MEETING REPORT **Strategic review and planning meeting**

Onchocerciasis and Lymphatic Filariasis elimination in Africa, Ouagadougou, Burkina Faso
MEETING REPORT

Strategic review and planning meeting

Onchocerciasis and Lymphatic Filariasis elimination in Africa, Ouagadougou, Burkina Faso
# Table of content

Acronyms ........................................................................................................ 6  
Executive summary ...................................................................................... 7  
Introduction .................................................................................................. 9  

## MEETING PROCEEDING

1. **Opening session** .................................................................................. 11  
   1.1. **Welcoming Remark Opening Speech** ........................................... 11  
   1.2. **Administrative announcements** ..................................................... 11  
   1.3. **Security Briefing** ......................................................................... 11  
   1.4. **Introduction of participants** ............................................................. 12  
   1.5. **Adoption of the agenda** ................................................................ 12  
   1.6. **Objectives and expected outputs** ................................................... 12  
   1.7. **APOC strategic direction for 2014 – 2015** ...................................... 12  

2. **Situational analysis, mapping, suggested prospects for the years 2014-2015** ........................................................................................................ 14  
   2.1. **Mapping Issues** ............................................................................. 14  
       2.1.1. Status of onchocerciasis and LF mapping and plans for 2014-2015 .................................................. 14  
       2.1.2. Shrinking the map of LF and other NTDs project ................................................................. 14  
       2.1.3. Status of Onchocerciasis treatments ...................................................................................... 15  
       2.1.4. Status of LF treatments ................................................................................................. 16  
   2.2. **Epidemiological and entomological evaluations for ONCHO** ........... 17  
       2.2.1. Conceptual & operational framework for ONCHO elimination .................................................. 17  
       2.2.2. Review of epidemiological evaluation results ........................................................................ 17  
       2.2.3. Review of entomological evaluations ....................................................................................... 18  
       2.2.4. Suggested priority countries for 2014-2015 epidemiological and entomological assessments .................................................................................. 19  
       2.2.5. Conceptual framework for TAS and overview of Countries’ requesting for TAS .................................................. 20  
       2.2.6. A systematic approach for Oncho and LF co-implementation .............................................. 21  
       2.2.7. Suggested treatment strategies and required adjustments in onchocerciasis problematic areas .................................................................................. 22  
       2.2.8. Summary plans of action and budgets of the partners for the countries ........................................ 22
3. Preparation of country action plans ........................................... 24
   3.1. Introduction on Group Work ............................................. 24
   3.2. Group work by countries and Partners .............................. 25
      3.2.1. Group work "Delineation of treatment boundaries oncho and LF" and on "Set treatment targets and Strategies for Onchocerciasis and LF" .......................... 25
      3.2.2. Group work: Plans for Epidemiological and Entomological assessments ........................................................................ 26
      3.2.3. Group work: Health systems strengthening at peripheral level .................................................................................. 27
      3.2.4. Group work: Operational Research ................................ 29
      3.2.5. Group work: Cross-border issues ................................... 30
   3.3. Progress report on Financial Reporting by APOC funded projects .............................................................................. 31
   3.4. Finalization of country plans ............................................. 32

4. Conclusion and closure ......................................................... 34

MEETING RECOMMENDATIONS .................................................. 35
   1. Mapping of onchocerciasis and Lymphatic Filariasis ............ 35
   2. Epidemiological and entomological surveillance .................. 35
   3. Integrated coordination of the activities .............................. 36
   4. Strengthening strategies and actions for effective elimination of LF and onchocerciasis by 2020 and 2025, respectively ......... 36
   5. Funding of the activities .................................................... 37
   6. Strengthening health systems ............................................. 37
   7. Operational research ....................................................... 38
   8. Cross-border collaboration .............................................. 38
   9. Administrative and financial management of the APOC Programme ................................................................. 39

ANNEXES
   1. Year 2014 treatment Targets for ONCHO ......................... 42
   2. Agenda .............................................................................. 43
   3. List of participants ......................................................... 46
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFRO</td>
<td>WHO Regional Office for Africa</td>
</tr>
<tr>
<td>APOC</td>
<td>African Programme for Onchocerciasis Control</td>
</tr>
<tr>
<td>CDC</td>
<td>Centre for Diseases Control</td>
</tr>
<tr>
<td>CNTD</td>
<td>Centre for Neglected Tropical Diseases</td>
</tr>
<tr>
<td>CDDs</td>
<td>Community Directed Distributors</td>
</tr>
<tr>
<td>CDTI</td>
<td>Community Directed Distribution of Ivermectin</td>
</tr>
<tr>
<td>CDI</td>
<td>Community Directed Intervention</td>
</tr>
<tr>
<td>CMFL</td>
<td>Community Microfilaria Load</td>
</tr>
<tr>
<td>CSA</td>
<td>Committee of Sponsoring Agents</td>
</tr>
<tr>
<td>DFC</td>
<td>Direct Financial Cooperation</td>
</tr>
<tr>
<td>DPC</td>
<td>Disease Prevention and Control</td>
</tr>
<tr>
<td>DRC</td>
<td>Democratic Republic of Congo</td>
</tr>
<tr>
<td>END Fund</td>
<td>Ending Neglected Diseases Fund</td>
</tr>
<tr>
<td>FHI</td>
<td>Family Health International</td>
</tr>
<tr>
<td>FLHF</td>
<td>Front-Line Health Facility</td>
</tr>
<tr>
<td>GNNTD</td>
<td>Global Network for Neglected Tropical Diseases</td>
</tr>
<tr>
<td>HSAM</td>
<td>Health Education, Sensitization, Advocacy and Mobilization</td>
</tr>
<tr>
<td>JAF</td>
<td>Joint Action Forum</td>
</tr>
<tr>
<td>ICT</td>
<td>Immunochromatography test</td>
</tr>
<tr>
<td>ITNs</td>
<td>Insecticide Treated Nets</td>
</tr>
<tr>
<td>IRS</td>
<td>Intermittent Residual Spraying</td>
</tr>
<tr>
<td>IU</td>
<td>Implementation Unit</td>
</tr>
<tr>
<td>LF</td>
<td>Lymphatic Filariasis</td>
</tr>
<tr>
<td>MDA</td>
<td>Mass Drug Administration</td>
</tr>
<tr>
<td>MDP</td>
<td>Mectizan Donation Programme</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MITOSATH</td>
<td>Mission to Save The Helpless</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NTDs</td>
<td>Neglected Tropical Diseases</td>
</tr>
<tr>
<td>OCP</td>
<td>Onchocerciasis Control Programme</td>
</tr>
<tr>
<td>PAB</td>
<td>Plan of Action and Budget</td>
</tr>
<tr>
<td>PC-NTD</td>
<td>Preventive Chemotherapy NTDs</td>
</tr>
<tr>
<td>PENDA</td>
<td>Programme for the Elimination of Neglected Tropical Diseases in Africa</td>
</tr>
<tr>
<td>RTI</td>
<td>Research Triangle Institute / RTI International</td>
</tr>
<tr>
<td>SAEs</td>
<td>Severe Adverse Events</td>
</tr>
<tr>
<td>STH</td>
<td>Soil Transmitted Helminthiasis</td>
</tr>
<tr>
<td>TAS</td>
<td>Transmission Assessment Surveys</td>
</tr>
<tr>
<td>TCC</td>
<td>Technical Consultative Committee</td>
</tr>
<tr>
<td>TDR</td>
<td>Tropical Disease Research</td>
</tr>
<tr>
<td>TIPAC</td>
<td>Tool for Integrated Planning and Costing</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Executive summary

A first historic meeting involving APOC technical units, countries, Partners, and experts from both LF and Onchocerciasis constituencies was held in Splendid Hotel, Ouagadougou, Burkina Faso, from 17th – 22nd March 2014.

