



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

Haywards Heath, United Kingdom

24 - 25 May 1995

## ABSTRACT

In 1994, the Nongovernmental Development Organizations (NGDO) Coordination Group distributed ivermectin to 4.5 million people in onchocerciasis endemic countries outside the Onchocerciasis Control Programme (OCP) in Africa. A good coverage of over 50% of the infected population was achieved in Central African Republic, Malawi and Uganda, but in many countries the coverage was around 30%. Ivermectin distribution continues to be problematic because of security reasons in three countries.

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

Rapid epidemiological mapping of onchocerciasis is complete or under way in 10 of the 16 endemic countries.

Resource mobilization needs to be intensified in order to maintain activities and undertake a modest expansion. A financial gap of US \$2.6 million has been identified. A likely source of obtaining financial assistance may be the World Bank in connection with the new African Programme for Onchocerciasis Control (APOC).

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The sixth meeting of the Nongovernmental Development Organizations Coordination Group for Ivermectin Distribution (NGDO Group) took place in Haywards Heath from 24 to 25 May 1995. It was opened by Richard Porter, Executive Director of Sight Savers International, the NGDO which hosted the meeting. In his opening address, Mr Porter welcomed the growing number of participants in this Coordination Group's meetings, on this occasion particularly representatives from the US Committee for UNICEF and from the World Bank.

The Chairman of the NGDO Group thanked Mr Porter for the opening address. He also extended the Group's warm congratulations to the Coordinator, Dr Dadzie, for his recent appointment as the new Director of the Onchocerciasis Control Programme (OCP). The proposed agenda was adopted, (see Annex 1). The list of participants is shown in Annex 2.

## 1. Review of the Report of the Fifth meeting

In reviewing the report of the fifth meeting, particular emphasis was accorded to the conclusions and recommendations thereof. It was noted that national NGDO coalitions had now been established in Cameroon and Uganda in addition to that in Nigeria and that further progress had been made with regard to rapid epidemiological assessment now being initiated in Sudan and Tanzania.

## 2. Update on country activities:

### 2.1. OCP Countries

Christoffel Blindenmission, Organisation pour la Prévention de la Cécité and Sight Savers International have programmes in countries within the Onchocerciasis Control Programme area. A summary of their activities is given in Table 1.

Table 1

#### AT-RISK, TARGETED AND TREATED POPULATION BY COUNTRY AND NGDO IN OCP COUNTRIES

COUNTRY	NGDO	POPULATION AT RISK	TARGET POPULATION	TREATED POPULATION
MALI	SSI	522 000	492 000	328 046
	OPC	253 091	177 299	139 578
TOTAL		775 091	669 299	467 624
GUINEA	SSI	31 426	28 653	23 472
	OPC	93 082	93 082	73 534
TOTAL		124 508	218 741	121 004
GHANA	SSI		246 408	47 470
SENEGAL	OPC	71 952	57 313	44 592
SIERRA LEONE	CBM	200 832	200 832	160 346
TOTAL		1 172 383	1 295 587	817 038

The three organizations working in five countries treated approximately 800 000 people at a cost of US \$110 000 achieving a 63% coverage rate. It has not been possible to continue the programmes in Sierra Leone in 1995 because of civil unrest.

Dr Dadzie (Director of the OCP) agreed to examine ways to further promote the coordination of these programmes with the Onchocerciasis Control Programme activities.

## 2.2. APOC (non-OCP) countries

Of the estimated 17 million people worldwide with onchocerciasis, approximately 14.5 million live within the 10 "major" countries of the APOC region and a further 0.5 million live in the six "minor" countries of the APOC region. A summary of the current situation in the 16 countries is given in Table 2.

Within the 10 major countries good coverage (greater than 50%) is now being achieved in Uganda and Central African Republic. Moderate coverage (30-50%) has been achieved in Tanzania and some states of Nigeria. National programmes have also been established in Cameroon and Chad. In Ethiopia, Sudan, Zaire and Liberia only very limited ivermectin distribution has yet been possible.

In the six minor countries good coverage has been achieved in Malawi, Burundi, Equatorial Guinea and Congo. Further information is required on the situation in Gabon, Angola and possibly Mozambique.

It is estimated that in 1994 members of the Group treated approximately 4.5 million individuals within the APOC countries.

