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

Washington, D.C.

2 - 3 November 1994

ABSTRACT

In 1994, the Nongovernmental Development Organizations (NGDO) Coordination Group distributed ivermectin to 3.5 million people in onchocerciasis endemic countries outside the Onchocerciasis Control Programme (OCP) in Africa. A very good coverage of over 70% of the infected population was achieved in Central African Republic, Malawi and Uganda, but in most countries the coverage was around 30%. Ivermectin distribution continues to be problematic because of security reasons in three countries.

Resource mobilization needs to be intensified. The Group requires an estimated budget of US \$9 million for the years 1995/1996, in order to maintain the momentum of its activities and undertake a modest expansion. However, a financial gap of US \$3.6 million has been identified. A possible source of obtaining financial assistance may be the World Bank in connection with the new African Programme for Onchocerciasis Control (APOC). The Group may also look to the Lions Clubs International Foundation SightFirst Programme for funds through partnership with Lions Clubs in endemic countries.

The Group identified three management levels in relation to ivermectin distribution, considering international, national and individual programme management.

It was established that there was a need to carry out rapid epidemiological mapping of onchocerciasis in most countries to complete the knowledge on the distribution and severity despite significant contributions already made by on-going distribution programmes.

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The fifth meeting of the Nongovernmental Development Organizations Coordination Group for Ivermectin Distribution (NGDO Group) took place in Washington, D.C. from 2 to 3 November 1994. It was opened by Ambassador Walker, a member of the Board of Directors of the International Eye Foundation, the NGDO which hosted the meeting. In his address, Ambassador Walker compared ivermectin distribution with the Onchocerciasis Control Programme in West Africa (OCP) which has scored a remarkable success in the public health field. He commended the role of the NGDO Group and noted that what the NGDOs are undertaking can be compared with the smallpox eradication effort and the fight against polio and measles.

The Chairman of the NGDO Group thanked Ambassador Walker for the opening address. At his suggestion, the deliberations on the agenda item "election of officers" was scheduled for the next day whilst the proposed agenda was adopted, (see Annex 1). The list of participants is shown in Annex 2. Apologies were received from Drs Samba, Liese and Remme who were unable to attend the meeting and in whose places substitute speakers had been foreseen to make their presentations. The meeting started with three presentations of the global situation regarding onchocerciasis for the benefit of new members. The presentations reviewed (a) the Onchocerciasis Control Programme in West Africa (OCP); (b) the activities of the NGDO Group in non-OCP Africa and (c) the Onchocerciasis Elimination Programme of the Americas (OEPA).

1. Review of the Report of the Fourth meeting

In reviewing the report of the fourth meeting, particular emphasis was accorded to the conclusions and recommendations thereof. It was noted that it had been planned to undertake the formation of national NGDO coalitions in Cameroon and Uganda in November 1994. It was reported that the results of Rapid Epidemiological Mapping of Onchocerciasis (REMO) in Nigeria were not yet available but efforts were being made to get the results out by early 1995, (see also 3). With regard to the recommendation to give ivermectin treatment to displaced people from endemic areas, the Group noted that it is being carried out in Uganda and Central African Republic. However, that particular activity needs to be pursued in other places.

2. Update on activities:

2.1 WHO activities in the second half of 1994

WHO's activities during the second half of 1994 consisted of the following:

- i) *Assistance to endemic countries:* The Coordinator attended the meeting of the Nigerian National Onchocerciasis Task Force (NOTF) in October 1994 during which he assisted in deliberations in relation to the review of control activities and the future plans, (see also 3).
- ii) *Assistance to the Group:* This consisted of finalization and printing of the NGDO Procedural Manual and preparation to undertake duty travel to Cameroon and Uganda on behalf of the Group with regard to National NGDO Coalition building.
- iii) *Resource mobilization:* This will be undertaken during the planned trip to the Cameroon, Uganda and Tanzania. Discussions with local Lions Clubs International will be undertaken about accessing funds from the Lions Clubs International SightFirst Programme to support ivermectin distribution to control onchocerciasis.
- iv) *WHO in-house activities:* The Coordinator continued collaboration with other WHO units involved with ivermectin distribution and attended In-House Ivermectin Committee meetings.

2.2 NGDO activities:

The update on NGDO activities country by country is summarized in Table 1. The following parameters were reviewed:

- the status of Rapid Epidemiological Mapping of Onchocerciasis (REMO) in the country;
- the exact knowledge on distribution as determined by further rapid epidemiological assessment (REA);
- the level of institutionalization of ivermectin distribution;
- the attained 1994 level of treatment;
- the estimated coverage of infected population;
- the actors involved in the distribution;
- future action to be taken;
- the requisite resources required (distinguishing between available resources and shortfalls).

