



WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTE

WHO/PBL/98.73  
DISTR.: LIMITED  
ORIGINAL: ENGLISH

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

**Haywards Heath, UK**

**29 - 30 July 1998**

**ABSTRACT**

Preliminary figures obtained from members of the Group indicate that during the first semester of 1998, NGDO supported ivermectin treatments have been as follows: 8.2 million in APOC countries, 0.7 million in OCP countries and 0.1 million in OEPA countries. It is estimated that by the end of 1998 these figures will be 16.5, 1.3 and 0.36 respectively.

In 1999, members of the Group will be actively involved in the implementation of over 40 APOC-funded projects and will continue to assist, in close collaboration with APOC, in the preparation of new project proposals, in Ethiopia, the Republic of Congo (Brazzaville), Liberia, and in ongoing proposals submissions, in countries where APOC support already exists but does not yet cover all meso- and hyperendemic areas (Democratic Republic of Congo, Cameroon, Nigeria, Tanzania, Uganda). Involvement of the Group in countries where REMO results are still awaited will be decided once these are available.

One of the Group's main challenges now is keeping pace with this rapid expansion of APOC operations. It was agreed that there was an urgent need to further develop the current capacity of the Group by bringing in new members and broadening the Group's funding base, possibly through new partnerships with the World Bank. Ways to involve and foster the capacity of local NGDOs in ivermectin distribution were also considered and will be actively explored in the future.

This document is not issued to the general public, and all rights are reserved by the World Health Organization (WHO). The document may not be reviewed, abstracted, quoted, reproduced or translated, in part or in whole, without the prior written permission of WHO. No part of this document may be stored in a retrieval system or transmitted in any form or by any means - electronic, mechanical or other - without the prior written permission of WHO.

Ce document n'est pas destiné à être distribué au grand public et tous les droits y afférents sont réservés par l'Organisation mondiale de la Santé (OMS). Il ne peut être commenté, résumé, cité, reproduit ou traduit, partiellement ou en totalité, sans une autorisation préalable écrite de l'OMS. Aucune partie ne doit être chargée dans un système de recherche documentaire ou diffusée sous quelque forme ou par quelque moyen que ce soit - électronique, mécanique, ou autre - sans une autorisation préalable écrite de l'OMS.

The views expressed in documents by named authors are solely the responsibility of those authors.

Les opinions exprimées dans les documents par des auteurs cités nommément n'engagent que lesdits auteurs.

The twelfth meeting of the Nongovernmental Development Organizations (NGDO) Coordination Group for Ivermectin Distribution was held in Haywards Heath, UK, from 29 to 30 July 1998. Mrs Catherine Cross, Director, Overseas Programme Department, Sight Savers International (SSI), and Chairperson of the NGDO Group, welcomed participants to Haywards Heath and wished them fruitful deliberations. The list of participants is shown in Annex 2.

## **1. Review of the report of the eleventh meeting**

The report of the eleventh meeting was briefly reviewed and amended. Most of the recommendations had been followed through. In particular, the documents on the new *Terms of Reference and Mission Statement of the Group, Criteria for Membership and Allowable NGDO Costs* had been further revised by members and adopted (see Annex 3).

## **2. Report of WHO activities in relation to the NGDO Coordination Group for Ivermectin Group**

Key WHO activities related to the NGDO Coordination Group and carried out since the 11<sup>th</sup> meeting of the NGDO Coordination Group (March 1998) are summarized below.

### **2.1 Workshop on Community-Directed Treatment with Ivermectin, Nairobi, Kenya**

The last of these introductory workshops, the Nairobi workshop, brought together 57 participants from *Ethiopia, Kenya, Liberia, Mozambique, Southern Sudan*, the NGDO community and the World Bank. The main objectives of the workshop, the same as in the previous ones, were to clearly present the APOC programme philosophy, mandate and strategy to the participants, seek their advice and collaboration on ways to establish sustainable CDTI in their respective countries and work out a timetable of priority activities for each country. Also, like in previous workshops, the facilitating team was drawn from both APOC Management and the NGDO Group, something that has proved very effective so far in building partnership. The workshop, however, was unique in that except for Southern Sudan, all the participating countries were "newcomers" to both mass ivermectin treatment and APOC CDTI strategy and operations. Also for most of them issues regarding the distribution and magnitude of onchocerciasis were still unsettled.

At the workshop country-specific needs were identified and the following priority actions proposed: i) plan and/or complete REMO - *Ethiopia, Kenya, Liberia and Mozambique*; ii) identify suitable partner NGDOs and establish National Onchocerciasis Task Force (NOTFs) and, depending on REMO results, iii) develop National Plans and Project Proposals for submission early next year (1999).

### **2.2 Fifth session of the Technical Consultative Committee (TCC5)**

The NGDO Coordinator was the main rapporteur of the 5<sup>th</sup> session of the Technical Consultative Committee (TCC) which was held in Ouagadougou on 30 March - 2 April 1998. During this session the following were received and reviewed by the TCC:

- ▶ Two progress reports from Uganda and Malawi on CDTI Projects funded by APOC for 1997;
- ▶ One National Plan and 13 Community-Directed Treatment with Ivermectin (CDTI) Project Proposals from Equatorial Guinea, Nigeria, Uganda and Tanzania;
- ▶ One vector elimination Project Proposal from Equatorial Guinea.

Of these, three CDTI Project Proposals did not meet TCC's requirements and were rejected for re-submission.

Important issues discussed during this session included:

- i) The decision by the TCC to hold, at its next session (TCC6), a Forum on the integration of APOC operations into PHC in the context of on-going Health Sector Reforms in Africa, and the request to the NGDO Group to contribute a concept paper to the discussion on "the stimulation of health care where there are no health systems".
- ii) TCC's agreement to the principle of reviewing the distribution and endemicity of onchocerciasis where REMO results are conflicting with historical (or other) available data in any given area (e.g., Northern Nigeria), and its insistence that this be done in the standardized and replicable way that has characterized the REMO methodology and its validation so far.
- iii) The request by the NGDO Coordination Group for clarification on the formula for determining the amount of NGDOs' direct costs to be reimbursed to them on a Project by Project basis, following the different interpretations TCC4's recommendation on APOC Trust Fund support of NGDO overheads gave rise to.

