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**ORGANISATION MONDIALE DE LA SANTE**

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**Report of the Eighteenth Meeting of the  
Nongovernmental Development  
Organizations Coordination  
Group for Onchocerciasis Control**

**Paris**

**6 - 7 September 2001**

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## 1. OPENING OF THE MEETING

The eighteenth meeting of the NGDO Coordination Group for Onchocerciasis Control was opened by Dr Dominic Négrel, Director of Programmes, Organisation pour la Prévention de la Cécité (OPC). Dr Négrel welcomed members of the Group to OPC on behalf of its President, Professor Y. Pouliquen and wished the meeting fruitful deliberations.

The Group was pleased to note the presence of MITOSATH and Project Concern International as observers to the meeting.

## 2. FOLLOW-UP ON THE RECOMMENDATIONS OF THE 17<sup>TH</sup> SESSION OF THE NGDO MEETING

Dr Godin (Chairperson) highlighted those issues of the 17<sup>th</sup> session of the NGDO meeting report that required follow-up. A number of these issues were part of the agenda items, and discussions were appropriately referred to those sessions.

The Group was informed that a joint TCC/NGDO (OPC) visit was successfully undertaken to Chad and that significant progress had been made in Mectizan® treatment.

The document "An investigation into the administrative requirements of APOC" by Prozesky et al., had been submitted to the TCC at its 12<sup>th</sup> session but had not yet been reviewed by it. A sub-committee was convened during this meeting to review the core activities in APOC programmes recommended to be given priority. These core activities were revised (see Annex 2) and the Group recommended that the TCC review them with a view to their application at country level in Phase II of APOC.

## 3. PROGRESS REPORT ON WHO ACTIVITIES IN RELATION TO THE NGDO COORDINATION GROUP FOR ONCHOCERCIASIS CONTROL

WHO activities related to the NGDO Coordination Group since the last meeting (Ouagadougou, March 2001) are summarized as follows:

### 3.1 Attendance at the Twelfth Technical Consultative Committee Meeting (TCC) 12-16 March 2001

TCC received and reviewed **forty-three** progress reports from Cameroon, Chad, Ethiopia, Democratic Republic of Congo (DRC), Nigeria, Sudan, Tanzania and Uganda, with their corresponding subsequent budgets; **seven** CDTI project proposals from Cameroon, DRC, Ethiopia, Nigeria and Tanzania. Of these, **four** progress reports from Cameroon and Chad did not meet the TCC's requirements and were rejected for re-submission. **Three** CDTI proposals from DRC and Nigeria were rejected with additional information requested.

TCC reviewed the draft Programme Document (Phase II APOC) for forwarding to the CSA. The Committee agreed that there was a need to redefine the role of the TCC to align it with its technical mandate. In this light, TCC12 developed a description of the TCC responsibility for the Programme Document in its Phase II for acceptance by the CSA.

### **3.2 Attendance at CSA 93 & 95**

#### CSA 93 (Paris, 29-30 March 2001)

The Chair and Coordinator of the NGDO Coordination Group represented the Group at the 93<sup>rd</sup> session of the Committee of Sponsoring Agencies (CSA) hosted by Organisation pour la Prévention de la Cécité (OPC) at its headquarters in Paris. The Programme Document as revised by the TCC12 was presented to the CSA for its consideration. This agenda item took up most of the time of the CSA session. Other issues discussed at this meeting included, a report on the fund mobilization visits to donor countries, membership of the TCC (Independent Scientist Group and NGDOs), progress report by the World Bank on the funding proposal to the Gates Foundation and a report on the NGDO Group activities.

CSA agreed to convene an ad hoc session in May 2001 in Geneva to further review the Programme Document.

#### CSA 95 (Rome, 4 - 6 July 2001)

The ninety-fifth session of the CSA was held at FAO Headquarters in Rome. The Chair, Vice-Chair and Coordinator of the Group attended this meeting.

The Committee reviewed a consolidated version of the Programme Document and made a series of suggested modifications to be incorporated in the final proposal for submission to the JAF in December 2001. The recommendations made by the Group at its 18<sup>th</sup> meeting on the TCC and CSA membership were strongly reiterated at this session. The Committee also discussed a request made for the transfer of Sierra Leone from OCP to APOC, at the closure of OCP. Other agenda items included:

- Support to socio-economic development in onchocerciasis-freed zones
- The closure of OCP
- Preparation for JCP22/JAF7 in Washington
- New TCC procedure

### **3.3 Visits to Participating Countries**

#### Uganda, 27 May - 1 June 2001

A joint WHO/APOC (Dr Uche Amazigo), WHO/HQ (Ms Pamela Drameh), World Bank (Ms Joyce Msuya-Mpanju) visit was undertaken to Uganda with the purpose of :

- Attending an Inter-Agency meeting to harmonize the implementation of Community Based Health Programmes.
- Participating in an NOTF Review Meeting.
- Reviewing the draft Community Self-Monitoring Guide with the NOTF.

The key issues looked at during the Inter-Agency Meeting included:

- The process of implementing Community-Directed Interventions and the role of partners.
- Partnership building.
- The motivations of community-based workers and demands for incentives.

The visiting team also participated in an NOTF review meeting which focused on progress of CDTI activities in 2001, and the strategic planning for sustainability of CDTI after external funding ceased.

#### Tanzania, 1 - 13 June 2001

The team (as stated above) proceeded to Tanzania following the visit to Uganda. The main objectives of this visit were:

- To review with the NOCP and NOTF the progress of onchocerciasis control activities.
- To visit the Mahenge CDTI project and hold discussions with district officials and community leaders and members.