It was again emphasized that Ivermectin Distribution Programmes (IDP)s need to be set up in a number of countries where there is little activity. The four countries are Liberia, Southern Sudan and Zaire (presently inaccessible because of political turmoil) and Ethiopia which is now accessible. It was reported to the meeting that UNICEF Ethiopia is planning to start a programme with the Ministry of Health and funds are likely to be available by 1995.

Large-scale ivermectin distribution in Liberia is not possible at present but about 7000 clinic treatments have been distributed in 1994 by three NGOs, viz. Christian Health Association, Limco and Merci. These NGOs have no affiliation with the NGDO Group.

Africare is working in Angola and may be interested in starting ivermectin distribution to control onchocerciasis there.

The International Association of Lions Clubs is supporting, through its SightFirst Programme, six States in Nigeria in river blindness control by ivermectin distribution, in collaboration with RBF. The SightFirst Programme would consider further funding for onchocerciasis control activities in other countries provided local Lions Clubs would make the request. It noted that evaluation should be a very important component of any ivermectin distribution programme and this must be documented and transmitted to donor agencies. Evaluation of the Nigerian project will certainly determine the course of further support of the SightFirst Programme for ivermectin distribution programmes.

Médecins sans Frontières - Holland is part of a network of medical operational teams from European countries which carry out relief operations including, particularly, medical aid in conflict areas. MSF - Holland would be able to carry out ivermectin treatment of infected persons in conflict areas and establish and keep database to allow follow-up treatment in the area by another NGDO at a later date. In this regard, a member of the Group could be identified to follow up the treatment when MSF moves on.

2.3 Mectizan® Donation Program (MDP)

MDP was formed, at Merck's request, as the technical advisor on Mectizan donation at the Carter Center. The function of MDP has evolved and now it is also involved in such issues as resource mobilization, advocacy, technical operational matters and the search for new partners for the NGDO Group. With regard to its achievements, it may be noted that ivermectin donation has increased steadily, nearly doubling each year. Ivermectin is distributed in all endemic countries except Angola and Ministries of Health (MOHs) and NGDOs are the driving force. It is projected that over the years 1994 and 1995 the supply will plateau to be followed by a new surge as from 1996 when a projected figure of 24 million tablets will be supplied. It is believed that this surge will be the result of greater efficiency in distribution, coupled with the availability of the World Bank funds.

TABLE 1 - SITUATION 1994 IN NON-OCP COUNTRIES

COUNTRY	NUMBER INFECTED millions	R.E.M.O.	R.E.A	I.D.P. STATUS	TREAT- MENTS 1994 millions	ESTIM. % COVER- AGE	NGDOs INVOLVED	OTHER ORGANIS.	ACTION 1995/96	BUDGET ESTIMATE 95/6 \$millions	SHORT- FALL 95/8 \$millions	POSSIBLE SOURCE	COM- MENTS
NIGERIA	3.3	Completed	Needed in some States	National Programme in place (see State Tab)	1.7	25-35	RBF, CBM, AC, LIONS, SS, IFESH, IEF	UNICEF	see Table 2	4.2	1.5 see Table 2	?	Priority for action
CAMER- OON	1.3	Planned to be finished 6/95 (RBF)	Needed in some areas	National Prog/Coal being formed	0.1	(10	RBF, IEF HKI, SS	GTZ (UNICEF involved in PHC)	1. Formalize Coalition 2. Expand IDP	1.7	0.7	Lions SighFirst	Priority for action
C.A.R.	0.4	Needed in N-East & S-West	Complete in N-West & S-East	National Prog. in place	0.5	60-80	CBM, RBF	GTZ	1. Expand Present Programme	0.9	-	-	Good Coverage
CHAD	0.9	Not necessary	Complete in 5 of 6 Prefecture	National Prog. in place	0.25	15-25	AC, RBF World Vision	-	Sustain in 4 Prefect. expand in 1. Find \$	0.7	0.7	Exon	Priority for Action
UGANDA	1.2	Not necessary	Needed in some districts	National Prog. in place	0.7	30-40	RBF, CBM, SS, World Vision	GTZ Kuluwa hospital	Formalize Coalition. Expand IDP to Nat. coverage	0.7	0.3	NGDO joint proposal	Good coverage
TANZANIA	0.7	Needed	Needed in some foci	Focal Progs. in place	0.25	20-30	RBF/M.A.	C.M.B.T.	Form Nat. Prog. REMO Expand IDP	0.5	0.1	NGDO joint proposal	Moderate coverage
ETHIOPIA	0.9	Needed	Needed	Nil	-	-	AC interested	UNICEF interested	1. REMO 2. Form Nat. Progr.	?	?	NGDO joint proposal	Priority for action
ZAIRE	4.6	Needed	Needed	Few focal progs.	(0.1	(5	CBM	-	1. REMO 2. Focal IDPs	0.1	-	-	Priority for action

