



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

Ouagadougou

19-20 September 1997

ABSTRACT

During the first semester of 1997, working in 16 African countries, the Nongovernmental Development Organizations (NGDO) Coordination Group has facilitated ivermectin distribution to 8 million people in African Programme for Onchocerciasis Control (APOC) countries and over 1 million in OCP countries. This represents already over 80% of all treatments supported by the Group in 1996. It is anticipated that, with many of the APOC Trust Fund-supported projects about to start, even greater increase and expansion can be expected.

In 1997-1998 the Group will assist, in close collaboration with APOC, in the preparation of new project proposals in Equatorial Guinea, Ethiopia, Gabon and Democratic Republic of Congo (ex-Zaire) and in ongoing proposals submissions in Cameroon, Nigeria, Uganda and Tanzania. Active support in the building-up of strong National Onchocerciasis Task Forces (NOTF) in all participating countries and in the completion of comprehensive Rapid Epidemiological Mapping of Onchocerciasis (REMO)/Geographic Information System (GIS) maps will also continue.

The need to pursue discussions and to report members' experiences on issues related to sustainability of community-directed treatment with ivermectin (CDTI) has been recognized and encouraged. The Group also agreed to continue dialogue with APOC on issues related to the support of some NGDO costs by the Trust Fund.

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The tenth meeting of the Nongovernmental Development Organizations (NGDO) Coordination Group for Ivermectin Distribution was held in Ouagadougou (Burkina Faso) from 19 to 20 September 1997. It was opened by Dr K.Y. Dadzie, Director of the Onchocerciasis Control Programme (OCP) and Director a.i. of the African Programme for Onchocerciasis Control (APOC), who welcomed all participants to Ouagadougou and wished them fruitful deliberations in the spirit of partnership, openness and mutual understanding that has characterized past meetings of the Group. Dr Dadzie reminded the Group of the many important developments that had taken place since the creation of the Group five years earlier and suggested that perhaps the time had come for the Group to revisit its mandate and come up with a new "Mission Statement" concerning its future role in what is now evolving into a global partnership against "River Blindness".

The Chairperson of the NGDO Coordination Group thanked the Director a.i. APOC for his opening address and specially welcomed Mr B. Benton, Chairman of the Committee of Sponsoring Agencies (CSA). The proposed agenda was adopted (see Annex 1). The list of participants is shown in Annex 2.

1. Review of the report of the ninth meeting

The report of the ninth meeting was briefly reviewed and amended. Most of the recommendations had been followed through. In particular, the subcommittee on the important issue of sustainability of CDTI had started its work and would be reporting to this meeting (see section 6).

2. Report of WHO activities

The following report was submitted to the meeting by the NGDO Coordinator.

WHO activities related to the NGDO Group were in keeping with the recommendations of the ninth meeting of the NGDO Coordination Group and consisted of the following:

(a) Workshops on Community-Directed Treatment with Ivermectin (CDTI)

Following the approval of the first APOC-funded projects and more specifically after the third session of the TCC, it became clear that there was a need for APOC partners at country level to meet and exchange views and experiences on all matters related to the implementation of CDTI in their respective countries. To date, three CDTI workshops have been organized: in **Enugu**, Nigeria (21-26 April 1997), in **Ouagadougou** (23-28 June 1997) and in **Khartoum** (1-6 September 1997).

The **Enugu** CDTI workshop brought together 68 participants from the following English-speaking countries: Nigeria, Malawi, Uganda and Tanzania, all of which had recently submitted project proposals to APOC. In **Ouagadougou**, the workshop saw the attendance of 65 participants coming from Cameroon, Central African Republic (CAR), Chad, Democratic Republic of Congo (former Zaire), Equatorial Guinea and Gabon, many of which were about to submit their first project proposal to APOC. Due to the very special circumstances of Sudan, the workshop in **Khartoum** was intended for Sudan alone and more specifically for those participants coming from the Government of Sudan (GOS) controlled areas.¹

¹A second workshop for participants from Operation Lifeline Sudan (OLS) areas is planned for next October.

