Thank you.

**STATEMENT BY DR HIROSHI NAKAJIMA,
DIRECTOR-GENERAL, WORLD HEALTH ORGANIZATION**

Excellencies, ladies and gentlemen

It is my pleasure to be with you and say a few words on the occasion of the sixteenth session of the Joint Programme Committee.

Yesterday, I had the opportunity to welcome the new APOC programme and to assure its governing body that WHO, as the executing agency, will spare no efforts to make it a success. I also welcomed the planned collaboration between OCP and APOC.

Today, I would like to review the progress of OCP briefly and venture a few projections for the future.

Mr Chairman, last year, in May 1994, we celebrated the twentieth anniversary of the Programme during the World Health Assembly. There was unanimous agreement that it had been an outstanding success both from a public health point of view and as regards support to socioeconomic development. As of today, ten million children born since OCP started operations have grown up without the risk of contracting onchocerciasis. Close to 250 000 people have been prevented from going blind and one and a half million have been freed from their infection by the disease.

On the socioeconomic side, achievements are equally impressive. 25 million hectares of fertile land along the rivers - previously deserted in fear of contracting onchocerciasis - are now being repopulated. This land, once cultivated, will soon produce enough food to feed 17 million people annually.

To express the sum total of these achievements in one figure I would like to refer to a recent assessment by the World Bank which concluded that, in the final analysis, the economic return of investment in OCP should be in the order of 20%. This compares very favourably with any investment project in any sector anywhere in the world.

Furthermore, Mr Chairman, the Programme has demonstrated the feasibility and mutual advantages of dialogue and cooperation between North and South as well as among developing countries. In your committee the West African Participating Countries meet annually with the Donors to jointly guide OCP towards attaining its objective in a spirit of mutual respect and complete understanding.

Similarly, the Programme has confirmed that it is possible for different organizations within the United Nations system to work together, jointly planning and coordinating their activities. The Committee of Sponsoring Agencies has been crucial to the success of OCP.

Mr Chairman, at your session in Yamoussoukro last year, - on the recommendation of the Expert Advisory Committee - you decided that OCP would come to an end by the year 2002. It is considered that, at that time, onchocerciasis will no longer be a public health problem and an impediment to socioeconomic development in the eleven countries, and therefore the Programme objective will be fully met.

But it has also been stipulated, in the Programme, that the Participating Countries will maintain this achievement. I find it very heartening that all eleven Participating Countries are actively engaged in the devolution process - with the support of OCP - to ensure that any localized recrudescence of the disease can be detected and eliminated in time.

The Programme will soon enter the Phasing-out Period and the gradual reduction in operations - and in the financial requirements - is already under way. I am confident that we can count on the support of all OCP partners to bring this important and unique programme to a successful conclusion. It helps to bring social justice to the - all too often - forgotten peoples "at the end of the road".

Before I close, Mr Chairman, let me extend my sincere thanks on behalf of the executing agency to all those involved in the Programme: the Participating Countries, the Donors, the Expert Advisory Committee, the Committee of Sponsoring Agencies and - not the least - the OCP staff. The competence, devotion and hard work of the staff have brought about the success of the Programme. In this connection I would like to welcome Dr Yankum Dadzie, who recently replaced Dr Ebrahim Samba as Director of OCP, and wish him the best of luck in carrying out his new responsibilities.

Finally, I wish to express my gratitude to the Government of the United States of America and to the World Bank for hosting the sixteenth session of the Joint Programme Committee efficiently and pleasantly.

Excellencies, ladies and gentlemen, I look forward to a very fruitful session of the Joint Programme Committee.

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 1995
Report of the Expert Advisory Committee
6. Devolution
7. Audit report
8. Plan of Action and Budget of the Programme for 1996
9. Financing of the Onchocerciasis Control Programme
10. Follow-up to the Ministerial Meeting on Sustainable Settlement and Development in the OCP Area
11. Plan of Operations for the Phasing-out Period (1998-2002)
12. African Programme for Onchocerciasis Control (APOC)
13. Other matters
14. Date and place of the seventeenth session
15. Approval of the report
16. Closure of the sixteenth session