The Group emphasized the need to:

- a) expand the programmes in Cameroon,
- b) establish a national action plan in Tanzania,
- c) ensure continued coverage and expansion of ivermectin distribution in Adamawa and Taraba states of Nigeria,
- d) ensure continuation of the programme which has been established in Southern Chad,
- e) undertake rapid epidemiological mapping in Ethiopia with a view to establishing a national plan,
- f) coordinate ivermectin distribution programmes with relief organizations working in Southern Sudan,
- g) expand and develop new programmes in Zaire.

## 2.3. OEPA countries

Due to lack of time it was not possible to cover this agenda item. It was decided to postpone this discussion until the next meeting.

## 2.4. Report from the World Health Organization

The WHO activities followed the recommendations of the fifth meeting of the NGDO Coordination Group and covered the following areas:

- a) assistance to endemic countries,
- b) assistance to the activities of the Group,
- c) resource mobilization,
- d) WHO in-house activities, and
- e) others.

a) Assistance to endemic countries:

The Coordinator attended the annual meeting of the Cameroonian National Onchocerciasis Control Programme in February 1995. The meeting reviewed the progress of Ivermectin Distribution Programmes (IDPs) and their integration in the primary health care system in the country. Following the recommendation of the newly formed National NGDO Coalition, this meeting will henceforth be known as Onchocerciasis Control Task Force meeting and will meet twice a year. The next meeting is scheduled to take place in September.

Together with the Interchurch Medical Assistance (IMA), the Ministry of Health of Tanzania was assisted to set up and develop administrative structures necessary for effective nationwide onchocerciasis control. This consisted of the formation of a National Onchocerciasis Control Coordination Committee and the appointment of a National Coordinator for Onchocerciasis Control, events which occurred at a meeting convened with the support of IMA on 28 March 1995 in Dar es-Salaam. Also at the meeting, a small working group was formed to start developing a National Action Plan for Onchocerciasis Control. The Coordinator also assisted the Tanzanian Onchocerciasis Control National Coordinator supported by an entomologist to write up a proposal on Rapid Epidemiological Mapping of Onchocerciasis (REMO) of the country, which will be submitted to the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical diseases (TDR) for funding.

b) Assistance to the activities of the Group:

Documents on a framework for the formation of National NGDO Coalition were developed along the lines of that which has been accepted by the Federal Ministry of Health of Nigeria. These documents were proposed to, and accepted by, the MOHs of Cameroon and Uganda. In Cameroon, the activity was carried out together with two vice presidents of RBF and the Onchocerciasis Coordinator of IEF. In Uganda, only the two vice-presidents of RBF were involved. During the visits to Cameroon, Uganda and finally Tanzania, joint courtesy calls were also made to the country offices of bilateral and multilateral donors to inform them of, and to solicit their support for, the new African Programme for Onchocerciasis Control (APOC). Information was provided at the same time on the on-going activities of the NGDO Group towards the control of onchocerciasis by ivermectin distribution in endemic countries.

c) Resource mobilization:

Assistance was provided towards the development of a proposal which the Lions Clubs of Cameroon will submit to the Lions Clubs International Foundation SightFirst Programme to request funds for the distribution of ivermectin to control onchocerciasis in three provinces in Cameroon. In the project, the Lions Clubs of Cameroon will collaborate with the Cameroonian NGDO Coalition made up of Helen Keller International, International Eye Foundation, River Blindness Foundation and Sight Savers International, who will be the executing agency of the project.

The Coordinator also accompanied the World Bank Onchocerciasis Control Coordinator on visits to some donor agencies to provide information on the new African Programme for Onchocerciasis Control and to solicit support for the programme.

d) WHO in-house activities:

These consisted of participating in WHO In-House Ivermectin Committee meetings and in the activities of the TDR/AFR Onchocerciasis Task Force as a coopted member. The last Onchocerciasis Task Force meeting in April was combined with a workshop to review the results of pilot studies and the protocol on community self-treatment.

e) Others:

The Coordinator attended the Mectizan® Expert Committee meeting at which he provided information on the activities of the Group, in particular the Group's latest activities in National Coalition building.

He also attended a meeting with Directors of Preventive Medicine or Disease Control and National Coordinators for Onchocerciasis Control of six endemic countries called by the World Bank to discuss the new African Programme for Onchocerciasis Control. This very successful meeting was the first official contact of the World Bank with officials of endemic countries in connection with APOC. The meeting looked particularly at the proposed strategy and the organizational structure of APOC.

