



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

New York

20- 21 September 1999

ABSTRACT

In 1998 ivermectin treatments supported by the Group were as follows: **13.3** million in APOC countries, **2.0** million in OCP countries and **0.27** million in OEPA countries. Preliminary data for the first half of 1999 indicate that 8.1 million people in APOC countries and over 1.6 million in OCP countries have received ivermectin through NGDO-supported programmes.

Keeping pace with the rapid expansion of APOC operations, and rethinking strategies to integrate the new Lymphatic Filariasis Elimination Programme into existing treatment activities, are the greatest challenges facing the Group. Accordingly and as previously agreed, the Group organized a half-day session during this meeting focused on mobilizing new NGDO support for onchocerciasis and Lymphatic Filariasis (LF), and aimed at bringing in new members and broadening its funding base.

Priorities for the Group in 2000 will be to review all current administrative procedures, and provide the support still needed to Community-Directed Treatment with Ivermectin (CDTI) projects in Nigeria (urgently in Ogun State), Cameroon, Democratic Republic of Congo (DRC), Liberia, Burundi, Ethiopia, Angola and Congo (Brazzaville).

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 fourteenth meeting of the Nongovernmental Development Organizations (NGDO) Coordination Group for Ivermectin Distribution was held in New York, USA, from 20 to 21 September 1999. The participants were welcomed by Jim Coney, on behalf of the US Committee for UNICEF and Jordan Kassalow, on behalf of Helen Keller International. The list of participants is shown in Annex 2.

1. Review of the 13th report

The report of the thirteenth meeting was briefly reviewed and amended. Nearly all the recommendations had been followed through.

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

Activities of the WHO/NGDO Coordination Group since the last meeting (Ouagadougou, 19 -20 March 1999) are summarized below.

2.1 Seventh session of the Technical Consultative Committee (TCC7), 22-26 March 1999

TCC7 received and reviewed **eight** first-year progress reports from Central African Republic (CAR) (1), Chad (1), Nigeria (3), Sudan (1), Tanzania (2), with their corresponding subsequent year budgets, **one** National Plan and CDTI project proposal from Mozambique, **a** proposal for the extension of the Malawi CDTI project, and **three** CDTI project proposals from Nigeria. Of these, two progress reports from CAR and Chad, one National Plan from Mozambique and two CDTI project proposals from Nigeria did not meet TCC's requirements and were rejected for re-submission.

New guidelines were developed for the review of annual technical reports and budget proposals. Relevant issues discussed at TCC7 included:

- (i) TCC's endorsement of the NGDO recommendation to set up an ad hoc committee to streamline the administrative and reporting burden from the field.
- (ii) TCC's request to APOC Management to prepare a detailed report on issues and factors related to the delays in the transfer of APOC approved funds to projects, and how these can be jointly addressed by all APOC partners.
- (iii) TCC's urgent request to Merck to perform additional stability testing on Mectizan® 3mg tablets as soon as possible, to determine if these tablets can be used after 8 weeks.
- (iv) TCC's recommendation to hire two consultants to work at OCP/APOC, to address operational, policy and strategic issues, and make proposals for operational research in relation to LF activities.
- (v) As regards the direct transfer of the 7.5% overhead claim to concerned NGDOs, this was further simplified by TCC agreeing that a letter from the NOTF authorizing such a transfer and attached to a new application or budget review was all that would be needed henceforth by APOC Management.

2.2 Eighth session of the Technical Consultative Committee (TCC8), 28 June - 2 July, 1999

TCC8 received and reviewed **twenty-five** first and second-year progress reports from Cameroon (6), CAR (1), Chad (1), Equatorial Guinea (2), Malawi (1), Nigeria (10), Tanzania (1), and Uganda (3), with their corresponding subsequent year budgets; **one** National Plan and CDTI project proposal from Liberia, and **nine** CDTI project proposals from Cameroon (1), Nigeria (6), and Tanzania (2). Of these, four progress reports from Cameroon (2), Equatorial Guinea (1), and Uganda (1), and two CDTI project proposals from Cameroon (1) and Nigeria (1) did not meet TCC's requirements and were rejected for re-submission.

Of relevance to the Group at TCC8 were the following:

- (i) The endorsement by TCC8 of the proposed APOC External Review scheduled for Year 2000 and its recommendation that the review covers the Programme in its entirety, including issues such as project preparation and implementation, APOC Management, TCC activities, the effectiveness of APOC as a global partnership, and the appropriate location of APOC headquarters.
- (ii) The recommendation by TCC8 that NOTF/Nigeria represent other NOTFs at the Donors' Conference due in Paris from 13-14 October 1999. Aspects to be highlighted in the NOTF presentation should include partnership and benefits, coordination of activities by the NOTF secretariat, cross-border issues with OCP countries, CDTI in Taraba State including the partnership with local a NGDO.
- (iii) TCC's support for the integration of the LF Elimination Programme into OCP/APOC operations in Africa, and its urgent request that priority research operational issues such as rapid mapping of LF be funded and expeditiously undertaken.
- (iv) TCC's concern that the Community directed Treatment Task force (COMDT) was ending and its recommendation that all CDTI partners in APOC (including the World Bank) should urge TDR to continue monitoring the ongoing CDTI Research Programme after Year 2000, and look at financing possibilities for the next TDR Task force.

2.3 Joint APOC visit to Gabon and Cameroon (4 - 19 April 1999)

Gabon (4-11 April 1999): This was the first joint visit to that country by an "APOC delegation", following the approval in 1998 by CSA/JAF of Gabon's National Plan and CDTI project proposal. The "delegation" consisted of Dr Sékétéli, Programme Manager APOC, Dr Daniel Etya'alé, NGDO Coordinator, Dr Christine Godin, and Mr M. de Langlade, OPC Deputy Director and Administrator respectively.

