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

Ouagadougou

26-27 February 2000

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1. OPENING OF THE MEETING

The fifteenth meeting of the NGDO Coordination Group for Ivermectin Distribution was opened by the Chair, Dr Christine Godin, who welcomed participants and congratulated Drs Sékétéli and Boatin on their appointment as Director of APOC and OCP respectively. She specifically welcomed Dr David Dyjack, Loma Linda University School of Public Health, who was attending the meeting for the first time as an observer. She thanked OCP and APOC Management for the support they provided in organizing this meeting.

The provisional agenda attached as Annex 1 was adopted without modification.

2. FOLLOW-UP ON THE RECOMMENDATIONS OF THE 14TH SESSION OF THE NGDO MEETING

Dr Godin highlighted those issues of the 14th session of the NGDO meeting report that required follow-up. It was noted that a number of these issues were part of the agenda items and discussions were appropriately referred to those sessions.

3. PROGRESS REPORT IN WHO ACTIVITIES IN RELATION TO THE NGDO COORDINATION GROUP FOR IVERMECTIN

WHO activities related to the NGDO Coordination Group since the last meeting (New York, September 1999) were summarized by Ms Pamela Drameh, who succeeded Dr Daniel Etya'alé as the new Coordinator of the Group.

3.1 Tours meeting 7 – 8 October 1999

Dr Etya'alé attended on 7 – 8 October 1999 in Tours, France a consultation on CNS disorders reported from Cameroon, following treatment with ivermectin in areas co-endemic for onchocerciasis and loasis. All twenty-eight cases which had occurred between April and May, 1999 were reviewed. This was followed by detailed discussion on measures (technical, administrative and financial) taken by the Cameroon NOTF to manage the situation.

Specific recommendations were made to address the Cameroon crisis, and new guidelines were produced for use in all areas co-endemic with onchocerciasis and loasis.

3.2 Attendance at Donors' meeting - Paris, 12 – 14 October 1999

Dr Etya'alé, Ms Pamela Drameh and Dr Christine Godin attended the Donors meeting in Paris.

The Plan of Action and Budget for the Onchocerciasis Control Programme (OCP) was presented, with emphasis on activities related to the transfer process. A gap of \$7.5 million for the years 2001 and 2002, was announced for OCP's operations.

Similarly, there is a shortfall of \$8 million for Africa Programme for Onchocerciasis Control (APOC) activities for the years 2000 and 2001. Finland, Poland, Canada and Ireland were welcomed as new donors to the programme. The forum was also informed that \$10 000 is available per funded project for operational research, and that proposals have not been

received. The importance of finding an NGDO to work with Ogun State, Nigeria was highlighted. Draft version of terms of reference for the first external evaluation of APOC operations was submitted to donors for review and further input.

Drs Etya'alé and Godin made a presentation at this forum on the role of the NGDO, with emphasis on current achievement and constraints. A joint presentation was also made by Jeff Watson, CBM and Ms. Francisca Olamiji Onjeka, (MITHOSATH) on the partnership between international and local NGDOs in Taraba State, Nigeria.

3.3 Attendance at the JPC/JAF (6 – 10 December 1999)

NGDOs were for the first time, asked to make a presentation to the JPC on their support to Ivermectin Distribution Programmes in OCP countries. The presentation was made by Christine Godin. The forum was informed that in 1998 NGDOs supported the treatment of over 2 million people in Mali, Guinea, Ghana and Senegal, and that there are request for NGDOs to expend their activities. The need to establish a coordination group at the national level, in OCP countries, using the NOTF model in APOC countries was also raised.

Daniel Etya'alé and Jordan Kassalow made a joint presentation to the JAF. The presentation focused on the historical perspective of the Group, its current work, its strategy to support APOC, and the challenges facing the Group. The forum was also informed that 69% of the CDTI projects approved by APOC were pre-established NGDO projects.

3.4 Ad hoc Meeting of the Group - The Hague (8 December 1999)

An ad hoc meeting of the NGDO Coordination Group was convened to coincide with the JAF given that most members of the Group were going to be represented at the JAF. The main aim of the meeting was to follow-up on some of the recommendations of the 14th NGDO meeting.

In attendance were: Christine Godin (OPC), Paul Derstine (IMA), Stefanie Meredith (MDP), Frank Richards (GRBP), Jordan Kassalow (HKI), Catherine Cross (SSI), Adrian Hopkins (CBM), Serge Resnikoff (WHO), Daniel Etya'ale (WHO), and Pamela Drameh (WHO).

Catherine Cross confirmed that the majority of nominations forwarded for the Vice-Chair of the Group were for Paul Derstine. The Group welcomed this development following Paul's willingness to accept this position.