Represented were Partners from, CDC Atlanta, MDP, CNTD, Sightsavers, Malaria Consortium, FHI 360 / END in Africa Project, RTI/Envision, the END fund, Taskforce for Global Health, OPC and Mitosath. Also in attendance were APOC and WHO/AFRO staff, Technical Advisors and participants from onchocerciasis and LF endemic countries in Africa (Angola, DRC, Chad, Equatorial Guinea, Burkina Faso, Nigeria, Liberia, Congo, Cameroon, Gabon, Togo, Tanzania, south Sudan, Sudan, Ghana, Burundi, Sierra Leone, Malawi, Uganda, Niger, Côte d’Ivoire, Mali, Guinea, Central African Republic, Guinea Bissau, and Mozambique). Benin and Ethiopia who were also invited were not represented.

The main objective of this meeting was to create an avenue for enhanced collaboration, linkages and synergies among implementers of the two programmes and the endemic countries, with a purpose of utilizing the technical, financial and human resources available to alleviate the pain and suffering faced by those infected or at risk of Lymphatic Filariasis and Onchocerciasis diseases in Africa. Both diseases are due for elimination, 2020 for lymphatic filiarasis, and 2025 for onchocerciasis.

The specific objectives of this meeting were to:

- delineate treatment and transmission zones;
- set treatment targets for onchocerciasis and LF for years 2014 and 2015;
- evaluate the epidemiological trends towards elimination;
- prepare the stopping of ivermectin treatment as part of onchocerciasis elimination;
- strengthen health system at the peripheral levels;
- strengthen partnership in the elimination of these diseases;
- strengthen operational research.

Dr Roungou Jean-Baptiste, Director of the African Program for Onchocerciasis Control (APOC), in his introductory remarks, thanked the participants for attending this historic meeting. He indicated that leaders worldwide are fully aware of the necessity of building a better world by fighting poverty; which necessarily implies controlling Neglected Tropical Diseases. This new momentum will require more efforts in the context of scarcity of resources; and that the strategies in the field need to be reviewed in order to achieve the set targets. He cautioned countries to avoid resistance to change which may be counterproductive to elimination efforts. The meeting was informed that APOC’s strategic vision for 2014–2015 is to support an increase of treatments for onchocerciasis to a target of 120 million people and an increase of LF treatments in 5-15 countries by 20% (Reference made to 120 million people treated for LF in 2011, WHO AFRO Report 2013). In the meantime, efforts will also be done by APOC to support stopping of treatment to countries that have reached the breakpoint.

The methodology of this planning and review meeting was quite interactive, it comprised of presentations and discussions, group work sessions with feedback in plenary, and meeting between partners and countries.
The presentations focused on the situational analysis, the mapping of both diseases, the update of the concept note on onchocerciasis elimination and the foundations of the Lymphatic Filariasis surveillance, entomological and epidemiological evaluations, activities towards stopping ivermectin treatment as part of onchocerciasis control, the proposals of approaches for co-implementation of interventions, the proposals of alternative approaches for problematic areas, and the submission of technical and financial reports by projects funded by APOC. Partners attending this meeting were allotted a session to brief participants on their interventions in the countries and to talk about their planning for years 2014 and 2015.

Discussions following presentations mainly focused on how to address the gap noted in funding, how mapping, PCT interventions, health systems perspectives, operational research and cross border issues could be dealt with together, for the realization of elimination of both diseases in Africa.

On the other hand, the group work sessions gave opportunity to countries and partners to discuss and agree on activities for 2014 - 2015, and alternative strategies to be adopted for each implementation unit in order to increase treatments targets set for 2014 and 2015. Other areas worked in the groups included, identification of activities related to delineation of treatment boundaries; setting specific dates for epidemiological and entomological evaluation and LF transmission assessments; prioritizing requirements necessary for the strengthening of health systems, particularly at peripheral level; identification of operational research areas and training needs; and finally the planning of activities related to cross-border collaboration.

The two interactive approaches led to the formulation of country plans for 2014 and 2015 and various statements and recommendations that will guide planning and implementation of Lymphatic Filariasis and onchocerciasis elimination activities over the two years.

Statements and recommendations were in the following 8 key areas:

1. Mapping for both onchocerciasis and Lymphatic Filariasis;
2. Health systems strengthening in countries;
3. Surveillance;
4. Coordination of NTDs in countries;
5. Funding of NTD activities;
6. Operational research;
7. Cross-border collaboration;
8. Administrative and financial management of the APOC Programme.

The meeting was closed on the 22nd March 2014. In the closing ceremony, delight was expressed over the success of the first meeting of LF and Onchocerciasis programs, and that the implementers from both sides were able to agree on fundamental things. Programme Managers were urged to continue discussions with partners in countries, and with national officials, in order to finalize and forward the final plans to APOC Management. APOC acknowledged partners' effective participation admitting that working together was a remarkable step and exceptionally important to WHO/APOC as it transits to the new role of the Programme for the Elimination of Neglected Tropical Diseases in Africa (PENDA), by 2016. Members were informed of the next planning meeting to be held in November, 2014.
Introduction

The African Programme for Onchocerciasis Control (APOC) during its JAF 14th meeting was directed to embark from Onchocerciasis control to elimination by the year 2025. Following this new direction, a series of consultative meetings were organized annually by the Programme involving countries and NTDs Partners to discuss elimination issues, operational challenges and solutions proposed to guide planning and implementation at the various levels.

In the course, JAF 19 and the 63rd Regional Committee of the AFRO region, 2013, directed APOC to further change its mandate to become a new entity for the elimination of both Onchocerciasis by 2025, and Lymphatic Filariasis by 2020, and be fully operational for this work beginning 2016.

In this view, it was important for the programme to re-orient partners on this new direction and where possible, promote synergistic interventions that would promote optimal use of the minimum resources available at programme level, over the transition period 2014 – 2015. A meeting involving APOC technical units, countries, partners, and experts from both LF and Onchocerciasis constituencies was convened. Strategies and activities for the elimination of Onchocerciasis and LF were to be drawn and country action plans for 2014 and 2015 prepared. Resources and technical support to be rendered by Partners in countries for 2014 was to be shared and gaps identified for further resources mobilization.

This first historic meeting which was organized in Splendid Hotel, Ouagadougou, Burkina Faso from the 17th – 22nd March 2014 had invited representatives from CDC Atlanta, MDP, CNTD, Sightsavers, Malaria Consortium, FHI 360/ END in Africa Project, RTI/Envision, the END fund, Taskforce for Global Health, OPC and Mitosath. Also invited were APOC and WHO/AFRO staff, Technical Advisors, and participants from onchocerciasis and LF endemic countries in Africa (Angola, DRC, Chad, Equatorial Guinea, Burkina Faso, Nigeria, Liberia, Congo, Cameroon, Gabon, Togo, Tanzania, south Sudan, Sudan, Ghana, Burundi, Sierra Leone, Malawi, Uganda, Niger, Cote D’ivoire, Mali, Guinea, Central African Republic, Guinea Bissau, Benin, Ethiopia and Mozambique).
1. Opening session

1.1. Welcoming remark opening speech

The Director APOC, Dr Roungou welcomed all the participants in this truly historical meeting and thanked them for honouring the invitation. He reiterated that all the leaders globally are now committed to making a better world through eradication of poverty, thus the relevance of controlling NTDs. He said, to achieve this requires a strategic vision so that we build a better world that is mindful of the vulnerable groups.