COUNTRY	NUMBER INFECTED (millions)	R.E.M.O.	R.E.A.	I.D.P. STATUS	TREATMENTS 1994 (millions)	ESTIM. % COVER-AGE	NGDOS INVOLVED	OTHER ORGANIS.	ACTION 1985/96	BUDGET ESTIMATE 95/6 \$millions	SHORT- FALL 95/6 \$millions	POSSIBLE SOURCE	COM-MENTS
SUDAN	0.6	Needed	Needed	One focal prog.	{0.1	{5	RBF various relief NGDOs interested	-	1.Center to visit 2.REMO if poss.	?	?	-	Priority for action
LIBERIA	0.6	Completed in past	Needed	Nil	Little	-	RBF/CBM	-	Support	0.1	0.05	CBM	Priority for action clinic based interested clinic based IDP
CONGO	0.05	Needed	Needed	Focal Prog.	{0.1	20	RBF	French Cooperation	REMO Consolidate	?	-	-	Moderate coverage
GABON	0.06	Needed	Needed	Focal Prog.	{0.1	?	-	University of Gabon	REMO	?	-	-	Little known
EQ. GUINEA	0.06	Needed on mainland	Needed	Focal Prog.	{0.1	40	ONCE interested	University of Barcelona	REMO mainland	?	?	ONCE	Good coverage
BURUNDI	0.15	Completed	Needed in parts	National Prog.	{0.1	50	-	Belgian Cooperation	Consolidate	?	-	-	Good coverage
ANGOLA	0.10	Needed	Needed	-	-	-	-	-	REMO if possible	-	-	-	Low priority
MALAWI	0.15	Complete	Few small areas	National Prog.	0.15	{80	IEF	-	Consolidate Prog.	0.1	0.1	NGDO joint proposal	Good coverage
	15.0				3.7					8.8	3.4		

3. Nigeria

3.1 Nigerian National NGDO Coalition

Highlights from the last meetings of the National NGDO Coalition and the NOTF were reported to the meeting. It was brought to the attention of the meeting that the framework for the Coalition of NGDOs' working relationship with Federal Ministry of Health as presented originally to the Federal Ministry of Health had been modified by the WHO Representative in Lagos. The National NGDO Coalition endorsed the modified framework during the last NGDO Coalition meeting. UNICEF will procure for the National Onchocerciasis Control Programme (NOCP) the NGDOs' requests for ivermectin tablets which will be stored on the premises of Africare. Uniform training and educational materials for the NOCP are being developed. On-going State programmes of ivermectin distribution will be expanded whilst there have been pledges to start IDPs in nine new States. The National NGDO Coalition recommended to the NOCP to improve its financial position by increased advocacy and by undertaking local fund-raising. The NOCP should request its steering committee to produce directives on prioritization of activities with timeframe and indicators for monitoring IDPs. Finally, the NOCP requested assistance in the form of office equipment from the International Coalition of NGDOs.

Ivermectin distribution by State in Nigeria is described in Table 2, below. Lions Clubs International of Nigeria, in collaboration with RBF, are providing funds for ivermectin distribution to control onchocerciasis in six States.

Africare reported that it is looking for funds to consolidate its activities. It has consolidated its training procedure and steps for data reporting. It is also developing procedures to ensure sustainability of ivermectin distribution. In this regard, Africare has integrated ivermectin distribution into a child survival programme in Adamawa State in a further step towards integration in the primary health care.

Sight Savers' ivermectin distribution in Kaduna State is linked to the State Blindness Prevention Programme. This year 140 000 people out of a target population of nearly 600 000 have been treated.

3.2 Status of REMO in Nigeria

It was further reported to the meeting that only preliminary results of REMO are presently available. Cross-validation of results is planned to start in due course after criteria for carrying it out has been established by the steering committee of the NOCP. Validation of REMO results which has been carried out in Delta State by RBF technicians suggests that the quality of the results may be varied and their reliability may depend on the quality of training of the teams which carried out the exercise.