The possibility of appointing somebody from the field as an alternate on the TCC was discussed, with Jeff Watson named as a potential candidate.

It was agreed to extend the ad hoc committee on administrative burden on field staff until February. Professor Detlef Prozesky was identified as a possible consultant to review the impact of all current administrative procedures and requirements on field staff and project performance. MDP also indicated that it would consider funding the review.

The Group also recognized the need to hold a similar session in Europe (Geneva) to the one held in September 1999 in New York, aimed at mobilising support and resources for the onchocerciasis control and for LF.

3.5 Visits to participating countries – Chad, December 1999

This was a joint visit with representatives from APOC, OCP, WHO-HQ, and WHO-AFRO. The main purpose of this visit was:

- (i) to meet with all the partners of the National Onchocerciasis Task Force in order to evaluate the current situation and discuss the development of the onchocerciasis control programme activities;
- (ii) to revitalize the partnership and help resolve the problems that have all along hindered its progress; and
- (iii) at the request of OPC, to train its new Accounts Officer and to re-train all other accounts officers.

Some of the problems identified included the following:

- Each partner had a different understanding of the structure and role of the NOTF and the NOTF Secretariat.
- Onchocerciasis control activities are not included in the national budget as agreed during a visit by the Manager of APOC to Chad in January 1998.
- One of the NGDO partners indicated that it would not be able to fund the Technical Assistance position, as well as the maintenance and/or the replacement of the vehicles, and equipment (computers, printers, etc), which represent its contribution to the project.
- In the absence of any policy on the usage of cost recovery funds, APOC funds were used to motivate CDDs, contrary to the philosophy of the program.
- The team noted that Chad has not attended any of the JAF sessions, and took this - opportunity to remind the MOH of the next meeting to be held in Cameroon.
- One of the NGDO partners has chaired the NGDO coalition since its conception. A recommendation was therefore made that this position be rotated.

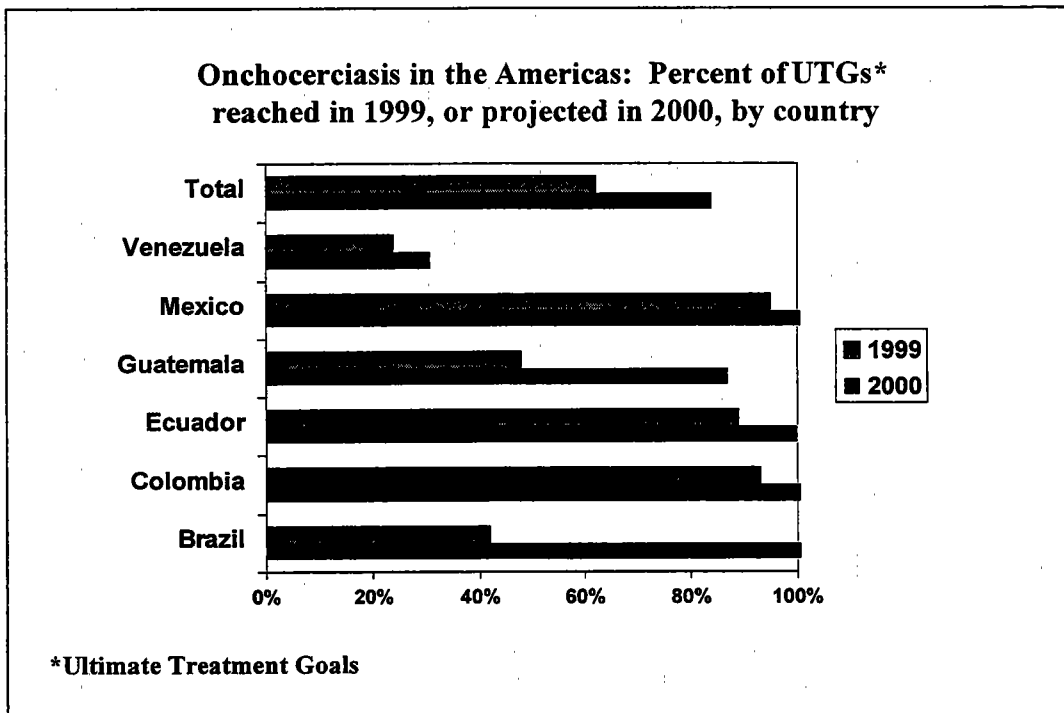
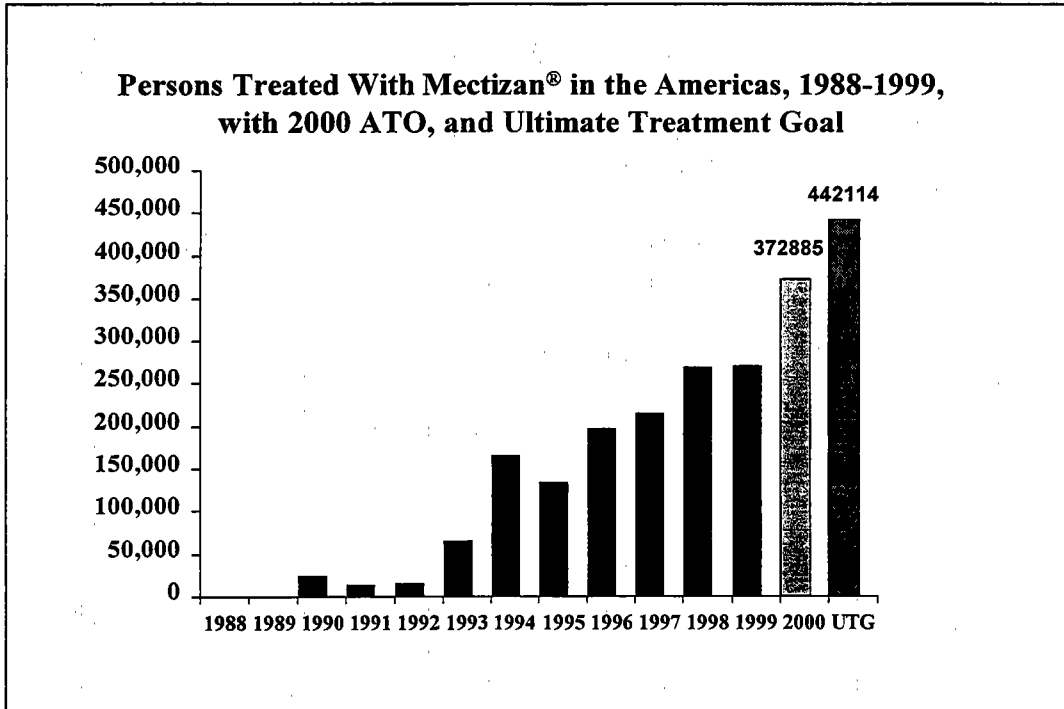
At the end of the visit solutions were identified to address these problems, and there was willingness on the part of all concerned to ensure that the programme meets its objectives.