The main purpose of the visit was to brief health authorities and their onchocerciasis control partners on APOC philosophy, objectives and expectations; visit endemic communities; and ensure a smooth start of all APOC operations in Gabon.

In many respects, this was a preparatory visit to the launching of APOC operations in Gabon. Accordingly, issues discussed centered around the structure, the responsibilities, the

administrative and financial functions of the NOTF, the planning and completion of REMO, the procurement of Mectizan®, and ways to obtain the full adhesion and ownership of the programme by the affected communities.

The following factors greatly contributed to the success of the visit: the support and the commitment of the Gabonese government to the Programme, the personal commitment of the National Coordinator and her team, and the very close working relationship existing between the WHO country representative, MOH senior officials and OPC representative in Gabon. Thus at the end of the visit, a clear timetable for all key Programme activities was agreed upon, particularly for the completion of REMO exercise, the training of NOTF members in WHO imprest account, and the setting up of a sensitization and IEC campaign on CDTI in Gabon. An important breakthrough was the agreement by all parties that henceforth all Mectizan® clearance and procurement in Gabon will be through the office of the WR.

Cameroon (11-19 April 1999): The visit was jointly conducted by Dr Sékétéli, Programme Manager APOC, Dr Daniel Etya'alé, NGDO Coordinator, and Dr ROUNGOU OTD/AFRO. Its main purpose was to attend the first nationwide meeting of the National Onchocerciasis Task Force.

This was a timely meeting which was taking place half-way in the SightFirst Project (now in its 3rd year) and just at the start of the five recently funded APOC CDTI projects. Ten reports provided a comprehensive overview of all ongoing activities, project achievements and constraints. Special presentations included one on cost-recovery in ivermectin distribution, and on the management of severe adverse reactions in oncho areas co-endemic with Loasis. The latter was followed by the introduction to all participants of the new protocol specially prepared by the NOTF to that effect. The occurrence of these severe adverse reactions in one of the project areas at the time of the meeting only confirmed the timeliness of such a protocol.

The meeting was also the occasion for the Cameroon Ministry of Health to confirm its adoption of CDTI as the official strategy for ivermectin distribution throughout the country.

2.4 Joint APOC visit to Ethiopia (6 - 13 June 1999)

This was the first visit to Ethiopia by an APOC delegation since the launching of the Programme. The joint team consisted of Dr A. Sékétéli, Programme Manager APOC, Dr D. Etya'alé, NGDO Coordinator, Dr J.B. ROUNGOU, OTD/AFRO, Dr Mary Alleman (Mectizan® Donation Program) and Dr M.M.A. Homeida (TCC Chair). Also present was the Global 2000 Country Representative, Mr Teshome Gebre. The main objectives of the visit were:

- (i) To provide additional information to officials of the Ministry of Health, the World Bank, UNICEF, NGDOs and other interested parties, on the objectives of APOC, as well as on its achievements since its inception in 1995.
- (ii) To sensitize the Ministry of Health authorities on the urgent need to have Ethiopia start APOC activities for the benefit of those suffering from onchocerciasis in the country.

- (iii) To agree on the formation of the National Onchocerciasis Task force - in keeping with the partnership spirit of the programme, and the modalities for the involvement of local and/or international NGOs.
- (iv) To set up a time line for the development of a National Plan for Onchocerciasis Control, as well as specific CDTI Project Proposals to be submitted for APOC funding.

At the end of the visit all the above objectives were met. In particular, a National Onchocerciasis Task Force was formed, with the principle of the involvement of NGOs clearly agreed upon by the Ethiopian Ministry of Health. A consensus was reached regarding the process to be followed, as well as the conditions to be fulfilled for the launching and implementation of APOC activities in Ethiopia. A tentative outline for the development of a National Plan for onchocerciasis control, as well as a schedule for the submission by phases of CDTI project proposals for the entire country was elaborated. It was also agreed by all parties concerned that the WHO country office will serve as the consignee and clearing agent for all shipments of Mectizan® in the country. In order to accelerate the implementation of all the above, it was agreed that a workshop on APOC philosophy and operations will be organized in Ethiopia before the end of the year (1999).

2.5 Joint APOC visit to Tanzania (7 - 17 July 1999)

This has been so far the largest joint visit ever made to a participating country. Members of the team included Dr Daniel Etya'alé, NGO Coordinator, Dr J.B. ROUNGOU, OTD/AFRO, Dr S. Meredith, Director Mectizan® Donation Program (MDP), Mr P. Derstine, Director IMA, Dr G. Brubaker, Medical Advisor IMA, Mr J. Horowitz, Program Manager HKI, Mr P. McGeachie, Director, SSI East African Regional Office and Minne Iwamoto, LF Programme SmithKline & Beecham. The World Bank was also represented throughout the visit by Dr E. Malagalila, senior health officer in the country office. The size of the joint team was primarily justified by the recognition by all that many problems and issues related to the implementation of APOC activities in Tanzania were common to most partners, and therefore needed to be addressed in a coordinated manner. More specifically, the main objectives of the visit were:

- (i) Meet with key MOH officials, many of whom had recently taken office, brief them on APOC, its philosophy, objectives, expectations, and its achievements since its inception, and further seek their support and ownership of the Programme.
- (ii) Assess progress made by the NOTF to accomplish specific Programme objectives for Tanzania - particularly with respect to ongoing approved projects; identify significant issues and constraints to the full implementation of these objectives, and agree on the best ways to address them.
- (iii) Assess the role and capacity of the Medical Store Department to procure and deliver Mectizan® throughout Tanzania, on behalf of the NOTF.
- (iii) Gather all relevant information on Lymphatic Filariasis in the country including the existence and availability of national expertise in that field.

- (iv) Make field visits to CDTI project sites.

