



## CSA ROADMAP FOR APOC CLOSURE

Dr Lucien Manga, Chair of the Committee of Sponsoring Agencies (CSA) presented to JAF20 reflections of its 149<sup>th</sup> session, which came off from 6 – 7 December 2014 prior to holding JAF20.



The presentation details the future closure of APOC and concurrent setting up of the Programme for Elimination of Neglected Diseases in Africa (PENDA), adding that this will be done per a Roadmap designed by CSA, and which defines modalities and financial implications of the process. The said Roadmap indicates that the closing ceremony and launch of PENDA will concurrently come off during JAF21 in December 2015.

In addition to this, Dr Manga informed JAF20 that the Assistant Director-General of WHO, Dr HIRO Nakatani, communicated a statement to CSA149 on behalf WHO. This was well received and served as a consensual working document for APOC closure and launch of PENDA.

CSA also noted the political will of countries to eliminate lymphatic filariasis by 2020, and onchocerciasis by 2025, in line with the strategic plan of PENDA. He stressed, however, that objectives would only be met if PENDA priorities were defined by countries in collaboration with their partners; resources and financial management modalities determined; and “a rigorous and transparent” framework for monitoring and evaluation of the Programme adopted. He indicated that JAF will provide answers to the issue relating to financial and technical contributions expected of various stakeholders.

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## JAF20 ENDED WITH AGREEMENT ON CLOSING APOC IN 2015 AND LAUNCHING PENDA IN 2016



**On closure of APOC and establishment of PENDA, the Ministers** suggested that APOC should close by 31 December 2015 as agreed, and PENDA established, and that WHO should be the executing agency for PENDA. They also noted that the transitional Task Force should finalize the legal documentation for the establishment of PENDA and staff requirement, and that WHO should consider retaining the critical APOC staff and re-assigning them to PENDA. The Ministers further recommended that APOC should revise the 2015 activities based on the available APOC Trust funds. They suggested that countries should take additional responsibility for the control and elimination of NTDs in 2015, and integrate NTDs into health systems to maintain momentum realized by APOC.

**On the same issue**, and relating to the short-fall of funds, the **NGDO group** stated that there is a need to stop MDA at national level along with publicity and thereby prove the validity of the APOC plan of oncho elimination, while at the same time considering arising cross-border issues relating to heightened surveillance. The NGDO group expressed great concern on the \$11 million shortfall, and called for an immediate review of projects most dependent on APOC funds to maintain coverage to ensure these projects get priority available funding. The group also suggested that countries and NGDO partners should take on more costs. The group further noted that the closure of APOC is a WHO administrative issue; however, pointing out that this process will be disruptive in terms of employees.

**On the priority activities of PENDA in 2016, the Ministers** noted that PENDA should play a technical leadership and coordination role with decisions decentralized and bulk of the activities implemented at country level to reduce overhead costs, and that PENDA should facilitate the procurement of donated medicines for all PCT NTDs. They also suggested that PENDA should operate an incentive funding/counterpart financing mechanism to ensure governments' increasing responsibility for programme implementation without prejudice to its investments on personnel. They further noted that PENDA should work on strengthening health systems, and that it should focus on all PCT NTDs and NOT only Onchocerciasis and LF.

**The NGDO group, on the same subject**, shared that there are two divergent views on the overall focus of PENDA: continue to focus on LF and Oncho or encompass all the PC-NTDs, expressing that they are interested in what countries want and what donors will fund, and suggesting that accordingly, based on the anticipated annual budget of PENDA, activities listed in the current PENDA document should be prioritized and supported in order of priority. In relation to this, they suggested that the staffing up PENDA would be needed especially if the skill sets needed involve other NTDS such as STH, schisto and trachoma, not originally contemplated in detail in the current plan. They further noted that if restricted to LF and SCH, with bringing other PCT NTDs on more slowly, then there would still be concern that PENDA under a restricted budget, would not take off in 2016 as the elimination champion of LF and oncho.

## COUNTRY DECLARATIONS ON PROGRESS TOWARDS ELIMINATION

### BURKINA FASO

In Burkina Faso, onchocerciasis is no longer a public health problem, owing to efforts made by the erstwhile Onchocerciasis Control Programme in West Africa (OCP) and national actors. In addition to this, the new disease control vision enabled countries to undertake activities aimed to achieve elimination by 2025. Elimination activities were carried out in 19 districts of seven health regions, while six endemic districts of two regions conducted CDTI-related activities.