In all three workshops, participants were representatives of the Ministry of Health (MoH), their partner NGDOs and other UN agencies, all key players in onchocerciasis control in their respective countries. The main objectives of the workshops were:

- (i) to promote a clearer and common understanding of APOC/CDTI philosophy, strategy and expectations;
 - (ii) to agree on ways to ensure a speedy, effective and uniform implementation of CDTI in all participating countries, in a way that reflects the regional nature of APOC, while accommodating the specificity of each participating country;
 - (iii) to assist participant countries in the development of better national plans and more innovative project proposals.
- (b) **Third session of the Technical Consultative Committee (TCC)**

As has been the case for the two previous sessions, the NGDO Coordinator was a rapporteur to this meeting during which 12 project proposals were submitted for funding by the APOC Trust Fund. Of these, seven were recommended for approval by the TCC. Many issues raised at the last NGDO meeting, especially those related to APOC operations, were further discussed by the TCC and new recommendations made. Thus additional guidelines were provided for budget preparation of CDTI projects and for the support by the APOC Trust Fund of national offices for onchocerciasis control, topping-ups and technical assistance.

(c) **Other activities**

Mectizan® Expert Committee/Mectizan® Donation Program meeting (Atlanta, 1-2 May 1997): Besides the usual drug application review, discussions focused on the availability of the new 3-mg Mectizan® tablets and problems related to transition from the 6-mg to the 3-mg tablets as well as the new 500 tablets packaging format of the latter (see section 5). Other matters discussed included updates on adverse reactions following Mectizan® treatment, ongoing clinical trials on Mectizan® for lymphatic filariasis and future directions, a special report on the use of Mectizan® on the very young, and special events related to the tenth anniversary of the Mectizan® Donation Program.

3. Update on countries report

3.1 Onchocerciasis Elimination Programme of the Americas (OEPA)

Dr Donald Hopkins, Director of the Global 2000 River Blindness Program, provided the Group with a follow-up to the last report on the Onchocerciasis Elimination Programme of the Americas (OEPA). The Group was informed that this year's theme for the Inter-American Conference on Onchocerciasis (IACO) will be "*Certification of Elimination of Onchocerciasis from the Americas*". IACO will be held in Cali, Colombia, 19-20 November 1997.

The semi-annual coordinating committee that took place in Guatemala City on 9-10 July 1997 noted the need to follow closely progress on (1) developing criteria for the certification of elimination, (2) monitoring changes in the transmission indices in areas transitioning from twice-annual to once-annual treatment, (3) the special opportunity presented to eliminate transmission (thus perhaps eradicating onchocerciasis) in seven of the 14 known onchocerciasis foci in the Americas, (4) the urgent need to characterize further the epidemiological situation in the northern foci of Venezuela, and (5) the need to publicize the initiative in order to maintain momentum.

3.2 OCP countries

Members of the Group involved in ivermectin distribution in OCP countries are OPC and SSI, and their activities for the first semester of 1997 are summarized in Table 1. Lasting solutions to the problem of timely delivery of Mectizan® to the distribution sites are being sought, and it is hoped that the changes in ordering procedures being introduced by OCP will greatly facilitate that process. OCP plans to have 30 million tablets ordered each year and have them delivered in all member countries over a three-month period.

Activities in Sierra Leone, where both SSI and CBM were involved before the civil war, are still at a standstill.

TABLE 1: NGDO-SUPPORTED IVERMECTIN TREATMENTS IN OCP COUNTRIES
(First semester 1997)

Country	NGDO	Population at risk	Target population	Treated population
Mali	SSI	545 996	540 000	437 730
	OPC	317 735	272 938	223 887
SUBTOTAL		863 731	812 938	661 617
Guinea	SSI	128 318	122 700	74 48
	OPC	322 747	283 013	209 857
SUBTOTAL		451 065	405 713	284 338
Senegal	OPC	98 958	87 397	67 368
Ghana	SSI	1 517 266	403 000	115 888
SUBTOTAL		1 616 224	490 397	183 256
GRAND TOTAL		2 931 020	1 709 048	1 129 211

3.3 APOC countries

Table 2 gives a summary of ivermectin-related activities in 16 APOC countries during the first six months of 1997. These include the number of persons treated in each country, early treatment projections for 1997 and NGDOs supporting activities in each country. As can be seen from the table, most members of the Group are directly involved in ivermectin distribution; others like Lions Sight First, though not distributing ivermectin themselves, have been providing financial support to others, namely in Cameroon (IEF, HKI, Global 2000 and SSI) and Nigeria (Global 2000).

Other information, essential either to assess progress over time of ongoing activities (e.g., Annual Treatment Objectives) or for the planning and implementation of APOC activities (e.g., NOTF and REMO status), is also provided in the table. Some of these activities are still incomplete. There are two main reasons for this: the fact that in many places treatments are still going on and the great difficulties experienced by many members of the Group to get complete reports from the field at this time of the year.