With respect to APOC operations in Tanzania, a two-day review meeting held in Morogoro on 12 - 13 July 1999, provided the opportunity for an extensive interaction between the visiting team and the NOTF representatives, both from the HQ and all the project areas. Discussions during the review covered all aspects of APOC operations: technical, administrative and financial. The main issues and constraints identified at the review related to inadequate communication mechanisms between NOTF HQ and the field, poor distribution of roles and responsibilities within the NOTF secretariat and between the secretariat and the field staff; poor treatment coverage, itself related to the fact that most projects were still in transition from mobile to CDTI and the current widespread use of inaccurate estimates of target populations.

Field visits made in the Ifakara focus confirmed that at least in that area project performance was better than had been reported, and pointed to the urgent need to find a solution to the high prevalence of epilepsy among oncho patients in CDTI target areas.

2.6 Mectizan® Expert Committee Meeting (26 - 27 May 1999)

This Mectizan® Expert Committee spring meeting was held in Amsterdam and focussed on the integration of treatment of Lymphatic Filariasis into the Mectizan® Donation Program and coordination between partners involved in LF.

Discussions were dominated by issues related to safety and combination drug therapies, particularly with respect to :

- (i) The availability of data to use in determining safety and effectiveness of the drug.
- (ii) The need for a position paper to compare results of pharmacokinetics studies in various settings.
- (iii) WHO position regarding the need for trials consisting of a minimum of 1000 people, the establishment of a post-authorization safety study and a safety monitoring board to evaluate ongoing programmes.

Small group discussions were held on the following topics: revision of Program Information and Application documents to include treatment for LF; design of community trials of Mectizan® and Albendazole treatment for LF; and design of a protocol for case-control study evaluating the occurrence of severe adverse effects (SAE).

An update on the current status of severe adverse reactions in relation to Loa loa was also given based on recent reports from Cameroon and the proposed protocol developed by the Cameroon NOTF for their effective management.

3. Update on countries reports

3.1 Onchocerciasis Elimination Program for the Americas (OEPA)

The Onchocerciasis Elimination Program for the Americas (OEPA) is a regional coalition working to eliminate morbidity, and where possible transmission, of onchocerciasis in the Americas through sustained distribution of Mectizan®. The OEPA initiative was stimulated by the 1991 Resolution XIV of the XXXVth Directing Council of the Pan American Health Organization (PAHO) calling for the elimination of onchocerciasis as a public health problem by the year 2007. In addition to PAHO and the six endemic countries (Mexico, Guatemala, Colombia, Ecuador, Venezuela and Brazil), The Carter Center, the InterAmerican Development Bank, the Mectizan® Donation Program and the Centers for Disease Control and Prevention are partners in OEPA. The Global 2000 program of The Carter Center coordinates technical and financial assistance to the initiative. CBM is active in assisting the Ecuador program. In 1999, 272 235 treatments have been provided in the Americas, 79% of the 1999 ATO.

Great achievements have been made by the Venezuelan Elimination Program towards the completion of its epidemiological characterization of two large endemic areas in the north of the country, where 3456 communities were reported to be endemic for onchocerciasis in 1986 Ministry of Health records. Assessments in 1998 in 695 communities brought the total number of known endemic communities in Venezuela to 529. Venezuelan authorities estimated that they could complete assessments of the remaining 1154 suspected endemic communities in 1999 and thus be prepared to launch a complete national treatment effort in 2000. The population at risk in Venezuela was estimated to be 142 400. As a result of the progress in the epidemiological characterization of northern Venezuela and reassessments of available epidemiological data for Guatemala, OEPA has lowered by 86% the estimates of the population at risk for onchocerciasis in the Americas from 4 700 000 persons in 1995 to 659 618 in 1999. Increasing treatment activities in Guatemala and Venezuela now represent the greatest challenge to the American initiative.

3.2 OCP countries

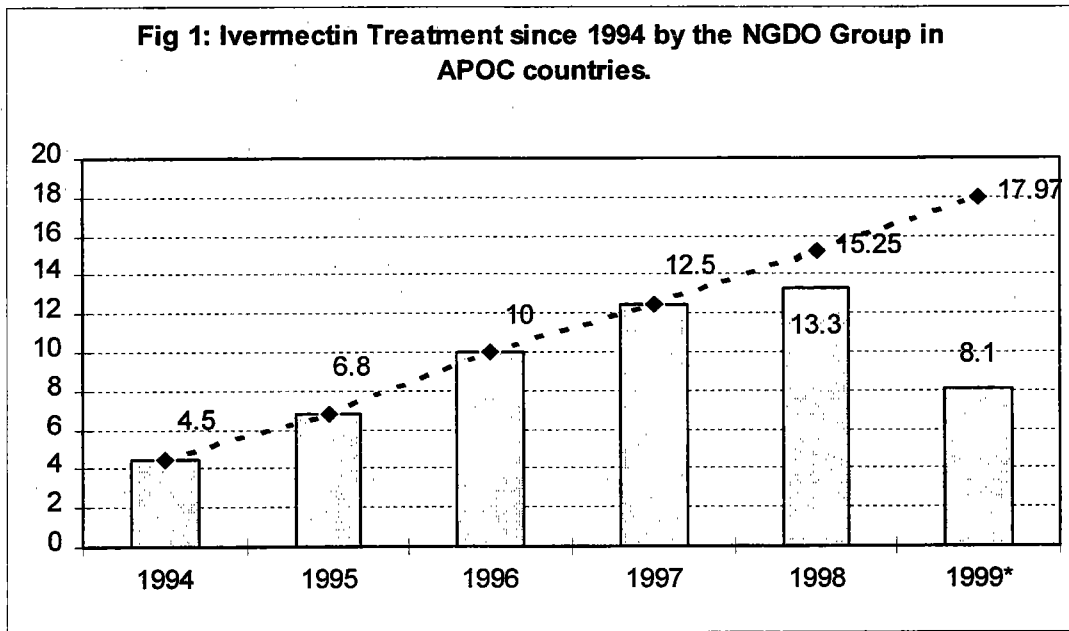
In 1998, NGDOs supported the treatment of 2 369 406 persons in Mali, Guinea, Ghana and Senegal (please refer to Table 2). Data for 1999 were not yet available and therefore not reflected in Table 2.