Results of epidemiological evaluation show an average prevalence of 0.28%. Early CDTI activities in 2014 in the Cascade and South-West Regions produced geographical coverage of 100% and 96.79% respectively. Average therapeutic coverage figures are 79.83% and 78.97%.

In 2014, supervision was scaled up mainly in nine primary health-care centres (CSPS) and 20 villages for the Cascade Region, and 31 CSPS and 51 villages in the South-West Region.

Regarding cross-border activities, a planning meeting was held with Côte d'Ivoire in June 2014, and an overview workshop is planned for December 2014.

The overall epidemiological situation of onchocerciasis is satisfactory in Burkina Faso, but surveillance must rigorously be ensured and CDTI successfully carried out to guarantee elimination by 2025.

### REPUBLIC OF CONGO

The Republic of Congo is one of countries benefiting from technical and financial support of the APOC partnership towards the control of Neglected Tropical Diseases (NTDs) that so severely affect our respective countries. With this support, during the year 2014, Congo trained 2,065 community drug distributors who treated 81,709 people against lymphatic filariasis and 7,850 people against schistosomiasis.

Even though the rate of therapeutic coverage for CDTI has been above 80% these past five years, epidemiological evaluations conducted in 2011 and 2012 showed that onchocerciasis transmission still exists in some districts of the of the Pool.

The results of the additional mapping of onchocerciasis conducted in September 2014 indicate that most priority treatment areas are actually covered. However, the country took the decision to extend the CDTI to the Kindamba District in the Pool to accelerate the interruption of transmission. The number of communities under CDTI has thus increased from 770 to 859. The planned integrated mapping (LF and loiasis) will help Congo to extend the treatment in the forest areas where there is coendemicity of both diseases. Biannual mass treatment with Albendazole that was experimented successfully by the DOLF project in Bouenza will be the main control strategy in areas coendemic for lymphatic filariasis and loiasis. The Government of the Republic of Congo is fully committed to work alongside those who support neglected tropical diseases control activities, including onchocerciasis control.

### CAMEROON

All 10 regions of Cameroon are co-endemic for onchocerciasis and lymphatic filariasis, and so the country took measures to find initial solutions. In October 2013, a National Neglected Tropical Disease Integrated Control Coordination Unit (UCNLIMTN) was set up. Also the country plans to set up a programme to control onchocerciasis, LF and other NTDs.

Outcomes of impact assessment of Mectizan on onchocerciasis and results of conducted pre-TAS (transmission assessment survey) and TAS showed that elimination of onchocerciasis and LF is feasible by 2025.

The Government of Cameroon expressed its gratitude to APOC Management for its technical and financial assistance, and looks forward to the advent of PENDA with a lot of hope.

### CÔTE D'IVOIRE

For Côte d'Ivoire, Preventive Chemotherapy Neglected Tropical Diseases (PC-NTDs) constitute a real public health problem, to the extent that the country made them one of its disease control policy priorities. Indeed, while the epidemiological status of these PC-NTDs is known, the scale-up of CDTI/MDA (mass treatment) in endemic health districts still remains a challenge.

Finalization of mapping of PC-NTDs was done in 2013 and 2014. Thus, epidemiological surveys were conducted, thanks to financial assistance obtained from WHO and WHO/APOC; CNTD; Sightsavers and the Schistosomiasis Control Initiative (SCI). Outcomes of these surveys showed that, of the 82 health districts of Côte d'Ivoire, 60 are endemic for onchocerciasis; 61 for lymphatic filariasis; and 52 health districts are co-endemic for both diseases. Schistosomiasis and STH are endemic in 80 and 82 health districts respectively.

In 2013, results of CDTI/MDA showed that 34 out of the 74 health districts endemic for onchocerciasis and/or LF received treatment, and 38 health districts of the 80 endemic for schistosomiasis had at least one treatment cycle.

In view of the increasingly scarce financial resources, the country in 2014 developed the concept of resource-sharing, which enabled activities under PC-NTDs to be integrated.



## COUNTRIES DECLARATION ON PROGRESS TOWARD ELIMINATION

### LIBERIA

I want to take this time to acknowledge the remarkable progress made by the Neglected Tropical Diseases Program of Liberia with the support of partners. The program continues to maintain the elimination threshold of 80% therapeutic coverage and is moving toward a full geographical coverage of 100%. In 2013, integrated mass drug administration achieved 83% therapeutic coverage and 91% geographical coverage for onchocerciasis while achieving 83% therapeutic and 90% geographical coverage. A total of 2.6 million people were treated for onchocerciasis in 15 counties while 2.4 million people were treated for lymphatic filariasis in 13 LF endemic counties. Also, Mass Drug Administration for schistosomiasis took place in Bong, Lofa and Nimba with a therapeutic coverage of 73%. A successful Buruli Ulcer treatment programme was also carried out in the same counties.

