

WORLD HEALTH ORGANIZATION

AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL (APOC)

Nineteenth Session of the Joint Action Forum
Brazzaville, Congo, 11-13 December 2013

FINAL COMMUNIQUE

Opening of the Session & Election of officers

1. The nineteenth session of the Joint Action Forum (JAF) of the African Programme for Onchocerciasis Control (APOC) was hosted by the World Health Organization Regional Office for Africa (WHO/AFRO), from 11-13 December 2013 in Brazzaville, Congo. The meeting was attended by Honourable Ministers or their representatives of 16 onchocerciasis-endemic countries in Africa, 9 representatives of the donor community, the World Bank, the African Development Bank, WHO (Headquarters, AFRO, Country Office/Congo), senior health managers, Non-Governmental Development Organizations (NGDOs), the Mectizan Donation Programme, Merck & Co. Inc., Research Institutions, Directors and Coordinators of National Onchocerciasis Control Programmes, and Representatives of the Statutory Bodies of APOC. A complete list of participants is attached as Annex 1.
2. Welcoming and opening speeches were given by the APOC Director, Dr Jean-Baptiste ROUNGOU; outgoing Chair of JAF18 and Minister of Public Health & AIDS Control, Burundi, Honourable Dr. Sabine Ntakarutimana; WHO Regional Director, represented by the Deputy Regional Director, Dr. M. Moeti, and the Minister of Health and Population of the Republic of Congo, Mr Francois Ibovi. On behalf of the President of the Republic of Congo, the Minister of Health and Population declared the meeting open.
3. The JAF elected the Minister of Health and Population, Republic of Congo, in the person of Mr. Francois Ibovi as Chair of JAF19, and the Chief Executive Officer, Sabin Vaccine Institute, in the person of Ambassador Michael Marine as Vice Chair. The Chair of JAF19 thanked the session for his election, and congratulated the outgoing Chair, Honourable Dr Sabine Ntakarutimana from Burundi for steering JAF in the past 12 months.

CSA Reflections

4. Dr Chris Mwikisa, Chair of the Committee of Sponsoring Agencies (CSA), presented the reflections of CSA to JAF. He recalled CSA's guidance to APOC Management and contributions to the implementation of the decisions of JAF18 including the revision of the Concept Note and the Strategic Plan of Action and Budget, 2016-2025, as well as in setting up a Transitional Task Force that will provide technical advice during the transition of APOC to a new entity. The CSA Chair pointed out that the Committee had met three times in 2013 including two expanded meetings with participation of country representatives, donors and collaborating institutions) to review and finalize the revised Concept Note and the Strategic Plan and Budget 2016-2025 in line with the decisions of JAF18. He also mentioned

that the budget is very indicative, and the Secretariat of APOC will work in 2014 with the countries and the development partners to determine current and projected external investments in the Neglected Tropical Diseases. These data will be used to develop a more precise implementation plan and budget for the elimination of onchocerciasis and LF from the countries during 2016 to 2025. On behalf of the CSA, he therefore recommended to the Forum to adopt the finalized documents.

Progress on Elimination

5. JAF received presentations on the WHO Progress report (1st September 2012 - 31st August 2013), the Technical Consultative Committee (TCC) activities including assessments of the elimination of onchocerciasis infection in Africa, as well as summaries of ivermectin treatments and trainings in 2012. Key highlights of the presentations included the treatment of over 100.79 million persons (76% therapeutic coverage) in over 181,000 communities (95% geographic coverage) of 24 countries; the training of 668094 community-directed distributors (CDDs) and 81520 health workers; as well as various activities conducted by APOC Management and the TCC. Updates were given on onchocerciasis mapping, delineation of ivermectin treatment boundaries and transmission zones, epidemiological and entomological evaluations. JAF was informed that based on outcomes of epidemiological evaluations of progress towards elimination all projects evaluated for Phase 1a in 2013 are making satisfactory progress and 5 projects in 4 countries evaluated for Phase 1b have met the criteria for stopping treatments.
6. Ministers of Health and heads of delegations from countries made statements that expressed their renewed efforts, achievements, challenges and way forward in the elimination of onchocerciasis and other neglected tropical diseases in their respective countries.
7. JAF commended APOC Management, TCC and the countries for well-articulated presentations. JAF accepted the WHO Progress report and expressed appreciation over the fact that some foci have met the epidemiological criteria for stopping treatments but noted that final decisions on stopping treatment will also take into account entomological results, prevalence levels in neighbouring projects and cross-border considerations.
8. JAF requested that in presenting treatment data, APOC Management should indicate the ultimate treatment goal including populations in the hypo-endemic areas where ivermectin treatment will be extended in the context of onchocerciasis elimination.
9. JAF recognized and attached considerable importance to capacity building as a way of improving treatment coverage. It therefore directed APOC Management to reflect, in future presentations on capacity building, training objectives and achievements for a clearer understanding of the capacity gaps, and to include former OCP countries in future capacity building plans.