### **2.3 Sixteenth In -House Ivermectin Committee meeting**

Held in Geneva on 7 May 1998, under the chairmanship of Dr Eric Otteson, CTD/FIL, the meeting made a comprehensive review of current and potential future usage of ivermectin. This included on-going TDR research using ivermectin, namely on the economic impact of onchocerciasis skin disease, ways to optimize community-directed treatment of onchocerciasis and lymphatic filariasis, and report their effectiveness; a summary of all the studies (16 in all) using ivermectin alone or in combination with albendazole or DEC for lymphatic filariasis; and discussions on the availability of ivermectin for diseases other than onchocerciasis, particularly for lymphatic filariasis.

The issue of the future of the In-House Ivermectin Committee was also discussed, given the already well-established safety of ivermectin administration as currently being carried out in control programmes in Africa and Latin America. It was agreed that the Committee would be maintained but function henceforth on an ad-hoc basis, to address specific needs or unresolved issues, such as those related to the safety of combination drug treatment involving ivermectin, albendazole and DEC, or the safety of ivermectin use during pregnancy.

## 2.4 Mectizan® Expert Committee (MEC) Meeting

This first MEC session for 1998 was held in Atlanta on 28-29 May 1998. Matters discussed included an update on CTD/TDR clinical trials with ivermectin, a special presentation on the prevalence, distribution and control perspectives of Lymphatic Filariasis in Africa, a special report on ivermectin treatment in Nyankunde, Eastern DRC (ex-Zaire) and issues related to Mectizan® procurement, delivery and safety, in APOC and OCP countries. Concern over the latter stemmed from recent news of tablet loss, resurgence and increase in drug pilferage in some countries, all this in the context of the ongoing transition from 6mg to 3mg tablets and the necessary, but delicate, integration of Mectizan® procurement and delivery into some of the existing systems (e.g. central stores). Solutions envisaged included a quicker circulation of relevant information among all concerned, a better coordination of both investigative and corrective actions required and stepping-up advocacy to the highest health authorities in endemic countries.

## 3. Update on countries report

### 3.1 Onchocerciasis Elimination Programme of the Americas (OEPA)

In 1997, the six endemic countries of this programme (*Brazil, Colombia, Ecuador, Guatemala, Mexico and Venezuela*) treated 231 588 persons in 95% of the known at-risk villages. Reports for the first quarter of 1998 indicate that 109 418 treatments have been enabled. It is expected that these early achievements will result in a significant increase by the end of the year, essentially through the expansion of the Venezuela National Programme. Furthermore, where, like in Venezuela, treatment coverage is still low (18% ATO) and vast areas still needing epidemiological assessment, activities throughout 1998, will focus on obtaining a fuller characterization of the disease. Elsewhere (e.g. in Ecuador, where 95% coverage is consistently being reached), priority is being shifted to the development of internationally acceptable criteria that can be applied for the certification of elimination of onchocerciasis in the Americas, as mentioned in the previous report. Fourteen zones in Mexico (Zones 1 & 2), Guatemala (Zones 6 & 7), Columbia (Zones 12 & 13), and Ecuador (Zone 14) are ready for such an exercise.

### 3.2 OCP countries

Members of the Group actively involved in ivermectin distribution in OCP countries are OPC and SSI. As announced in the last report, both OPC and SSI are expanding their activities in Mali, Guinea and Ghana, by extending their support to many areas previously under OCP direct supervision. Preliminary reports of their activities in 1998 indicate that about 0.7 million treatments have been enabled. It is expected that at least 1.3 million persons will be treated by the end of 1998.

In Sierra Leone, direct involvement of SSI and CBM remains suspended. However, and despite the insecurity still prevailing in the country, the staff of Lunsar Eye Hospital (CBM supported) have resumed ivermectin distribution, which earned them unanimous commendation from the Group.

The Group was invited by OCP Management to consider the future role(s) NGOs could play in the transfer of responsibilities to countries up to the closure of OCP in 2002 and beyond, and was informed that support to ivermectin distribution will still be needed in the Southern Forest Zone, in Sierra Leone and parts of the Western and Eastern extensions of the Programme area. The Group was also informed of the future creation, under WHO/AFRO auspices, of a Center for Integrated Disease Surveillance and Control, a regional structure to be based at OCP/HQ, which it was hoped would absorb most of the current OCP coordinating and surveillance functions. The Group recognized its role in transfer should include advocacy and Information, Education and Communication (IEC) as well as support to distribution programmes, but requested that the modalities of their future involvement be further clarified. OCP was also requested to facilitate contacts at country level, and in relation to the proposed Center for Integrated Diseases Surveillance and Control.

**TABLE 1: NGDO-SUPPORTED IVERMECTIN TREATMENTS IN OCP COUNTRIES**

COUNTRY	NGDO	POPULATION AT RISK	TARGET POPULATION	TREATED POPULATION
Mali	SSI	585 500	585 500	306 775
	OPC	317 735	283 972	230 259
<b>SUBTOTAL</b>		<b>903 235</b>	<b>869 472</b>	<b>537 034</b>
Guinea	SSI	128 318	397 000	84 932
	OPC	359 766	359 766	281 434
<b>SUBTOTAL</b>		<b>488 084</b>	<b>756 766</b>	<b>366 366</b>
Senegal	OPC	155 488	137 921	114 474
Ghana	SSI	1 517 266	403 000	115 888
<b>SUBTOTAL</b>		<b>1 672 754</b>	<b>540 921</b>	<b>230 362</b>
<b>GRAND TOTAL</b>		<b>3 064 073</b>	<b>2 167 159</b>	<b>1 133 762</b>

### 3.3. APOC countries

Table 2 gives a summary of ivermectin-related activities in 16 APOC countries in the first semester of 1998, based on preliminary figures obtained from members of the Group. A total of some 8.5 million persons have thus been treated through the support of the NGDO Group. The treatment objective for 1998 is 16.5 million. The following issues were discussed during the review of current activities in APOC countries:

At the 11<sup>th</sup> meeting, the Group had agreed to the need to value more accurately the NGDO overall financial input to ivermectin distribution, in order to demonstrate its importance to APOC donors at the Joint Action Forum (JAF). Contributions from many members were still awaited

and the Chairperson of the Group reiterated the need for these to reach the Coordinator's office by 31 August 1998. MDP and Merck were also requested to provide a figure for the value of the Mectizan® donation which could be used in that exercise.