### **3. Resource Mobilization - Update on the World Bank Programme for Onchocerciasis Control**

A report was received from representatives of the World Bank indicating that a trust fund has now been established and the World Bank has given a further US \$1.1 million to the trust fund for 1996. Eighteen donor countries have been visited and in general the programme has received a favourable response.

A programme document is being finalized which will be reviewed by a technical committee meeting in London on 11 and 12 July. It is anticipated that there will be a preliminary meeting of donors in Paris on 3-4 October 1995 and the programme will be launched at the meeting of the Joint Action Forum to be held in Washington on 4-5 December 1995.

The Group welcomed the further developments regarding the APOC programme and specifically requested:

- a) financial support for the NGDO coordinator post in the WHO/PBL programme as from 1 January 1996;
- b) further dialogue with the Bank concerning the programme document, particularly with regard to:
  - i) organizational structure and technical issues,
  - ii) cost-sharing of national programmes,
  - iii) allocation of direct and indirect costs,
  - iv) timetable for establishing the programme structure.

A working group consisting of the chairman, vice-chairman, Mectizan® Donation Program and WHO/PBL Liaison office was nominated to represent the Coordination Group in discussions with the World Bank.

### **4. Operational Research**

A report was received from TDR on the ongoing operational research being undertaken for the World Bank APOC programme. The studies being undertaken by TDR should be finalized and reported on by the end of 1996.

#### **4.1 Onchocercal Skin Disease**

Studies have shown that onchocerciasis causes suffering due to severe skin disease. This can lead to physical and psychological symptoms. The main complaint is one of itching which can begin in childhood. Studies are now under way to demonstrate the effect of ivermectin on skin disease.

#### **4.2 Rapid Epidemiological Mapping of Onchocerciasis (REMO)**

REMO is now completed or under way in 10 of the 16 endemic countries. It is proposed to develop a standard geographical information system (Atlas - GIS).

### 4.3 Ivermectin Delivery Systems

A multi-centre study in six sites is under way to evaluate community self-treatment programmes. Methods of rapid monitoring are also being evaluated.

### 4.4 Local Vector Control

Studies in Malawi, Tanzania, Uganda and Equatorial Guinea are being anticipated as these countries have isolated foci of disease in which eradication through local vector control may be feasible.

### 4.5 Macrofilariicide

River Blindness Foundation is supporting a study in Cameroon to look at the effect of a higher dose and more frequent use of ivermectin on the adult worm as a potential macrofilariicide.

## 5. Ivermectin Procurement in Countries

A report was presented from Nigeria on ivermectin procurement. In order to facilitate customs clearance, storage and accountability, UNICEF has agreed to act on behalf of all organizations involved in ivermectin distribution in Nigeria. UNICEF will arrange for clearing of all consignments which will be stored centrally. Organizations will receive their ivermectin from the central store. This strategy is at present being established in Nigeria.

In order to avoid interruption of supplies, it is necessary for programmes to renew their applications well in advance so there is sufficient time for the applications to be reviewed, tablets consigned and clearance procedures to be completed.

## 6. Future activities and targets

### 6.1 In-country activities

6.1.1 *Sudan* - A workshop will be conducted on 9 June in Nairobi for organizations involved in ivermectin distribution in southern Sudan. It is anticipated that this will be followed by a workshop in July (coordinator S. Meredith).

6.1.2 *Tanzania* - Dr Duke will visit Tanzania at the end of June on behalf of the Group to work with the Ministry of Health and nongovernmental organizations in order to develop a national plan and national coalition consisting of Interchurch Medical Assistance, River Blindness Foundation, Sight Savers International and Christoffel Blindenmission (coordinator Dr Duke).

6.1.3 *Uganda* - a meeting will be held in July to further develop the national plan for onchocerciasis control in Uganda (coordinator Moses Katarwa).

6.1.4 *Ethiopia* - the Special Programme for Research and Training in Tropical Diseases is undertaking REMO in Ethiopia in the latter half of 1995. Several organizations are interested in working with the Ministry of Health to form a national coalition and national onchocerciasis control programme. These organizations are: Africare, Christoffel Blindenmission, International Eye Foundation and World Vision International (coordinator S. Meredith).