He further pointed out that the elimination of LF and onchocerciasis and other NTDs is part of this strategic vision; therefore countries should try to build such thematic vision as we envisage pursuing these efforts. He cautioned countries to avoid resistance to change which may be counterproductive to elimination efforts.

The Director observed that APOC is in a transition period which is characterized by; a paradigm shift moving from control to elimination, the preparation of the closure of APOC and the launching of PENDA, the need to enhance the collaboration between the Onchocerciasis and Lymphatic Filariasis programmes, and lastly, the need to produce more results in the event of dwindling resources. The Director further highlighted that the programme has formulated 8 objectives to be met over this transition period. He said the expectation is treat 120 million people for Onchocerciasis and increase by 20% the number of people to be treated for Lymphatic Filariasis by the end of 2015.

In his opening remarks, the Director also addressed the issue of the Direct Financial Cooperation (DFC) as an important cutting-edge tool developed by WHO based on the principle that countries should be able to manage resources provided to them autonomously for activity implementation. He therefore urged countries to protect this tool and ensure proper administrative and financial management procedures are followed in line with activity implementation.

The Director concluded his remarks with hope that the stakeholders will be actively involved and will come out from this meeting with reasonable objectives, activities and budgets that take into account the need for greater synergy to achieve the treatment objectives.

1.2. Administrative announcements

Mr Toure, the Administrative Officer of APOC provided the administrative announcements to the participants. He advised participants to contact those indicated, in the information sheet in case of any difficulties.

1.3. Security briefing

The United Nations Security Officer gave security updates for the security situation in Burkina Faso especially Ouagadougou.
He described the level as calm and stable but cautioned the participants to be careful and to use only the taxis recommended by the hotel. He also cited the possibility of few isolated petty crime cases like pick pocketing as would be expected in any large urban setting.

1.4. Introduction of participants
Participants made individual introduction.

1.5. Adoption of the agenda
The agenda was adopted without any amendments.

1.6. Objectives and expected outputs
Dr Afework presented the objective and expected outputs of the meeting as follows:

- delineate treatment and transmission zones;
- set treatment targets for onchocerciasis and LF for years 2014 and 2015;
- evaluate the epidemiological trends towards elimination;
- prepare the stopping of ivermectin treatment as part of onchocerciasis elimination;
- strengthen health system at the peripheral levels;
- strengthen partnership in the elimination of these diseases;
- strengthen operational research.

The expected outputs of the meeting were to have:

- treatment boundaries based on the 2013 results and plans for 2014-2015 revised;
- achievable treatment targets for Oncho and LF identified for each country in order to reach an additional 20 million people by 2015;
- plans for epidemiological, entomological evaluations and LF Transmission assessment Surveys (TAS) in 2014-2015 prepared;
- a systematic approach to co-implementation developed, particularly for LF;
- problematic areas that need intensification of Community Directed Treatment with Ivermectin (CDTI) activities identified;
- implementation plans for alternative strategies for disease elimination in countries identified;
- draft cross-border plans of action developed;
- partners' financial and technical contribution to country plans identified;
- capacity building gap and operational research priorities in countries identified.

1.7. APOC strategic direction for 2014 – 2015
The APOC Director informed the meeting that taking into consideration JAF decisions and CSA guidance, APOC management has determined 8 key priority objectives and these are:

1. To increase treatment target of 120 million for onchocerciasis and increase by 20% LF treatment in 5-15 countries.
2. To determine which countries have reached breakpoint. Such countries should prepare a detailed report for TCC review.
3. Conduct entomological evaluation to guide decision in stopping treatment especially in cross-border foci.
4. To undertake co-implementation and explore possibilities of synergy with other interventions that can allow systematic approach in implementation.
5. Provide support to countries to carry operational research on possibilities of stopping treatment.
6. Health system strengthening in countries to focus in bridging the gap between peripheral health services and communities. There is a plan to prepare concept note on this subject for consideration by TCC.

7. Restructuring of the APOC management to fit in the new entity of PENDA. The strategic plan for PENDA was approved by JAF19. Reviewing of the process awaits recruitment of the consultant.

8. Resource mobilization to bridge the budget deficit of 23 million in 2014/15 budget. APOC is due to recruit resource mobilization officer to work closely with the World Bank and GNNTD.

After this presentation, the main issues discussed were, brainstorming on the research agenda for APOC, APOC budget deficit for 2014/15, available funding for operational research, instruction by JAF18 to stop funding TDR on “MACROFIL” research, and precision of co-implementation especially in countries where treatment of one of the two diseases has been halted.
2. Situational analysis, mapping, suggested prospects for the years 2014-2015

2.1. Mapping Issues


The presentation provided an update on mapping of onchocerciasis and LF based on information received from countries.

Pre-control data for onchocerciasis indicated that more than 14,000 communities were surveyed in 20 APOC participating countries. Endemicity levels in DRC, South Sudan, Central African Republic (CAR) and Nigeria were shown to be high. With regards to delineation of transmission zones for elimination purposes, the meeting was informed that the exercise was completed in Cameroon, Burundi, Chad and Equatorial Guinea. The results revealed that in most of the villages’ surveyed, the microfilaria prevalence was 0%, apart from a few that were reported to have suspected high prevalence but not sampled.

It was reported that nine countries still require mapping for the delineation of onchocerciasis treatment boundaries and that this activity is planned to take place in 2014 and 2015. These countries include Angola, CAR, Congo, DRC, Ethiopia, Gabon, Nigeria, Côte d'Ivoire, South Sudan and Mozambique (borders with Tanzania and Malawi). Refinement of treatment boundaries is also expected to take place in Equatorial Guinea and Cameroon.

Regarding mapping for Lymphatic Filariasis, of the total 4,778 districts in the WHO African region, 3,312 had been mapped (69.3%). 1,466 districts representing 30.7% of targeted districts still require LF mapping. 23.6% of 3,312 mapped districts are co-endemic for both onchocerciasis and LF. On the other hand, LF mapping was completed in 17 oncho-endemic countries (2,888 districts), while 12 countries (1,273 districts) endemic for onchocerciasis are yet to complete LF mapping. Community Directed Treatment with Ivermectin (CDTI) is being implemented in 250 districts (17%) out of the 1,466 districts not yet mapped for LF.

The main challenges in mapping were reported to be inadequate funding for additional surveys, lack of updated district boundaries and lack of rapid diagnostic tools for LF and onchocerciasis.