The Group noted with concern the current administrative burden on field personnel who must provide a variety of reports to ministries of health, partner NGDOs and other agencies, APOC Management and Mectizan® Donation Program. As a first step in addressing this issue, it was agreed to ask field personnel to provide a complete inventory of all reports presently being required of them for consideration at the next meeting. In addition the Group recommended that the TCC propose essential minimum reporting requirements for APOC and that MDP do the same.

An early draft proposal for the creation of an NGDO Trust Fund Proposal was submitted by HKI. This was a follow-up to JAF3's approval of 7.5% funding of NGDO overheads and its recognition that additional funds may need to be raised through joint NGDOs/World Bank efforts to support field operations. It was also a reflection of the urgent need for additional resources on the part of the NGDO partners, who not only have to face the challenge posed by the ever expanding APOC supported activities, but also must respond to new demands from OCP in connection with the ongoing transfer of responsibilities to countries (see previous section). Lastly, the proposal was in line with current World Bank policies fostering efforts to reach out to new donors, particularly from the corporate sector, and form new partnerships with NGDOs.

The Group welcomed the above proposal and agreed to ask the incoming Chairperson to clarify the procedures with the World Bank and report back to members, so that they in turn could start consultations within their own organizations.

TABLE 2: SITUATION OF IVERMECTIN DISTRIBUTION PROGRAMMES IN APOC COUNTRIES (MARCH 1998)

COUNTRY	NUMBER INFECTED (millions)	REMO STATUS GIS STATUS	NOTE STATUS	NGOs & OTHER AGENCIES	INVOLVEMENT WITH APOC		TREATMENTS 1998 (millions)			ATO FOR 1998 (millions)	BUDGET ESTIMATE 1998-99 (\$ millions)		
					Year of involvement	% of Total of NCDO IDP	Total	% Coverage	% APO				
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. NOTF exists and is fully functional 2. NOTF/APOC account opened	AFRICARE (GRBP)	1997	716%	20.177	?	?	?	?		
					1997(Jan.)	98(1)	25%	0.993	749%	120%	1.33	20.313	
CAMEROON	1.3	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. NOTF exists Structure and function still being refined	LIONS									
					1998(1)		3.835	0.82	110%	4.89	20.5		
					1997(Jan.)	98(1)	22%	3.2	0.32	0.91	4.1	0.279	
CAR	0.4	1. Data entered in GIS 2. Comprehensive map of the distribution of the disease available for 2/3 of the country	NOTF created but not fully functional	LIONS									
CHAD	0.9	1. Historical data exist in-country in 5 sous-prefectures 2. REMO positioned until FI is identified and officially appointed	NOTF created but not fully functional	AFRICARE									
UGANDA	1.2	1. REMO completed 2. Data in GIS 3. Comprehensive map of the distribution of the disease available	1. NOTF exists and is fully functional 2. NOTF/APOC account opened	CBM									
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	DMA									
				SSI?									

INVOLVEMENT TO BEGIN IN ?

COUNTRY	NUMBER INFECTED (millions)	REMO STATUS GIS STATUS	NOTE STATUS	NGDOs & OTHER AGENCIES	INVOLVEMENT WITH APOC		TREATMENTS 1998 (millions)			ATO FOR 1998 (millions)	BUDGET ESTIMATE 1998-2000 (\$ millions)
					Year of involvement	% of Total of NGDO IDP	Total	% Coverage	% ATO		
ETHIOPIA	0.9	1. REMO completed for 2 regions	1. NOTIF not yet created 2. NGDO Partners needed								
ZAIRE	4.6	REMO nearly completed in the Kasai. Most activities postponed due to civil unrest	NOTIF being established	CBM IMA may get involved							
SUDAN	0.6	1. REMO completed for 3 zones, ongoing in 5 zones 2. Data in GIS for 2	NOTIF established	GRBP HNI et al. CBM? SSI?						?	?
LIBERIA	0.6										
CONGO	0.05	1. REMO completed for 3 regions 2. Data in GIS 3. 2 regions still missing	NOTIF being established	OPC		0.6					
GABON	0.06	Data entered in GIS		OPC							
EQUATORIAL GUINEA	0.06	GIS Entry of historical data for Bioko island nearly completed. Further REMO planned for mainland in 1998	NOTIF established								
BURUNDI	0.15		NOTIF not yet established								
ANGOLA	0.10		NOTIF not yet established								
MALAWI	70.15	REMO completed	1. NOTIF has been established, and is fully operational	IEF	Jan 1997	0.228	72.5%	74.6%		0.034	
MOZAMBIQUE		REMO to start shortly									
TOTAL	15.37+					8.34					86.37

\* AC = Africare  
 HKI = Helen Keller International  
 MITOSATH = Mission to Save the Helpless  
 GRBP = Global 2000 River Blindness Program  
 \*\* ATO = Annual Treatment Objective

CBM = Christoffel Blindenmissie  
 IEF = International Eye Foundation  
 IMA = Interchurch Medical Assistance, Inc.  
 SSI = Sight Savers International

HNI = HealthNet International  
 OPC = Organisation pour la Prévention de la Cécité  
 \*\*\* = Figures still under review

#### 4. Update on REMO

REMO and GIS status in APOC countries is summarized in Table 3 below

#### CURRENT STATUS OF REMO & GIS IN APOC COUNTRIES (July 1998)

Country	Current status of REMO and GIS	Future activities
1. Nigeria	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.	Refinement of the initial maps achieved. National teams completed the maps with validated data from other sources or further REA. CDTI areas defined & approved by NOTF partners.
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 with validated 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 being entered in GIS.	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 North and West is available. Some areas for community directed treatment with ivermectin have been identified on the map.	REMO to be completed in 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.	Refinement of available maps.
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 feasible.
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. Remo to be completed when feasible.
9. Gabon	Historical data entered in GIS.	Further REMO required.
10. Mozambique	On-going REMO field work to assess the distribution & magnitude of the disease in the country.	Waiting data from field for analysis & interpretation.
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 maps.	Minor refinement by the national team of the map still needed.
12. Chad	Historical REA data entered in GIS. REMO completed in two prefectures: Guera & Salamat.	Entry of collected data in GIS & definition of CDTI areas on going.
13. R.D. of Congo (ex Zaire)	Most activities delayed due to civil unrest. REMO partially completed in Kasai, on going in two other regions.	REMO to be completed in phases according to original REMO plan.