Notwithstanding the above, it is worth noting that half-way into 1997 the Group has already facilitated the treatment of 8 million persons in APOC countries. This represents 80% of all treatments for 1996. It is anticipated that, with many of the APOC Trust Fund-supported projects about to start, an even greater expansion can be expected.

Discussions on current activities in APOC countries focused on operation costs in various countries, which had hitherto been calculated on the basis of projected costs. The Group recommended that now that several country programmes were in place (some for a few years) actual costs per treatment should be monitored, beginning in 1998, recognizing that levels of expenditure will vary according to the stage each programme has reached, as well as other factors such as differing size of countries and density of populations.

On a related matter and with respect to sustainability, a brief report was given by Africare on an effective cost-recovery scheme for ivermectin treatment in Chad which, since September 1993, has generated over CFA 28 million, safely kept in a savings account within the country to this day. The Group therefore requested Africare and OPC to produce a full report of this interesting experience on the basis of the original working document, taking into account current performance, and to circulate it to members for discussion at the next meeting.

TABLE 2: SITUATION OF IVERMECTIN DISTRIBUTION PROGRAMMES IN APOC COUNTRIES (MARCH 1997)

COUNTRY	NUMBER INFECTED (millions)	REMO STATUS GIS STATUS	NOTIF STATUS	NGDOs & OTHER AGENCIES	INVOLVEMENT WITH APOC		TREATMENTS 1996 (millions)			ATO FOR 1997 (millions)	BUDGET ESTIMATE 1997 (US\$ millions)
					Year of involvement	% of total of NGDO IDP	Total	% Coverage	% ATO		
NIGERIA	3.3	1. REMO completed 2. Data entered in GIS 3. Most areas for CDTI have been identified 4. Further refinements of the initial maps needed	1. NOTIF exists and is fully functional 2. NOTIF/APOC account opened	AFRICARE (GRBP)	1997	16%	71.22	56%	88%	1.5	0.65
							0.53	749%	772%		
CAMEROON	1.3 (4.0)	1. REMO completed 2. Data entered in GIS 3. Most areas for CDTI have been identified 4. Further refinements of the initial maps needed	1. NOTIF exists Structure and function still being refined	LIONS		IN PARTNERSHIP WITH GRBP					
						2.24	82%	60%	3.5	0.593	
						0.8	70%	86%	1.01	0.044	
						1.43		41%			
						0.075	7%	31%	0.35	0.11	
						0.008	9%	14%	0.053	0.6	
CAR	0.4	1. Data entered in GIS 2. Comprehensive map of the distribution of the disease available for 2/3 of the country	NOTIF created but not fully functional	LIONS		IN PARTNERSHIP WITH JEF, GRBP, HKI & SSI					
						0.093		16%		0.24	
						0.006	7%	13%	0.15	0.1	
						0.54	7%		0.75	0.5	
CHAD	0.9	1. Historical data exist in-country in 5 sous-prefectures 2. REMO postponed until PI is identified and officially appointed	NOTIF created but not fully functional	AFRICARE		70.57	46%		STILL BEING ESTABLISHED		
						0.044					
UGANDA	1.2	1. REMO completed 2. Data in GIS 3. Comprehensive map of the distribution of the disease available	1. NOTIF exists and is fully functional 2. NOTIF/APOC account opened	CBM	1997 (Jan.)	70.03					
						0.36	63%	77%	0.649	0.270	
						0.12	7%	50%	0.188	0.045	