Requests from OCP countries for NGDOs to expand their activities in areas where ivermectin distribution has already started are increasing. This is as a result of the transfer of OCP activities to the countries. The need to establish a coordination group at the national level using the NOTF model in APOC countries was again highlighted at the meeting; so also was the need to pursue dialogue with OCP Management and countries. It is in that connection that representatives from the Group attended the OCP National Coordinators' meeting in Ouagadougou in May 1999. Also, for the first time, the NGDO Group will be making a presentation to the Joint Programme Committee (JPC) at the 20th session which will be held in The Hague.

3.3 APOC countries

In 1998 13.3 million ivermectin treatments supported by the Group in APOC countries. As can be seen in Figure 1, treatment activities in APOC countries did not expand as initially projected. This is both the reflection of the intensive reorientation of existing programmes to APOC Community-Directed Treatment with Ivermectin (CDTI) strategy, as well as the fact that most members of the Group are now working near to full capacity. Nearly all NGDO-supported projects also receive APOC funding.

Preliminary data for first semester of 1999 indicate that 8.1 million people in APOC countries have received ivermectin through NGDO-supported programmes. Revised targets for 1999 are about 17 million. Many members reported that they were still awaiting reports from the field, therefore the current status of ivermectin treatment supported by the Group is not adequately reflected in the attached summary table (Table 3).



Please note: First semester figures only

Projected treatments in dotted lines

4. Issues related to the Mectizan® Donation Program (see also section 2.5)

Occasionally it is reported from the field that some Mectizan® have expired. Though this is negligible, given the large number of tablets shipped each year to endemic countries, this is likely to increase in keeping with the rapid expansion of APOC operations. The Group was concerned that no policy for proper disposal of expired tablets had yet been put in place. A recommendation was therefore made that MDP communicate to NOTFs, field staff and other interested parties the appropriate manner for the safe and secure disposal and/or destruction of expired Mectizan®. Meanwhile, the current practices of disposal of expired tablets should be documented and reported.

After review of the Mectizan® Supply and Distribution Recommendations and the checklist, the Group recommended that the ad hoc committee on accountability further revise the proposed checklist by removing any duplication of information. The draft document, the recommendation and the checklist will be sent by the MDP to NOTFs for further refinement and action. Finally, it was agreed that the refined checklist will be sent to the TCC for endorsement before incorporation into MDP's application form.

Responding to the urgent request tabled by the Group at the previous meeting, MDP informed the Group that testing of Mectizan® stability will be carried out on opened bottles for up to six months. It was widely agreed that this would help field operation timetables enormously. They also informed the Group that, despite governments signing agreements to waive all taxes on Mectizan® procurement, taxes were still being levied indirectly in various countries. A recommendation was made that this issue be taken up at the 5th session of the JAF.

TABLE 1: NGDO SUPPORTED IVERMECTIN TREATMENT IN OCP COUNTRIES

COUNTRY	TARGET POPULATION (in country)	NGDOS & OTHER AGENCIES	TARGET POPULATION (in project area)	1998 TREATMENT				1999		
				ANNUAL TREATMENT OBJECTIVES (ATO)	TOTAL TREATMENT	ATO Coverage (%)	Overall Coverage in Project Area (%)	TOTAL COST (USD)	ANNUAL TREATMENT OBJECTIVES	BUDGET ESTIMATES (USD)
SENEGAL		OPC	137,921	137,921	116,460	84.44	84.44	13,992.00	140,000	18,878.00
MALI		OPC	434,053	434,053	352,179	81.14	81.14	39,550.00	884,827	103,370.00
MALI		SSI	685,500	548,400	344,658	62.85	50.28	86,511.00	596,000	285,209.00
GUINEE		OPC	749,200	749,200	593,142	79.17	79.17	117,404.00	1,021,557	76,813.00
GUINEE		SSI	751,100	600,880	672,715	111.95	89.56	18,276.00	800,000	37,433.00
GHANA		SSI	420,000	357,000	290,252	81.30	69.11	4,543.00	357,000	9,502.00
Grand Total			3,177,774	2,827,454	2,369,406	83.80	74.56	280,276	3,799,384	631,205

TABLE 2: NGDO SUPPORTED IVERMECTIN TREATMENT IN OEPA COUNTRIES

COUNTRY	TARGET POPULATION (in country)	NGDOS & OTHER AGENCIES	TARGET POPULATION (in project area)	1998 TREATMENT				1999		
				ANNUAL TREATMENT OBJECTIVES (ATO)	TOTAL TREATMENT	ATO Coverage (%)	Overall Coverage in Project Area (%)	TOTAL COST (USD)	ANNUAL TREATMENT OBJECTIVES	BUDGET ESTIMATES (USD)
OEPA		CBM	26,069	26,069	22,943	87.63	87.63	0.00	0	0.00
		GRBP	358,875	358,875	270,622	75.41	75.41			
Grand Total			384,944	384,944	293,465	76.24	76.24			

5. Update on REMO

REMO and GIS status in APOC countries is summarized 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.	Awaiting 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.

6. Update on APOC, its operations and related issues

6.1 Administrative burden of field personnel

The ad hoc committee on administrative burden of field personnel, presented its preliminary report to the Group. Preliminary findings indicate that the burden is real, is increasing, and is not only administrative. Also, that there are too many requests, from various corners, poorly coordinated and ill-timed, and often conflicting and competing with projects pre-established work plans.

The Group recommended, that the existing ad hoc committee continues to be responsible for this process and that it develops appropriate terms of reference for a consultant to review the impact of all current administrative procedures and requirements on field staff and project performance. It was noted that these also might include the impact of the Lymphatic Filariasis initiative on administration and on staff as well.