2.1.2. Shrinking the map of LF and other NTDs project

The presentation on shrinking the map of LF and other Preventive Chemotherapy Neglected Tropical Diseases (PC-NTDs) showed that more than 50% of countries in the WHO African Region have at least 3 or more PC-NTDs. Of these, 22 are endemic with 5 PC-NTDs and 8 with 4 PC-NTDs. Only 5 countries in the region have 1 PC NTD. This provides clear evidence of the burden of PC-NTDs in Africa, and calls for accelerated effort in mapping and addressing the gaps. Available figures show that LF affects over 470 million people in Africa and onchocerciasis over 120 million.

The presentation further highlighted the challenges associated with mapping, which includes, the mixed situation of scaling up and scaling down in some countries, inadequate tools for mapping and
methods, mis-classification of endemicity, absence of validation processes by the regional programmes, and the unnecessary treatment and other interventions that may lead to risks of Severe Adverse Events (SAEs).

The meeting was informed of a project of US$ 11 million to shrink the map of LF and other NTDs in an attempt to address mapping challenges. This new project has two components, one, shrinking the map of LF and other NTDs; and secondly, shrinking the timeline for decision making.

In respect to mapping updates, it was reported that coordinated mapping was conducted in 15 countries for LF, 27 for Schistosomiasis, and 30 for Soil Transmitted Helminthiasis (STH). Dr Tiendrebeogo further explained that a mapping plan has been put in place to support all countries finalize their mapping requirements. He further narrated on the workflow processes for NTD mapping which should include stakeholder meeting, mapping survey, decision making and taking required actions using mapping data, such as the updating of NTD country Master Plans.

The new technology of NTD e-hub was presented; the presenter indicated that it would allow countries to share information and data on NTDs for real time collaboration and rapid action. Another tool presented was the integrated NTD data base. This allows countries to share data (historical, current) for all NTDs. Lastly, the NTD performance dash board which is expected to provide access for uploading of data, business intelligence robot, designing maps and graphs, and also act as a resourceful tool for feeding-in NTD information to the Disease Prevention and Control (DPC) cluster data system of WHO African Region. Participants were informed that capacity building on the use of these new technologies and tools is ongoing and that the target is to reach all countries in the African region.

After this presentation, the key issues discussed were on coordination of the two programs, revision of countries annual reporting format to include LF, M&E focusing on impact, and the sensitivity of immunochromatography (ICT) cards and other new diagnostic tests.

**Recommendations/Action points:**

- The need for improved coordination of the two programs and revision of countries onchocerciasis annual reporting format to include LF in the view that the two diseases will now be working under one entity;
- Accelerate the mapping of both diseases, particularly for Lymphatic Filariasis by increasing funding for mapping;
- Although the focus is about onchocerciasis and LF, it is necessary to approach all the PC-NTDs together in a coordinated manner including the mapping especially with STH and Schistosomiasis that are suitable candidates for co-implementation;
- Strengthen efforts to make rapid diagnostic tools for the two diseases available.

### 2.1.3. Status of Onchocerciasis treatments

Onchocerciasis was reported to be endemic in 31 countries in Africa. The status of onchocerciasis treatment for 24 countries, both geographic and therapeutic coverage, was presented. It was reported that geographic coverage was > 90% for most countries while therapeutic coverage was at 80% for most countries.
The total number of persons treated with ivermectin in 2012 was 100,796,821.

Key challenges reported were low treatment coverage, communities not fully engaged in Mass Drug Administration (MDA), weak peripheral health system and lack of motivational Community Directed Distributors (CDDs) incentives. The suggested ways of addressing these issues included engaging communities, use of alternative treatment strategies, emulation of best practices, use of humanitarian corridors, improve Health Education, Sensitization, Advocacy and Mobilization (HSAM) activities, promote integrated planning, capacity building, and need for countries to harmonize policies on CDD incentives.

2.1.4. Status of LF treatments

The meeting was informed of the MDA status in AFRO region. The presenter began by outlining the steps to interrupt transmission of LF which include, mapping, MDA for 5-6 years in endemic areas, surveillance and verification. He then shared the status of MDA for LF and other NTDs in the Africa region. Progress in the trend of preventive chemotherapy from 2000-2012 showed that LF coverage was still below 50%, Onchocerciasis achieved the highest coverage of 82% with the lowest being trachoma which was at 20.2%. Over 122,000,000 people had been treated for LF in 2011 which was about 26.5% of the regional target. 22 countries conducted mass drug administration for LF elimination in 2012; treatment data is still being updated.

It was also reported that until March 2014, 5 countries had submitted documentation for TAS which are due for review prior stopping ivermectin treatment for LF elimination, while 8 countries had already done TAS survey in some of their implementation units. Togo was reported to have already stopped LF treatment at country level. The presenter congratulated Togo for this advancement reminding all Programme Managers to properly document such milestones in their IUs so that accurate figures are used when setting annual targets, and also when reporting on the progress of LF treatments at country level.

The treatment algorithm for Loa loa, oncho and LF was also presented. Appropriate treatment schedules were proposed based on co-endemicity level of the three diseases in communities. MDA and other alternative strategies like vector control were proposed.

After this presentation, the issues raised were on the inclusion of vector control strategies such as use of Insecticide Treated Nets (ITNs) in LF elimination efforts. Other areas discussed were, the denominator for calculation of treatment coverage, status of TAS in some countries, clarification of 20% increase in LF, incentives, hypoendemic areas and catching up with Oncho MDA.

**Recommendations/Action points:**

- Use of Insecticide Treated Nets (ITNs) and Indoor Residual Spraying (IRS) for vector control as an arm for entomological intervention in LF elimination.
2.2. Epidemiological and entomological evaluations for ONCHO

2.2.1. Conceptual & operational framework for ONCHO elimination

Participants were informed that reduction in microfilarial loads has direct link to the reduction in onchocerciasis transmission in communities. The conceptual and operational framework for onchocerciasis elimination predicts the trend in microfilariae and Community Microfilariae Load (CMFL) following the administration of ivermectin. It was reported that the first study in Mali and Senegal, which provided the first empirical evidence on the feasibility of onchocerciasis elimination with ivermectin treatment, was conducted from this basis.

The general definition of elimination of onchocerciasis was provided, which states, the reduction of infection and transmission to the extent where interventions can be safely stopped. It was however stressed that post-intervention surveillance is necessary so as to timely detect recurrent infection when a risk of reintroduction from other areas remains. The presenter elaborated on the three phases to elimination (with ivermectin treatment), of which are, from Onchocerciasis as a public health problem, to ‘Elimination’ as public health problem and, lastly, elimination of infection/ transmission. The determinant factors for progress to elimination include pre-control endemicity level, the geographic/therapeutic coverage, and the years of duration of treatment.

It was stated that, a clear understanding on transmission zones and the areas in need of treatment are important for disease elimination and that it is data from epidemiological and entomological evaluations only, that can direct when and where to stop ivermectin treatment; and specifically, phase 1b only, that the break point has been achieved.

2.2.2. Review of epidemiological evaluation results

The results of epidemiological assessments conducted from 2008 to 2013 were highlighted. Pre and post-control burden of onchocerciasis in Africa was presented, including the results of phase 1a and phase 1b epidemiological assessments. Some of the sites in countries showed impressive reduction in microfilariae prevalence rate but also unsatisfactory results were shown for some countries.