**5. News from the Mectizan® Donation Program (see also section 2.4)**

Revisions of the Mectizan® Donation Information Booklet have been completed. Copies are now available and will be sent to programme and project directors. Changes made in the application and programme report forms were intended to reflect the transition to the new 3 mg formulation, simplify the calculations used to determine the number of tablets needed. They will also give Merck information regarding the optimal timing of Mectizan® production and shipping, more details on treatments and tablets inventory, and allow programmes to describe certain aspects of their transition to CDTI. All previous versions of the above document should, therefore, be discarded.

Another important landmark in the Mectizan® 10 years donation history was reached last July (1998) during a visit to Uganda by Dr S. Meredith, Director of the Mectizan® Donation Program, when she administered the symbolic 100-millionth Mectizan® treatment to a member of Bushika, an endemic community located 200 km east of the capital city Kampala. Dr Meredith was accompanied on the occasion by representatives of the Uganda Ministry of Health, the Global 2000 River Blindness Program, Sight Savers International and members of the Bushika Local Council.

Concern was expressed again over Mectizan® tablets procurement and storage security in some countries. The Group noted with dismay the recent losses of Mectizan® in Cameroon, Nigeria and Uganda and agreed that every effort must be made to minimize future losses. The Group welcomed the steps already taken by OCP/APOC to address this problem and reviewed two draft documents: an inventory management questionnaire prepared by Africare, and a proposal for criteria and conditions concerning the consignment of Mectizan® prepared by Mectizan® Donation Program (MDP). The following further actions were agreed upon:

- The Group welcomed the above draft documents and recommended that further comments on both papers be sent to MDP for finalization;
- Members agreed to request their field personnel to ensure that the security and accountability of Mectizan® at all levels is properly addressed within the NOTF;
- A working group, consisting of Jim Coney, Paul Derstine, Stefanie Meredith, Frank Richards, Amy West and Jeff Watson, was set up in order to ensure that these matters are followed up.

**6. Update on APOC and its operations (see also sections 2 a & b, 3)**

This update was provided by Dr Y. Dadzie, Director a.i, APOC and Dr J.B. ROUNGOU, OTD/AFRO. The Group was informed of the near completion of REMO in Mozambique and the preliminary indication that many suspected areas may turn out to be hypoendemic. Other research activities crucial to APOC operations were also progressing satisfactorily. Following is a summary of the main issues discussed.

## 6.1 TDR-supported Operational Research activities

A simple validating method to determine the coverage achieved by CDTI projects has been developed and field tested successfully in Mali. It will be used in the forthcoming independent monitoring missions in Sudan, Nigeria, Tanzania and Uganda. Also, Phase I of the second multi-country study on CDTI is nearly completed. The main objective of this study is to develop and test novel approaches to the introduction and implementation of Community-Directed Treatment which facilitate its integration into the health system, encourage effective partnership between communities and health services, and improve monitoring and reporting. Phase I was to concern itself with the characterization and current performance of communities and health services, while Phase II would be an intervention phase during which the effect of an "enhanced approach" to CDTI in some communities will be measured against that of other communities using the "original" CDTI strategy.

The Group had previously expressed its interest in, and appreciation of, the current work by TDR Task Force on issues of sustainability of CDTI and had recommended that lessons learned within NGDO-supported programmes (some now running for 8-9 years) be also taken into account. In order to avoid unnecessary duplication of initiatives and efforts and to promote closer association between the work supported by the Group and that of TDR, the Group reiterated its wish to be better informed by TDR on all onchocerciasis operational research issues. The Coordinator informed the Group that the TDR Task Force annual work plan was now available on the Internet and agreed to circulate it to all members. On his part, the Director of OCP and Director a.i. APOC agreed to approach TDR to renew the request for representation from the NGDO Group on the appropriate Task Force/s as had been past practice.

The Group also noted with interest the proposed independent monitoring missions to assess progress towards CDTI which will take place in Sudan, Nigeria, Tanzania, and Uganda. Members requested feedback from this exercise in the hope that some of the mechanisms used and lessons learned could be applied to routine monitoring of CDTI projects.

## 6.2 Impact assessment of APOC operations

In keeping with the approved time line of impact assessment activities for 1998 through 1999, a workshop was organized in Douala, Cameroon, from 3 to 16 May 1998, by Dr M. Noma, EBIS APOC and the two coordinators of this important project, Professor E. Braide and Dr M. Boussinesq. Participants (25 in all), included facilitators and the four teams of scientists that had been previously identified. Each team consisted of a dermatologist, an ophthalmologist, an entomologist and a social scientist.

The main function of the Douala workshop was to help prepare all subsequent activities on impact assessment. At the workshop, participants reviewed and revised existing protocols, prepared a new protocol for socioeconomic study and finalized all these documents. They also underwent relevant training, carried out pilot (field) exercises, and prepared a time plan for carrying out the studies in selected sites within APOC areas of operation. The first round of these studies, aimed at collecting baseline data, is nearly completed and will be followed by a second workshop, for the analysis of data, early next year (1999).

### **6.3 Involvement of local NGOs in APOC operations**

The Group had at its previous meeting, recognized the importance of encouraging the participation in APOC of effective local NGOs and requested CBM to present its experience in this area in Nigeria at this meeting. This was done by Jeff Watson of CBM Nigeria, who made an engaging presentation on the involvement of a local NGO, MITOSATH, in ivermectin distribution. MITOSATH (Mission to save the Helpless) is a Nigerian NGO created in 1995 and supported single handed by a Nigerian benefactor. It is run by a small group of highly dedicated Nigerian University graduates and has been supporting ivermectin distribution in two LGAs in Taraba State since 1996, working alongside, and in close collaboration with, CBM. At the beginning, CBM's collaboration and support was essentially technical (training of staff, planning, monitoring, etc.). In the recent past however, due to increasing precariousness of MITOSATH's funding, more support from both CBM and GRBP/Global 2000 (logistics, fuel, secretariat, communications facilities) has been necessary to keep the organization going. Given its "informal and non-budgeted nature", it is doubtful whether this support would continue until the current funding base of this local NGO is consolidated, or a valid alternative source of funds has been identified.