It was agreed that the World Bank/Oncho Unit, MDP, SmithKline Beecham (SB) and, if necessary, APOC Management be approached for the funding of the review. In consultation with the funding partners, the ad hoc committee would identify a consultant to implement the terms of reference. The consultants' report will be submitted through the fifteenth NGDO meeting to the TCC, MDP, World Bank and SB.

6.2 Other administrative issues related to APOC operations

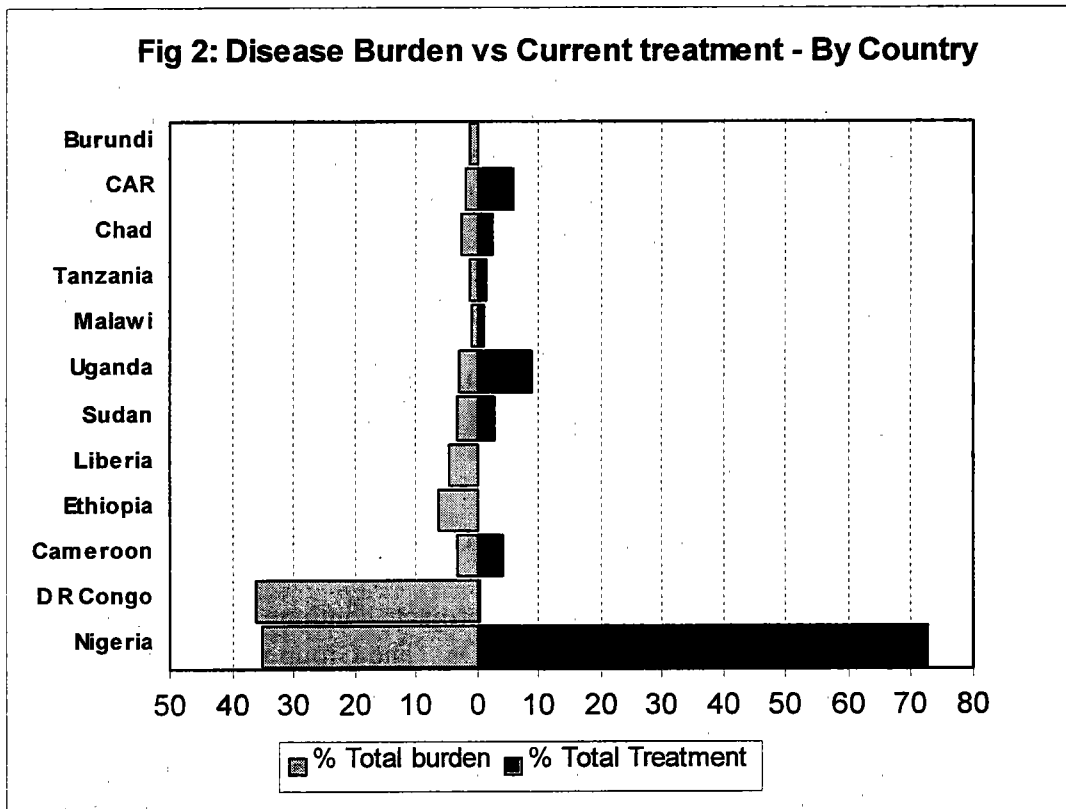
Bottlenecks in APOC funding of approved projects continue to be a major issue which often results in "pre-funding" by supporting NGDOs. The Group welcomed the clarification provided by APOC Management for the recovery of pre-funding advances by NGDOs. It is understood that any NGDO pre-funding of APOC projects must receive prior clearance from APOC Management. In addition, pre-funding of budget lines can only occur after the letter of agreement has been signed and within the approved budget lines. With respect to reimbursement, the NGDO must advise if transfer of funds shall be to headquarters or to NOTF.

The Group was informed by APOC Management that mechanisms for recovering the 7.5% overheads were now in place. NGDOs interested in receiving their 7.5% overheads must request it in writing to APOC Management and provide them with the necessary banking information for the direct transfer of funds. The NOTF must write a letter informing APOC Management that overheads are approved for the given financial year (see TCC 8 report).

7. Future activities

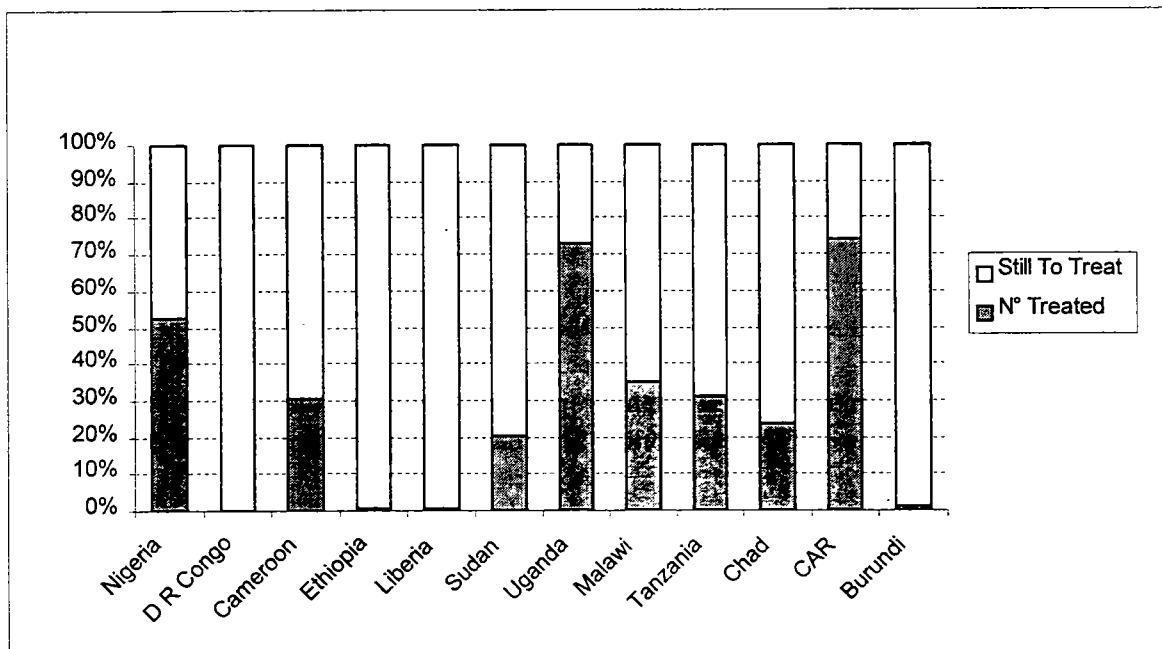
7.1 Project implementation and related issues