6.1.5 *Cameroon* - the national coalition is finalizing the 5-year proposal for setting up ivermectin distribution in three provinces to be presented to Lions SightFirst Programme for co-funding (coordinator C. Godin).

6.1.6 *Nigeria* - the central clearing and storage for ivermectin by UNICEF is to be established. The final REMO report should be available at the end of 1995. The existing programmes in Taraba and Adamawa states, for which funding has not yet been secured, should be continued and further expanded. The programmes established by UNICEF in seven states require further expansion. There will be a meeting of the Nigerian Onchocerciasis Task Force and NGDO Coalition on 30-31 October 1995.

## 6.2 International Activities

6.2.1 The NGDO coordinator post in WHO/PBL should be filled by October 1995 if at all possible (coordinator Dr Thylefors).

6.2.2 It is anticipated that representatives of the Coordination Group will be invited to attend the World Bank meeting in London to be held 11-12 July (Drs Foster, Duke, Heisler, Thylefors).

6.2.3 There is a need for members of the Group to continue to identify new resources in order to maintain and expand the existing programmes.

6.2.4 It is anticipated that members of the Group will be invited to the Joint Action Forum of the APOC programme to be held in Washington on 4-5 December.

## 7. Other Matters

### 7.1 NGDO Coordination Post in WHO/PBL

Two suitable candidates have been identified for this post. Dr Thylefors will discuss this matter with representatives of the World Bank to see if co-funding will be possible together with the funds which have been pledged by the International Coalition of NGDOs.

### 7.2 Nigeria Programme

A request has been received for four telefax machines for the Nigerian Onchocerciasis Control Programme. The estimated cost is US \$12 000. RBF, CBM and Sight Savers agreed to contribute \$4000 each in order to purchase the machines. RBF agreed to procure and consign the machines on behalf of the other organizations.

### 7.3 Annual Reporting Form

Dr Dadzie presented several suggested modifications to the annual reporting form. These were discussed and further revisions recommended. Dr Dadzie was asked to complete the minor revisions required on the annual reporting forms.

### 7.4 Workshop on Monitoring Programmes

It was pointed out that USAID has plans to run a learning workshop for programmes in Nigeria. One of the major emphases of this workshop will be methods of monitoring programmes.

The Mectizan® Expert Committee has also indicated a desire to develop mechanisms for monitoring and evaluating programmes. The Group acknowledged the need for standardized monitoring and evaluation mechanisms to be developed. It was noted that this is likely to be a function of the Technical Consultative Committee of the World Bank APOC programme.