4. UPDATE ON COUNTRY ACTIVITIES

4.1 Onchocerciasis Elimination Program for the Americas (OEPA)

Dr Frank Richards gave an update on the Onchocerciasis Elimination Program for the America (OEPA) and the Carter Center's activities in all the endemic areas in the Americas.

The programme had been working on the refinement of at-risk population to determine the ultimate treatment goal (UTG). The results by year were, 1995 – 4 700 000, 1996 – 1 574 470 and 1999 – 646 534 (source 1995 data, WHO Technical Report Series 1995, 852:30 and 1996 data, WER 1996, 71:277-280). Treatments over the years, the percent of the ultimate treatment goal reached are presented in the charts below. The Carter Center would be looking at developing UTG for the other programmes it supports beginning with Uganda.



The Group was informed that the programme in the Americas was developing guidelines for certifying the elimination of onchocerciasis and was willing to share this with OCP who has a similar objective, elimination of onchocerciasis, with OEPA.

The Group agreed with the recommendation put forward by Frank Richards that at subsequent meetings individual NGDO members will have the opportunity to present to the

forum their overall programme and the way in which onchocerciasis activities were integrated into it.

4.2 Onchocerciasis Control Programme (OCP)

Dr Boakye Boatin, Director of OCP presented the zones for Mectizan® treatment in the OCP showing the areas receiving once and twice a year treatment as well as the new areas brought on board in 1996. In 1999 OCP planned to treat 21 000 villages (morbidity and transmission control) and 18 000 (86%) villages actually treated by the countries.

Treatment was stopped in Sierra Leone due to the security situation, but Sierra Leone had now developed a National Plan. It was agreed that the Plan would be shared with members of the Group. There are plans to use the APOC model for the oncho control programme in Sierra Leone with the hope of additional funding being made available after OCP. This could be done through the following ways:

- Sierra Leone becoming one of the APOC countries at the end of OCP with additional funding made available.
- World Bank funds to be made available for oncho control activities under the Sierra Leone Health Programme.

Dr Boatin listed the challenges currently facing the programme as:

- Supervision from health staff
- Logistics
- Incentives and motivations (a study looking at this issue is being done by Professor Prozesky)
- Recording in villages where there are no literate distributors (pictorial forms were being developed)

In 1998, NGDOs supported the treatment of 3.4 million people in OCP countries (please refer to Table 1). The Group was informed that:

- CBM and SSI were still interested in supporting Mectizan distribution in Sierra Leone,
- SSI will supporting oncho control activities in Togo, and
- The MOH in Côte d'Ivoire has had discussions with a number of NGDOs on support for CDTI.