In general, projects close to elimination were reported to be in most Ex-OCP countries, others similarly were in Burundi, Malawi, Ethiopia, Tanzania, Chad, Equatorial Guinea, some foci in Nigeria and one in Cameroon. Unsatisfactory results were also cited in some sites in Nigeria, Cameroon, DRC and Congo. Participants were also informed that most of the sites that had good epidemiological evaluation results are now due for entomological evaluation which will show the transmission level of the disease in the vectors prior making decision of stopping treatment. These sites are North Gondar, Bioko, Kaduna, Tanga and Ruvuma. It was also pointed out that despite the impressive results shown in some sites, cross-border transmission and or re-infection remains a challenge. In addition, some projects which are currently reported as on track to onchocerciasis elimination still require intensification of interventions so as to sustain the gains.

The presenter highlighted that elimination prediction has indicated that all countries would have eliminated onchocerciasis by 2025 except DRC, CAR and South Sudan. The Director APOC clarified that TCC has put in place measures to accelerate implementation of activities in DRC and CAR so that these countries will not remain as reservoirs in the continent of Africa by 2025.

After this presentation, the issues raised were on the rationale for twice yearly
treatment, relevance of entomology data for decision making, conflict situation in South Sudan, intensification plan for Mahenge focus in Tanzania, and epidemiology and entomology surveys.

**Recommendations/Action points:**

> Given the cross-border issue and complexity in endemicity levels in Cameroon, there is need to review the treatment pattern in Nigerian and Cameroon basin.

> In order to guide countries make decision on stopping of ivermectin treatment phase 1b evaluation focusing on transmission assessment survey in the vectors needs to be given due emphasis. This should especially focus in the areas where good epidemiological evaluation results have already been observed.

**2.2.3. Review of entomological evaluations**

Professor Boakye began his presentation by informing participants on JAF 19’s decision that APOC management should also take into account entomological results, prevalence levels in neighbouring projects and cross-border considerations prior making final decisions on stopping treatment for onchocerciasis control in endemic communities.

He raised participants’ awareness on the importance of entomology evaluations to APOC management in determination of ongoing transmission. He gave reasons as to why entomology evaluation was important showing that vector infectivity rate is one of the critical indicators in confirming that transmission breakpoint has been reached or not, and also delineation of transmission zones is necessary to determine areas where infections could be reintroduced from other areas where there is on-going transmission, should treatment be stopped. In his presentation however, it was brought to the attention of the participants that entomological evaluations will complement epidemiological evaluations for a decision to stop treatment but it is not to confirm stopping treatment in countries.

In presenting evaluation data for 10 African countries, it was pointed out that the results cannot be taken for a decision to stop treatment because the rationale for the evaluations was different since they were undertaken when the strategy of APOC was control and not elimination. Furthermore, the sampling sites are not representative of the treatment zones. He informed participants that some experimental trials were undertaken in Nigeria, to help guide this activity and that currently transmission assessments are being done in Malawi. Key activities for entomological assessment are training of field staff, selection of catching sites, fly collection, identification, fly dissections and conducting species identification using techniques such as pool screening PCR and cytoxonomy.

Members highly commended and congratulated the work conducted by Professor Boakye and the entomology team of APOC in the field of entomology and noted that this should be extended as has been emphasized in earlier presentations. The issues of breeding sites in relation to ecological changes, capacity building in entomology in countries, procurement of equipment, support for LF vector control, development of fly traps, collecting the required number of flies for pool screening, and the issue of vector movements at the border areas were discussed. It was reiterated that the good result of entomology
assessment is not sufficient to decide where and when to stop treatments but is part of the information needed to make this decision.

The Director in his submission commended Prof. Boakye and confirmed APOC Management's position in providing support in terms of provision of the required equipment and supplies. He noted that part of the work already done can help better conceptualize this approach. Considering the nature of work, it was noted that it may not be possible to carry out this task everywhere in 2014 and that there should be prioritization of which countries to evaluate for 2014. In conclusion, he noted that this component is extremely important, and work will be done based on APOC management resources.

**Recommendations/Action points:**

- The APOC management should be consistent in allocating human resources and other logistics that can allow entomological activities to be appropriately conducted.

### 2.2.4. Suggested priority countries for 2014–2015 epidemiological and entomological assessments

Due emphasis on phase 1b evaluation assessments needs to be given to areas where good epidemiological evaluation (phase 1a) results are observed. The presenter made reference to this sentence as he began the presentation. APOC countries which had sites with good epidemiological evaluation results and therefore require entomology results prior determining their eligibility for stopping ivermectin treatment were mentioned. These countries include Burundi, Cameroon, CAR, Chad, Equatorial Guinea, Ethiopia, Malawi, Nigeria, Tanzania and Uganda. He further said that many sites in Ex - OCP countries are also close to elimination. A plan on where and when relevant phases of epidemiological evaluation, entomological evaluations and TAS will be undertaken was presented.

Projects with a very high prevalence of onchocerciasis disease even after 9-10 years of ivermectin treatment were mentioned. These sites were reported to be in some parts of Tanzania, Cote d'Ivore, Ghana, Cameroon, Congo and Nigeria. Factors contributing to the high prevalence were reported to be either, treatment problem, or a high pre-control endemicity level. It was reported that APOC is planning to support intensification of CDAT activities in these sites in 2014 and 2015.

After this presentation, it was discussed that:

- there was still a need to give attention to some Ex-OCP countries because they are not yet ready for phase 1b evaluation. It was therefore proposed that a situation analysis should be conducted in countries prior determining whether phase 1a or 1b are required;
- concerns were also raised regarding the number of countries which required entomological evaluations, considering that such activity is burdensome and that capacity building and specific equipment and supplies required by the countries are not available for the time being. It was reported that entomologists from other countries and the trained personnel within the countries will be used for the entomological evaluations. Regarding the materials, the Management of APOC has already initiated a purchase order. It was also indicated that entomological evaluations launched for LF do not imply stopping treatment;
- clarifications were provided regarding Cameroon where some sites have been planned to receive Phase 1a and 1b epide-
miological evaluations at the same time. It was explained that the two evaluations were meant to keep close watch on some transmission zones close to Chad where epidemiological situation is known to be good and for which decisions on stopping treatment have not been made.

The APOC Director finally stressed that APOC was open to working with partners in the elimination phase. APOC need to be involved in the evaluations so that the results are owned together since APOC has the mandate of eliminating onchocerciasis in the African region.

**Recommendations/Action points:**

- For advocacy purposes, the APOC Management and partners should focus its phase IIB evaluations and TAS assessment in areas where quick win results will be obtained as these are already the ‘hanging fruits’.
- Take into consideration the necessity to re-evaluate the epidemiological and entomological situation of onchocerciasis in ex-OCP countries;
- Plan activities realistically, by taking into account the available resources and the fact that the entomological surveillance of Onchocerciasis is cumbersome and complex, particularly for 2014.

### 2.2.5. Conceptual framework for TAS and overview of Countries’ requesting for TAS

Participants were informed that Transmission Assessment Surveys (TAS) aim at assessing LF transmission in the implementation units in order to guide decisions on moving from MDA to post-MDA surveillance. The presenter went through the steps applied when conducting TAS based on the WHO guidelines. These include, Mapping; Baseline survey; Midterm survey; and TAS-surveillance.

The presenter further elaborated on the eligibility criteria for conducting TAS stating that the number of rounds of MDA, therapeutic coverage, results of spot checks and sentinel sites are key variables that an implementing unit (IU) has to meet before endorsement for a TAS survey. A framework elaborating steps from TAS planning, implementation to verification stage was also shared.