LIST OF PARTICIPANTS

PARTICIPATING GOVERNMENTS

Benin

Son Excellence Dr Véronique LAWSON
Ministre de la Santé, Cotonou

M. Thaddée Koffi BOKO
Secrétaire administratif du Comité national de lutte contre l'onchocercose, Cotonou

Burkina Faso

Son Excellence Mr Christophe DABIRE
Ministre de la Santé, Ouagadougou

Dr Joseph CABORE
Coordonnateur national de la dévolution, Direction de la Médecine préventive, Ouagadougou

Mr Dieudonné Francis SIDIBE
Directeur des Etudes et Promotion, Office national d'Aménagement des Terroirs, Ouagadougou

Côte d'Ivoire

Son Excellence Professeur Maurice K. GUIKAHUE
Ministre de la Santé publique et des Affaires sociales, Abidjan

M. Jeannot BAH BI ZORO
Conseiller, Ambassade de Côte d'Ivoire, Washington

Dr Gbayoro Pierre BRIKA
Directeur exécutif du Programme national Oncho, Bouaké

Ghana

His Excellency Commodore S.G. OBIMPEH
Minister of Health, Accra

Mr James K. FOSU
Executive Director, National Onchocerciasis Secretariat, Ministry of Finance, Accra

Dr Kofi AHMED
Director, Public Health, Ministry of Health, Accra

Dr Joseph A. AMANKWA
National Devolution Coordinator, Navrongo

Guinea

Son Excellence Docteur Kandjoura DRAME
Ministre de la Santé, Conakry

Dr Cyrille LOUA
Conseiller chargé de la Coopération, Ministère de la Santé, Conakry

Dr Yaya KASSE
Coordonnateur national du Programme de lutte contre l'onchocercose, Kankan

Guinea Bissau

Son Excellence Dr Eugenia SALDANHA ARAUJO
Ministre de la Santé publique, Bissau

Dr Antonio TAMBA NHAQUE
Coordonnateur national du Programme de lutte contre l'onchocercose, Bissau

Mr Antonio Paulo GOMES
Directeur de Coordination et Gestion de l'Aide extérieure, Ministère de la Santé publique, Bissau

Mali

Son Excellence Mr Modibo SIDIBE
Ministre de la Santé, de la Solidarité et des Personnes âgées, Koulouba/Bamako

Professeur Moussa Adama MAIGA
Conseiller technique en Santé publique, Ministère de la Santé, de la Solidarité et des Personnes âgées,
Koulouba/Bamako

Dr Mamadou Oumar TRAORE, Coordonnateur national du Programme de lutte contre l'onchocercose,
Bamako

Niger

Mme Kadidiatou DIORI
Conseiller technique, Ministère de la Santé publique, Niamey

Dr Aboubacar ALAROU
Directeur de la Promotion de la Santé, Ministère de la Santé publique, Niamey

Dr Aïssata DIOP GUIMBA
Coordonnatrice nationale de la dévolution, Ministère de la Santé publique, Niamey

M. Moussa SANGARE
Conseiller, Ambassade du Niger, Washington

Senegal

Son Excellence Mr Ousmane NGOM
Ministre de la Santé publique et de l'Action sociale, Dakar

Dr Mame Cor NDOUR
Coordonnateur national du Programme de lutte contre l'onchocercose, Thiès

Sierra Leone

Dr S.T. KAMARA
Director-General of Medical Services, Ministry of Health and Social Services, Freetown

Dr Idris F. JALLOH
Ag. Programme Manager OCP, Makeni

Togo

Dr Atia KPONTON-AKPABIE
Directeur de Cabinet, Ministère de la Santé, de la Population et de la Solidarité nationale, Lomé

Dr Assimawè PANA
Coordonnateur national du Programme de lutte contre l'onchocercose, Kara

CONTRIBUTING PARTIES

African Development Bank

Dr Richard WANJI NGAH
Principal Health Expert, Department of Agriculture and Rural Development (North Region), Abidjan

Belgium

Dr Jacques LARUELLE
Chargé de mission, Administration générale pour la Coopération au Développement, Ministère des Affaires étrangères, Bruxelles

European Union

Dr Antonio LOPEZ PENA
Administrateur, Responsable Afrique Centrale et Caraïbes, dossier Oncho à l'Unité Santé, Commission européenne, Direction générale au Développement, Bruxelles