4.3 African Programme for Onchocerciasis Control (APOC)

In 1999 NGDOs supported the treatment of around 17 million people in APOC countries (please refer to Table 3). Updates on oncho control activities in some of the APOC countries as discussed are as follows:

- *Liberia*: The first activity, training has been done with the support of Sight Savers International.

- *DRC*: APOC Management has received the first CDTI proposal from DRC and a joint visit (APOC Management and OPC) was planned for March, 2000.
- *Rwanda*: Countrywide REMO had been conducted showing hypo-endemicity throughout the country.
- *Gabon*: Completion of REMO has shown hypo-endemicity throughout the country with the exception of a few villages seen to be meso-endemic. Oncho activities had already commenced in Gabon before this finding. Gabon has an approved National Plan and CDTI proposal.
- *Ethiopia*: A CDTI proposal will be submitted to the TCC in the area where REMO had been undertaken with the Carter Center as the supporting NGDO. It was agreed that Ethiopia would be invited to any to any workshop held in the East African Region.
- *Equatorial Guinea*: Concerns were raised on the role the NGDO partner (the Barcelona University) in implement the CDTI project. Mobile treatment was still the strategy being used by the NGDO while the MOH was moving towards CDTI.

4.4 NGDO supported Mectizan® Treatment

TABLE 1: NGDO SUPPORTED IVERMECTIN TREATMENT IN OCP COUNTRIES

COUNTRY	1999 TREATMENT							2000		
	TARGET POPULATION (In country)	NGDOS & OTHER AGENCIES	TARGET POPULATION (In project area).	ANNUAL TREATMENT OBJECTIVES (ATO)	TOTAL TREATMENT	ATO Coverage (%)	Overall Coverage In Project Area (%)	TOTAL COST (USD)	ANNUAL TREATMENT OBJECTIVES	BUDGET ESTIMATES (USD)
SENEGAL		OPC	138,916	138,916	107,905	77.68	77.68	17,145	138,916	32,778
MALI		OPC	884,827	884,827	681,239	76.99	76.99	48,469	884,827	62,780
MALI		SSI	952,300	952,300	774,284	81.31	81.31	82,132	809,455	66,470
GUINEE		OPC	1,021,557	1,021,557	828,968	81.15	81.15	69,951	1,021,557	76,333
GUINEE		SSI	1,064,800	1,064,800	716,113	67.25	67.25	91,932	1,064,800	60,512
GHANA		SSI	503,154	503,154	368,135	73.17	73.17	13,810	503,154	19,786
		Grand Total	4,566,554	4,566,554	3,476,644	76.15	76.15	323,439	4,422,709	318,659

TABLE 2: NGDO SUPPORTED IVERMECTIN TREATMENT IN OEPA COUNTRIES

COUNTRY	1999 TREATMENT							2000		
	TARGET POPULATION (In country)	NGDOS & OTHER AGENCIES	TARGET POPULATION (In project area).	ANNUAL TREATMENT OBJECTIVES (ATO)	TOTAL TREATMENT	ATO Coverage (%)	Overall Coverage In Project Area (%)	TOTAL COST (USD)	ANNUAL TREATMENT OBJECTIVES	BUDGET ESTIMATES (USD)
OEPA	646,534	CBM	31,524	27,296	25,317	92.75	80.31	58,705	18,629	85,000
OEPA	646,534	GRBP	615,010	372,885	272,396	73.05	44.29	0	372,885	0
		Grand Total	646,534	400,181	297,713	74.39	46.05	58,705	391,514	85,000