Strengthening Health Systems and Co-implementation

10. There were presentations on the new momentum for Neglected Tropical Diseases (NTDs) and a summary of co-implementation within the NTD context. The presentation on the new momentum for

NTDs highlighted countries progress in developing and implementing NTD Master Plans based on strategic priorities identified by WHO/AFRO. The summary on co-implementation reflected the provision of 49.4 million treatments/commodities for other 9 interventions alongside with ivermectin.

11. During discussions participants called for improved coordination among drug-donation pharmaceutical companies to ensure timely arrival in countries of all commodities for integrated implementation. They also called for better alignment and synergy of co-implementation with existing health systems, and timely reporting of NTD programme data.
12. The Forum acknowledged the efforts of countries and stakeholders for the successes recorded in co-implementing other interventions. JAF appreciated WHO's efforts in improving coordination of drugs management and the development of a map that showed the overlap of onchocerciasis and lymphatic filariasis in the African region. JAF requested WHO/APOC to complete the map that further shows the overlap of loa loa in the onchocerciasis/lymphatic co-endemic areas to guide mass drug administration (MDA).

Government contributions

13. JAF received the report on the assessment of government contributions to efforts toward onchocerciasis elimination. The report highlighted the scope and coverage of resource estimation, onchocerciasis/NTDs expenditure classification schemes, methods and tools for estimating onchocerciasis and other NTD expenditures as well as the institutionalization of resource tracking systems at the country level.
14. Participants requested the presentation of contributions of various partners in graphic form that will be easier to follow and to understand trends over time, and emphasized the need to work closely with Ministers of Finance to improve funding for national NTD control/elimination programmes and to properly document government contributions.
15. JAF commended APOC and the CSA for undertaking this assessment and noted that understanding and tracking those government contributions strictly for onchocerciasis control/elimination could be difficult. JAF requested APOC to take forward the outcomes of the study by providing the methods, tools and preliminary results to countries to enhance their ability to collect and analyze their government contributions. JAF also asked APOC to collaborate with WHO National Health Account (NHA) teams so they incorporate NTD control activities in their routine reporting of health care expenditures in countries.

Plan of Action and Budget, 2014-2015

16. The revised Plan of Action and Budget 2014-2015 to intensify activities within the framework of strengthening onchocerciasis elimination efforts in the Africa Region indicated an adjustment of activities within budget of US\$ 50.7 million already approved by JAF 18. JAF approved the adjusted activities in the revised PAB as presented. Participants also complimented APOC for introducing the results based management approach as well as the improved transparency in funds management. It

was noted that this budget however was not fully funded and adjustments might be needed. JAF expressed the need to have a final external evaluation of APOC with a comprehensive report to be presented at the JAF in December 2015.

The Future of APOC

17. JAF received the revised Concept Note and the revised Strategic Plan of Action and Indicative budget 2016-2025. The Concept Note proposed the establishment of a new regional entity to replace the current APOC from 2016 that will focus on lymphatic filariasis and onchocerciasis elimination but in the context of the wider NTD agenda. The Strategic Plan elaborated on the Concept Note and proposed a total indicative budget of US\$ 813.9 million for the period 2016-2025, being the estimated cost to all partners for eliminating both diseases using different funding streams.
18. JAF applauded the wide consultations undertaken and the work done on these revisions and approved the documents and the budget as presented but, moving forward, called for additional information on the roles of the various organs proposed in the new entity.
19. JAF received a statement from Global Alliance to Eliminate lymphatic filariasis (GAELF) in support of the new entity. The global lymphatic filariasis community (as represented by GAELF) urges:
 - a. Full and equal partnership between both lymphatic filariasis and onchocerciasis communities together with endemic African countries suffering either disease to move the elimination agenda forward.
 - b. Prompt establishment of an independent joint technical oversight committee to prioritize the necessary strategies for increased up scaling of the interventions and the introduction of new strategies where appropriate and prior to APOCs closure at the end of 2015.
 - c. Rapid integrated mapping of both diseases.
 - d. Assessment and rationalization overlap of implementation and or/evaluation units for both diseases.
 - e. Scale up of programme implementation in the areas access to medicine remains limited.
 - f. Prompt introduction of the new WHO recommendations for interventions in Loa loa endemic areas, linking vector control for lymphatic filariasis with malaria control programmes using long lasting insecticidal nets.
 - g. Acceleration of the use of twice yearly treatments of ivermectin in Africa to interrupt onchocerciasis and possibly lymphatic filariasis transmission where appropriate.
 - h. Expansion of WHO morbidity management strategies for lymphatic filariasis as outlined in the new programme managers guide.