COUNTRY	NUMBER INFECTED (millions)	REMO STATUS GIS STATUS	NOTF STATUS	NGDOs & OTHER AGENCIES	INVOLVEMENT WITH APOC		TREATMENTS 1996 (millions)			ATO FOR 1997 (millions)	BUDGET ESTIMATE 1997 (US\$ millions)
					Year of involvement	% of total of NGDO IDP	Total	% Coverage	% ATO		
TANZANIA	0.7-1.0	1. REMO nearly completed 2. Available data entered in GIS	1. NOTF created and functional 2. Opening of NOTF/APOC account in process	IMA		?	39%	56%	0.41	0.10	
ETHIOPIA	0.9	1. REMO completed for 2 regions	1. NOTF not yet created 2. NGDO partners needed	SSI	INVOLVEMENT TO BEGIN IN 1997						
ZAIRE	4.6	REMO nearly completed in the Kasai. Most activities postponed due to civil unrest		CBM IMA may get involved		?					
SUDAN	0.6	1. REMO completed for 3 zones, ongoing in 5 zones 2. Data in GIS for 2	NOTF established	GRBP							
LIBERIA	0.6			HNI et. al.							
CONGO	0.05	1. REMO completed for 3 regions 2. Data in GIS 3. 2 regions still missing	NOTF being established	CBM? SSI?		0.6					
GABON	0.06	Data entered in GIS		OPC							
EQUATORIAL GUINEA	0.06	Historical data available for Bioko island. Entry to GIS nearly completed	NOTF not yet established	OPC							
BURUNDI	0.15		NOTF not yet established								
ANGOLA	0.10		NOTF not yet established								
MALAWI	0.15	REMO completed	1. NOTF has been established 2. Opening of APOC/NOTF account in process	IEF		0.228	25%	46%		0.034	
MOZAMBIQUE		REMO to start shortly									
TOTAL	15.37+					8.34				0.637	

* AC = Africare
 ** ATO = Annual Treatment Objective
 CBM = Christoffel Blindenmission

GRBP = Global 2000 River Blindness Program
 IKI = Helen Keller International
 HNI = HealthNet International

IEF = International Eye Foundation
 IFESH = International Foundation for Education and Self-Help
 IMA = Interchurch Medical Assistance Inc.

MITOSATH = Mission to Save the Helpless
 SSI = Sight Savers International

4. Update on REMO

The REMO update was provided to the meeting by Dr Noma, WHO/APOC, and is summarized in Table 3. Countries where significant progress has been made since the last meeting include Chad, Ethiopia and Democratic Republic of Congo.

TABLE 3: CURRENT STATUS OF REMO & GIS IN APOC COUNTRIES (September 1997)

Country	Current status of REMO and GIS	Future activities
1. Nigeria 2. Cameroon	REMO completed and data entered in GIS. Comprehensive maps of the distribution of the disease are available. Most areas for community-directed treatment with ivermectin have been identified on the maps.	Further refinement of the initial maps needed. National teams to complete the maps and validate data from other sources or further REA.
3. Uganda	REMO completed and data entered in GIS. A comprehensive map of the distribution of the disease is available.	Community-directed treatment with ivermectin areas to be defined on the map by the national team.
4. Tanzania	REMO reported to be completed. Available data entered in GIS.	Original REMO plans to be completed (September or October 1997). Community-directed treatment with ivermectin areas to be defined on the map by the national team.
5. Sudan	REMO in the North and West completed and available data entered in GIS. A map of the distribution of the disease in the North and West is available. Some areas for community-directed treatment with ivermectin have been identified on the map.	REMO to be completed in the East and where feasible. Further refinement of the initial map needed.
6. CAR	Historical REA data entered in GIS. A map of the distribution of the disease is available for 2/3 of the country. Most areas for community-directed treatment with ivermectin have been identified on the map.	Ongoing REA data entry and refinement of the map.
7. Ethiopia	REMO completed and data entered in GIS for most of the country. Remaining areas are inaccessible due to civil unrest. Most areas for community-directed treatment with ivermectin have been identified on the map.	National team to refine the community-directed treatment areas. REMO to be completed when social conditions improve.
8. Congo	No progress. REMO completed and data entered in GIS for the regions of Lekoumou, Niari and Kouilou. However the coverage is not sufficient to determine treatment areas.	Further refinement needed for the regions of Lekoumou, Niari and Kouilou. Activities postponed due to civil unrest.
9. Gabon	Historical data entered in GIS.	Further REMO required.
10. Mozambique	Ongoing REMO field work. Presence of onchocerciasis confirmed.	
11. Malawi	REMO completed and data entered in GIS. A comprehensive map of the distribution of the disease is available. Areas for community-directed treatment with ivermectin have been identified on the map.	Minor refinement of the map.
12. Chad	Historical REA data entered in GIS. A map of the distribution of the disease is available. Some areas for community-directed treatment with ivermectin have been drafted on the map.	Validation of REA needed. REMO to be conducted in the Province of Salamat.
13. Dem. R. of Congo (ex-Zaire)	Most activities delayed due to civil unrest. REMO partially completed in Kasai, ongoing in two other regions.	REMO to be completed in phases according to original REMO plan.