TABLE 3: NGDO SUPPORTED IVERMECTIN TREATMENT IN APOC COUNTRIES

COUNTRY	TARGET POPULATION (In country)	NGDOS & OTHER AGENCIES	TARGET POPULATION (In project area)	1999 TREATMENT				2000		
				ANNUAL TREATMENT OBJECTIVES (ATO)	TOTAL TREATMENT	ATO Coverage (%)	Overall Coverage in Project Area (%)	TOTAL COST (USD)	ANNUAL TREATMENT OBJECTIVES	BUDGET ESTIMATES (USD)
NIGERIA	26,260,000	CBM	2,020,000	1,642,000	1,650,458	100.52	81.71	98,000	1,758,000	102,000
		GRBP	4,755,400	4,186,500	4,083,075	97.53	85.86	782,000	4,693,300	1,572,000
		SSI	2,970,223	2,696,000	2,479,317	91.96	83.47	80,917	2,816,000	128,457
D.R. CONGO		UNICEF	5,110,000	3,350,000	3,126,332	93.32	61.18	230,000	4,720,000	375,000
		HKI	2,327,731	1,330,288	909,390	68.36	39.07	70,500	1,150,000	134,000
	17,920,000	CBM	3,350,000	390,000	325,520	83.47	9.72	133,650	911,000	191,650
CAMEROON	3,670,000	GRBP	921,144	817,134	678,444	83.03	73.65	280,000	826,714	368,000
		HKI	554,111	360,171	187,111	51.95	33.77	150,000	360,171	150,000
		IEFI	341,394	170,115	65,180	38.32	19.09	50,200	190,932	100,000
		SSI	1,216,896	402,993	274,851	68.20	22.59	129,650	531,216	264,409
	1,690,000	GRBP	0	638,132	409,646	64.19	#DIV/0!	227,000	557,784	510,000
LIBERIA	2,360,000	SSI	1,108,469	0	0	#DIV/0!	0.00	9,475	400,000	29,550
	1,530,000	CBM	200,000	130,000	143,732	110.56	71.87	2,500	160,000	3,000
		GRBP	997,099	821,748	819,467	99.72	82.19	362,000	906,500	346,000
MALAWI		SSI	216,096	182,000	174,535	95.90	80.77	26,315	180,000	25,102
	1,400,000	IEF	425,973	272,000	219,361	80.65	51.50	86,502	272,000	101,899
	1,310,000	SSI	305,585	199,912	188,185	94.13	61.58	16,160	240,448	20,464
CHAD	1,270,000	IMA	0	137,411	120,000	87.33	#DIV/0!	98,000	0	0
		AFRICARE	0	0	0	#DIV/0!	#DIV/0!	0	0	0
CAR		OPC	355,085	355,085	199,807	56.27	56.27	38,677	0	53,298
	700,000	CBM	1,000,000	750,000	934,158	124.55	93.42	166,000	950,000	160,000
Grand Total			28,175,206	18,831,489	16,988,569	90.21	60.30	3,037,546	21,624,065	4,634,829

4.5 REMO / GIS STATUS IN APOC COUNTRIES, JULY 2000

REMO and GIS status in APOC countries is summarized below.

Country	Current Status of REMO/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.	NOTF completed the maps with validated data from others sources or further REA. CDTI areas defined & approved by NOTF partners. Refinement of the current REMO map request by NOTF on process
2. Cameroon	REMO completed and data entered in GIS. Comprehensive maps of the distribution of the disease are available. Most areas for CDTI have been identified.	Further refinement of the initial maps needed, NOTF is performing REA studies to complete available maps and to determine areas co-endemic for onchocerciasis and loasis.
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 (CDTI) areas defined on the map.
4. Tanzania	REMO and REA data integrated in GIS a comprehensive map of the distribution of the disease is available.	CDTI areas to be updated and approved by the NOTF
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 CDTI 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 & REMO data entered in GIS. A comprehensive map of the distribution of the disease is available. Areas for CDTI have been identified on the maps	Additional data needed on the borders with Sudan and Democratic Republic of Congo.
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 CDTI have been identified on the map.	NOTF to refine CDTI areas. Refinement of the available map on process.
8. Congo	REMO, skin snips and depigmentation data for the southern Congo entered in GIS.	Nationwide REMO on going since June 2000.
9. Gabon	Historical and REMO data entered in GIS. Onchocerciasis is hypo endemic in the country	CDTI not applicable in the country. Clinic-based treatment to be performed.
10. Mozambique	REMO exercise in the northern of the country was not satisfactory.	Nation-wide REMO to be implemented
11. Malawi	REMO completed and data entered in GIS. A comprehensive map of the distribution of the disease is available areas for CDTI have been identified on the maps.	Minor refinement be the NOTF still needed.
12. Chad	Historical data and REMO data of two prefectures (Guera & Salamat) entered in GIS. Areas for CDTI have been identified on the maps.	No further refinement needed.
13. D.R. Congo	Most activities delayed due to civil unrest. REMO completed in Kasai and Ueles Regions, REMO exercise on going in Bandundu Province.	REMO to be completed when and where feasible.
14. Kenya	REMO data of the Western Kenya entered in GIS. Onchocerciasis is hypo endemic.	Country-wide REMO to be implemented to assess that onchocerciasis is hypo endemic in all the country.
15. Liberia	REMO completed and data entered in GIS. A comprehensive map of the distribution of the disease is available. Areas for CDTI have been identified on the maps	No further additional data needed.
16. Rwanda	REMO completed and data entered in GIS. Onchocerciasis is hypo endemic in the country.	No additional data needed. Onchocerciasis to be treated on clinical basis.
17. Burundi	REMO to be implemented when feasible.	
18. Angola	REMO to be implemented when feasible.	
19. Equatorial Guinea	Historical data and REMO data entered in GIS. Areas for CDTI have been identified on the maps.	No further data needed.