TABLE 2 - SITUATION 1994 IN NIGERIA

State	Treatment 1994	NGDOs involved	Other Organizations	Action '95/'96	Budget estimate '95/'96	Shortfall '95/'96
Enugu	-	Lions/RBF		start IDP	480	0
Anambra	-	Lions/RBF		start IDP	480	0
Edo	.15	Lions/RBF		exapnd	100	0
Delta	-	Lions/RBF		start IDP	115	0
Imo	.25	Lions/RBF		exapnd	230	0
Abia	.10	Lions/RBF		expand	150	0
Plateau	.35	RBF		consolidate	115	0
Borno	.12	Africare		expand	490	250
Adamawa	.10	Africare		expand	490	400
Taraba	.19	Africare		expand	490	400
Kogi	.07	Africare		expand	490	240
Kwara	.12	Africare		expand	490	240
Kaduna	.14	S.S.		expand	150	0
Kebbi	-	S.S.		start IDP	-	-
Sokoto	-	S.S.		start IDP	-	-
FCT	-	CBM		start IDP	-	-
Jigawa	-	CBM		start IDP	-	-
Katsina	-	CBM		start IDP	-	-
Yobi	-	CBM		start IDP	-	-
Bauchi			UNICEF	expand	-	-
Niger			UNICEF	expand	-	-
Benue			UNICEF	expand	-	-
Oyo			UNICEF	expand	-	-
Osun	-		UNICEF	start IDP	-	-
Ondo	-		UNICEF	start IDP	-	-
Crossriver	-		UNICEF	start IDP	-	-

4. Onchocerciasis Elimination Programme for the Americas (OEPA)

The meeting received a report on the progress of the Onchocerciasis Elimination Programme for the Americas (OEPA), a multi-national, multi-agency, multi-donor initiative to eliminate onchocerciasis in the Americas. There are six countries involved with 100 000 infected persons. The objective of OEPA is to provide technical, financial and administrative support to complement each country's onchocerciasis elimination effort, within the framework of the regional strategy. Starting with the PAHO resolution in 1991 which called for the elimination of onchocerciasis in the Americas, OEPA has gone through various forms in its evolution. At present, all six countries have National Plans backed by full commitment of the MOHs and their national partners. The six countries have committed over US \$14 million to onchocerciasis control programmes and ivermectin is being distributed in four of the six countries, covering 70% of the infected population. External support has been received in the form of : a) seed money providing support for fund raising and fiscal management from the River Blindness Foundation, b) a technical assistance grant from the Inter-American Development Bank, c) a grant from USAID and d) local fund-raising.

Progress on ivermectin distribution activities in OEPA countries are summarized in Table 3.

5. World Bank Programme

The World Bank has set up a grant programme to control onchocerciasis in 16 endemic, non-OCP countries over 10 to 12 years with a budget of US \$10 million per annum. The strategy for the control will be ivermectin distribution expected to be carried out by MOHs and their NGDO partners with some focal vector control. A meeting was convened in September 1994 by the World Bank with interested partners including the NGDO Group to look at a draft document on the technical organization of the programme. The World Bank will present a revised draft of the document to the meeting of OCP donor countries on 4 November 1994 at WHO in Geneva. The Bank is planning to establish the programme structures over the next six to twelve months. The executing agency will be WHO. A Technical Consultative Committee (TCC) will be responsible for :

- a) designing the technical component of the programme;
- b) establishing the criteria which need to be fulfilled in the proposals which are submitted for funding, and
- c) reviewing submitted proposals.

It is hoped that the TCC will be formed soon and will start receiving proposals on control plans from the 16 endemic countries as from mid-1996 whilst funds could be available by the second half of 1996.

Funding is foreseen to be on a cost-sharing basis, with the World Bank contributing 75% and MOHs/NGDOs 25%. The NGDO Group sees the 25% matching grant to be put up to access World Bank funds as a sign of their commitment to carrying out IDPs with the endemic country MOHs as their working partners. Notwithstanding, it was noted that further details were required on the definitive form the matching grant will take. It was also necessary to have clarification on such questions as in kind contributions and the organizations' overheads in relation to the NGDO Group's contribution. It was decided to form a sub-group made up of representatives of the Mectizan® Donation Program, River Blindness Foundation, Chairman or Vice-Chairman of the NGDO Group and the secretariat, to work closely with the Bank on these matters and keep all its members informed.