Closed Door Session

20. The Strategic Plan of Action identified five specific areas in which rapid progress has to be made if the new entity is to start "at speed" at the beginning of 2016. These five topics are:

- a. Accelerating and completing scale up of MDA for lymphatic filariasis and onchocerciasis (noting that all areas should have been mapped and started treatment by the end of 2015 to meet elimination targets).
 - b. Mapping, planning and mobilising resources to implement the plan (including resources needed to bridge the funding gap in 2014 and 2015). This will also include the development of a detailed budget for the new entity.
 - c. Designing new inclusive governance mechanisms and ensuring that the Memorandum of Understanding (MoU) documents and Trust Fund documents are revised and ready to serve the needs of the new entity.
 - d. Ensuring that management and institutional structures are reformed to suit the purpose of the new entity.
 - e. Ensuring that progress is made on critical technical issues essential for accelerated progress towards elimination of onchocerciasis and lymphatic filariasis.
21. These five areas were taken as discussion topics for the closed session to get recommendations.
22. The group of Ministers of Health of African countries in their statement after the closed session highlighted the following:
- a. Human resources need to be strengthened at districts level. Additionally, health development committees and health center management committees should be strengthened.
 - b. Ministers and country delegates reiterate their commitment to strengthen government leadership and improve coordination of partners and interventions at country level. They also commit to mobilizing funds for NTD research and surveillance as well as to strengthening community empowerment for NTD Programmes.
 - c. The Ministers and country representatives express their commitment to reinforce NTD structures and avoid duplication and waste of funds. They also commit to deploy funds from central/strategic level to operational level in the country.
 - d. Countries need to be represented in the extended CSA.
23. The Donors after the review of the issues stated as follows:
- a. The Donors' group welcomed and endorsed the GAELF statement that supports the establishment of a new entity that focuses on onchocerciasis and lymphatic filariasis, and the group looks forward to these communities working together as equal partners.
 - b. Given the support from the Bill & Melinda Gates Foundation (BMGF) and other partners, mapping for all NTDs should be completed in the African region by end of 2015.
 - c. APOC is encouraged to manage available funds and is advised to be prudent in its expenditure especially for 2014, since it is unlikely that donors will be committing additional funds in the short term. However, progress in resolving outstanding issues may contribute to unlocking more funding which will help leverage funds which should help ensure onchocerciasis targets are met.

Though funding may be constricted in 2014, APOC should continue co-implementation to keep donor confidence. The group notes that significant funds will be needed for LF program scale up and this number needs to be quantified. APOC Management should work with partners (the World Bank, Global Network for NTD (GNNTD)) to prepare a resource mobilization plan. The group suggests organizing a donor replenishment forum in 2015.

- d. The proposed governance working group to be set up in 2014 is a welcome development and the group looks forward to being consulted as it deliberates.
- e. The donor group welcomes the plan for APOC to undertake an independent management review. The group recommends that the TOR for the review is subjected to final confirmation by the CSA. The existing institutional structures should be reviewed to build on strengths and correct weakness. For example, the CSA should include country representations. The TCC needs to be reinforced with representation from LF as well as onchocerciasis communities. A review of the strengths and weaknesses of JAF could contribute to the design of the Partners forum. The strength of JAF is a high level of government representation. The group notes that this level of representation is equally relevant to the LF and broader NTD agenda.
- f. The group recommends additional efforts to engage with finance ministers. It is proposed that existing AFRO representation at the Harmonization of Health in Africa (HHA) Forum could be used to introduce the NTD agenda.
- g. The increasing gender mainstreaming in APOC operations is noted and welcomed. An important omission is an emphasis on inclusion ensuring the people with disabilities are fully included in the programs.
- h. It is important that the respective roles and responsibilities of WHO/AFRO and APOC are defined. A diagram would be useful.