France

M. Bernard LABORDERIE
Chef du Bureau Afrique centrale et Océan indien, Sous-Direction de la Santé et du Développement social, Ministère de la Coopération, Paris

Germany

Dr Herbert KRUMBEIN
Chief, Health and Population Policy Section, Federal Ministry for Economic Cooperation and Development, Bonn

Gulbenkian (C. Foundation)

Dr Victor de SA MACHADO
Trustee, Lisbon

Korea (Republic of)

Mr Onhan Shin
Counsellor, Korean Embassy, Washington

Kuwait

Dr Abdul-Redha BAHMAN
Agricultural Advisor, Kuwait Fund for Arab Economic Development, Safat

Luxembourg

Mr Carlo KRIEGER
Deputy Chief of Mission, Embassy of the Luxembourg, Washington

Netherlands

Mr Han-Maurits S. SCHAAPVELD
Deputy Head of the West Africa Division, Ministry of Foreign Affairs, The Hague

Portugal

Ms Georgina LOURENÇO
Conseiller, Institut de la Coopération Portugaise, Ministère des Affaires étrangères, Lisbonne

Saudi Arabia

Dr Abdullah Ahmed AL-YAFI
Consultant Ophthalmologist, Director of Medical Education, King Fahd Armed Forces Hospital, Jeddah

Mr Sami AL-YOUSEF
Economic Specialist, Ministry of Finance and National Economy, Riyadh

Switzerland

M. François RODUIT
Chef adjoint de la Section Afrique occidentale, Direction de la Coopération au Développement et de l'Aide humanitaire, Berne

Professeur (Dr) André ROUGEMONT
Conseiller technique, Directeur de l'Institut de Médecine sociale et préventive, Faculté de Médecine, Université de Genève, Genève

United States of America

Mr John HICKS
Assistant Administrator, Africa Bureau, USAID, Washington

Mr John TOMARO
Division Chief, Environmental Health, Office of Health and Nutrition, USAID, Washington

Mr Andrew ARATA
Deputy Project Director, Environmental Health Project, USAID

Mr Dennis CARROLL
Project Officer, Environmental Health, Office of Health and Nutrition, USAID, Washington

Mr Alex ROSS
Senior Technical Advisor, USAID, Bureau for Africa, Washington

SPONSORING AGENCIES

Food and Agriculture Organization of the United Nations (FAO)

Mr Abdoulaye SAWADOGO
Assistant Director-General, Rome

Mr Gérard CIPARISSE
Land Tenure and Settlement Officer - FAO Oncho Permanent Technical Secretary, Rome

United Nations Development Programme (UNDP)

Mr Daouda TOURE
Senior Economist, Director's Office, New York

Ms Aïssatou CISSE
Regional Programme Manager, Abidjan

World Bank

Mr Edward V.K. JAYCOX
Vice-President Africa, Washington

Mr Jean-Louis SARBIB
Director, Western Africa Department, Washington

Mr C. Ok PANNENBORG
Chief, Population and Human Resources Division, Washington

Mr Bruce BENTON
Head, Onchocerciasis Unit, Washington

Dr Bernhard H. LIESE
Director, Health Services, Washington

Mr Yves GENEVIER
Public Health Specialist, Population and Human Resources Division, Washington

Mr David PETERS
Public Health Specialist, Washington

Mrs Suzanne VERVALCKE
Consultant, Washington

World Health Organization

Dr Hiroshi NAKAJIMA
Director-General, Geneva

Dr Ralph H. HENDERSON
Assistant Director-General, Geneva

Dr Ebrahim M. SAMBA
Regional Director, Brazzaville

Mr Claude-Henri VIGNES
Legal Counsel, Geneva

Dr K. Yankum DADZIE
Programme Director, Onchocerciasis Control Programme, Ouagadougou

WHO Secretariat

Dr K. Behbehani, Director, CTD, Geneva

Dr Boakye A. BOATIN
Chief, Devolution Unit, Onchocerciasis Control Programme, Ouagadougou

Dr Ole W. CHRISTENSEN
Consultant, Onchocerciasis Control Programme, Geneva

Dr Colin D. GINGER
Manager, Macrofil Chemotherapy Project, Onchocerciasis Control Programme, Geneva