TABLE 3 - IDP SITUATION 1994 IN OEPA COUNTRIES

Country	No. infected (estimate)	REMO	REA	IDP Status	Treat-ments 1994	Est. % coverage	NGDOS involved	Other Orgs	Action 95/96	2 yrs Budget Est. 95/96 \$ million	2 yrs Shortfall 95/96 \$ million	Possible Source	Comments
Mexico	30 000	Not necessary	Complete	National programme	92 000 (2 x year)	90 %	HKI	OEPA	Improve monitoring/evaluation ENTO, EPI, etc.	5.0	-	-	Moh investing \$2.3 million per annum
Guatemala	70 000	Not necessary	> 80%	National programme	125 000 (2 x year)	70 %	IEF	OEPA	Expand IDP Complete REA	1.0	0.4	UNICEF JICA	Moh has minor resources to offer
Ecuador	13 000	Not necessary	Complete	National programme	8 000 (2 x year)	85 %	CBM HCJB	OEPA	Maintain IDP ENTO studies	0.1	-	-	50 % CBM 50 % OEPA
Venezuela	70 000	Needed in north Not needed in south	Partial	National programme	2 500 (south only)	< 10 %	-	OEPA	Survey north Expand IDP	0.8	0.1	Local private sector	
Brazil	6 000	Not necessary	Complete	National programme	-	-	-	OEPA	Begin IDP	2.2	0.05	Local private sector	Moh investing \$1 million per year (by their estimate)
Colombia	3 000	Partial	Needed	National programme	-	-	-	OEPA	Complete REA Begin IDP	0.2	0.05	?	
	192 000									9.3	0.6		

6. Resource Mobilization

At the meeting of the International Coalition on the previous day, it was estimated that a budget of US \$9 million was required by the Group in order to maintain the momentum of its activities over the next two years, 1995/1996 but there was a shortfall of US \$3.6 million. Further, it was noted that an amount of US \$350 000 had to be paid for the maintenance of the liaison office including secretarial and travel costs. The following categories of resources were identified.

- a) Lions Clubs International: It was noted that an opportunity exists for the NGDOs to be of service to the Lions in endemic countries and encourage them to submit proposals to Lions Clubs Foundation International SightFirst Programme for funding of Ivermectin Distribution Programmes for the control of onchocerciasis.
- b) Approach the World Bank for assistance towards the shortfall.
- c) Each individual NGDO should continue to look for funds from its usual donor sources.
- d) Look, as a Group, for funding sources from foundations.

It was also noted that there was a need to look further for long-term sources of funding in order to:

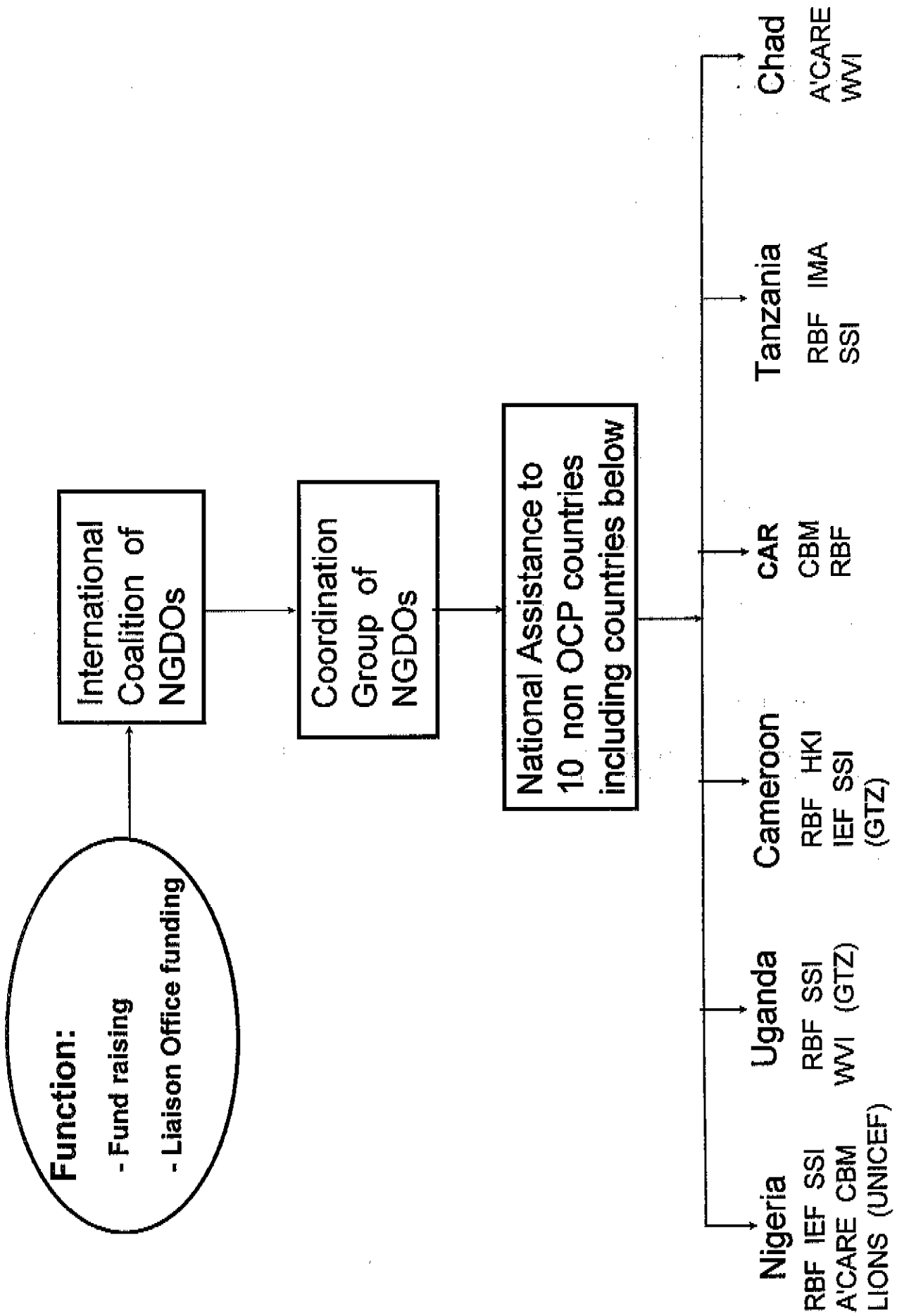
- i) sustain matching grant to the World Bank funds, and
- ii) offer support of NGDOs to the Bank.