24. On its own part the NGDO group proposed the followings:

a) Accelerating scale up of LF and onchocerciasis:

- i. The new support by the Bill & Melinda Gates Foundation for more rapid completion of mapping is a new strength for completing this greatly needed task. However there is a need for better coordination and clear information on other groups engaged in mapping NTDs. There is need for inclusiveness, guidelines and transparency in this area, especially related to who is funding what mapping activities.
- ii. There is a need to use the strength of APOC with the WHO banner to get access and influence in countries. This is essential to facilitate effective scaling up MDA for LF and onchocerciasis in countries.

- iii. National capacity needs to be strengthened. In many countries, there is an inability to absorb additional funds that are currently available.
- iv. Treatment in urban areas remains a challenge and this needs to be given consideration within the context of accelerating scale up of MDA.

b) Mapping, planning and mobilizing resources

- i. There are few donors at the table to expect LF full scale up in Africa by 2016. Efforts should be made as soon as possible to mobilize new donors, and an important opportunity to do so may be at the 2014 London Declaration follow up meeting. Pairing of donors with countries is a mechanism that should be considered.

c) Governance mechanism

- i. NGOs should have a seat in both the technical and executive committee, as well as the larger partner's forum in the current governance scheme briefly outlined in the 'new entity' documents.
- ii. Governance should have a much more extensive partnership composition than currently seen in APOC.
- iii. NGOs need to re-examine their own relationships between currently separate oncho and LF NGO groups to speak with a common voice on these committees.

d) Management

- i. The new entity should build and encourage country ownership and technical empowerment (national technical committees). The new program should be 'bottom up,' not 'top down'.
- ii. The new entity needs to put in place a new more agile financial system that allows better transfer of funds.
- iii. A review should be made of the best location for the new entity that can easily be accessed, especially from the African countries.
- iv. An independent management review is encouraged now to generate new ideas for the pre 2016 scale up. However, the management review for the new entity will be impossible to conduct until the governance structure, location of the entity, and magnitude of the tasks it will undertake have been more clearly determined.

e) Technical issues essential for accelerated progress towards elimination

- i. The Group strongly agrees with the GAELF recommendation read to JAF that there is need to have a new and independent technical and programmatic committee immediately, for 2014-2015, that will include a broader representation different from TCC. The TCC should phase out with the end of APOC in 2015.
- ii. Technical issues related to elimination of both LF and onchocerciasis will be tackled by the new technical committee, and will relate to current WHO guidelines.
- iii. The meeting budget line in the current APOC budget should be used to support the meetings of the new committee.

25. Clarifying the relationship that will exist between WHO and the new entity (PENDA), the WHO Regional Director informed JAF that:
- a. WHO is open and flexible to adapt with the recommendation of JAF on the future of APOC.
 - b. Some of the core functions of WHO will be delegated to the new entity to ensure that it supports the entire 47 countries in the African region to implement an integrated onchocerciasis and LF programme.
 - c. The new entity will keep the same autonomy as APOC provided donors decide on an appropriate model of funding that sustains APOC gains and expands to LF and where possible other PCT NTDs.
 - d. Learning from the experience of APOC, the CSA, TCC and JAF will need to have their mandates revised and membership expanded to reflect the new focus on onchocerciasis and LF integrated programme implementation as well as taking into consideration the overall NTD action plan.
 - e. The roles and responsibilities of WHO HQs and AFRO are clearly defined in the 12th General Programme of Work of WHO.
26. JAF expressed its appreciation to the APOC constituent groups and to the WHO Regional Director for the suggestions, thoughts and clarifications and urged that they should be seriously considered in implementing the Strategic Plan.

Partnership

27. The report of the NNN and the NGDO Coordination Group for Onchocerciasis Elimination was presented to the session. The NGDO Group highlighted the renaming of the Group as “*NGDO Coordination Group for Onchocerciasis Elimination*” and the Group’s continued managerial, technical and financial support to onchocerciasis control and elimination activities in 30 out of 38 onchocerciasis endemic countries worldwide. The Group further highlighted that other NGDO coordination groups have successfully advocated for increased funding for trachoma mapping and have increased awareness of LF morbidity management and disability prevention (MMDP) as well as the involvement of other sectorial partners such as WaterAid and International Leprosy Elimination Programme (ILEP) in the newly formed NTD consortium.
28. The Group noted the achievement of 100 million assisted treatments in 2012, and provision of US \$7 million in support to African programs in 2012 and over US \$44 million between 2007-2012. JAF was updated on the elimination program in the Americas (OEPA). It was informed of the ceremony of the verification by WHO of the elimination of onchocerciasis from Colombia, and the request from Ecuador for a WHO team for verification of elimination in that country. Both countries have used a twice per year ivermectin treatment strategy. It was recommended that JAF monitor progress towards implementing a twice per year strategy in parts of the African region. The Group noted the importance of the year 2020 in the London Declaration on NTDs and in WHO Geneva and AFRO plans. The Group strongly recommended to JAF that APOC articulate clear 2020 goals for onchocerciasis, in alignment with the importance of 2020 achievements. NGDOs would expect to continue to play a key role in the governance structures in the new entity to be launched in 2016.