It was reported that 5 countries including Ghana, Mali, Senegal, Niger and Sierra Leone had applied to conduct TAS in 79 IUs, covering a population of 20,664,463 people. The presenter therefore made reference to this expected LF treatment scale down, to further stress on the need of good background knowledge regarding LF elimination, for each IU at programme level, should the two programmes be working together. He said in the event of mapping and transmission assessments in countries, some districts will be up scaling, while, at the same time, others are stopping treatment. Information on the ground will assist setting of realistic treatment targets for both LF and Onchocerciasis for 2014 and 2015.

After the presentation, issues raised included the relevance of keeping year 2020 as the target date for LF elimination considering current challenges and the mapping gap; and need for integrating surveillance of both diseases.
Recommendations/Action points:

- It was recommended that the process of the LF mapping be accelerated in all countries with mapping gaps to allow interventions to be conducted in endemic communities and reach the 2020 target.

2.2.6. A systematic approach for Oncho and LF co-implementation

A presentation on systematic approach for onchocerciasis and LF co-implementation was made by Dr. Thompson Ricardo, back to back with the previous one. The presenter made reference to three earlier presentations, the LF and Onchocerciasis mapping updates, and ivermectin treatments to further elaborate the importance of systematic approach in co-implementing MDA activities for LF and Onchocerciasis diseases.

He began by commending on the recent decision to address the elimination of LF and Onchocerciasis under the same institutional set up, however, with reservations that this is made when only 5 years remain to the deadline to eliminate LF in 2020, and only 10 years to the deadline to eliminate Onchocerciasis by 2025. He therefore grouped the situation of countries in five scenarios; areas where LF and Onchocerciasis are co-endemic, areas that are Onchocerciasis endemic and LF is unmapped, areas where LF is endemic and Onchocerciasis is hypoenemic, areas where LF is endemic and Onchocerciasis is non-endemic, and areas where Onchocerciasis is non-endemic and LF is unmapped. He provided suggestions on how each scenario could be dealt with at country level, but also commenting that a mix of scenarios could be in existence in a country. The presenter therefore emphasized on the need for an in-depth analysis of the country situation, as no single approach would fit all situations. Technical assistance to country
programmes by those conversant with what is happening in both programmes, was more than emphasized. The presenter underscored on adherence to M&E guidelines by both programmes as this will help address most of the challenges.

After this presentation, it was discussed and agreed that the different scenarios presented should form the basis for group work and recommendations. The issue of treatment in big cities and the MDA strategy that should be adopted to suit the situation, was also raised and discussed. It was commented that the programmes should borrow a leaf from Congo and DRC conducting urban MDA as well as lessons learnt from the experience of malaria control programmes that usually distribute bed-nets and provide vaccines in urban setting.

2.2.7. Suggested treatment strategies and required adjustments in onchocerciasis problematic areas

Suggested treatment strategies and adjustments aim at improving onchocerciasis projects' performance in countries. The presenter said a number of sites have been listed for the implementation of alternative strategies in 2014 and 2015. These include areas where either treatment started late, or had high pre-control prevalence. Other reasons include areas where treatment coverage is poor, epidemiological evaluations had revealed unsatisfactory results, areas with conflict, project managerial problems, or with loiasis co-endemicity.

Dr Grace Fobi gave an illustration on the types of alternative strategies to be used to boost performance of projects over the transition period. These include twice yearly treatments, test and treat or test and not treat, use of doxycycline or albendazole, vector control, and capacity building on managerial skills. She said alternative treatment strategies such as several numbers of rounds of ivermectin treatment in a year are already being implemented in Ghana and Uganda, as twice yearly treatments.

It was further mentioned that strategic choices such as managerial changes, twice yearly treatment, test and treat are complex situations that may need to be considered on a country by country basis. Considerations prior countries making decisions should also include urban vs. rural setting, e.g. the MDA conducted in Brazzaville, Congo. Countries that are listed for alternative treatment strategies include Cameroon, Côte d'Ivoire, Ethiopia, Ghana, Nigeria and Uganda.

The presentation was concluded by saying that APOC will continue to create enabling environment to assist countries to start appropriate alternative treatment strategies on the basis of an in-depth analysis of each project, and that a number of indicators will be used to determine need for an alternative treatment strategy in a project in concurrence with what was observed during epidemiological assessments. Each country will be supported to choose a strategy which most fits their context. Experts/researchers on alternative treatment strategies will be solicited to provide the necessary technical assistance to the countries.

2.2.8. Summary plans of action and budgets of the partners for the countries

The goal of this exercise was to take stock of the partners’ financial forecasts for countries in order to avoid the duplication of funding and promote synergy of action among partners. To this end, each partner in attendance took the floor.

After partners’ presentations, it was discussed that:
- There was an inadequacy of resources for funding in general; LF mass treatment activities were more affected. Since elimination will be global and the
Table 1: List of partners supporting NTD Programmes in Africa

<table>
<thead>
<tr>
<th>Partner</th>
<th>Area of support</th>
</tr>
</thead>
<tbody>
<tr>
<td>MITOSATH</td>
<td>Supports 6 CDTI projects in Nigeria and will support epidemiological evaluations in Taraba.</td>
</tr>
<tr>
<td>OPC</td>
<td>Supports Congo and CDTI in Guinea.</td>
</tr>
<tr>
<td>FHI 360/END in Africa Project</td>
<td>This project is based in Ghana and supports five countries: Ghana, Togo, Niger, Burkina and Sierra Leone. The intervention fields for this project are treatment, mapping, capacity building and monitoring &amp; evaluation.</td>
</tr>
<tr>
<td>RTI ENVISION Project</td>
<td>This is a five-year project funded by USAID. This project supports 14 countries in total among which 11 are in Africa. Its fields of interventions are mass treatment, mapping, surveillance, and monitoring &amp; evaluation.</td>
</tr>
<tr>
<td>CNTD and Liverpool School of Tropical Medicine (LSTM)</td>
<td>It is a project funded by DFID (UK). It supports essentially LF control. It provides integrated support to 10 countries in operational research, capacity building, mapping, management of morbidity, and monitoring &amp; evaluation.</td>
</tr>
<tr>
<td>SightSavers</td>
<td>Support priority onchocerciasis control in a number of countries in West and East Africa with offices located in these countries. It also supports other countries in which it does not have offices.</td>
</tr>
<tr>
<td>Task Force for Global Health Malaria Consortium</td>
<td>Focus on NTD mapping.</td>
</tr>
<tr>
<td>The END Fund</td>
<td>Proposed support to NTD programme in South Sudan. The funding is yet to be released for project activity implementation.</td>
</tr>
<tr>
<td>CDC</td>
<td>Is a funding platform that does not provide direct intervention in the countries.</td>
</tr>
<tr>
<td>APOC</td>
<td>APOC is the key player in onchocerciasis control. The budget presented is related to CDTI activities and amounts to $US 5,504,909 for all the countries. The budget related to the other sectors of the disease control will be disclosed later.</td>
</tr>
</tbody>
</table>

Distribution of medicines for control efforts is paramount; the Director of APOC reiterated need for partners to invest resources in treatment operations because these are the actions that will be assessed through surveillance, and monitoring & evaluation.

- Concerns were raised in the case of countries receiving several funding without commensurate results.