In 2014, MDA and other Program activities were disrupted by the outbreak of the deadly

Ebola Virus Disease. The disease has affected about seven thousand people in Liberia and has killed about four thousand persons by November 2014, 174 of whom were health care workers. Ebola has stretched the health care delivery system beyond limit. Most essential health services including MDA were suspended due to fear of transmission of Ebola and every health professional, all line ministries, government agencies and communities were focusing on the control and prevention of the deadly disease. As we begin to see a downward trend in the epidemic, we wish to acknowledge the contribution of CDDs in the ongoing Ebola contact tracing and case finding in almost all affected counties.

The Ministry of Health and collaborating partners are working towards the restoration of health services at all levels and the NTD Program is finalising a concept paper as roadmap with operational plan for

kick-starting MDA and other NTD activities in the context of Ebola in 2015.

The government of Liberia is appealing to APOC and partners to increase their financial and technical support to Liberia. More resources are needed to train health workers and CDDs, logistics for supervision and monitoring, and active engagement of communities and cross-border engagement with MRU countries with whom we share common challenges posed by Ebola.

The Ministry of Health of Liberia is committed to a strong partnership with APOC, the new Program for the Elimination of Neglected Diseases in Africa (PENDA) commencing in 2016, and other development partners, to ensure the control and elimination of Onchocerciasis and other NTDs of public health concern in Liberia and the sub-region while it will continue on preventive and control methods to combat the deadly Ebola Disease from Liberia and the Sub-region.

### CHAD

The Government of Chad set up the National Onchocerciasis control Programme in 1991 in response to the social burden caused by onchocerciasis. The country signed the first APOC Memorandum that enabled it from January 1998 to implement CDTI operations. The CDTI strategy places the Chadian affected communities at the center of the control activities and empowers them to make decisions. The undeniable evidence of the efficiency is reflected in the results of the respective epidemiological and entomological evaluations conducted since 2009.

Future needs and plans include the scale-up of LF control interventions; maintaining community commitment to CDTI, and incentives for community directed distributors; commitment to provide funding at all levels; capacity building of the NOTFs and NPEOLF not only to assist the process but also to maintain the gains; the scale-up of epidemiological and entomological surveillance.

To scale up and also maintain the gains made, the Government of Chad plans to mobilize additional internal resources and also requests for additional financial resources and logistics. Chad reaffirms its commitment to resolutely fight onchocerciasis until its elimination.

### GHANA

Ghana is endemic for 10 of the 17 neglected tropical diseases presently on the global list of neglected tropical diseases (NTDs), five of which belong to the preventive chemotherapy and transmission (PCT) diseases category. Through the commitment of the Government of Ghana and its development partners, an integrated programme of control and elimination has been under way since 2006, registering notable achievements.

Significant among these achievements are completion of mapping of all the preventive chemotherapy diseases and institution of mass drug administration (MDA) for these five diseases in Ghana. For example, trachoma has been eliminated at the district level, and this year only one community will be treated for trachoma, reaching total elimination of trachoma. Likewise, LF elimination activities will see MDAs discontinued in 66 out of 98 endemic districts. Control activities for schistosomiasis and soil-transmitted helminthiasis will continue after several rounds of both school-age and high-risk adult community treatment. Both geographic and therapeutic coverage has been good.

Surveillance for these diseases is strictly undertaken annually for transmission monitoring. Onchocerciasis control, now transitioning to onchocerciasis elimination, has made a substantial headway with the technical and financial support of implementing partners. About 45 districts are presently undergoing regular biannual treatments while the rest of the endemic districts undertake annual treatments. In order to achieve elimination in the shortest possible time, the programme is undertaking delineation of hypo-endemic communities with the support of APOC and other technical partners for further annual treatments.

The need for technical guidance for post-treatment transmission surveillance, inadequate praziquantel for the treatment of school-aged population due to administrative bottlenecks, coincidental severe side-effects of treatments (including death in some districts), and discovery of hotspots requiring special interventions, are all programme issues requiring urgent attention. The past and present role of WHO in ensuring technical and funding support for the NTD Programme, particularly Lymphatic Filariasis and Onchocerciasis and other PC NTDs through the PENDA strategic plan is acknowledged and will be supported with its objectives in Ghana.