5. ISSUES RELATED TO APOC OPERATIONS

Dr Azodogo Sékétéli presented the organigram of APOC Management approved by CSA and rectified by the JAF. APOC Management will be looking to fill the vacancies under the Sustainable Drug Distribution and Epidemiology and Vector Elimination Units.

The following issues were discussed: monitoring of APOC-funded CDTI project, pre-funding by NGDOs, census for Mectizan® distribution, APOC mid-term evaluation, and the meeting of APOC partners.

5.1 Timetable and participation of NGDO staff in monitoring activities

In 1999, the monitoring of APOC funded projects involved field officers, and 17 external monitors (not linked to the projects) who were the principle monitors. It was agreed that the key findings of the independent monitoring would be summarized by APOC Management and made available to all partners.

The Group was informed that APOC Management had written to National Coordinators proposing that NOTFs take charge of monitoring projects. NOTFs were asked to use APOC monitoring instruments (developed in Ibadan) in order to have uniform reporting. Where assistance is required from NGDOs this would need to be communicated and agreed to by Head/Regional Offices of the NGDOs concerned so that personnel absences can be anticipated and included into their work plan.

5.2 Pre-funding by NGDOs

It was noted that there had been delays in the disbursement of funds in some projects. Some of the reasons for these delays were the need to ensure that project accounts had been set up, and the lateness in the submission of financial reports.

The Group noted with concern the considerable delays in financial reporting experienced by most projects. APOC Management noted that a number of these projects continued to be pre-financed by NGDOs and recommended that NGDOs not pre-fund projects that had not yet been approved in full by the CSA and have yet to sign the letter of agreement. APOC Management was requested to prepare and update on a quarterly basis the list of projects that have not submitted financial reports, and advise the HQ of the appropriate NGDOs, through the NGDO Coordinator. It was agreed that Management of the appropriate NGDOs should try to assist in rectifying the problem.

5.3 Registration (census) for Mectizan® Distribution

Monitoring reports indicated that village census was not being conducted and JAF recommended that a census exercise be undertaken. The Group agreed that NOTFs should not be encouraged to repeat census where it had already been done but that reports should be verified in these areas. It was emphasized that census taken was part of the role of community directed distributors (CDDs).

5.4 APOC mid-term external evaluation

The forum was informed that the CSA would be responsible for the organization of the mid-term external evaluation of APOC. A seven-member team will be selected out of the 12 people recommended and the evaluation should be completed before the JAF in December 2000.

The importance of the forthcoming external review of APOC was noted and the Group requested that sufficient notice be given to NGDOs with regards to their input to ensure that key personnel are available when needed. The Group recommended that the NGDO Coordinator be key resource person for the external review team.

5.5 Meeting of APOC Partners

Representatives from the nine APOC countries implement CDTI will be invited to attend this meeting. The meeting will address the concept of partnership and how it could be improved, and where the programmes are with regards to the CDTI strategy and the Vector elimination exercise amongst other issues. The final document will be presented at the next JAF.

6. REPORT BY THE AD HOC COMMITTEE ON ADMINISTRATIVE BURDEN ON FIELD PERSONNEL

The Group was informed that Professor Prozesky had agreed to undertake the review on the administrative burden on field personnel, and that field visits were planned for June and July, 2000. Three countries were selected for visits Nigeria, Cameroon and Uganda. The Coordinator was requested to draft a budget and work plan as soon as possible and liaise with potential funders.

7. UPDATE FROM MDP

The Group was informed that Merck was still working on guidelines for the safe and secure disposal and/or destruction of expired Mectizan®. In the interim Mectizan® should not be buried or partially burnt and buried.

It was also noted with interest that studies on the efficacy of Mectizan® tablets after bottles have been opened for periods more than 8 weeks, began in November and the Group looked forward to receiving a report at the next meeting.

The updated version of the Mectizan® supply and distribution questionnaire was received with appreciation and the Group requested that final amendments be made and presented to the MEC with the view to eventual use by the NOTFs.

The Group recognized the need to have a series of actions in place in the event of severe adverse reaction associated with co-endemicity of onchocerciasis and *Loa loa*, and looked forward to the final recommendation from the Mectizan® Expert Committee. These recommendations would need to be adapted and implemented by the countries in question. APOC Management urged the NGDOs to review their individual agreements with MOH to include a clause stating that the treatment regime within the country was the responsibility of the MOH in that country.