5. News from the Mectizan® Donation Program

As announced in the previous report, a new 3-mg tablet of Mectizan® is being introduced to replace the current 6-mg tablet. It is hoped that the new tablet, which is easier to dose accurately, and its new packaging will allow field workers to administer Mectizan® faster and more conveniently. One problem still needed to be addressed further concerns the stability of the new tablet. According to stability tests conducted by Merck, the 3-mg tablets retain full potency for at least eight weeks after the bottle protective foil seal is broken, assuming that the bottle is stored at 30°C or below with the screwcap lid in place. One practical implication of this is that once the protective foil seal of a 500-tablet bottle is broken, tablets should be used promptly, at least within eight weeks, during which any partially empty bottle should be stored in a cool, shaded place, with the screwcap lid tightly closed. The meeting expressed concern about the presentation of the tablets in bottles of 500 in relation to the practice of leaving tablets in the villages to treat absentees. It was felt that wastage could occur in view of the limited shelf-life, once opened. Educational materials in the form of posters and booklets are being developed by the Mectizan® Donation Program to accompany and facilitate the introduction of the new 3-mg tablets. Initial shipment of the new tablets was due to start in September 1997.

The Group was again reminded that pregnant women could now receive Mectizan® during mass treatment. Because this will be quite a change from what has been the practice so far and because of the sensitivity still associated with the subject in some countries, members of the Group were encouraged to raise this issue with each NOTF, in consultation with, and with the support of, the WHO In-House Ivermectin Committee through the NGDO Coordinator, with the view to establishing national policies on the treatment of pregnant women with Mectizan®. It was accepted that the solution found may vary from country to country according to local cultural and historical circumstances.

The Group was informed of, and welcomed, the appointment of Dr Mary Alleman, Ph.D, as the new Associate Director of the Mectizan® Donation Program.

6. Update on APOC

Mr Bruce Benton, Chairman of the Committee of the Sponsoring Agencies (CSA), gave a brief account of recent developments on issues related to or relevant to the Group. These included the following:

- (i) The unveiling ceremony of the "River Blindness" statue at the World Bank headquarters in Washington, DC, on 26 June 1997, during which all those present signed the declaration of intent for River Blindness. This turned out to be as predicted a major event, not only because of the high number of development agencies (70 in all) and dignitaries from both within and outside the US who were in attendance, but also because of this global partnership which onchocerciasis control in Africa was embodying so well.
- (ii) The presentation by NOTF Uganda, at the forthcoming Donors Conference in October, of a CDTI project. This will be the first exposure from the donors to what is already happening on the ground, especially at the community level.
- (iii) There is still a funding gap of US\$ 20 million (i.e., 30%) of the US\$ 70 000 needed for the first phase of APOC. It is essential to continue to impress upon the donors that this unique global partnership, complex though it may be, can work.
- (iv) The decision at the 74th session of the CSA to set up an ad hoc committee to look urgently into the issue of NGDO overhead cost support and to make recommendations regarding APOC funding of NGDO administrative overheads and direct costs which might qualify for APOC funding. This had become necessary because of the increasing difficulties of some members of the NGDO Group to solicit funds separately for such indirect costs as overheads.

Regarding the latter, Mr Benton provided a document prepared by his office to serve as the basis for discussions with the Group, pending the formal meeting of the ad hoc committee in the following days. The Group, after extensive discussions on the document, recommended through the TCC to the CSA that relevant NGDO overhead costs be recognized as an allowable portion of their matching contribution. This could decrease the available field resources by an amount corresponding to the percentage of each NGDO's overhead rate as applied to its contribution to the project. In recognition that this may put an undue burden on the field operations, the Group recommended that the overall programme budget be increased by a percentage which reflects the overhead costs of the NGDOs. The NGDOs are therefore committed to join with the World Bank in an effort to raise these additional funds.

Dr Sékétéli, Programme Manager APOC, provided the Group with a summary of key APOC activities since the last meeting. These included the three CDTI workshops already discussed earlier (see section 2a), the approval last April by the CSA of seven CDTI project proposals from Nigeria (4), Sudan (2) and Tanzania (1) and headquarters support for Nigeria, Sudan and Tanzania. Concern was expressed by some members concerning delays in the transfer of funds for approved projects. This, the Group was informed, was mainly due to delays from NOTFs in setting up their accounting systems, a prerequisite to any transfer of funds. Once this is done, actual transfers take little time.