It was decided that the Group should keep the Bank informed of intended funding sources in order to avoid duplication of request.

7. Management

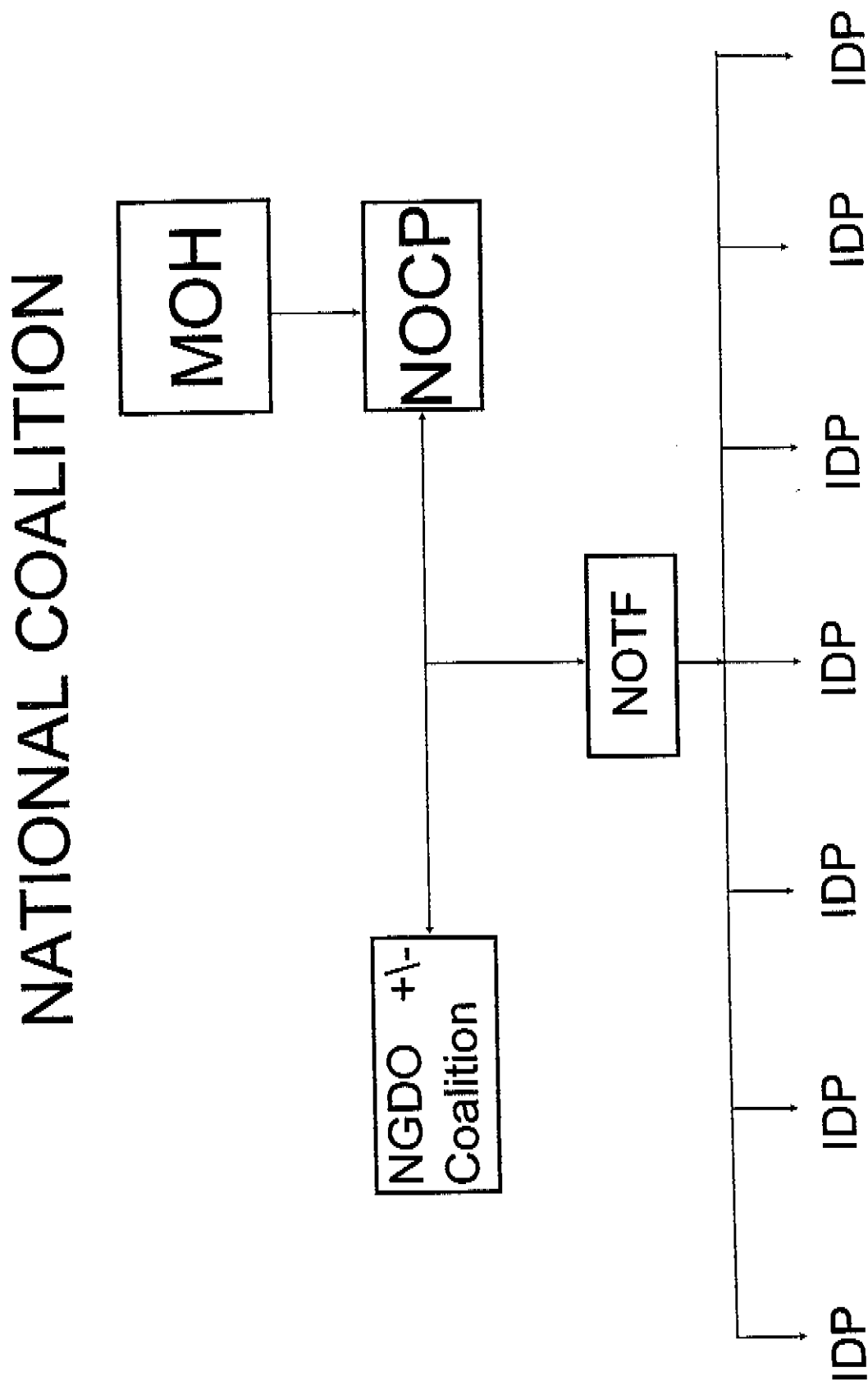
The meeting reviewed the managerial aspects of ivermectin distribution at all levels. Three main management levels were identified. These were a) international, b) national and c) individual IDPs.