**Recommendations/Action points:**

- Countries should take advantage of the diversity of partners in attendance to create linkages for support.
- Partners were urged to be more involved in LF control to fill the funding gap.
- Countries should hold joint planning meetings with partners at country level in order to harmonize interventions.
- Government should take ownership and contribute to the funding of NTD control and elimination operations in countries.
3. Preparation of country action plans

3.1. Introduction on Group Work

The session began by a brief introduction on group work by countries and partners. It was stated that the main purpose of having endemic countries and partners sit together in planning was to synergize partner efforts in supporting the countries since the elimination goal for LF is just a few years to come, set at 2020, while for onchocerciasis is by 2025.

Dr Yameogo said, presentations made prior, like mapping gaps, treatment situation and targets, treatment strategies, suggestions on areas to be assessed for onchocerciasis and LF situation and partners contributions for 2014 and 2015 were all aimed at supporting countries to better plan for activities over the transition period, and that figures to be inserted should be realistic and based on what is actually happening on the ground.

It was stated that, in the groups, each country was expected to formulate a comprehensive annual plan of action and budget covering both LF and onchocerciasis. Each group was to work on the different subjects and make presentations in plenary. Countries were requested to get partners’ pledges for support before including organization’s names in proposed activities.

The subjects included, delineation of treatment boundaries, treatment targets and strategies, plans for epidemiological and entomological assessments, health systems strengthening at peripheral level, and operational research. More guidance was to be provided by facilitators of each group.

Three groups were as follows:

- **Group 1**: Senegal, Sierra Leon, Guinea, Guinea Bissau, Liberia, Ivory Coast, Ghana, Togo, Burkina Faso, Mali, Niger;
- **Group 2**: Nigeria, Cameroon, Chad, Sudan, Gabon, Equatorial Guinea, South Sudan, CAR;
- **Group 3**: Burundi, Tanzania, Uganda, DRC, Angola, Congo, Malawi, Mozambique.
3.2. Group work by countries and Partners

3.2.1. Group work “Delineation of treatment boundaries oncho and LF” and on “Set treatment targets and Strategies for Onchocerciasis and LF”

*Introducing the group work*

Dr Ricardo Thomson introduced the template to be used for this two groups work. He highlighted the need for countries to provide detail information that will enable the countries, AFRO, APOC and partners to respond to the needs for onchocerciasis and Lymphatic Filariasis elimination based on evidence.

Mr Honorat Zoure made a presentation on population at risk of onchocerciasis and the treatment target population for 2014 MDA. He informed participants that the at-risk population was based on pre-control data with some adjustment to include hypo areas to be included in MDA in the context of elimination. Countries were advised to use them to set their treatment objectives and targets for 2014.

*Discussion/Additional guidance in planning*

- Participants expressed the need for additional columns in the template to include population at risk of onchocerciasis and Lymphatic Filariasis, treatment objectives for 2014 and 2015, basic M&E related to MDA, dates of disease mapping and programme evaluation and financial indicators.

- APOC Director, recalling what he said in his remark, stressed the need for countries to insert reliable and verifiable population for calculating treatment coverage as this should guide the at-risk population to be treated as well as the projected increment of up to 80%. He also recalled on the upscale of LF MDA by 20%, based on the 120 million people treated for LF in 2011 (WHO AFRO Report, 2013). The Director requested donor’s support in capacitating countries to deliver to these targets.

*Comments/recommendations made during plenary*

- Country groups did not follow the template as directed. Groups did not provide target populations in co-endemic districts like the annual treatment objective. Some countries did not provide complete information.

- It was agreed that each country should provide all the required information and submit to APOC in one week.
3.2.2. Group work: Plans for Epidemiological and Entomological assessments

**Introducing the group work**

Dr Mounkaila Noma and Professor Daniel Boakye presented the template for the development of country plans for Epidemiological and entomological evaluations. Information required in the templates was explained to participants who raised questions regarding the correct time to plan for epidemiological evaluation and entomological assessments in relation to MDA distribution periods.

**Discussion/Additional guidance in planning**

- It was concluded that data collection on vector should be five month from end of mass distribution, and eleven month for the assessment of human microfilariae levels.

- It was further elaborated that, in order to further improve country plans, countries should include the month of the last treatment in the plan to guide proper planning for entomological assessment. Fly catching should start six months after treatment, however, training and identification of breeding sites and other preparations can commence four months after treatment taking into account the peak transmission period in the treatment area.

- In relation to the 11 months’ after treatment, which is the period specified prior epidemiological evaluation activities; a support document from APOC to respective authorities is important especially where bi annual treatments are ongoing. The letter is to provide explanation for temporarily suspension of ivermectin treatment.

**Comments/recommendations made during plenary**

- APOC Director commended partners for their commitment to support epidemiological and entomological evaluation in the countries. He said this will help to free some of APOC funds which can then be re-allocated to support countries MDA plans. He called on partners to collaborate with APOC technically and logistically in the implementation of the evaluations.

- Countries implementing alternative treatment strategies to make adequate plans to buy-in to the 11 months after treatment before epidemiological evaluation.

- APOC management should communicate to countries on agreed plans to delay MDA in districts earmarked for epidemiological evaluation.
3.2.3. Group work: Health systems strengthening at peripheral level

**Introducing the group work**

- It was noted that strong health systems are central to improving health outcomes and to increased geographic and therapeutic coverage of CDTI; and also that with the help of Health System Strengthening (HSS) support, countries can tackle weaknesses/bottlenecks identified in their peripheral health systems.

- The objectives of the session were to: identify the capacity need gaps at peripheral level for 2014 – 2015; and to develop an implementation plan for addressing the identified capacity gaps. An outline of work to be done was presented to the participants by Dr Sobela.

**Discussion/Additional guidance in planning**

- The presenter reminded the meeting that one of the 8 key priority objectives as communicated by the APOC Director on day 1 of the meeting was to strengthen health systems in countries so as to bridge the gap between health units and communities.

- The meeting was reminded of the health system building blocks as: health service delivery; human resources for health (health workers); health information systems; drugs, medical products & technologies; health financing; and leadership and governance. Health System Strengthening was therefore, the process of improving the six building blocks and managing their interactions on ways that achieve more equitable and sustained improvements across health services and health outcomes.

- The nine major priority areas of the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa were mentioned.

- Community Systems Strengthening (CSS) was referred to as the initiatives that contribute to the development and/or strengthening of community based organizations in order to improve knowledge of, and access to improved health service delivery.

- Groups were requested to determine activities to be conducted based on in-depth situational analysis, consider incentives for CDDs and nurses likely to contribute to the strengthening of health systems at the peripheral level, and specify the types of training planned and the annual training objectives.
Comments/recommendations made during plenary

> APOC Management and specifically the Entomology team needs to provide the countries with a check list of the equipment needed for entomological studies.

> Countries need to specify what the project management capacity is at the different peripheral levels.

> Countries need to specifically include drug and logistics needs in the plans being prepared bearing in mind the supply needs of the epidemiology and entomology evaluations in addition to the MDA and CDTI supplies needs, so as to ensure smooth implementation.

> The plans that countries prepare should be more focused at strengthening the peripheral levels i.e. FLHF and community level since this is the area that is more important for these community directed interventions.

> It was recommended that the counties should analyse their situation and base their decisions in line with their context so as to take advantage of the existing health systems in achieving the set elimination targets, with minimal investment.