The team visited Ulanga and Kilombero districts in Morogoro Region and held discussions with over 40 community members including representatives from the village and district authorities. One of the findings from the visit was the need for further training of rural health workers on their roles and responsibilities in onchocerciasis control activities, in particular their supervisory roles.

The team participated in an annual review meeting of the National Onchocerciasis Control Programme (NOCP). The objective of the meeting was to review the progress of the NOCP in the year 2000/2001, particularly the successes and constraints of projects and implementation plans for the following year 2001/2002.

### **3.4 NGDO Group Onchocerciasis Programme Support Statement**

The Group approved a formula for members to report the direct and indirect costs they incurred in Year 2000 in support of projects. This effort was designed to determine the true cost of the Group's contribution to onchocerciasis control programmes. A consolidated preliminary report showed that NGDOs contributed a total of \$7 million towards onchocerciasis control in the year 2000.

Members of the Group were encouraged to report to the NGDO Coordinator the direct and indirect costs they incurred in year 2000, for presentation to the JAF. It was recommended that this information be shared with the TCC and CSA.

## **4. REVIEW OF SPECIAL SESSION HELD FOR NGOS IN EUROPE**

The Group extended invitations to other NGDOs in Europe, particularly those with projects in endemic countries to join in the activity of ivermectin distribution. This session was held as part of the 18<sup>th</sup> meeting of the NGDO Group and was hosted by Organisation pour la Prévention de la Cécité (OPC) in Hôpital Val de Grace, Paris. NGDOs were urged to "join the partnership and enable it to reach its goal". In particular, the disease, individual programmes, opportunities for all to be involved, and the critical roles NGDOs have in disease control were discussed at length during this session. A separate report on this session is available.

The Group was informed of the planned Vision 2020 "The Right to Sight" meeting, to be held in February 2002 in Africa, in which there will be a session on onchocerciasis control activities. The Group welcomed this as a good opportunity to meet with many other NGOs working in Prevention of Blindness and improve the visibility of the Group's work within the Vision 2020 initiative.

## **5. MOBILIZATION OF RESOURCES - FUNDING PROPOSAL**

The Group reaffirmed the essential and urgent need to secure funding support and recommended that an update be sought from the proposal submitted to the Bill and Melinda Gates Foundation.

The Group was informed that Helen Keller International, together with UNICEF, was still exploring the possibility of development a project proposal to the UN Foundation.

## **6. UPDATE ON COUNTRY ACTIVITIES**

### **6.1 Onchocerciasis Elimination Program for the America (OEPA)**

Dr Frank Richards gave an update on the Onchocerciasis Elimination Program for the Americas. In 2000, OEPA adopted a new reporting index, the "UTG(2)", as the primary single indicator for measuring progress. The UTG(2) is defined as the number of individuals in the region who require ivermectin treatment (the Ultimate Treatment Goal) multiplied by two (since each individual should be treated twice during the course of a calendar year). OEPA has recommended use of the UTG(2) to better monitor the success of programs in providing two treatments per year to all at-risk eligible individuals. Use of the new UTG(2) denominator of 859,840 (twice the UTG of 429,920), shows the overall 2000 UTG(2) treatment coverage for the Region was 73%, with only Colombia and Mexico achieving over 85% of the UTG(2). Venezuela remains the most difficult country in terms of coverage (41%). A country-by-country review of treatment achievements was published in July 2001 in the Weekly Epidemiological Record.

### WHO Geneva Certification Meeting

A group of onchocerciasis experts was convened in September 2000 under the auspices of WHO Geneva to review and revise proposed guidelines (drafted by OEPA and ratified by IACO'99) for the certification of elimination of onchocerciasis in the Americas. OEPA and Carter Center staff participated in the meeting. WHO had recently released the final report but it was yet to be made available to OEPA or the group.

### Monitoring of Impact

Monitoring of program impact in exercises toward demonstration of suppression of transmission using the rapid ICT antibody test (results in about 15 minutes) in children. Results from testing in Guatemala, Ecuador, and Mexico were presented during the meeting. OEPA considered this to be an important new tool and was trying to encourage the manufacturer to continue to produce the test (the manufacturer is as yet uncertain if there is a market for their product).

The Group noted the utility of the ICT test for assessing interruption of transmission of onchocerciasis in the Americas, and encouraged the continued use of the test in certain settings.

## **6.2 Onchocerciasis Control Programme (OCP)**

The Group was informed that Sight Savers International was supporting Mectizan® treatment in Sierra Leone in the southern and eastern districts, with the hope to extend treatment to the rest of the country in the near future. Recognising that technical support to the programme by OCP would be limited because of its closure in 2002, the Group recommended that consideration be given to enabling Sierra Leone to have access to technical and financial assistance from APOC. This is important not only for the development of the Sierra Leone Programme, but also to safeguard control activities in neighbouring countries.

Helen Keller International had expanded its involvement in onchocerciasis control activities in Côte d'Ivoire and Burkina Faso. OPC was supporting the treatment of over 2 million people in Mali, Guinea and Senegal.

## **6.3 Africa Programme for Onchocerciasis Control (APOC)**

### Mozambique

The Group was informed that REMO had been completed in Mozambique showing no meso- or hyper- endemic communities.

### Self-sufficiency Indicators

A group of experts were being convened by APOC Management to address the issues of sustainability and the development of self-sufficiency indicators. The first meeting was planned for 3-5 October 2001.

### Publications

APOC Management with input from partners, planned to publish eight (8) papers about the success of the Programme, to be released in the first quarter of 2002.

### Research

Planned research by TDR includes, Loa loa surveys and an in-depth study on extra activities of CDs in APOC countries.