Since the launching of APOC, an increasing number of local NGOs has been showing interest in how to get involved in ivermectin distribution and access APOC's funds. This trend is likely to continue and as the number of these "new applicants" increases, so will the difficulty to assess their true motivation and commitment. MITOSATH is unique in that it established itself before APOC became fully operational and provided their current financial problems are remedied and their management strengthened, it can continue to make a significant contribution to the global ivermectin distribution effort in Nigeria. In that regard, MITOSATH epitomizes the plight of many local NGOs with a potential to contribute to and help sustain APOC operations.

Discussions following the presentation centered around how to identify and support local NGOs such as MITOSATH. The Group commended Mr Watson's presentation for its relevance and agreed to the creation of a working group, consisting of Irene Goepp (HealthNet), Adrian Hopkins and Jeff Watson (CBM), to refine the original presentation, for inclusion at the 4<sup>th</sup> session of the Joint Action Forum (JAF4). The new presentation should contain guidelines on the eligibility of local NGOs for inclusion in APOC. It was also agreed that a representative of MITOSATH, Nigeria, should be encouraged to attend JAF4. It was, however, recognized that APOC funds were not an appropriate source of support for the organizational development of local NGOs, but that donors could be requested to make additional funds available for this purpose, where appropriate

### **6.4 Administrative issues related to APOC operations**

A number of administrative issues which are impeding the smooth running of the programmes in Uganda and Nigeria were brought to members' attention. Most related to the ongoing need from members to adjust to APOC operations and requirements, and to harmonize working methods within the NOTF. The Group agreed these issues should be followed up: country-specific issues would be addressed at NOTF level, whereas general issues would be put in writing to APOC management, with a copy to the Coordinator.

## **7. Future activities**

### **7.1 Project implementation**

In 1999, members of the Group will be actively involved within their various NOTFs, in the implementation of over 40 APOC-funded projects. Ensuring that these all run smoothly despite unavoidable administrative delays, helping provide timely feedback to APOC management and MDP and continuing at the same time the building-up of stronger partnerships, particularly at country level, will remain a constant challenge throughout 1999.

### **7.2 Assistance to countries for project proposal development**

The Group will continue to assist, in close collaboration with APOC, in the preparation of *new project proposals*, in *Ethiopia, the Republic of Congo (Brazzaville), Liberia* and in *ongoing proposals submissions*, in countries where APOC support does not yet cover all meso- and hyperendemic areas (*Democratic Republic of Congo, Cameroon, Nigeria, Tanzania, Uganda*). Involvement of the Group in countries where REMO results are still awaited and levels of endemicity still unclear (e.g. *Mozambique, Kenya*) will be decided once these are available.

**7.3 Joint APOC visits** are planned for Cameroon, CAR, Congo (Brazzaville), Ethiopia and Gabon.

### **7.4 Other future activities**

It is hoped that the draft documents on "Mectizan® Inventory Questionnaire" and "Criteria and Conditions for the Consignment of Mectizan®" will be finalized soon and field-tested, before deciding on their future use.

Given that many NGDOs will soon be stretching themselves to full capacity, the search to involve other experienced and reliable NGDOs in onchocerciasis control will be stepped up. The Group will also pursue discussions on ways to involve local NGDOs. All this will be matched with renewed efforts to further mobilize the Group's own financial resources, both individually and collectively. In that connection, it is hoped that all members will be closely involved in the ongoing discussions on the "NGDO Trust Fund Project" with the World Bank.

## **8. Other Matters**

The Group was informed that nearly all current TCC members would have completed their 3-year mandate by the next TCC session (TCC6). In order to maintain continuity the Director of OCP, and acting Director of APOC, was asked to take forward to the CSA the suggestion that Jordan Kassalow serve one more year as one of the Group's representatives on the TCC.

As an immediate response to the urgent need for additional NGDOs to support ivermectin distribution, the Group requested the incoming Chairperson to write to HealthNet International (a key partner in Southern Sudan) formally inviting them to join the Group. Similarly, the US

Committee for UNICEF, which has been supporting programmes in Nigeria for many years, was asked to consider joining the Group and to communicate its intentions to the Chair. Lastly, all members were urged to contact other NGOs which might be interested in joining.

With respect to the leadership of the Group, it was recognized that a new Vice-Chairperson of the Group was now needed, and members were requested to submit names to Catherine Cross by 1 September, for resolution at the next meeting. On the question of the future of the Coordinator's post, it was agreed that the Chair should call a meeting of the NGOs at the JAF in order to further discuss this important matter.

Finally, due to the rotational nature of the post, this meeting also marked the end of Mrs Catherine Cross' 2 years term of office as the Group's Chairperson. The Group thanked her for a remarkable chairmanship and welcomed the new Chair, Dr Jordan Kassalow.

9. **Place and date of next meeting:** *Ouagadougou, 19-20 March, 1999.*

## CONCLUSIONS AND RECOMMENDATIONS

Preliminary figures obtained from members of the Group indicate that during the first semester of 1998 NGO-supported ivermectin treatments have been as follows:

<b>Africa</b>	APOC countries:	<b>8.2 millions</b>
	OCP countries:	<b>0.7 millions</b>
<b>Central &amp; L. America:</b>	OEPA countries:	<b>0.1 million</b>

It is estimated that by the end of 1998 these figures will be **16.5**, **1.3** and **0.36** respectively.

1. The Chairperson of the Group renewed the request made at the 11<sup>th</sup> meeting for NGOs to provide figures of the overall financial value of their input into onchocerciasis control programmes in order to demonstrate its importance at the JAF. These figures must reach the Coordinator's office by 31 August. MDP and Merck were also requested to provide a figure for the value of the Mectizan® donation which could be presented at the JAF.
2. The Group reiterated its interest in being better informed by TDR on onchocerciasis operational issues. In order to promote closer association between the work supported by the Group and that of TDR, the Coordinator agreed to circulate the TDR Task Force annual workplan to all members. The Director of OCP and acting Director of APOC also agreed to approach TDR to renew the request for representation from the NGO Group on the appropriate Task Force(s) as had been past practice.
3. It was noted that TCC and JAF reports may not be receiving wide and timely circulation, especially in the field. It was therefore **recommended** that APOC management should send several copies to the National Coordinator for distribution to all NOTF members.