8. MOBILIZATION AND NEW NGDOS AND RESOURCES

8.1 Strategy to attract new NGDOs and Resources

It was noted that a number of NGDOs had attended around two NGDO Group meetings as observers and in accordance with the criteria for membership, the Group recommended that the Chair and Coordinator invite those qualifying for membership to become members.

NGDOs noted that funding continues to be a constraint on their capacity to expand and on the ability to attract new NGDOs.

The need to encourage commitment at the senior level of the NGDOs leadership was emphasized. Members of the Group whose organizations are also members of the Task Force of the International Agency for the Prevention of Blindness (IAPB) are urged to ensure that onchocerciasis continues to be a priority within Vision 2020 – Right to Sight.

Following the proposed trip of the Coordinator and the Vice-Chair to the USA, the Group requested that ideas for mobilizing additional funds should be circulated by e-mail with the intent of developing proposals for presenting to the CSA in May.

8.2 Guidelines for NGDO involvement in APOC at the country level

Guidelines for NGDOs wishing to participate in onchocerciasis control programmes within APOC at country level were reviewed for submission to the TCC. It was agreed that the criteria for membership will be for both local and international NGDOs wishing to work at the country level and not limited to local NGDOs. The Group emphasized the need to encourage NGDOs already experienced within APOC to sponsoring and mentoring NGDOs that was still developing its financial and technical systems and capacity. (See Annex 3)

9. UPDATE ON LYMPHATIC FILARIASIS ELIMINATION (LFE)

Dr Francesco Rio, WHO/HQ gave an update on the global LF Elimination Programme. Regional Plans were in the process of being developed and a workshop on mapping LF was going to be held in Ouagadougou (March 2000).

The Group welcomed the update on LF and noted the potential overlap of LF endemicity in villages also affected by onchocerciasis. The Group noted the future challenge and complexities that will arise in coordinating the two programmes.

10. PLACE AND DATE OF NEXT MEETING

It was agreed that the sixteenth meeting of the Group should take place on 13 –14 September 2000, in Geneva, Switzerland.

CONCLUSION AND RECOMMENDATIONS

1. It was noted that reports of Mectizan® treatments received by APOC Management are different from reports received and reported by NGDOs and MDP. As a consequence, the Group recognized the need to harmonize treatment reports in order to ensure accuracy and consistency. A sub-committee was created to review this issue and report to the next NGDO meeting. It was also acknowledged that the sub-committee should liaise with the consultant charged with reviewing the administrative burden on field personnel. (See item 11)
2. The Group agreed with the recommendation put forward that at subsequent meetings individual NGDO members will have the opportunity to present to the forum their overall programme and the way in which onchocerciasis activities were integrated into it.
3. OCP agreed to communicate the Plan of Action for Sierra Leone to the NGDOs concerned with the view to reviving Mectizan® distribution within the country.
4. The Group noted that the APOC monitoring exercises would be decentralized and now organized by the NOTFs themselves using instruments developed by APOC. Where assistance is required from NGDOs this would need to be communicated and agreed to by Head/Regional Offices of the NGDO concerned so that personnel absences can be anticipated and included into their work plan.
5. The Group welcomed APOC Management's intention to summarize the key issues arising from the many monitoring exercises already undertaken in order to record best practices and common faults in programme management. The results will be communicated to all partners.
6. The Group noted with concern the considerable delays in financial reporting experienced by most projects. APOC Management was requested to prepare and update on a quarterly basis the list of projects that have not submitted financial reports, and advise the HQ of the appropriate NGDOs, through the NGDO Coordinator. Management of the appropriate NGDOs shall try to assist in rectifying the problem.
7. The Group agreed with the recommendation of APOC management for NGDOs not to pre-fund projects that had not yet been approved in full by the CSA and have yet to sign the letter of agreement.
8. The Group acknowledged the need for adequate registration (census) for ivermectin distribution programmes but expressed concern about the short time frame given by APOC for census updates, and proposed that the census process carried out in the course of CDTI projects be strengthened during the year in order to provide more accurate data than is currently available on the target population.
9. The importance of the forthcoming external review of APOC was noted and the Group requested that sufficient notice be given to NGDOs with regards to their input

to ensure that key personnel are available when needed. The Group recommended that the NGDO Coordinator be key resource person for the external review team.