### Monitoring of CDTI Projects (1998 - 2000) Lessons Learnt

Dr Amazigo gave a detailed presentation on the monitoring of CDTI projects carried out from 1998 - 2000 and the lessons learnt from them. The detailed presentation is attached as Annex 3 to this report.

## 6.4 NGDO supported Mectizan® Treatment

TABLE 1: NGDO SUPPORTED IVERMECTIN TREATMENT IN OCP COUNTRIES

TARGET POPULATION (in country)	TOTAL POPULATION (in country)	NGDOS & OTHER AGENCIES	TOTAL POPULATION (in project area)	ULTIMATE TREATMENT GOAL	2000 TREATMENT				2001 TREATMENT (Treatment Ongoing)				
					ANNUAL TREATMENT OBJECTIVES (ATO)	TOTAL TREATMENT	ATO Coverage (%)	TOTAL POPULATION Coverage (%)	UTG Coverage (%)	ANNUAL TREATMENT OBJECTIVES (ATO)	TOTAL TREATMENT NT	ATO Coverage (%)	TOTAL POPULATION Coverage (%)
SENEGAL	0	OPC	128,846	128,846	128,846	121,372	94.20	80.07	94.20	121,584	0	0.00	0.00
MALI	0	OPC	763,310	763,310	630,104	82.55	70.17	82.55	630,104	0	0.00	0.00	
		SSI	876,418	876,418	809,455	108.27	92.03	100.00	700,000	0	0.00	0.00	
TOTAL MALI			1,639,728	1,639,728	1,572,765	95.79	81.42	91.88	1,330,104	0	0.00	0.00	
GUINEA	0	OPC	1,305,070	1,305,070	1,305,070	94.61	80.41	94.61	1,234,666	0	0.00	0.00	
		SSI	851,840	851,840	818,134	96.04	76.83	96.04	800,000	0	0.00	0.00	
TOTAL GUINEA			2,156,910	2,156,910	2,156,910	95.17	78.95	95.17	2,034,666	0	0.00	0.00	
GHANA	0	SSI	402,400	402,400	315,000	56.95	35.65	44.58	350,000	0	0.00	0.00	
TOGO	0	SSI	2,513,516	2,513,516	0	#DIV/0!	0.00	0.00	500,000	0	0.00	0.00	
TOTAL OCP			8,247,122	8,247,122	4,173,521	3,860,071	92.49	46.81	56.42	4,336,354	0	0	0.00

TABLE 2: NGDO SUPPORTED IVERMECTIN TREATMENT IN OEPA COUNTRIES

OEPA	2000 TREATMENT				2001 TREATMENT (Treatment Ongoing)								
	646,534	GRBP/CBM	429,790	429,790	411,044	320,433	77.96	49.56	74.56	411,044	0 <th>0.00 <th>0.00</th> </th>	0.00 <th>0.00</th>	0.00
TOTAL OEPA	646,534		429,790	429,790	411,044	320,433	77.96	49.56	74.56	411,044	0	0.00	0.00