## FAC20 : GUIDE AND IMPORTANT CONTACTS

### WHO CONTACT PERSONS

<b>Dr P. M'pele</b> , WHO Representative for Ethiopia	Cel: 0911 202 633
<b>M. P. Lessimi</b> , Operations Officer	Cel: 0935 998 641
<b>Mrs Genet Aweke</b> , Accommodation	Cel: 0911 663 397
<b>Ms Lishar Negussie</b> , Travel	Cel: 0911 627 120
<b>Mrs Loza M Tesfaye</b> , Communication	Cel: 0911 144 194
<b>Dr Chris Mwikisa</b> , Manager Corporate Services	Cel: 0938 058 153
<b>M. Yaovi Aholou</b> , Programme Officer	Cel: 0939 594 779
<b>Mme Diane Mabiala</b> , Travel & Transport	Cel: 0942 220 898

### UN SECURITY CONTACTS IN ETHIOPIA

M. Carlos Lopes, Officier Désigné,	Tel: 251 (0) 011 551 1231
M. Eugène Owusu, UNDP,	Tel: 251 (0) 011 551 1025
M. Francis Sikaonga, Conseiller sécurité UNDSS,	Cel: +251 911 511 906
M. Ouseini Ouedraogo, Chef de la section sécurité,	Cel: +251 911 201 802
N° d'urgence (radio room):	Tel: 011 5511726 011 5444428

### TRANSPORTATION FROM HOTEL TO UNCC

A bus will be assigned to each hotel for participants transportation to the conference center vice versa. A hostess will be in each hotel to assist participants. Bus numbers and pick up hours are as follow :

Sheraton :	Bus n°1	07H30
Hilton :	Bus N°2 / N°2 – 1	07H30
Jupiter:	Bus N°4	08H00
Intercontinental:	Bus N°5; N°5-1; N°5-2	08H00
Radisson/G. Yordanos:	Bus N°3	08H00
Ambassador:	Bus N°7	07H30
Desalegn/Ambassador:	Bus N°6	07H30

Buses will leave UNCC to hotels around 9H00 p.m every day.

### SPECIAL EVENTS

**WEDNESDAY, 10th December starting at 08:45 a.m**

#### OPERATIONAL RESEARCH - PROGRESS AND PLANNED

This session will discuss how to develop common strategies for joint onchocerciasis, lymphatic filariasis and STH implementation/elimination. It will address possible treatment strategies in Loa endemic areas and will consider the role of macrofilaricides. A round table will also consider the role of integrated vector management for onchocerciasis and lymphatic filariasis.

**THURSDAY 11th December (06:00 p. m) followed by a cocktail reception**

#### A ROUNDTABLE TO DISCUSS AND ENDORSE THE NEW GLOBAL SCHISTOSOMIASIS ALLIANCE (GSA)

At the table will be representatives from the schistosomiasis community who will discuss the Alliance mandate and ambition to accelerate progress towards the control and elimination of schistosomiasis by supporting the NTD strategic roadmap, the WHO Resolutions and the unprecedented availability of praziquantel.

The moderator for the session is Mr Andrew Jack, who many will know from his highly respected role as the Pharmaceuticals Correspondent at the Financial Times. Andrew has long supported the momentum towards the control and elimination of neglected tropical diseases.

## 8<sup>TH</sup> SESSION OF GAELF STARTS TODAY

Today, the Eighth Session of the Global Alliance for the Elimination of Lymphatic Filariasis (GAELF) will kick off in Conference Room 2 of the UNCC, Addis Ababa, with the theme: GAELF: 15 years on! New models for achieving the end game



Before 14:00 official opening ceremony of the 8th GAELF, a session on Operational Research (progress and planned) will take place in the morning starting at 8:45 in Conference Room 2 (Refer to Day 2 Journal for details).

GAELF will officially commence at 14:00 with a welcome address by the Honorable Minister of Health of Ethiopia, and introduction to GAELF by Dr Adrian Hopkins.

During the day-and-a-half meeting, presentations on the global situation with an overview of where we are now and medicines and the supply chain will be discussed, followed by LF in Africa, which will encompass a WHO AFRO presentation on LF and integration in NTDs, success stories from Ethiopia and Togo, presentation on the challenges of integration from Nigeria, and post-conflict scale up and integration from the DRC.

Reports from the regions on progress and integration, morbidity management in 2015 and beyond, integrated M&E, research and issues on integration focusing on the next five years, and the way forward for the next five years will also be covered during this 8th GAELF.



### New reflections will start today on the control and elimination of LF and Schistosomiasis