29. The JAF acknowledged the continued significant contribution of NGOs to the elimination of onchocerciasis and other neglected tropical diseases.

Programme Management and Finance

30. The audit report and a presentation on financing of APOC were presented to JAF. The World Bank, as the fiscal agent, presented APOC's receipts and pledges to-date amounting to \$268 million and noted that although the revised plan during the interim period, 2014 and 2015, was endorsed by the JAF18, it attracted limited funding from donors. This resulted in insufficient funds to cover the revised budget resulting in a projected shortfall of \$22 million. The World Bank welcomed the Arab Bank for Economic Development in Africa (BADEA) as a new development partner. The World Bank made the following recommendations: a) to closely monitor APOC's expenditures and income in real time and to modify the budget accordingly; b) to aim for sustained treatment in 2014; and c) to plan for scale up in 2015. The World Bank closed with the following next steps: a) to work with partners to develop consensus around funding needs for a new regional entity; b) to continue to seek interim funding; and c) to plan for a major Replenishment Forum in 2015.
31. Representatives of the various donors at the meeting made statements on their support for APOC. Such statements were received from ADB, BADEA, BMGF, Canada, Merck & Co, NGO Coalition, Nigeria, Saudi Fund, Sightsavers, USAID and World Bank.
32. The Forum took note of the Auditor's report. JAF thanked the donors and NGO Partners for their renewed commitment and support.

Research

33. JAF received presentations on LF and onchocerciasis related research and modelling supported by the Bill & Melinda Gates Foundation. The Foundation has many investments in a diverse set of projects to address challenges to the programs and to help ensure success. These projects include Death to Onchocerciasis and LF (DOLF), AWOL, Shrinking the Map, as well as Test and Treat for overcoming *Loa loa* barrier to programs. Additional investments are Black Fly Trap development, Coalition for Operational Research on NTD (COR-NTD) Filling the Gaps, Onchocerciasis elimination criteria, Ov16 diagnostic development, modelling of NTD program impact, Funding Gap Analysis, and Grand Challenges Explorations which is a portfolio of multiple grants of 100,000 USD each for paradigm shifting ideas that could move forward programs around LF and onchocerciasis.
34. JAF also received presentations on macrofilaricidal drug development program/field research to support LF and Oncho Elimination Programmes, modelling and mapping and further needs. The anti-*Wolbachia* therapy delivers safe macrofilaricidal and sterilising activity leading to a progressive and sustained elimination of macro/microfilarial load, thus avoiding the risk of adverse events from target species and those due to co-infections with *Loa loa*. The Death to Onchocerciasis and Lymphatic Filariasis (DOLF) project presented preliminary results of a community trial conducted in the Republic of Congo as part of the DOLF project. This 3-year trial aims at evaluating the effects of biannual mass treatments with albendazole alone on lymphatic filariasis and soil-transmitted helminthiasis. The

Modelling project looks at the current burden of disease and to what extent it can be reduced when the WHO targets in the London declaration are met.

35. The session commended the presenters and acknowledged the significant contributions the product of these activities have made and will make in ensuring the achievement of LF and onchocerciasis elimination. JAF expressed the hope that the modelling outcomes will help bring in more precision on end-dates for elimination. JAF also acknowledged the vital issues and progress made in the development of products and tools that could fast-track the process of elimination of LF and onchocerciasis in the African region.

Date and Place of the 20thJAF session

36. The 20th session of JAF will be held in the second week of December 2014. The venue will be communicated at a later date after further consultation by APOC Management with the Chair of JAF19 and the Chair of the CSA.

Closure

37. JAF thanked the World Health Organization Regional Office for Africa (WHO/AFRO) for hosting JAF19 and the government of the Republic of Congo for the warm hospitality.

Annex 1

African Programme for Onchocerciasis Control (APOC) Programme africain de lutte contre l'onchocercose

JOINT ACTION FORUM
Office of the Chairman

JAF-FAC

FORUM D'ACTION COMMUNE
Bureau du Président

JOINT ACTION FORUM
Nineteenth session
Brazzaville, Congo, 11-13 December 2013

ORIGINAL: ENGLISH
December 2013

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