TABLE 3: NGDO SUPPORTED IVERMECTIN TREATMENT IN APOC COUNTRIES

COUNTRY	TOTAL POPULATION (in country)	NGDOS & OTHER AGENCIES	TOTAL POPULATION (in project area)	ULTIMATE TREATMENT GOAL	2000 TREATMENT				2001 TREATMENT (Treatment Ongoing)				
					ANNUAL TREATMENT OBJECTIVES (ATO)	TOTAL TREATMENT	ATO Coverage (%)	TOTAL POPULATION Coverage (%)	UTG Coverage (%)	ANNUAL TREATMENT OBJECTIVES (ATO)	TOTAL TREATMENT	ATO Coverage (%)	TOTAL POPULATION Coverage (%)
NIGERIA	22,260,000	CBM	2,499,466	2,040,000	1,733,000	1,820,325	105.04	72.83	89.23	1,924,000	0	0.00	0.00
		(GRBP	4,755,400	5,000,000	4,586,500	4,643,582	101.24	97.65	92.87	4,586,500	0	0.00	0.00
		SSI	3,546,372	3,340,000	2,816,000	2,968,834	105.43	83.71	88.89	3,090,000	0	0.00	0.00
		UNICEF	5,110,000	0	4,720,000	4,801,539	101.73	93.96	#DIV/0!	4,720,000	0	0.00	0.00
		HKI	2,327,731	0	1,150,000	1,143,850	99.47	49.14	#DIV/0!	1,150,000	0	0.00	0.00
TOTAL NIGERIA			18,238,969	10,380,000	15,005,500	15,378,130	102.48	84.31	148.15	15,470,500	0	0.00	0.00
D.R. CONGO	17,360,000	CBM	3,350,000	0	811,000	116,782	12.82	3.49	#DIV/0!	911,000	0	0.00	0.00
CAMEROON	3,870,000	GRBP	821,144	1,424,500	1,020,039	664,025	65.10	72.09	46.61	1,020,039	0	0.00	0.00
		HKI	449,245	0	292,009	187,252	64.13	41.68	#DIV/0!	292,009	0	0.00	0.00
		IEF	380,808	0	248,850	185,046	74.36	48.59	#DIV/0!	248,850	0	0.00	0.00
		SSI	1,216,896	695,776	531,216	208,069	39.17	17.10	29.90	201,455	0	0.00	0.00
TOTAL CAMEROON			2,968,093	2,120,276	2,092,114	1,244,392	59.48	41.93	58.69	1,762,353	0	0.00	#DIV/0!
ETHIOPIA	3,100,000	GRBP	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	0	0.00	#DIV/0!
SUDAN	1,690,000	GRBP	0	738,132	489,232	451,573	92.30	#DIV/0!	61.18	489,232	0	0.00	#DIV/0!
		HNI	1,500,000	600,000	268,108	125,000	46.62	8.33	20.83	268,108	0	0.00	0.00
TOTAL SUDAN			1,500,000	1,338,132	757,340	576,573	76.13	38.44	43.09	757,340	0	0.00	0.00
UGANDA	1,530,000	CBM	185,192	0	160,000	134,878	84.17	72.72	#DIV/0!	160,000	0	0.00	0.00
		GRBP	1,102,556	950,000	931,568	883,815	94.87	80.16	93.03	931,568	0	0.00	0.00
		SSI	225,722	225,722	180,000	157,502	87.50	69.78	69.78	187,500	0	0.00	0.00
TOTAL UGANDA			1,513,470	1,175,722	1,271,568	1,175,895	92.48	77.70	100.02	1,279,068	0	0.00	0.00
MALAWI	1,400,000	IEF	1,500,000	1,125,000	575,389	346,899	60.29	23.13	30.84	765,000	0	0.00	0.00
TANZANIA	1,310,000	SSI	305,585	0	260,200	166,472	63.98	54.48	#DIV/0!	260,200	0	0.00	0.00
		IMA/CSSC	341,988	257,000	157,411	127,766	81.17	37.36	49.71	157,411	0	0.00	0.00
		HKI	160,174	150,000	100,000	0	0.00	0.00	0.00	100,000	0	0.00	0.00
TOTAL TANZANIA			807,747	407,000	517,611	294,238	56.85	36.43	72.29	517,611	0	0.00	0.00
CHAD	1,270,000	AFRICARE	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	0	0.00	#DIV/0!
		OPC	610,508	518,832	355,085	44,449	12.52	7.28	8.57	355,085	0	0.00	0.00
TOTAL CHAD			610,508	518,832	355,085	44,449	12.52	7.28	8.57	355,085	0	0.00	0.00
CAR	840,000	CBM	1,000,000	0	950,000	1,072,678	112.91	107.27	#DIV/0!	950,000	0	0.00	0.00
LIBERIA	990,000	SSI	1,108,468	990,000	500,000	177,523	35.50	16.02	17.93	500,000	0	0.00	0.00
		UNICEF	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	0	0.00	#DIV/0!
TOTAL LIBERIA			1,108,468	990,000	500,000	177,523	35.50	16.02	17.93	500,000	0	0.00	0.00
BURUNDI	540,000		0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	0	0.00	#DIV/0!
ANGOLA	380,000		0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	0	0.00	#DIV/0!
GABON	0		6,109	0	6,109	4,228	69.21	69.21	#DIV/0!	6,109	0	0.00	0.00
EQ. GUINEA	230,000	U. Barcelona	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	0	0.00	#DIV/0!
CONGO	190,000	OPC	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	0	0.00	#DIV/0!
MOZAMBIQUE	0		0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	0	0.00	#DIV/0!
<b>Total APOC</b>			<b>32,603,365</b>	<b>18,055,062</b>	<b>22,941,716</b>	<b>20,431,887</b>	<b>89.06</b>	<b>62.67</b>	<b>113.16</b>	<b>23,274,066</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>

## **7. ISSUES RELATED TO APOC OPERATIONS**

### **7.1 Review of the Programme Document and MoU for APOC Phase II**

The Group considered the current draft of the APOC Programme Document for Phase II as it concerns the NGDO Coordination Group. The Group made an urgent request for changes on the wording of 6.1.2 and 6.3 with regard to the composition of CSA and TCC as follows:

- "In Phase I, the membership of the Committee of Sponsoring Agencies (CSA) comprised representatives of UNDP, FAO, the World Bank and WHO who will continue as Co-sponsoring Members. The Director, APOC, will continue to attend ex-officio all sessions of the CSA. In addition, a representative of the NGDO Coordination Group and a representative of Donor(s) of ivermectin used by the Programme, will be invited to join the meetings of the CSA."
- "During Phase II and the Phasing-out Period, TCC will be expanded to 12 members as follows : eight (8) scientists and experts recommended by APOC Management to CSA for its recommendation for appointment by the WHO Director-General; one (1) expert of the Mectizan® Donation Program; and three (3) experts appointed by the NGDO Coordination Group for Onchocerciasis Control. Members will be appointed to a three-year term, renewable for a maximum of three years, on a staggered basis.

The Group recommended that the TCC should "report to the CSA through the Programme Director" (Section 6.3 TCC).

The Group noted that the text in the March 2001 TCC version of Phase II Programme Document has been altered to delete the statement "The APOC Trust Fund may also temporarily house funds independently raised for onchocerciasis control by the NGDO Coordination Group to be distributed and managed under guidelines established by the NDGO Coordination Group" (Section 6.1.3 Fiscal Agent). It was recommended that this statement be reinstated in the document. If there was a specific reason for the exclusion of this statement from the Programme Document, the Group requested an explanation from the CSA.

The Group requested their Chairperson to follow this up with the CSA as soon as possible.

## **8. UPDATE FROM MDP**

### Mectizan® Award

An update was given to the Group on the Merck Mectizan® Donation Program Award to be given each year at the national/international level and community/district levels. Criteria for nomination were distributed and the deadline for receipt of nomination was stated as 15 October 2001.

## 15<sup>th</sup> Anniversary

The Group was informed that 2002 will be the 15<sup>th</sup> anniversary of the MDP. Merck welcomed suggestions from the Group on how this could be commemorated. Particular emphasis will be placed on the public/private partnership and the impact of the programme.