INTERNATIONAL COALITION



a) International: this consists of the set-up of the international coalition.

b) National: based on the prototype of the Nigerian National Coalition.



c) Individual IDPs: Using the example of Nigeria, individual IDPs are developed on the following sequence of events:

1. *Rapid epidemiological mapping of onchocerciasis (REMO)*: This activity is necessary for the assessment of the problem and dimension of onchocerciasis, in order to allow for the control of the disease. Technically, the procedure is based on Rapid Epidemiological Assessment (REA) of the endemicity of communities.
2. *Development of a National Programme*: It is necessary to elaborate a national action plan which will form the basis for a comprehensive national onchocerciasis control programme. In the absence of a national programme there may be a local programme.
3. *Secure funding*: Consideration should be given to external as well as internal sources of funding.
4. *Rapid Epidemiological Assessment (REA)*: The control of onchocerciasis by ivermectin distribution requires, in order to be cost-effective, the identification of communities which need treatment as well as their prioritization for treatment. Individual diagnosis is slow and not cost-effective. Skin-snipping is slow, expensive, requires special skill and is associated with the risk of transmission of other viral infections. Palpation of onchocercal nodules lends itself as a rapid method for assessing endemicity levels in communities. It is uninvasive, easy to teach to para-medical staff and often even non-health professionals and is acceptable to the communities. REA by nodule palpation is now the method of choice for the assessment of endemicity level in order to identify communities that need to receive ivermectin.
5. *Implementation*: Implementation of IDPs is usually at the State/local government area (LGA) level. The first step in the implementation of an IDP is the elaboration of an action plan which states the goals and objectives as well as the strategies of the programme. The next step is the identification of staff followed by their training and capacity building. This can be carried out in various ways including classes, workshops and on-the-job training. The training encompasses all levels of staff, including State Onchocerciasis Control Teams (SOCTs), Local Government Onchocerciasis Control Teams (LOCTs), Community-based Distributors (CBDs) etc. Training of staff of the administration will also be required.
6. *Management*: A detailed implementation plan is necessary to serve as the main management tool to guide the ivermectin distribution; monitoring of adverse reaction, record-keeping and reporting (including financial reporting). Quality assurance procedures should also be built into the programme.
7. *Monitoring*: Regular supervision of distribution activities and/or a built-in verification of the distribution exercise must form an important component of the programme.
8. *Evaluation*: Evaluation of the programme will be designed to measure its output as well as function. Parameters to be considered will include:
 - a) impact on skin disease,
 - b) impact on visual function,
 - c) impact on quality of life.

Indicators for measurement of the progress of the programme are:

- 1) number of tablets distributed,
- 2) number of individuals treated,
- 3) coverage:
Total number infected/number of infected people treated,
- 4) skin-snip of random selected sentinel communities,
- 5) skin-snip year by year of 5-year olds,
- 6) repeater rate (number (%) returning for treatment).

8. Election of Officers

The Group unanimously re-elected its present Chairman and his Vice-Chairman to serve another year in office.

9. Future activities

The following activities will be carried out by the WHO Coordination office:

- assist in the formation of National NGDO Coalitions in Cameroon and Uganda (November 1994);
- participate in the annual meeting of the Cameroon National Onchocerciasis Control Programme (February 1995);
- attend the Nigerian NOTF meeting, (April 1995);
- assist in the conduct of the TDR Onchocerciasis Task Force meeting and Workshop on Community Self-Treatment in Kampala (April 1995);
- attend the Mectizan® Expert Committee meeting in Atlanta (May 1995).

CONCLUSIONS AND RECOMMENDATIONS

I. Present Status of Programmes in Africa

In 1994, 10 NGDOs working in 16 African countries with endemic onchocerciasis will provide ivermectin treatment to an estimated 4.2 million individuals (3.5 million outside the Onchocerciasis Control Programme (OCP) area). The funding provided for the programmes in 1994 is approximately US \$4 million.