4. The Group noted with dismay the recent losses of Mectizan® in the field and agreed that every effort must be made to minimize future losses. The Group welcomed the steps already taken by OCP/APOC to address this problem and agreed the following action:
  - The Group welcomed the draft inventory management questionnaire prepared by Africare and proposals for criteria and conditions concerning the consignment of Mectizan® prepared by MDP, and agreed to send comments on both papers to MDP for finalization.
  - Members agreed to request their field personnel to ensure that the security and accountability of Mectizan® at all levels is properly addressed within the NOTF.
  - A working group, consisting of Jim Coney, Paul Derstine, Stefanie Meredith, Frank Richards, Amy West and Jeff Watson, was set up in order to ensure that these matters are followed-up.
  
5. The Group welcomed the proposals made by OCP management regarding the future roles of NGDOs in the transfer of responsibilities to countries up to closure of OCP and beyond. The Group noted that support to ivermectin distribution might continue to be needed in the southern forest zone, in Sierra Leone and parts of the Western and Eastern extensions. The Group recognized its role in transfer should include advocacy and IEC as well as support to distribution programmes.

It was noted that the modalities of future involvement need further to be clarified and the Group requested OCP to facilitate contacts at country level, and in relation to the proposed Centre for Integrated Disease Surveillance and Control to support the sub-region.
  
6. The Group noted with concern the administrative burden on field personnel of providing a variety of reports. It was agreed to ask field personnel to provide a complete inventory of all reports presently required of them for consideration at the next meeting. In addition, the Group **recommended** that the TCC propose minimum reporting requirements for APOC and that MDP do the same.
  
7. The Group noted with interest the proposed independent monitoring missions to assess progress towards CDTI which will take place in Sudan, Nigeria, Tanzania and Uganda. Members requested feedback from this exercise in the hope that the mechanisms used could be developed for routine monitoring.
  
8. A number of administrative issues which are impeding the smooth running of the programmes in Uganda and Nigeria were brought to members' attention. The Group agreed these should be followed-up and requested that those issues which were general and could not be resolved at NOTF level be put in writing to APOC management, with a copy to the Coordinator.
  
9. Members welcomed the excellent presentation made by Jeff Watson of CBM Nigeria on the involvement of a local NGO in ivermectin distribution. The following action was agreed:

- A working group, consisting of Irene Goepp, Adrian Hopkins and Jeff Watson, was formed to refine the presentation, by 31 August, for inclusion at the 4<sup>th</sup> session of the Joint Action Forum (JAF4). The presentation should include guidelines on the eligibility of local NGOs for inclusion in APOC.
- A representative of the local NGO, MITHOSATH, Nigeria, will be encouraged to attend the JAF.
- That APOC funds were not an appropriate source of support for organizational development of local NGOs, but that donors should be requested to make additional funds available for this purpose, where appropriate.

10. The paper by HKI on the NGDO Trust Fund Proposal was welcomed. It was agreed to ask the incoming Chairperson to clarify the procedures with the World Bank and report back to members so that they could consult within their own organization.

11. The Group noted the difficulty Merck is experiencing in importing Mectizan® into certain Latin American countries. Members of the Group with appropriate contacts offered their assistance.

12. The Group made the following country-specific **recommendations**:

- That the staff of Lunsar Hospital be commended by CBM for beginning ivermectin distribution despite the insecurity still prevailing in Sierra Leone.
- That SSI and HKI obtain information of any NGOs known to be working in the onchocerciasis affected areas of Mozambique and that HKI consider hosting a briefing meeting in country of those NGOs who might be interested in starting distribution programmes.

13. The following additional administrative points were resolved:

- The Director of OCP, and acting Director of APOC, was asked to take forward to the CSA the suggestion that Jordan Kassalow serve one more year as one of the Group's representatives on the TCC in order to maintain continuity.
- The incoming Chairperson will write to HealthNet International formally inviting them to join the Group.
- The US Committee for UNICEF was asked to consider joining the Group and to communicate its intentions to the Chair.
- All members were urged to contact other NGDOs which might be interested in joining.
- A Vice Chairperson of the Group is now needed and members were requested to submit names to Catherine Cross by 1 September, for resolution at the next meeting.
- On the question of the future of the Coordinator's post, it was agreed that the Chair should call a meeting of the NGDOs at the JAF in order to further discuss this important matter.

14. This meeting marked the end of Mrs Catherine Cross' 2 years term of office as the Group's Chairperson. The Group thanked Mrs Cross for a remarkable Chairmanship and welcomed the new Chair, Dr Jordan Kassalow.

## ANNEX 1

### AGENDA

1. Opening of the meeting
2. Review of the report of the 11 meeting
3. Report of WHO activities
4. Update on country activities and related issues (OEPA, OCP, APOC)
5. Mectizan® procurement and other news from the Mectizan® Donation Program
6. Update and issues related to APOC operations (including follow-up on cost-recovery and sustainability of ivermectin distribution programmes)
7. Update on operational research and related issues
8. Timetable and priority activities for the NGDO Coordination Group in 1998 through 1999
9. Other matters
10. Conclusions and Recommendations