Dr Winston E. GUTTERIDGE
Chairman Macrofil, Beckenham

Dr Jean-Marc HOUGARD
Chief Vector Control Unit, Onchocerciasis Control Programme, Ouagadougou

Mr Donald MILLER
Onchocerciasis Control Programme, Ouagadougou

Dr Pierre NGOUMOU
Consultant Tropical Diseases, AFRO, Brazzaville

Miss L. RAVELONANOSY
Programme Officer, Onchocerciasis Control Programme, Ouagadougou

Dr J.H.F. REMME
Coordinator, Applied Field Research, Special Programme for Research and Training in Tropical Diseases, Geneva

Dr Azodoga SEKETELI
Coordinator, Office of the Programme Director, Onchocerciasis Control Programme, Ouagadougou

Mr Jean M. TRUDEL
Chief, Administration and Management, Onchocerciasis Control Programme, Ouagadougou

Mr Edward E. UHDE
Director & Comptroller, Division of Budget and Finance, Geneva

EX OFFICIO PARTICIPANTS

Expert Advisory Committee

Professor David H. MOLYNEUX
Director, School of Tropical Medicine, Liverpool

Ecological Group

Professor Davide CALAMARI
Chairman Ecological Group, Faculty of Sciences, University of Milan, Varese

OBSERVERS

Dr Daniel BOAKYE
Section of Evolutionary Biology, University of Leiden

Mectizan Donation Program

Dr Michael HEISLER
Director, Atlanta

Dr Stefanie MEREDITH
Associate Director, Atlanta

Dr Bruce DULL
Executive Secretary, Mectizan Expert Committee, Atlanta

Nigeria

Mr Jonathan Y. JIYA
National Coordinator, National Onchocerciasis Control Programme, Federal Ministry of Health,
Federal Secretariat, Ikoyi - Lagos

Dr Uche AMAZIGO
Department of Zoology, University of Nigeria, Nsukka

Prof. Odalele KALE
Chairman, Department of Preventive and Social Medicine, University College Hospital, Ibadan

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Annex III

Dr Lola SADIQ
Consultant, Parasitic Diseases, WHO, Lagos

Organization for Coordination and Cooperation in the Control of major Endemic Diseases (OCCGE)

Dr Nanti Mathias HIEN
Secrétaire général Adjoint, Bobo-Dioulasso

The French Institute of Scientific Research for Development through Cooperation (ORSTOM)

Dr Bernard PHILIPPON
Directeur délégué du Département Santé, Paris

Carter Centre

Dr Donald HOPKINS
Senior Consultant, Carter Centre, Washington

Evergreen Helicopters, Inc.

Mr David Paul GARLAND
Manager, Gov't Affairs, Washington

PLEDGES

DONOR	FOR 1996	TOTAL PHASE IV
African Development Bank	300 000 Units of Account (same amount for 1997 subject to request for funds)	
Belgium	BF 15 million subject to approval (same amount expected for 1997)	
Calouste Gulbenkian Foundation	US \$ 50 000	
Denmark	US \$ 500 000 (not present)	
European Union		ECU 7.9 million
France	FF 15 million for 1996 & 1997	FF 45 million
Germany	DM 1.4 million	
Italy	(not present)	
Japan	(not present)	
Korea	(not present)	
Kuwait Fund	US \$ 250 000	
Luxembourg	FL 8.5 million	
Netherlands	NLG 4.5 million	
OPEC Fund for International Development	(not present)	
Portugal	US \$ 25 000	
Saudi Arabia	US \$ 2.33 million	US \$ 14 million
Switzerland	CHF 3 million	CHF 18 million
UNDP	US \$ 2.84 million	
United Kingdom	unable to pledge at present	
USA	US \$ 3.5 million (same amount for 1997 subject to availability of funds)	
WHO	US \$ 250 000	US \$ 1.5 million
World Bank	US \$ 2.63 million	US \$ 15.8 million

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

Excellencies, Ladies and Gentlemen,

It is an honour and a pleasure for me to present the reflections of the Committee of Sponsoring Agencies (CSA) of the OCP.