10. The Group recognized the value of the planned APOC partners meeting on 22 - 26 May 2000. Several members of the Group regretted that they would be unable to attend.
11. The Group welcomed the choice of Professor Prozesky to undertake the review on the administrative burden on field personnel, and requested that the Coordinator draft a budget and work plan as soon as possible and liaise with potential funders. All effort should be made to complete this entire administrative review exercise in time for submission of the final report to the next NGDO meeting and presentation to the JAF.
12. Regarding the supply of Mectizan®:
 - (i) The Group noted that studies were still ongoing on the safe disposal of Mectizan and requested that procedures be presented by MDP at the next meeting. In the interim Mectizan® should not be buried or partially burnt and buried.
 - (ii) It was also noted with interest that studies on the efficacy of Mectizan® tablet after bottles have been opened for periods more than 8 weeks began in November and the Group looked forward to receiving a report at the next meeting.
 - (iii) The updated version of the Mectizan® supply and distribution questionnaire was received with appreciation and the Group requested that final amendments be made and presented to the MEC with the view to eventual use by the NOTFs. The group thanked James Coney for his work on this project.
13. The Group recognized the need to have a series of actions in place in the event of severe adverse reaction associated with co-endemicity of onchocerciasis and *Loa loa*. The Group looked forward to the final recommendation from the Mectizan® Expert Committee that would need to be adapted and implemented by the countries in question. APOC Management urged the NGDOs to review their individual agreements with MOH to include a clause stating that the treatment regime within the country was the responsibility of the MOH in that country.
14. The Group recommended that the Chair and Coordinator to review the status of current observers and invite those qualifying for membership to become members. The need to encourage commitment at the senior level of the NGDOs leadership was emphasized.
15. The Criteria for membership for local and international NGDOs was discussed. Guidelines for membership at country level were reviewed for submission to the TCC. The Group thanked Catherine Cross and Jeff Watson for their work on this issue.

16. Members of the Group whose organisations are also members of the Task Force of the International Agency for the Prevention of Blindness (IAPB) are urged to ensure that onchocerciasis continues to be a priority within Vision 2020 – Right to Sight.
17. NGDOs noted that funding continues to be a constraint on their capacity to expand and on the ability to attract new NGDOs. Following the proposed trip of the Coordinator and the Vice Chair to the USA, the Group requested that ideas for mobilizing additional funds should be circulated by e-mail with the intent of developing proposals for presenting to the CSA in May.
18. The Group welcomed the idea of a brochure describing its activities, which can be used to attract new members and Donors.
19. The Group welcomed the update on LF and noted the potential overlap of LF endemicity in villages also affected by onchocerciasis. The Group noted the future challenge and complexities that will arise in coordinating the two programmes.
20. It was agreed that the sixteenth meeting of the Group should take place on 13-14 September 2000 in Geneva, Switzerland.

ANNEX 1

AGENDA

1. Opening of the meeting
2. Review of the report of the 14th 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)
7. Update and issues related to LF Elimination Programme
8. Timetable and priority activities for the NGDO Coordination Group for 2000
9. Other matters
10. Conclusions and Recommendations

Date and Place of next Meeting

Closure of the Meeting

ANNEX 2

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ANNEX 3

CRITERIA FOR LOCAL AND INTERNATIONAL NGDO INVOLVEMENT IN ONCHOCERCIASIS CONTROL PROGRAMMES WITHIN A GIVEN COUNTRY

PROCEDURE

NGDOs wishing to participate in onchocerciasis control programmes within the African Programme for Onchocerciasis Control (APOC) should first address their application informally to the Chairperson of the NGDO Coalition, and then officially to the Chairperson of the National Onchocerciasis Task Force (NOTF).

CRITERIA

The NOTF will consider the application against the following criteria:

- 1. CREDIBILITY OF THE NGO**
 - a) Legally registered with the government
 - b) History of activities/accomplishments (years of operation)
 - c) References from persons/groups who know their activities (especially MOH and NGDO)
 - d) Willingness to attend NOTF meetings on a regular basis.

- 2. PRESENT INFRASTRUCTURE/STAFFING IN PLACE**
 - a) Board of Trustees/Directors
 - b) Organisational structure (qualifications of personnel)
 - c) National and international affiliations
 - d) Office space, equipment (vehicles, computers, etc.), supplies on hand

- 3. FINANCIAL BASE FOR SUPPORT OF ACTIVITIES***
 - a) Availability of funding
 - b) Donor base and other sources of funds (and potential for long-term support)
 - c) Accounts system for managing funds
 - d) Audited accounts

- 4. TECHNICAL CAPABILITIES***
 - a) Management and administration

- b) Community development approach and experience in the area of proposed activities
- c) Public health and social services experience
- d) Onchocerciasis control experience, where this exists

* Where the applicant is still developing its financial and technical systems and capacity, its application may be considered favourably provided that an NGDO already experienced within APOC and with the necessary systems in place is prepared to sponsor and mentor the applicant.