Date and Place of next Meeting  
Closure of the Meeting

## ANNEX 2

## LIST OF PARTICIPANTS

- Mr John M. Barrows, Director of Programs, **International Eye Foundation**, 7801 Norfolk Avenue, Bethesda, Maryland 20814, USA [Tel: (301) 986-1830; FAX: (301) 986-1876; E-mail: info@iefusa.org]
- Mrs Catherine Cross, Director, Overseas Programme Department, **Sight Savers International**, Grosvenor Hall, Bolnore Road, Haywards Heath, West Sussex RH16 4BX, United Kingdom (Chairperson) [Tel: 1444-446.600; FAX: 1444-446.677; E-mail: ccross@sightsaversint.org.uk]
- Mr Paul Derstine, Executive Director, **Interchurch Medical Assistance, Inc.**, College Avenue, Box 429, New Windsor, Maryland 21776, USA [Tel: (410)-635-8720; FAX: (410) 635-8726; E-Mail: ima@brethren.org]
- Dr Philippe Gaxotte, **MSD-Chibret**, 3 avenue Hoche, 75008 Paris, France [Tel: 33-1-30.82.10.37; FAX: 33-1-30.82.06.35; E-mail: philippe\_gaxotte@merck.com]
- Dr Christine Godin, Deputy Programme Director, **Organisation pour la Prévention de la Cécité**, 9 rue Mathurin Régnier, 75015 Paris, France [Tel: 33-1.40.61.99.06, FAX: 33-1.40.61.99.49; E-Mail: opcecite@pratique.fr]
- Dr Adrian Hopkins, Consultant, **Christoffel Blindenmission**, PNLOC, Bossangoa, Central African Republic [FAX: 236-65.00.35; Tel: 871-682-623.818.; FAX: 871-682-623.819 between 17h.30 and 20h.30 GMT only]
- Dr Jordan Kassalow, Director of Onchocerciasis Programs, **Helen Keller International**, 90 Washington Street, New York, NY 10006, USA [Tel: (212) 943-0890, ext. 805; FAX: (212) 943-1220; E-mail: jkassalow@hkj.org]
- Mr Martin Kyndt, Deputy Overseas Director, **Sight Savers International**, Grosvenor Hall, Bolnore Road, Haywards Heath, West Sussex RH16 4BX, United Kingdom [Tel: 1444-446.600; FAX: 1444-446.677]
- Ms Susan Longworth, Project Coordinator SightFirst, **Lions Clubs International Foundation**, 300 22nd Street, Oak Brook, Illinois 60523-8842, USA [Tel: (630) 571-5466; FAX: (630) 571-5735; E-mail: LCIF1@aol.com]
- Dr Stefanie E.O. Meredith, Director, **Mectizan® Donation Program**, One Copenhill, Atlanta Georgia 30307, USA [Tel: (404) 371-1460 ; FAX: (404) 371-1138; E-mail: smeredit@taskforce.org]
- Dr Frank O. Richards Jr., Technical Director, **Global 2000 River Blindness Program**, The Carter Center, One Copenhill, Atlanta, Georgia 30307, USA [Tel: (770) 488-4511 or (404) 420-3830; FAX: (404) 874-5515; E-mail: FXR1@CDC.GOV]

## Annex 2

Mr Jeff Watson, **Christoffel Blindenmission** Programme Coordinator for Oncho Programmes,  
3A Gomwalk Close, Jos, Plateau State, Nigeria [Tel./FAX: 234-73-456578 or 234-73-454230;  
E-mail: JeffWatson@maf.org]

## **OBSERVERS**

Ms Brenda Colatrella, Manager, Product Donations, **Merck & Co. Inc.**, P.O. Box 100,  
One Merck Drive, Whitehouse Station, NJ 08889-0100, USA [Tel: (908) 423-2047;  
FAX: (908) 423-1987; E-mail: Brenda\_Colatrella@merck.com]

Ms Irene Goepp, Program Manager, Southern Sudan OV Control Program, **HealthNet  
International**, P.O. Box 76133, Nairobi, Kenya [Tel: 254-2-573704; FAX: 254-2-574452;  
E-mail: hnetnbo@nbnet.co.ke]

## **REPRESENTATIVES OF UN AND SPECIALIZED AGENCIES**

Mrs Joyce Msuya, Health Specialist, Onchocerciasis Coordination Unit, **The World Bank**,  
1818 H. Street N.W., Washington D.C. 20433, USA [Tel: (202) 458-7712, FAX: (202)  
522-3157; E-mail: Jmsuya@worldbank.org]

Mr James R. Coney, Chief Financial Officer/Treasurer, **U.S. Committee for UNICEF**, 333 East  
38th Street, New York, N.Y. 10016, USA [Tel: (212) 922-2557; FAX: (212) 922-2508;  
E-mail: jconey@unicefusa.org]

Ms Amy West, Controller, **U.S. Committee for UNICEF**, 333 East 38th Street, New York, N.Y.  
10016, USA [Tel: (212) 922-2532; FAX: (212) 779-1679; E-mail: awest@unicefusa.org]

## **SECRETARIAT**

Dr K. Y. Dadzie, Director **Onchocerciasis Control Programme** and Director a.i., **APOC**,  
B.P. 549, Ouagadougou, Burkina Faso [Tel: 226-30.23.12; FAX: 226-30.21.47;  
E-mail: Dadzie@ocp.oms.bf]

Dr D.E. Etya'alé, Ophthalmologist, Programme for the **Prevention of Blindness**, World Health  
Organization, 1211 Geneva 27, Switzerland (*Secretary*) [Tel: 22-791.2642/3416;  
FAX: 22-791.47.72 or 22-791.0746; E-mail: etyaaled@who.ch]

Dr J.B. ROUNGOU, **OTD/AFRO**, Division of Integrated Disease Control (presently based in  
Ouagadougou, Burkina Faso) [Tel: 226-30.23.12/13; FAX: 226-30.21.47;  
E-mail: roun gou@ocp.oms.bf]

## ANNEX 3

**NGDO COORDINATION GROUP FOR IVERMECTIN DISTRIBUTION****A. TERMS OF REFERENCE**

Terms of Reference were agreed at the first meeting of the Group on 30 November - 1 December 1992. Five years later, and with the establishment of the African Programme for Onchocerciasis Control (APOC), it was decided there was a need for their revision. The "Group revised Terms of Reference" were agreed at the 11<sup>th</sup> meeting of the Group in Ouagadougou, 27-28 March 1998 and are as follows:

- To help promote worldwide interest and support for the use of ivermectin (Mectizan®) against onchocerciasis in endemic countries, in consultation with the World Health Organization (WHO) and the Mectizan® Donation Program, with the aim of eliminating onchocerciasis as a public health problem.
- To foster and support APOC, working closely with partners within APOC, specifically APOC management, the Onchocerciasis Coordination Unit of the World Bank, the National Onchocerciasis Task Forces (NOTFs) of the participating countries, and other interested parties, in order to plan, implement and evaluate ivermectin distribution programmes, with the aim of achieving sustainability and integration into the national health care delivery systems by the year 2007.
- To work closely with the other programmes of WHO as appropriate, namely the Onchocerciasis Control Programme of West Africa, and the Onchocerciasis Elimination Programme of the Americas.
- To mobilize resources to ensure the funding of existing programmes and expansion into new areas and countries.
- To encourage other international and national NGDOs to become involved in onchocerciasis control.
- To serve as a conduit to bring to the attention of APOC management, the Technical Consultative Committee and the other organs of APOC, operational issues having an impact on programme implementation and, where possible, propose solutions.
- To facilitate documentation and dissemination of best practices and lessons learned related to distribution methodology, and particularly directed treatment with ivermectin (CDTI).