## Discussion on Loa Loa

The Group was informed that at the next Mectizan® Expert Committee, the TCC/MEC guidelines for treatment in areas co-endemic for *Loa loa* will be reviewed with regards to treatment in:

- Communities identified to be hypo-endemic following REA; and
- Countries in conflict (e.g. Sudan and DRC).

## **9. UPDATE ON LYMPHATIC FILARIASIS ELIMINATION (LFE)**

The Group welcomed the update on the Lymphatic Filariasis Elimination Programme from Mr Paul Derstine, Ms Minne Iwamoto and Dr Likezo Mubila, and noted the positive progress being made in the Programme.

## **10. REVIEW OF THE NAME AND OBJECTIVE OF THE GROUP**

The Group welcomed the initiative from WHO and the International Agency for the Prevention of Blindness (IABP) to eliminate avoidable blindness through the joint VISION 2020: The Right to Sight Programme. The Group decided to continue its function in coordinating NGDO activities for onchocerciasis control in association with the VISION 2020 initiative. The NGDO Group will provide a report on onchocerciasis work at the upcoming Vision 2020 "The Right to Sight" meeting, to be held in Durban.

It was agreed that the Group should be renamed the "NGDO Coordination Group for Onchocerciasis Control" for a number of reasons which include:

- The NGDO Group is involved in activities wider than those of just ivermectin distribution, e.g. community based larviciding, surveillance, etc.
- In the future a macro-filaricide may be available and the NGDO Group will be ready to partner in the distribution.

This change in name therefore reinforces the NGDO commitment to all aspects of onchocerciasis control.

## **11. OTHER MATTERS**

### MITOSATH

Mrs Franca Olamiju, Executive Director for MITOSATH gave a brief presentation on her organization. MITOSATH is a national NGDO Group in Nigeria and a member of the NGDO Coalition in Nigeria. MITOSATH is supporting the onchocerciasis control programme in Taraba

State together with CBM and has supported an increased Mectizan® treatment from 22,066 in the year 1996 to over 260,000 in 2001.

#### Installation of new officers

The NGDO Group expressed its regret in marking this as the last meeting with Dr Christine Godin as the Chair and wished her every success in her new endeavours. The Group extended a warm welcome to Mr Paul Derstine, who was elected as the new Chair of the Group. The Group also expressed its appreciation to Dr Adrian Hopkins for accepting to serve as the Vice-Chair.

The Group endorsed the nomination of Dr Elizabeth Elhassan, Mr Moses Katarwa and Dr Danny Haddad as representatives on the TCC. The Group, however, noted that its representation on the TCC, in APOC Phase II remained to be confirmed.

#### **11. PLACE AND DATE OF NEXT MEETING**

It was agreed that the nineteenth meeting of the Group should take place on 15 - 16 February 2002 in Durban.

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## CONCLUSIONS AND RECOMMENDATIONS

1. The Group considered the current draft of the APOC Programme Document for Phase II as it concerns the NGDO Coordination Group. The Group made an urgent request for changes on the wording of 6.1.2 and 6.3 with regard to the composition of CSA and TCC as follows:

- (i) "In Phase I, the membership of the Committee of Sponsoring Agencies (CSA) comprised representatives of UNDP, FAO, the World Bank and WHO who will continue as Co-sponsoring Members. The Director, APOC, will continue to attend ex-officio all sessions of the CSA. In addition, a representative of the NGDO Coordination Group and a representative of Donor(s) of ivermectin used by the Programme, will be invited to join the meetings of the CSA."
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The Group requested their Chairperson to follow this up with the CSA as soon as possible.

2. The Group recommended that the TCC should "report to the CSA through the Programme Director" (Section 6.3 TCC).
3. The Group again discussed the document 'An investigation into the administrative requirements of APOC' by Prozesky et al. (a study commissioned by the Group with support from MDP). The Group noted the recommendation that certain core CDTI activities be given priority in APOC programmes. The Group revised these core activities (included as an Annex to the report) and recommended that TCC review them with a view to their application at country level in Phase II.
4. Members of the Group were encouraged to report to the NGDO Coordinator the direct and indirect costs they incurred in year 2000, for presentation to the JAF. It was recommended that this information be shared with the TCC and CSA.
5. The Group was informed of the planned Vision 2020 "The Right to Sight" meeting, to be held in February 2002 in Africa, in which there will be a session on onchocerciasis control activities. The Group welcomed this as a good opportunity to meet with many other NGDOs working in Prevention of Blindness and improve the visibility of the Group's work within the Vision 2020 initiative.
6. The Group reaffirmed the essential and urgent need to secure funding support and recommended that an update be sought from the proposal submitted to the Bill and Melinda Gates Foundation.
7. The Group noted that the text in the March 2001 TCC version of Phase II Programme Document has been altered to delete the statement "The APOC Trust Fund may also temporarily house funds independently raised for onchocerciasis control by the NGDO

Coordination Group to be distributed and managed under guidelines established by the NDGO Coordination Group” (Section 6.1.3 Fiscal Agent). It was recommended that this statement be reinstated in the document. If there was a specific reason for the exclusion of this statement from the Programme Document, the Group requested an explanation from the CSA.