At the outset, the CSA would like to acknowledge the new Director of OCP, Dr Yankum Dadzie. In our view, Dr Dadzie continues the excellence in management which has been the tradition of OCP since its beginning. The CSA wishes Dr Dadzie well in his new, challenging assignment and assures the entire OCP community that the Sponsoring Agencies will give Dr Dadzie its fullest support throughout his tenure in OCP.

There are four issues which the CSA deems important to emphasize this year. They are:

1. the necessity for continuing commitment to, and follow-through, on OCP;
2. the importance of close collaboration between the activities and operations of OCP with the newly-established African Programme for Onchocerciasis Control (APOC);
3. the need to wind down OCP over the next seven years, with both resolve and compassion, and with due attention to the necessity for long-term sustainability, and;
4. the importance of maintaining continued support for the search for a macrofilaricide even though OCP is being wound down on a sustainable basis.

Continued commitment

We are now approaching the home stretch in bringing OCP to a lasting and successful conclusion. Achievement of the objective of eliminating onchocerciasis as a major public health problem throughout a major subregion of West Africa is now largely a matter of time and commitment to the very end. The basic elements, including an effective control strategy, steadfast donor support, close regional cooperation, and efficient management, are in place to bring the Programme to closure within seven years. The only major risk at this stage appears to be the possibility of becoming overly complacent given the Programme's success in eliminating the disease.

It is crucial that the donor community, sponsoring agencies, and beneficiary countries actively pursue OCP through to the end. Otherwise, there is a possibility of eventually experiencing a resurgence of the disease and a return to the once tragic conditions of the pre-programme era- an unfortunate development which has occurred with some other major disease control programmes due to a premature relaxation of control efforts. We see it as an important responsibility of all of us - CSA, Donors, and Participating Countries - to sustain the solid commitment which has been a hallmark of OCP's success. This commitment applies equally to attaining the goals of eliminating river blindness, building capacity to ensure it never returns, and capitalizing upon the new development opportunities arising out of successful control of the disease.

Phasing-out of OCP

During the last twelve months, the Committee of Sponsoring Agencies has continued to follow closely the developments of OCP and to provide the Programme with the support required under the CSA mandate. In addition, the Committee has helped to develop the structure of the new African Programme for Onchocerciasis Control (or APOC) and prepared much of the documentation considered by the APOC Joint Action Forum during the last two days, here in Washington, in launching this new programme.

The CSA intends to give its full support in the future to both of these programmes, aiming at removing onchocerciasis as a public health problem and an obstacle to socioeconomic development throughout the African continent, within the next 12 years. Close collaboration between these two programmes is essential. There are numerous economies to be gained by combining overlapping responsibilities, and benefits to be gained by sharing experience and lesson-learning. On the other hand, setting up two independent programmes which compete with each other for donor support could undermine the financial viability of one or both programmes.

The past year has been rich in progress and accomplishments for OCP. Vector control, combined with ivermectin treatment, continues to make inroads on the remaining human reservoir of the parasite; larviciding has ceased in areas where the disease has been reduced to epidemiologically insignificant levels. And the progress of devolution has been notable as the Participating Countries prepare their health infrastructure for effective detection and subsequent suppression of any recurrence of the disease.

OCP now has been in existence for more than twenty years and I would like to reiterate our sincere gratitude to all the parties involved in the conduct of the Programme. Special thanks go to the OCP donor community which has shown remarkable tenacity over such a long period of time and has persisted in providing the Programme with the necessary financial resources in the face of a multitude of competing demands.

The Programme has still seven years left to complete its mission but the winding-down process has already started. This is evidenced by the fact that vector control has now been reduced from coverage of the entire 11-country Programme area, just a few years ago, and is now limited largely to the extension areas. Consequently, the number of flying hours has declined by 40% over the last six years. This trend will continue until OCP comes to an end by the year 2002.

On the other hand, the process of devolution is making considerable progress with less and less direct involvement of OCP. All the field activities involved, such as, epidemiological surveillance and ivermectin distribution, are carried out by national teams while OCP is essentially playing an advisory and catalytic role. Furthermore, the Participating Countries are preparing their own health care systems to eventually incorporate the detection and control of onchocerciasis recrudescence. These are efforts that will increase in intensity as the Programme draws closer and closer to its end.