Figures 2 and 3 relate current need for ivermectin treatment to the burden of onchocerciasis in various APOC countries. From the two charts the following observations can be made regarding the Group’s future activities:



- ▶ While Nigeria and the Democratic Republic of Congo combined have over 65% of the disease, the country of greatest need today in terms of treatment is the Democratic Republic of Congo. Every effort must therefore be made to accelerate the development of more CDTI projects in that country. The involvement of NGDOs with long-term experience working in the DRC “in all weather” should be particularly sought.
- ▶ Other countries for priority action are Ethiopia and Liberia. In both countries more support from the NGDOs is urgently needed
- ▶ Current treatment efforts must be maintained and even expanded, including in countries like Nigeria where 70% of all treatments are currently taking place. In particular, priority should be given to Ogun State, the only Nigerian endemic state left without APOC support.

**Fig. 3: Disease Burden versus Current Treatment in 1998 – By country
(Target Population ≥ 0.5 million persons)**



Despite the above, the commitment to support ivermectin treatment by the Group has never been stronger, and the Group's achievements so far provide it with a solid base for future activities, including the new challenge to integrate the new Lymphatic Filariasis into existing CDTI project activities. In the immediate future however, the greatest challenge without doubt will be how to keep pace with the rapid expansion of APOC operations, meet the challenge of the new Lymphatic Filariasis Elimination Program, and further develop its current capacity, particularly by bringing in new members and broadening its funding base.

7.2 Assistance to countries for project proposal development

Two groups of countries will receive assistance from the Group in 1999 and 2000: those like *Ethiopia* which are likely to submit their first project proposal to APOC next year; as well as those countries where APOC support does not yet cover all meso and hyperendemic areas (*Democratic Republic of Congo, Cameroon, Nigeria, Tanzania, Uganda*). Involvement with the remainder of APOC countries (*Angola, Burundi, Rwanda, Congo-Brazzaville, and Mozambique*), will continue to be actively sought but will be guided by available information on REMO status and security situation in those countries.

7.3 Joint APOC visits

Definite plans to visit Chad are now in their final stage. As for CAR and Congo (Brazzaville), a decision for a possible visit will be based essentially on security improvement within these countries in the next few months.

8. Other Matters

The Group expressed its regrets in marking this as the last meeting with Dr Daniel Etya'alé as Coordinator and wished him every success in his new responsibilities. Similarly, the Group took note of Dr Jordan Kassalow stepping down as Chairperson of the Group effective 31 December 1999 and expressed its appreciation for the leadership he has given the Group over the years, particularly during his term of service as Chair. The Group also expressed its appreciation to Dr Christine Godin for accepting the serve as the new Chairperson.

9. Place and date of next meeting: *Ouagadougou 26 - 27 February 2000*

CONCLUSIONS AND RECOMMENDATIONS

1. The Group welcomed the preliminary report presented by the ad hoc committee on administrative burden of field personnel and made the following recommendations:
 - That the ad hoc committee continues to be responsible for this process and that it develops appropriate terms of reference for a consultant to review the impact of all current administrative procedures and requirements on field staff and project performance. These might also include the impact of the Lymphatic Filariasis initiative on administration and on staff as well.
 - That the World Bank/Oncho Unit, Mectizan® Donation Program (MDP), SmithKline & Beecham (SB) and, if necessary, APOC Management, be approached for the funding of the review.
 - That a consultant be identified by the ad hoc committee, in consultation with the above funding partners, to implement the terms of reference.
 - That the consultant's report be submitted through the Fifteenth NGDO meeting to the TCC, MDP, World Bank and SB.
2. The Group was concerned that no policy for proper disposal of expired tablets had yet been put in place. The Group recommended that MDP communicate to NOTFs, field staff and other interested parties the appropriate manner for the safe and secure disposal and/or destruction of expired Mectizan®. Meanwhile, the current practices of disposal of expired tablets should be documented and reported.
3. After review of the Mectizan® Supply and Distribution Recommendations and the checklist, the Group recommended that:
 - The ad hoc committee on accountability further revise the proposed checklist by removing any duplication of information.
 - The MDP send the draft document, the recommendations and the revised checklist to NOTFs for further refinement and action.