### Annex 3

- To participate, as appropriate, in operations research, in collaboration with APOC and the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) and other interested parties.
- To provide support to the post of NGDO Coordinator in the Programme for the Prevention of Blindness and Deafness, WHO, Geneva.

## **B. MISSION STATEMENT**

The Group is committed to the global elimination of Onchocerciasis (river blindness) as a public health problem through:

1. Partnership with the participating countries, international agencies and the Mectizan® Donation Program.
2. The support of sustainable community-based programmes distributing the drug ivermectin (Mectizan®).
3. The implementation of best treatment practices.
4. The mobilization of additional funding.
5. The fostering of world-wide interest in the fight against Onchocerciasis.

## **C. CRITERIA FOR MEMBERSHIP**

### **1. Background**

The Coordination Group grew out of an initiative in 1991 of a consultative group of NGDOs working with the WHO Programme for the Prevention of Blindness. It was in November/December 1992 that the Coordination Group was formed. At the first meeting the terms of reference were agreed but no criteria for membership were discussed either then or subsequently. Although the reports of each meeting include a list of 'participants' and 'observers', membership of the Group has never been defined. In practice members of the Group are those NGDOs contributing towards the post of NGDO Coordinator in the Programme for the Prevention of Blindness and Deafness in WHO, Geneva. The objective of this paper is to propose criteria and the procedure for membership.

### **2. Criteria for membership**

It is the intention of all members of the Group to encourage other agencies to get involved in ivermectin distribution for control of onchocerciasis. Therefore the criteria for membership of the Group aims to include rather than exclude.

Annex 3

- 2.1 Members should be supporting or have the intention to support ivermectin distribution programmes in one or more countries. Normally members should expect to treat at least 100 000 people per year.
- 2.2 Members should be actively involved in the promotion of ivermectin distribution for onchocerciasis control, and should encourage other agencies to set up distribution programmes.
- 2.3 Members should be willing to attend meetings of the Group on a regular basis, normally twice a year.
- 2.4 Members should be willing to participate in Group activities as appropriate, including operational research, preparation of project proposals and reports, mobilization of resources, and events associated with onchocerciasis control, particularly those of the Africa Programme for Onchocerciasis Control, the Mectizan® Donation Program, and the Onchocerciasis Control Programme.
- 2.5 Members should be willing to contribute to the cost of the NGDO Coordinator's post in the Programme for the Prevention of Blindness and Deafness, WHO, Geneva. The rate of contribution will be reviewed and agreed on each year.

### **3. Procedure**

An NGDO wishing to become a member of the Group should approach the Chairperson or the NGDO Coordinator. The NGDO will then be invited to send representative(s) to two consecutive meetings as observer(s). After this the Group will invite the NGDO to become a member, provided that the agency is willing to fulfil the above criteria.

#### **D. COSTS THAT MAY BE CLAIMED FROM APOC**

The purpose of this paper is to provide guidance for NGDO field personnel involved in preparing proposals for APOC. In considering items to include within the NGDO budget column to be met by APOC, NGDO staff members are reminded that for any given project the NGDO plus participating government contribution must total at least 25% of project budget.

There are two types of items which may be eligible for inclusion.

##### **1. Project-related costs**

- 1.1. Per diems and outreach allowances (**but not core salaries of long-term staff**) of all levels of field personnel, including NGDO personnel, for the purpose of supervision (see Note (b)).
- 1.2. Training costs, including materials, per diems, and travel.

### Annex 3

1.3 Technical assistance, including short-term consultancies, provided:

- it is a specific expertise (which may include administration)
- of limited duration (no more than 3 years)
- will develop outputs aimed at increasing sustainability
- is not recurrent.

This may include salaries or fees, travel and associated costs.

- 1.4 Capital equipment directly associated with, and justified within, the project, including vehicles, office equipment (computers, fax, photocopier, UPS etc), and teaching equipment. **Office furniture (e.g. desks, tables, etc.) is not allowable.**
- 1.5 Office supplies, including stationery, where directly associated with, and justified within, the project.
- 1.6 Medical supplies, e.g. drugs for adverse reactions.
- 1.7. Educational materials and research costs including KAP studies and REMO.
- 1.8 Contribution towards running costs of NGDO field offices, where directly associated with, and justified within, the project. This could include utilities, communications and bank charges, but not rent.
- 1.9. Costs of attendance at NOTF meetings.
- 1.10. Evaluation costs ( see Note (b)).

### NOTES

- (a) *Travel and transport costs such as fuel, maintenance, insurance and registration should not be seen as a single consolidated budget line, but should be attributed to the line to which it refers, e.g. training, supervision, etc.*
- (b) *Costs of supervision and evaluation will be reviewed against the provision made for these within the central APOC budget to avoid duplication. Costs of supervision and evaluation by NGDO headquarters staff may be borne by the central APOC budget where justified within the project, and where not duplicating other planned supervisory or evaluation activities. Provision may also be made by the World Bank for joint evaluation missions.*
- (c) *Existing capital equipment owned by an NGDO may be considered as part of the NGDO contribution, according to the guidelines laid down by the WHO/NGDO Procedural Manual (Appendix 2, section 2B, page 116).*

Annex 3**2. Contribution to NGDO overheads**

NGDOs have the option of applying to APOC for a contribution to their overheads. The formula to apply has been agreed as **7.5% of eligible direct NGDO costs** as outlined in a given project proposal. This will be shown as a separate budget line within the project proposal submitted to the NOTF. However, payment of this line item may be made directly to the NGDO from APOC.

= = =