8. The Group noted the utility of the ICT test for assessing interruption of transmission of onchocerciasis in the Americas, and encouraged the continued use of the test in certain settings.
9. The Group welcomed the resumption of mass treatment in southern and eastern districts of Sierra Leone, and hoped that it would be possible to extend treatment to the rest of the country in the near future. Recognizing that technical support to the programme by OCP would be limited because of its closure in 2002, the Group recommended that consideration be given to enabling Sierra Leone to have access to technical and financial assistance from APOC. This is important not only for the development of the Sierra Leone Programme, but also to safeguard control activities in neighbouring countries.
10. The Group emphasized the necessity for flexibility when working in conflict areas and proposed that a study be undertaken to review elements necessary to implement and maintain projects in conflict areas. The study should address costs since such projects will most likely be more costly.
11. The Group welcomed the update on the Lymphatic Filariasis Elimination Programme from Mr Paul Derstine, Ms Minne Iwamoto and Dr Likezo Mubila, and noted the positive progress being made in the Programme.
12. The Group noted the potential relevance to its activities of a new resolution on schistosomiasis and soil transmitted helminths, approved at this year’s World Health Assembly (WHA54.19). The resolution calls for increased distribution of single dose anthelmintic drugs, and encourages UN organizations, bilateral agencies, and NGOs to take advantage of ‘existing initiatives’ and establish broad ‘new partnerships’ to promote this initiative. The focus of this new initiative will be on sub-Saharan Africa.
13. The Group welcomed the initiative from WHO and the International Agency for the Prevention of Blindness (IABP) to eliminate avoidable blindness through the joint VISION 2020: The Right to Sight Programme. The Group decided to continue its function in coordinating NGDO activities for onchocerciasis control in association with the VISION 2020 initiative.
14. It was agreed that the Group should be renamed the "NGDO Coordination Group for Onchocerciasis Control".
15. The NGDO Group expressed its regret in marking this as the last meeting with Dr Christine Godin as the Chair and wished her every success in her new endeavours. The Group extended a warm welcome to Mr Paul Derstine, who was elected as the new Chair of the Group. The Group also expressed its appreciation to Dr Adrian Hopkins for accepting to serve as the Vice-Chair.

16. The Group endorsed the nomination of Dr Elizabeth Elhassan, Mr Moses Katarwa and Dr Danny Haddad as representatives on the TCC. The Group, however, noted that its representation on the TCC, in APOC Phase II remains to be confirmed.
17. It was agreed that the 19<sup>th</sup> meeting of the Group will take place on 15-16 February 2002 in Southern Africa in conjunction with the IAPB Vision 2020 meeting.

**ANNEX 1**

**AGENDA**

1. Opening of the meeting
2. Review of the report of the 17th meeting
3. Report of WHO (NGDO Coordination Group Office) activities
4. Special session with NGDOs in Europe
5. Update on country activities and related issues (OEPA, OCP, APOC)
6. Update and issues related to APOC operations (technical, administrative and financial)
7. APOC Phase II
8. Resource mobilization
9. Mectizan® procurement and other news from the Mectizan® Donation Program
10. Timetable and priority activities for the NGDO Coordination Group for 2001/2002
11. Other matters
12. Conclusions and Recommendations

Date and Place of next Meeting

Closure of the Meeting

## ANNEX 2

### Prioritizing programme activities

#### ■ **TOP PRIORITY Administrative tasks which support core tasks, essential to sustainable CDTI**

##### **LONG-TERM**

- \* Appropriate technical reporting to district and country management (NOTF).
- \* Appropriate financial management and reporting within the country, at different levels.
- \* Arranging training for field at different levels in-country.
- \* Arranging activities to sensitize communities, health workers and local authorities about CDTI.
- \* Arranging the ordering of Mectizan, and its distribution according to normal channels within the country.
- \* Integration of CDTI into the Primary Health Care System
- \* Arranging supervision and monitoring of CDTI at all levels.
- \* Drawing up a yearly plan for CDTI.
- \* Holding meetings to plan the actual distribution.
- \* Planning for and handling serious side-effects.

##### **SHORT-TERM (and principally related to tasks which support the APOC Programme, and NGDO Headquarters programmes)**

- \* Technical reporting to APOC, to NGDO headquarters.
- \* Financial reporting to APOC, to NGDO headquarters.
- \* Drawing up proposals for project funding.
- \* PR materials (such as making promotional movies)

#### ■ **LOW PRIORITY AND/OR UNNECESSARY Administrative activities**

- \* Arranging distribution of Mectizan outside the normal channels.
- \* Arranging special events, related to the Programme but not directly to CDTI (e.g. the repeat census).
- \* Excessive, repetitious reporting, not used at any level for decision-making.
- \* Excessive training events (re-training without testing whether it is necessary).
- \* Excessive, repetitious sensitization events (in situations where coverage is already good).
- \* Excessive supervision visits to projects.
- \* Frequent meetings for their own sake - not for communication or decision-making.
- \* Presenting reports personally - spending days of travelling to do so.
- \* 'Nice to have' conferences and symposia: e.g. partners' meetings.
- \* Arranging 'extra' events

## ANNEX 3

### MONITORING CDTI PROJECTS (1998-2000)- LESSONS LEARNED

#### Objectives

- To assess treatment coverage
- To assess predictors of sustainability indicators-
  - community involvement,
  - partnership commitment
  - integration into the health systems.
- For capacity-building at the implementation levels
- To identify and address challenges facing CDTI programmes

#### Data - 27 projects in five countries were analyzed

- 15,109 household interviews in 2,403 villages
- 183 complete treatment records
- 400 focus group discussions
- interviews with 699 community leaders
- 790 community-directed distributors (CDDs) of ivermectin
- 150 health personnel