**The next meeting will be held in Geneva at the World Health Organization on 8-9 February 1996.**

TABLE 2 - SITUATION MAY 1995 IN APOC COUNTRIES

COUNTRY	NUMBER INFECTED millions	RE.M.O.	REA	ID.P STATUS	TREAT-MENTS 1994 millions	ESTIM. % COVER-AGE	NSDOs INVOLVED	OTHER ORGANIZA-TIONS	ACTION 1995/96	BUDGET ESTIMATE 1996 \$ millions	SHORT-FALL 1996 \$ millions	POSSIBLE SOURCE	COM-MENTS
NIGERIA	3.3	Completed	Needed in some States	National Programme in place	2.3	25-35	AC, CBM, IEF, IFESH, LIONS, RBF, SSI	UNICEF	Regularize ivermectin procure-ment. Expand program- mes	2.6	1.5	?	Priority for action
CAMEROON	1.3	Planned to be finished 6/95 (RBF)	Needed in some areas	National Prog/Coalit- ion formed	0.15	10	HKI, IEF, RBF, SSI	GTZ (UNICEF involved in PHC)	Funding of Coalition Proposal	1.5	0.4	Lions SighFirst	Priority for action
C.A.R.	0.4	Completed	Complete in N-West & S-East	National Prog. in place	0.2	60	CBM, RBF		Expand Present Programme	0.4	-	-	Good Coverage
CHAD	0.9	Planned for 1 Prefecture	Complete in 5 of 6 Prefecture	National Prog. in place	0.45	50	AC, RBF World Vision	-	Find funding for 1996	0.4	0.4	-	Priority for Action
UGANDA	1.2	Completed by 1995	Needed in some districts	National Prog. in place	0.8	80	CBM, RBF, SSI, World Vision	GTZ	Finalize National Plan	0.7	0.1	-	Good coverage
TANZANIA	0.7-1.0	To be completed by early 1996	Needed in some foci	Focal Progs. in place	0.3	20-30	RBF/IMA, SSI/CBM	C.M.B.T.	1. Form National Coalition 2. REMO	0.5	0.1	-	Moderate coverage
ETHIOPIA	0.9	To be completed by mid-1996	Needed	Nil	-	-	AC/IEF RBF/WW/ CBM	UNICEF interested	1. REMO 2. Coalition to be formed	?	?	UNICEF	Priority for action
ZAIRE	4.6	Needed	Needed	Few focal progs.	0.1	15	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. % COVERAGE	NGDOs INVOLVED	OTHER ORGANIZATIONS	ACTION 1995/96	BUDGET ESTIMATE 1996 \$ millions	SHORT-FALL 1996 \$ millions	POSSIBLE SOURCE	COMMENTS
SUDAN	0.6	Needed	Needed	Focal progs.	0.1	5	RBF/ various relief NGDOs involved	-	NGDO meeting June 1995	?	?	-	Priority for action
LIBERIA	0.6	Completed in past	Needed	Nil	Little clinic based	-	CBM/RBF interested	-	Support clinic based IDP	0.1	0.05	CBM	Priority for action
CONGO	0.05	Needed	Under way	Most areas covered	0.1	25	RBF	French Cooperation	REMO Consolidate	?	-	-	Moderate coverage
GABON	0.06	Being undertaken	Needed	Focal Prog.	0.1	?	-	French Cooperation	REMO	?	-	-	Little known
EQ. GUINEA	0.06	Needed on mainland	Needed	Focal Prog.	0.1	40	ONCE interested	Spanish Cooperation	REMO mainland	?	?	ONCE	Good coverage
BURUNDI	0.15	Completed	Needed in parts	National Prog.	0.1	50	-	-	Funding required	?	-	-	Good coverage
ANGOLA	0.10	Needed	Needed	-	-	-	-	-	REMO if possible	-	-	-	Assessment needed
MALAWI	0.15	Complete	Few small areas	National Prog.	0.15	80	IEF	-	Consolidate Prog.	0.1	0.1	-	Good coverage
TOTAL	15.0				4.5					6.4	2.6		

## CONCLUSIONS AND RECOMMENDATIONS

### I. Present Status of Programmes in Africa

In 1994, 10 NGDOs working in 16 African countries with endemic onchocerciasis provided ivermectin treatment to an estimated 5.3 million individuals (4.5 million outside the Onchocerciasis Control Programme (OCP) area). The funding being provided for the programmes in 1995 is approximately US \$5 million.

In the 16 non-OCP countries:

1. good national coverage (>50%) has now been achieved in Central African Republic, Uganda, Malawi and some States in Nigeria;
2. moderate coverage (30-50%) 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 1996 priority should be given to:

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

### II. World Bank Proposal

The Group was 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 and Vice-Chairman of the Coordination Group
- Mectizan® Donation Program
- 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 1996**

In order to consolidate existing programmes and expand programmes in priority areas, it is estimated that ideally US \$9 million will be required for programmes in 1996. Approximately US \$6.4 million have been secured leaving a shortfall of US \$2.6 million. The Group **recommended** that efforts continue to be made by members to identify resources for IDPs.

**IV. Operational research**

- A. The Group welcomed the preliminary important results on skin disease, REMO and ivermectin delivery systems which were presented by TDR.
- B. The Group emphasized the important need to encourage continued research to identify a safe macrofilaricide which could result in ivermectin control programmes becoming eradication programmes.

ANNEX 1

**AGENDA**

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

1. Review of the Report of the Fifth meeting
2. Update on country activities:
  - (a) OCP countries
  - (b) non-OCP countries
  - (c) OEPA countries
  - (d) annual report from WHO
3. Resource mobilization:
  - Update on World Bank African Programme for Onchocerciasis Control (APOC)
4. Operational Research:
  - Workshop on Community self-treatment, Kampala
5. Ivermectin procurement in countries
6. Future activities and targets
7. Other matters

Conclusions and Recommendations  
Date and place of next meeting  
Closure of the meeting

## ANNEX 2

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