With respect to future activities, the Group was informed that 19 proposals were being submitted to the fourth session of the TCC. This was one of the immediate outcomes of the CDTI workshops. Country visits are still planned for Equatorial Guinea (where extra assistance will be needed because of language difficulties) and to CAR and Chad.

A report was given to the Group by Mr John Barrows on the preliminary work of the subcommittee set up at the last meeting to look into creative ways of enhancing the long-term sustainability of Mectizan® treatment systems. The report consisted mainly of an account of feedbacks received from members of the Group, in response to a questionnaire sent to them to capture the current opinions and approaches of the various members on the complex issues of sustainability. The main conclusions of the report were as follows:

- (a) Definitions and comments on sustainability:
 - identified the important internal management components (technical, managerial, training, finances, evaluation, etc.);
 - stressed the importance of the transfer of financial responsibility to the MoH;
 - stressed financing in terms of efficiency and responsibility of the MoH to create line items for IDPs, but no cost-recovery or revenue generation options were mentioned;
 - suggested that sustainability was a process that needed review over time;
 - reiterated doubts on the capacity of the MoHs to take full responsibility after five years.
- (b) There was a need to develop and review sustainability indicators. It was suggested that NGDOs could and should begin by reviewing their own existing data from the past five years.
- (c) The strategies mentioned again identified the important management components mentioned above (see (a) above), the community approaches in general and the value of the CDTI approach in particular, but did not mention other potential alternative approaches (see below).
- (d) According to most responders, if current funding were withdrawn today, only 50% or less of the projects would be likely to exist in five years' time, and with reduced coverage.

- (e) Important implications raised were the need for high coverage capability (as opposed to simply achieving high coverage) and sustainability after five years, cross-border issues and the need to clarify TCC guidelines regarding whether alternative high-risk programme approaches could be considered.
- (f) It was suggested that further thinking should not be restrictive but consider the following alternative approaches:

The conventional approach or project-based model, in which sustainability is defined as an issue of how activities can be transferred or absorbed by the existing MoH administrative structure. Consequently, this approach concentrates on the strengthening of internal management systems.

The client-driven model, in which the main focus is on the organization producing the benefits. It is concerned with the potential to function as a social enterprise, i.e., combining a social mission for the common good with traditional business practices.

The Group received with much appreciation and interest the work which had been undertaken so far by the NGDO/Bank ad hoc committee. To further this important work, the Group recommended:

- (i) the wide circulation of available documentation prepared or put together by the ad hoc committee and requested that the committee continue its work;
- (ii) that the Bank consider employing a consultant to work closely with the ad hoc committee to put together all relevant information on sustainability as applicable to APOC and to formulate policy and programme recommendations;
- (iii) to continue close collaboration and communication with TDR with the view to furthering mutual interest on issues related to sustainability

7. Future activities

In collaboration with APOC, assistance will be provided to Equatorial Guinea, Ethiopia and Democratic Republic of Congo (former Zaire) in the development of their national and project proposals, as well as all the countries from which more project proposals are still expected (*Cameroon, Nigeria, Uganda, and Tanzania*). Ways to address urgently the unmet needs and to accelerate the early involvement of Democratic Republic of Congo should also continue to be explored.

Also in collaboration with APOC, a joint exploratory visit will be planned for Liberia. The two NGOs who have declared their interest in the visit are CBM and Sight Savers International.

8. Other matters

8.1 Election of a Chairman-Elect

Dr Allen Foster, the current Vice-Chairman of the Group, announced his resignation, due to other pressing commitments. The Group recognized his invaluable contribution throughout and thanked him most warmly. The two posts currently held by Dr Foster, i.e., that of Vice-Chairman of the Group and that of TCC member, needed replacement. Dr Jordan Kassalow (HKI) was elected as Chairman-Elect, to take over as Chairman in the latter half of 1998, and Dr Adrian Hopkins (CBM) was elected as the new representative of the Group at the TCC. Both were warmly welcomed.

8.2 NGDO Chairperson attendance at TCC sessions

In order to enable the Chairperson to have a better understanding of the many matters (relevant to the Group) that are usually initiated at the TCC and further discussed at the CSA, the Group recommended that a request be made to the CSA, through the TCC, to allow the Chairperson to attend TCC meetings as an observer, excluding discussions on any matters deemed inappropriate.

CONCLUSIONS AND RECOMMENDATIONS

PRESENT STATUS

Half-way through 1997, working in 16 African countries, the Group has facilitated the treatment of nearly **8 million people** in APOC countries and over **1 million** in OCP countries.