#### Sites - 27 projects in five countries

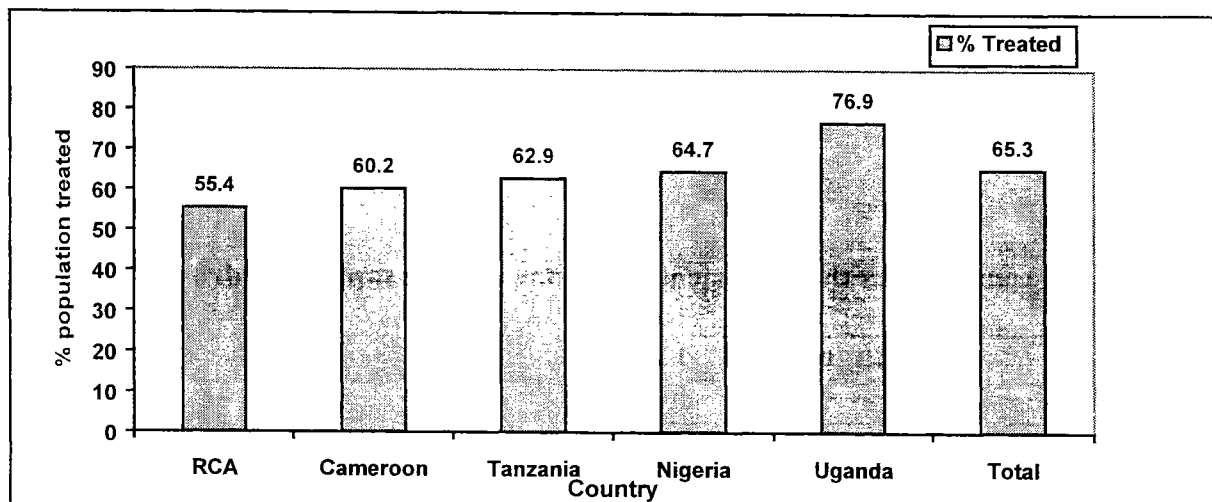
- NIGERIA (18)
- CAMEROON (3)
- UGANDA (3)
- TANZANIA (2)
- CENTRAL AFRICAN REPUBLIC (1)

#### Results

- **Treatment Coverage by Country from Household survey**

Country	Received Mectizan Tablet				Total
	Yes		No		
	Number	%	Number	%	
Cameroon	1181	60.2	781	39.8	1962
Nigeria	6568	64.9	3547	35.1	10115
RCA	102	55.4	82	44.6	184
Tanzania	672	62.9	397	37.4	1069
Uganda	1206	76.9	363	23.3	1569
Total	9729	65.3	5169	34.7	14898

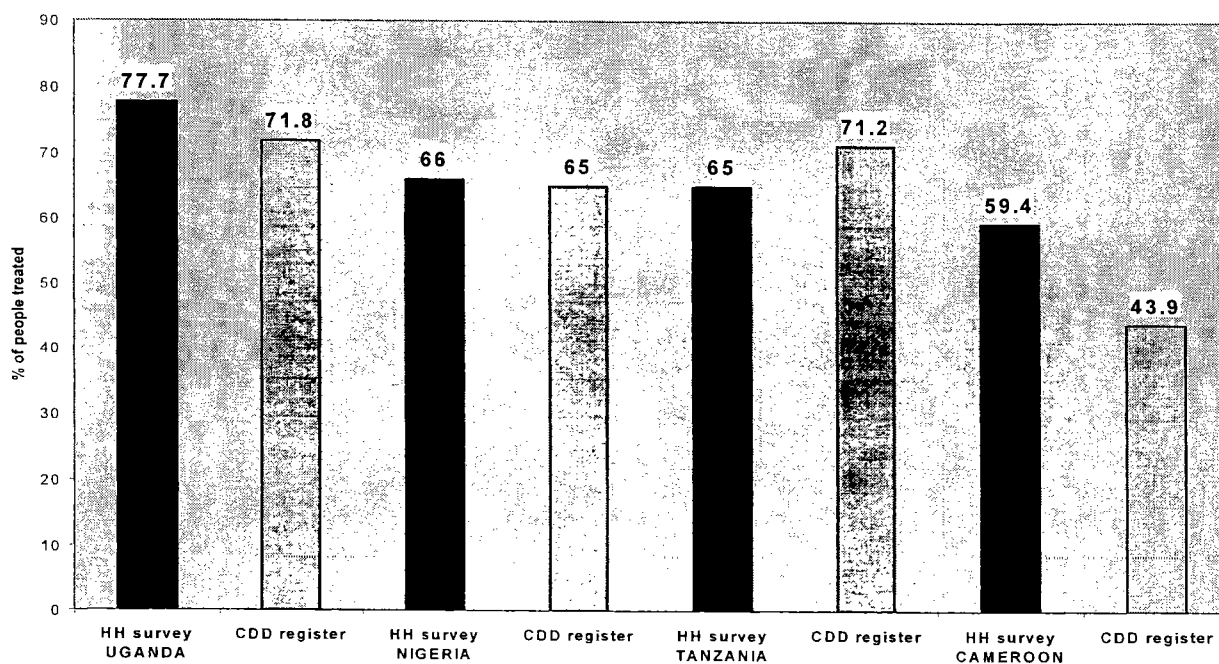
▪ **Treatment coverage by household survey and CDD Treatment Registers**



▪ **Reasons for not receiving ivermectin treatment by country**

Country	% Treated	% Ineligible	% Absent	% Refusal	% Not informed	Others	Total
Cameroon	60.2	11.9	11.9	11.5	1.5	2.9	100
Nigeria	64.9	10.5	10.1	2.4	4.2	7.9	100
RCA	55.4	16.9	14.8	0	7.1	6.0	100
Tanzania	62.9	19.0	8.6	3.8	0.8	4.9	100
Uganda	76.9	13.0	5.0	0.5	0.1	4.5	100
Mean	63.5	14.2	10.0	3.7	2.8	5.8	100