-
- The refined checklist then be sent to the TCC for endorsement before incorporation into MDP's Mectizan® application form.
4. The Group was pleased to learn that testing of Mectizan® stability will be carried out on opened bottles for up to six months, which would help field operation timetables enormously.
 5. Bottlenecks in APOC funding of approved projects continue to be a major issue which often results in "pre-funding" by supporting NGDOs. The Group welcomed the clarification provided by APOC Management for the recovery of pre-funding advances by NGDOs. It is understood that any NGDO pre-funding of APOC projects must receive prior clearance from APOC Management. In addition, pre-funding of budget lines can only occur after the letter of agreement has been signed and within the approved budget lines. With respect to reimbursement, the NGDO must advise if transfer of funds shall be to headquarters or to NOTF.
 6. Further to the request of the eighth session of the TCC, the Group reviewed the issue of proposed CDTI projects without NGDO support and made the following recommendations:
 - That the NOTF concerned and the NGDO Coordinator, after consultation, must agree that all efforts to attract an NGDO partner have been unsuccessful.
 - That both the NOTF and the NGDO Coordinator communicate this to the TCC in writing, thus clearing the way for the exceptional review of the project in keeping with CSA recommendation.
 - The Group should develop, in collaboration with NOTFs, a checklist for local NGDO qualification for APOC partnership, to send to the TCC for consideration.
 7. The Group noted that NGDO partners were still needed to support CDTI projects in Nigeria (urgently in Ogun State), Cameroon, DRC, Liberia, Burundi, Ethiopia, Angola and Congo (Brazzaville).
 8. The Group was informed by APOC Management that mechanisms for recovering the 7.5% overheads were now in place. NGDOs interested in receiving their 7.5% overheads must request it in writing to APOC Management and provide them with the necessary banking information for the direct transfer of funds. The NOTF must write a letter informing APOC Management that overheads are approved for the given financial year (see TCC 8 report).
 9. The Group congratulated the NOTF/Cameroon on their tactful and efficient handling of the adverse reactions associated with *Loa loa* recently reported in Cameroon. The Group was, however, concerned about the complexity and legal implications of these cases. The Group therefore recommended that individual NGDOs contact their headquarters about possible legal problems in the future and that further discussions be held at the next meeting to coordinate relevant policy formulation. These should be facilitated by the report from the *Loa loa* proceedings due to take place in Tours (France) in October 1999.

It was also emphasized that NGOs are partners with the government and that governments and their respective NOTFs must take responsibility for severe adverse reactions if they occur, once a decision has been made to carry out mass distribution.

10. The Group expressed concern on being informed by MDP that, despite governments signing agreements to waive all taxes on Mectizan⁷ procurement, taxes were still being levied indirectly in various countries. The Group recommended that this important issue be taken up at JAF5.
11. The Group welcomed the comprehensive update on the Lymphatic Filariasis elimination programme. The Group reiterated its commitment to provide support to the programme where, and as appropriate, in accordance with the mission and mandate of its members. Such support would be greatly facilitated by the availability of precise maps of Lymphatic Filariasis and the resolution of safety issues regarding drug combination.
12. The Group supported the confirmation of TDR task force support for operations research related to onchocerciasis and the Lymphatic Filariasis programme. The Group also called for strengthening of the OTD¹ office in AFRO, which must help with coordination of APOC and Lymphatic Filariasis efforts.
13. The NGO Group expressed its regrets in marking this as the last meeting with Dr Daniel Etya'alé as Coordinator and wished him every success in his new responsibilities. The Group expressed a warm welcome to Ms Pamela Drameh, who will succeed Dr Etya'alé as the new Coordinator of the Group.
14. Similarly, the Group took note of Dr Jordan Kassalow stepping down as Chairperson of the Group effective 31 December 1999 and expressed its appreciation for the leadership he has given the Group over the years, particularly during his term of service as Chair. The Group also expressed its appreciation to Dr Christine Godin for accepting the serve as the new Chairperson. Group members were asked to forward to Catherine Cross nominations for the Vice Chair of the NGO Group.
15. It was agreed that the fifteenth meeting of the Group should take place on 26 - 27 February 2000 in Ouagadougou, Burkina Faso.

¹Other Tropical Diseases

ANNEX 1**AGENDA**

1. Opening of the meeting
2. Review of the report of the 13th meeting
3. Report of WHO (NGDO Coordination Group Office) 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
(technical, administrative and financial)
(NGDO Presentation at the October 1999 Donors' Conference)
7. Update and issues related to LF Elimination Programme
8. Timetable and priority activities for the NGDO Coordination Group for 1999/2000
9. Other matters
10. Conclusions and Recommendations
11. Special session on "Partnership in Lymphatic Filariasis/Onchocerciasis Control in Africa"

Date and Place of next Meeting

Closure of the Meeting

ANNEX 2

LIST OF PARTICIPANTS

Dr Mary M. Alleman, Associate Director, **Mectizan® Donation Program**, 750 Commerce Drive, Suite 400, Decatur, Georgia 30030, USA [Tel: (404) 371-1460; FAX: (404) 371-1138; E-mail: malleman@taskforce.org]

Mr John Barrows, Director of Programs, **International Eye Foundation**, 7801 Norfolk Avenue, Bethesda, Maryland 20814, USA [Tel: (301) 986-1830, ext. 17; FAX: (301) 986-1876; E-mail: jbarrows@iefusa.org]

Dr Glen Brubaker, **I.M.A. (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]

Mrs Catherine Cross, Director, Overseas Programme Department, **Sight Savers International**, Grosvenor Hall, Bolnore Road, Haywards Heath, West Sussex RH16 4BX, United Kingdom [Tel: 44-1444-446.600; FAX: 44-1444-446.677; E-mail: ccross@sightsaversint.org.uk]

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]

Mr Paul Derstine, Executive Director, **I.M.A. (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, Medical Director, **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 (*Deputy Chairperson*) [Tel: 33-1.40.61.99.06, FAX: 33-1.40.61.01.99; E-Mail: OPC@wanadoo.fr]

Dr Adrian Hopkins, C.R.H.P. (**CBM**) B.P. 406, Kinshasa 1, Democratic Republic of Congo [Tel. & FAX: 243-88.03.940, E-mail: Kincbm@maf.org]

Dr Jordan Kassalow Senior Advisor for Onchocerciasis, **Helen Keller International**, 90 West Street (2nd Floor), New York, NY 10006, USA (*Chairman*) [Tel.: (212) 766-5266; FAX: (212) 791-7590; E-mail: jkassalow@mindspring.org]