In 1997-1998 the Group will assist in the preparation of **national plans and new project proposals** in *Equatorial Guinea, Ethiopia, Gabon and Democratic Republic of Congo (ex-Zaire)* and in **ongoing proposals submissions** in *Cameroon, Nigeria, Uganda and Tanzania*.

RECOMMENDATIONS

1. The terms of reference of the Group were agreed in 1992 when the Group had only recently been formed and before the advent of APOC. After five years of operations it was recognized that there was now a need to review the role of the Group and prepare a new Mission Statement. The Group therefore requested the Chairperson and the Coordinator to prepare a draft for discussion at the next meeting.
2. Cost per treatment for the purposes of APOC has hitherto been calculated on the basis of projected expenditure. Now that several country programmes are in place, the Group recommended that from 1998 actual costs per treatment be monitored, recognizing that levels of expenditure will vary according to the stage each programme has reached, as well as other factors such as differing size of countries and density of populations.
3. An effective cost-recovery scheme for ivermectin treatment has been reported in Chad. The Group requested Africare and OPC to produce a report on the basis of the original working document, taking into account current performance, and to circulate it to members for discussion at the next meeting.
4. Merck has indicated that pregnant women may now receive Mectizan® during mass treatment. Members were encouraged to raise this issue with each NOTF, in consultation with, and with the support of, the WHO In-House Ivermectin Committee through the NGDO Coordinator, with the view to establishing a national policy on the treatment of pregnant women. It was accepted that the solution found may vary from country to country according to local cultural and historical circumstances.
5. The NGDO Group recommended, through the TCC to the CSA, that relevant NGDO overhead costs be recognized as an allowable portion of their matching contribution. This will decrease the available field resources by an amount corresponding to the percentage of each NGDO's overhead rate as applied to its contribution to the project. In recognition that this may put an

undue burden on the field operations, the Group recommended that the overall programme budget be increased by a percentage which reflects the overhead costs of the NGDOs. The NGDOs are therefore committed to join with the World Bank in an effort to raise these additional funds.

6. The Group noted with great interest the ongoing operational research conducted by TDR on sustainability. It also appreciated the work which has been undertaken so far by the NGDO/Bank ad hoc committee. To further this important work, the Group recommended:
 - (a) the wide circulation of available documentation prepared or put together by the ad hoc committee and requested that the committee continue its work;
 - (b) that the Bank consider employing a consultant to work closely with the ad hoc committee to put together all relevant information on sustainability as applicable to APOC and to formulate policy and programme recommendations;
 - (c) to continue close collaboration and communication with TDR with the view to furthering mutual interest on issues related to sustainability.

7. The Group welcomed the news of the ongoing normalization process in Democratic Republic of Congo and in Liberia and recommended that:
 - (a) further assistance be provided to DRC in the completion of their REMO and the submission of their first project proposal to the next TCC session;
 - (b) a joint visit (APOC/NGDO) to Liberia be planned in the near future to establish preliminary contacts and to assess the "readiness of the country" regarding the launching of APOC activities there.

The Group also noted the remarkable progress towards the completion of REMO in Ethiopia and encouraged members to support the establishment of the APOC activities there.

8. The Group recommended through the TCC to the CSA that the Chairperson of the NGDO Group be allowed to attend TCC meetings as an observer, excluding discussions on any matters deemed inappropriate.

9. Dr Allen Foster, the current Vice-Chairman of the Group, announced his resignation from the Group and the TCC. The Group recognized his invaluable contribution throughout and thanked him most warmly. The Group also welcomed Dr Kassalow as Chairman-Elect, to take over as Chairman in the latter half of 1998, and elected Dr Adrian Hopkins as the new representative of the Group at the TCC.

10. **Place and date** of the next meeting: Ouagadougou, 20-21 March 1998.

ANNEX 1

AGENDA

1. Opening of the meeting
2. Review of the report of the 9th meeting
3. Report of WHO activities
4. Update on country activities and related issues
 - (a) OEPA
 - (b) OCP
 - (c) APOC
5. Mectizan® procurement and other news from the Mectizan® Donation Program
6. Update and issues related to APOC
7. Update on operational research and related issues
8. Timetable and priority activities for the NGDO Coordination Group in 1997-1998
9. Other matters
10. Conclusions and Recommendations

Date and Place of next Meeting
Closure of the Meeting

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