▪ **Treatment Coverage by Household survey and CDD Treatment Registers**



▪ **Sex of CDDs by Country**

	Female	Male	Sex Ratio: Female/Male
Nigeria	61	431	1: 7
Uganda	4	15	1: 4
Tanzania	47	70	1: 5
Cameroon	10	91	1: 9

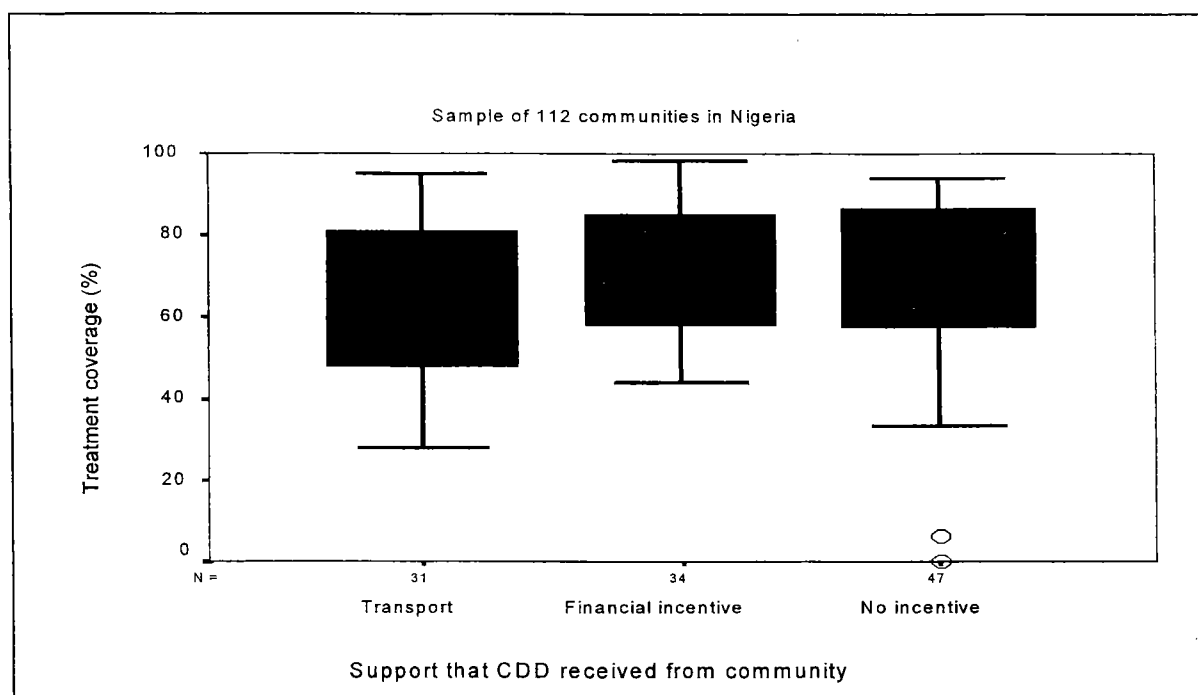
▪ **Percentage of communities that experienced shortage or late supplies of drugs**

Country	Shortage	Late Supply
	Yes	Yes
Cameroon	29.6	33.3
Nigeria	33.9	16.1
Tanzania	21.7	30.4
Uganda	11.1	27.8
%of Total	29.4	21.7

▪ **Community Participation in Decision-Making on Sustainability Indicators**

Predictors of Sustainability	Country	% of communities by country Decision was made by :				
		Community	Village leader	HealthWorker	Others	Total
Period of distribution	Cameroon	24	20.0	56.0	0	100
	Nigeria	34.9	6.4	54.1	4.6	100
	Tanzania	34.7	0	56.6	8.7	100
	Uganda	82.3	0	11.8	5.9	100
	% Total	37.9	6.9	50.6	4.6	100
Method used for distribution	Cameroon	33.3	7.4	59.3	0	100
	Nigeria	45.4	12.7	35.5	6.4	100
	Tanzania	60.9	8.7	13.0	17.4	100
	Uganda	82.3	5.9	11.8	0	100
	% Total	49.2	10.7	33.9	6.2	100
Selection of CDDs	Cameroon	66.7	11.1	11.1	11.1	100
	Nigeria	70.4	17.4	12.2	0	100
	Tanzania	74	4.3	21.7	0	100
	Uganda	88.8	5.6	5.6	0	100
	% Total	72.1	13.7	12.6	1.6	100

▪ **Treatment coverage and incentives**



**Lessons Learned**

Treatment Coverage:

- Communities should decide the period of treatment.
- Adherence to community decision on period of treatment
  - to reduce absenteeism
  - avoid late supply of ivermectin
- Decentralize treatment units in the community-e.g kinship in Uganda.
- Improve supervision by NGOs and MOH personnel (supervision of CDDs).
- Reduce the proportion of refusals by:
  - Addressing issues related to SAEs in Cameroon
  - Proper management of minor and severe side-effects in other projects.
- De-emphasis incentives
  - Where the demand for incentive is still a thorny issue, increase the number of CDDs per treatment unit
  - hold stakeholders meeting with communities

Community ownership

- Project managers need to devote sufficient time to health education of community
- Upscale Community self-monitoring/ Stakeholders' meetings

IEC and Advocacy materials

- Health workers' (NOTFs) attitude to the importance of IEC entire community need major improvement

## ANNEX 4

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