The CSA is well aware of the often painful consequences of phasing-out a programme of the size and long history of OCP. Operational centres need to be closed, posts abolished and staff relocated to increase cost-efficiency. The Committee therefore wishes to pay tribute to the humane manner in which OCP has handled the termination of staff, many of whom have served the Programme faithfully since its inception.

Macrofilaricide Research

Mr Chairman, ever since OCP set up the Onchocerciasis Chemotherapy Project twelve years ago, the Committee of Sponsoring Agencies has given its full support to the search for a drug that could kill the adult worm and thereby remove the parasite reservoir in the human population.

Although Macrofil has not yet succeeded in its search for a macrofilaricide which can be safely applied under field conditions, compounds with the potential for killing the adult worm are currently under investigation. Even if the ongoing search does not succeed in time for an operational macrofilaricide to become available to shorten the duration of OCP, its utility in the future control of onchocerciasis, notably through APOC, would be of great importance. Furthermore, the availability of such a drug would eliminate any prospect of recrudescence within the OCP area.

This was the reason, Mr Chairman, why the JPC has supported continued macrofilaricidal research beyond 1997 when OCP funding is scheduled to cease. The CSA is pleased that the Director of TDR has already taken steps to secure funding for Macrofil from 1998 onward. But this may not be enough to eventually secure an operational macrofilaricide. The CSA will be seeking ways over the next year to supplement TDR funding and to ensure that support for the search for an operational macrofilaricide does not fall below levels maintained over the past decade.

Closing

In closing, Mr Chairman, we are entering the home stretch on OCP. Crossing that finish line in victory is now largely a matter of international commitment, vigilance and follow-through.

Commitment is required to sustain adequate support through to completion. Vigilance is essential to ensure that the disease does not recur. And follow-through is necessary to build capacity to sustain the achievements of OCP and to capitalize on the socioeconomic opportunities opened up by successful control of the disease. Provided we give these objectives our highest priority and pursue them through to the end, there is very little risk that OCP will fail in its mission.

Thank you, Mr Chairman.

RESOLUTIONS ADOPTED BY THE PARTICIPATING COUNTRIES

The Health Ministers of the eleven Participating Countries of the Onchocerciasis Control Programme in West Africa (OCP) met in Washington on 5 December 1995 to examine the issue of takeover of devolution activities and their integration into the national health systems. After an in-depth assessment of the activities of the Onchocerciasis Control Programme, they expressed their satisfaction with the excellent results already recorded and considered that the withdrawal of OCP could in fact be planned for the year 2002. The takeover by the nationals of onchocerciasis control activities is therefore still a topical issue.

Faced with this situation, and in view of the need to maintain and strengthen the Programme's achievements while taking into account the countries' economic difficulties, particularly in the socio-health sector, the meeting:

1. *Reaffirms the political will of the Participating Countries, as part of the implementation of the devolution process, to continue the onchocerciasis control in order to maintain and strengthen OCP's achievements and urges the States to make provision in their national budgets for the epidemiological surveillance component concerning the areas already freed, with a view to an early detection of any possible recrudescence of onchocercal infection;*
2. *Recognizes the need to develop a low-cost ivermectin distribution system and urges the governments to promote a greater participation of the rural communities in the actions taken to that effect; the generalization of a community-based ivermectin distribution adapted to the socio-cultural conditions of each country will give concrete expression to this effort before the final withdrawal of OCP in the year 2002;*
3. *Urges the governments to establish in the Participating Countries an operational multidisease surveillance system integrated into the health services and combining onchocerciasis control with those of the other priority endemic diseases;*
4. *Acknowledges with deep appreciation the immense support received from the social partners, particularly the World Health Organization, the World Bank and the OCP Donor Community and invites them to continue to support the Participating Countries in their effort to establish this integrated multidisease surveillance system;*
5. *Urges the Participating countries to ensure the setting up of an intercountry facility which will carry on the coordinating role hitherto played by OCP.*

Washington, 5 December 1995

<u>Benin</u>	<u>Burkina Faso</u>	<u>Côte d'Ivoire</u>	<u>Ghana</u>
<u>Guinea</u>	<u>Guinea-Bissau</u>	<u>Mali</u>	<u>Niger</u>
<u>Senegal</u>	<u>Sierra Leone</u>	<u>Togo</u>	