Professor Charles Mackenzie, Director a.i. Lymphatic Filariasis Program, **Mectizan® Donation Program**, 750 Commerce Drive, Suite 400, Decatur, Georgia 30030, USA [Tel: (404) 371-1460 ; FAX: (404) 371-1138; E-mail: cmackenzie@taskforce.org]

Dr Stefanie E.O. Meredith, Director, **Mectizan® Donation Program**, 750 Commerce Drive, Suite 400, Decatur, Georgia 30030, USA [Tel: (404) 371-1460 ; FAX: (404) 371-1138; E-mail: smeredith@taskforce.org]

Ms Marilyn Merz, Program Coordinator, **Lions Clubs International Foundation**, 300 22nd Street, Oak Brook, IL 60523, USA [Tel: 630-571-5466; FAX: (630) 571-5735; E-Mail: mmerz@lionsclubs.org]

Ms Elizabeth Nisbet, Manager of Training and Education, **Helen Keller International**, 90 West Street, 2nd Floor, New York, N.Y. 10006, USA [Tel: (212) 766-5266; FAX: (212) 791-7590; E-mail: enisbet@hki.org]

Mr J.-M. Niyonzima, Program Manager, **International Eye Foundation**, 7801 Norfolk Avenue, Bethesda, Maryland 20814, USA [Tel: (301) 986-1830; FAX: (301) 986-1876; E-mail: jmnnyonzima@iefusa.org]

Mr Don Padgett, **I.M.A. 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]

Mr John Palmer, President, **Helen Keller International**, 90 West Street, 2nd Floor, New York, N.Y. 10006, USA [Tel: (212) 766-5266; FAX: (212) 791-7590; E-mail: jpalmer@hki.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 (direct) or (404) 420-3830 (office); FAX: (404) 874-5515; E-mail: FXR1@CDC.GOV]

OBSERVERS

Ms Joan Fahy, **Liverpool School of Tropical Medicine**, Pembroke Place, Liverpool, L3 5QA, United Kingdom [Tel: 44-151-708- 9393 ext. 2261; FAX: 44-151-707-0155; E-mail: fahy@liv.ac.uk]

Ms Minne Iwamoto, **SmithKline Beecham** - LF Programme, One Franklin Plaza, FP 2130, P.O. Box 7929, Philadelphia, PA 19101-7929, USA [Tel: (215)-751-7096; FAX: (215)-751-4046; E-Mail: minne.h.iwamoto@sb.com]

Dr Sara Lustigman, Associate Member and Head, Molecular Parasitology Laboratory, **New York Blood Center**, 310 East 67th Street, New York, NY 10021-6295, USA [Tel: (212) 570-3119; FAX: (212) 570-31211; E-mail: slustigm@server.nybc.org]

Ms Susan Coleman, Art for Health and The Uniformed Services University of Health Sciences, **Art for Health, Inc.**, 454 M. Street, N.W., #3, Washington D.C. 20001, USA [Tel: (202) 393-2206; FAX: (202) 393-2207; E-mail: artforhealth@mindspring.com]

Professor D.H. Molyneux, Director, **Liverpool School of Tropical Medicine**, Pembroke Place,
Liverpool L3 5QA, United Kingdom [Tel: 44-151-708- 9393 ext. 2261;
FAX: 44-151-707-0155; E-mail: fahy@liv.ac.uk]

Ms Cynthia Sutor, President, **Air Care International**, P.O. Box 417, Goleta, California 93116,
USA [Tel: (805) 685-4144; FAX: (805) 685-8772; E-mail: aircare@silcom.com]

REPRESENTATIVES OF UN AND SPECIALIZED AGENCIES

Dr Philip E. Coyne, Jr., Onchocerciasis Coordination Unit, **The World Bank**, 1818 H. Street
N.W., Washington D.C. 20433, USA [Tel: (202)458-1511; FAX: (202)522-3157;
E-Mail: pcoyne@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 Jacqueline Dorante, Director, Corporate Relations, **U.S. Committee for UNICEF**,
33 East 38th Street, New York, N.Y. 10016, USA [Tel: (212) 922-2510; FAX: (212) 922-2508;
E-mail: jdorante@unicefusa.org]

Dr Emmanuel I. Gemade, **UNICEF**, Project Officer, Chronic Diseases, 30A Oyinkan Abayomi
Drive, P.O. Box 1282, Ikoyi, Lagos, Nigeria [Tel:01-2341-2690276-80;
FAX: 01-2341-2690726 E-mail: egemade@unicef.org]

SECRETARIAT

Mr J. Cheyne, Programme Management Officer, **Communicable Disease Eradication &
Elimination**, World Health Organization, 1211 Geneva 27, Switzerland
[Tel: 22-791.4802; FAX: 22-791.4850; E-mail: cheynej@who.ch]

Dr D.E. Etya'alé, Ophthalmologist, **Prevention of Blindness and Deafness**, World Health
Organization, 1211 Geneva 27, Switzerland (*Secretary*) [Tel: 22-791.26.42 / 34.16;
FAX: 22-791.47.72 (*direct*) or 22-791.07.46; E-mail: etyaaled@who.ch]

Dr O.O. Kale, Manager, Task Force on Community Directed Treatment of Onchocerciasis and
Lymphatic Filariasis, **CDS/CRD**, World Health Organization, 1211 Geneva 27, Switzerland
[Tel: 22-791.3814; FAX: 22-791.4774; E-mail: kaleo@who.ch]

Dr J.B. ROUNGOU, **OTD/AFRO**, Division of Integrated Disease Control (presently based in
Ouagadougou, Burkina Faso) [Tel: 226-34.29.59/60; FAX: 226-34.28.75;
E-mail: roun gou@ocp.oms.bf]

Dr A. Sékétéli, Director a.i. **APOC/OCP**, B.P. 549, Ouagadougou, Burkina Faso
[Tel: 226-34.29.59/60; FAX: 226-34.28.75 / 34.26.48; E-mail: seketeli@ocp.oms.bf]