In the 16 non-OCP countries:

1. good national coverage (>70%) has now been achieved in Central African Republic, Uganda, Malawi, and some States in Nigeria;
2. moderate coverage (30-60%) has been achieved in Tanzania and some parts of Nigeria;
3. national programmes have been established in Cameroon and Chad; however coverage in these severely affected countries needs urgent expansion;
4. in Ethiopia, Sudan, Zaire and Liberia, all of which have severe onchocerciasis, only very limited ivermectin distribution has yet been possible;
5. Congo, Gabon, Equatorial Guinea, Burundi and Angola are all considered to have relatively small foci of onchocerciasis. Good programmes have been established in Burundi, Equatorial Guinea and Congo.

In view of this analysis, the Group recommends that in 1995/96 priority should be given to:

1. expansion of programmes in Cameroon, Chad and Nigeria;
2. assessment of the feasibility to develop programmes in Ethiopia, Sudan, Zaire and Liberia;
3. consolidation of the programmes in Central African Republic, Uganda, Tanzania and Malawi.

II. World Bank Proposal

The Group was greatly encouraged by the further developments with the World Bank proposal. In order to facilitate further dialogue with the Bank in developing and planning the programme the Group recommended that a small working group be formed consisting of:

- Chairman/Vice-Chairman of the Coordination Group
- Mectizan® Donation Program
- NGDO involved in Resource Mobilization (RBF)
- WHO/PBL liaison office.

Particular areas for future dialogue with the Bank which were identified are:

1. organizational structure and technical issues;
2. cost-sharing of national programmes;
3. allocation of direct and indirect costs;
4. timetable for establishing the programme structure in 1995/96.

III. Resource Mobilization 1995/96

In order to consolidate existing programmes and expand programmes in priority areas, it is estimated that US \$9 million will be required for programmes in 1995/96. So far, approximately US \$5.5 million have been secured leaving a shortfall of US \$3.5 million. The Group **recommended** that the International Coalition for Resource Mobilization convene two working groups:

- A. A working group of North American NGOs (RBF, HKI, IEF, Africare and World Vision) be formed to prepare a joint proposal for funding IDPs in 1995/96. This proposal would be presented to various funding sources in North America.
- B. A working group of European NGOs (SS, OPC and CBM) be formed in 1995/96 to prepare a proposal for funding IDPs to be presented to European sources of funding.

The Group collectively prepares a proposal reflecting all NGO efforts as information for the World Bank and for submission to selected international foundations.

The chairperson of each group will liaise with each other and with the Mectizan® Donation Program and World Bank in presenting these proposals to funding agencies in order to avoid duplication.

IV. TDR initiative to undertake REMO

The Group expressed willingness to collaborate with the WHO/TDR where possible and within the constraints of available infrastructure and resources to undertake REMO (Rapid Epidemiological Mapping of Onchocerciasis).

The Group strongly **recommended** that priority should be given to those severely affected countries in which REMO has not yet been undertaken to allow for programme implementation, i.e. Ethiopia, Tanzania, Zaire and Sudan, although the Group appreciated the logistical difficulties in working in some of these countries.

The Group appreciated the invitation from the WHO/TDR to be represented on the Applied Field Research (AFR)/Task Force for Onchocerciasis. The Group nominated three members as a short list for consideration.

V. Global perspective of onchocerciasis control

Onchocerciasis control is being carried out in 11 countries in the OCP area in West Africa, in 16 countries outside the OCP and in six countries in the Americas. Although the NGO Group is normally identified by its support for, and in, the 16 African countries outside the OCP, it is also involved in, and assists, onchocerciasis control in some countries of the OCP and the Americas.

It was, therefore, **recommended** that whilst the Group is concentrating its efforts in supporting onchocerciasis control in the 16 endemic African countries outside the OCP, it should maintain its links in onchocerciasis control in the two other areas in order to promote the ultimate goal of global elimination of onchocerciasis.

The Group acknowledged the kind invitation by Sight Savers to host the *Sixth meeting* at its premises in *Haywards Heath (U.K.)*; it decided the dates should be from *23 to 25 May 1995*.

ANNEX 1

AGENDA

Opening of the meeting
Election of Officers
Adoption of Agenda
Administrative Announcements

1. Review of the Report of the Fourth meeting
2. Update on activities :
 - a) WHO
 - b) Collaborating NGOs
3. Resource mobilization :
 - World Bank extra-OCP fund
4. Recent developments in Nigeria :
 - a) Nigerian National Coalition
 - b) Status of REMO in Nigeria
5. Operational research :
 - a) Report on workshop in Ibadan, Nigeria
 - b) Other developments
6. Management of Ivermectin Distribution Programmes
7. Future activities and targets
8. Other matters

Date and place of next meeting
Closure of the meeting

ANNEX 2

LIST OF PARTICIPANTS

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