> Countries need to focus on activities that have already been planned for implementation in their Plans of Action and Budgets (PABs) between this planning year and deadline for elimination.

> New M&E tools and reporting formats for LF & onchocerciasis should be designed.
3.2.4. Group work: Operational Research

**Introducing the group work**

- A guiding presentation was made by the facilitators and the templates to be used were presented to the participants. Two templates were shared; one aimed at identifying operational research areas by country 2014-2015, and the next was on areas requiring capacity building in operations research.

**Comments/recommendations made during plenary**

- Countries should improve the formulation of the challenges and research questions prior to sharing the document with the partners.
- There is need for the countries to prioritize the research topics and in addition challenges and research questions need to be well aligned. Generally there is need to improve on the work done.
- It was also noted that there are research questions/topic that are cross cutting between countries despite there being specific country needs. Multi-country studies could be designed and larger research institutions should be engaged to coordinate these research studies with the programme.
- It was agreed that countries need to have specific discussions with partners on what their research interests are and if they are willing to fund the operational researches.
- Some countries mentioned training needs like proposal development, and writing of scientific papers. Partners like RTI and the Task Force on Global Health may be interested in supporting such activities. Countries that have these needs could consider exploring the likelihood of having these needs met through such partners.
- CNTD offered to strengthen the existing capacity in the regional labs in a number of countries in Africa to enhance NTD diagnostics and onchocerciasis vector studies. The Centre also accepted to work closely with APOC in providing technical assistance in line with the onchocerciasis and LF elimination agenda.
3.2.5. Group work: Cross-border issues

**Introducing the group work**

> The work group on cross border issues was introduced the same time with the one for operational research. A template was given to the group by the facilitators to plan their activities. Plans produced in the groups were compiled and presented in plenary.

**Comments/recommendations made during plenary**

> It was noted that government contribution for cross border meetings was not mentioned. It is important to ascertain if appropriate government authorities are informed about these border meetings and their support solicited for sustainable interventions.

> Concerns were raised on the number of cross border meetings held, especially those held in the cities with little or nothing been done at implementation level. It was recommended that there is a need to revisit where these meetings are hosted and to ensure that recommendations are implemented to achieve the objectives of cross border meetings.

> APOC should coordinate cross border activities relating to onchocerciasis and LF elimination.

> Countries should provide budget line to implement cross border activities.

> Countries should make efforts to implement activities relating to the decision reached at cross border meetings.
3.3. Progress report on Financial Reporting by APOC funded projects

In line with need for efficient and results based implementation by the projects over the transition period, Mr Bizimana, Finance and Budget Officer, APOC, presented the financial report of APOC funded projects and the new disbursement system to be implemented by countries from 2014.

He started by informing participants on the aim of Direct Financial Cooperation (DFC). He said DFCs aim at strengthening the health development capacity and ability of countries to participate more effectively, or to meet their commitments to WHO technical cooperation at country level. DFCs are therefore, payments made to countries to cover the cost of items or activities that would otherwise be borne by the Governments.

It was reported that activities to be funded through DFC must be part of an approved work plan. Full payment is done upon presence of a duly signed proposal from contractual partners including a detailed activity description, expected outcomes and a budget to justify the request. Since DFC activities are of a very short duration, at the end of the activity, reports should be submitted and unutilized funds refunded to APOC headquarters. Request for approval for the use of unspent funds will no more be accepted.

Regarding reporting, it was mentioned that WHO uses FACE template for DFC reporting. As earlier stated, Monthly Financial Returns and FACE reports are required at the end of each DFC period. It was also strongly emphasized that in the current dispensation more emphasis will be put on the technical outcomes rather than the financial reports.

The BFO frowned at late financial reporting by most APOC countries. According to the financial report, 46 projects had 523 reports delinquent for six months and above, and noted that the situation can no more be tolerated by APOC Management. He requested countries to provide timely financial and technical reports, and announced the intention of APOC management to enforce it. In the same vein, he requested WHO responsible Officers and the implementing office to ensure that DFC activities are implemented as planned and that the technical report and Financial Certification are submitted within 3 months of completion of activities.

On the way forward, Mr Bizimana reiterated the following:

- Countries should be result oriented in the conduct of activities in the field.
- Countries are required to produce quarterly plans of activities, with scheduled implementation dates and estimated costs.
- DFCs will be prepared for quarterly plans without exceeding the ceiling.
- Close follow up from the technical and finance units will be undertaken to assess progress in achieving the expected results and follow up on financial returns.
- Technical and Financial reports are due at the end of each quarter for further funds releases.

Following this presentation, countries discussed on logistic challenges and weaknesses at district and peripheral levels that contribute to delay of financial reports. They expressed concern on the shift from bi-annual to quarterly work plans and budget, and that this new approach might contribute to further delays in receipt of accounting documents from the district and peripheral levels. They also appealed for the delay in implementation of the new system of quarterly DFC requesting that quarter one and two work plan be funded at once in view of late approval and disbursement of funds by APOC headquarters for this year.
In addressing some of these questions, BFO said strategies have been put in place for quarterly DFC, and urged countries to follow the footsteps of countries that have already complied with APOC directive. He noted that some projects have been operating with 35% of APOC funds because they were not able to request for the second installment in time. He suggested that APOC Director decide on a case by case basis the request to combine quarter 1 & 2 DFC if there are delays in funding the activities. He called for a paradigm shift in the way activities are implemented at country level, and emphasized that APOC will enforce the refund rule that requires unused funds to be returned at the end of the year. The refund will be requested in the final FACE while intermediate FACE will not request a refund.

He proposed joint planning by the programme and partners to help promote synergy so as to eliminate duplication of efforts.

In his Remarks, the Director of APOC said that the DFC is a frontline tool of WHO. It recognizes that countries are trustworthy for that reason there is no upfront risk assessment of the contractual partner. He emphasized the need to justify the use of these funds stating that no partner will ever be comfortable and defend such a practice in today’s world. He said a situation where projects could not complete one page technical report is not acceptable because it is putting at risk the credibility of the countries. He further said that it’s the WHO member countries that endorsed the DFC, so it is no invention of any one at APOC Management level. He called for more transparency on the part of the projects and requested countries to comply with APOC directives on quarterly DFC as the new way of doing business. He reiterated by saying that APOC will end this flexibility which has been in existence in the past ten years. He said countries which lag behind in the retirement of APOC fund, will no more be trusted.

Recommendations/Action points:

> Countries and partners should hold in-country planning meeting as a platform to harmonize activity plans and budget.
> Countries should submit quarterly plans and budgets to APOC management.
> Countries should submit financial and technical reports within the time frame stipulated in the DFC.
> Projects with outstanding financial and technical returns should submit to APOC without delay (within 2 months).
> Timely release of funds from APOC to support programme implementation in countries.

3.4. Finalization of country plans

The proposed template for country plans and budget was presented by Mr Zoure. DRC country experience in completing this template was presented by Dr Diallo where it showed an example of how integrated mapping and control of NTDs (LF and onchocerciasis) in three provinces in DRC could be coordinated, both at planning and implementation stages. The technical and financial support in these provinces was reported to be from APOC, (partly using funds from USAID), CNTD, END Fund and the MOH.

Participants also expressed their concerns on the introduction of new templates by different partners, while many countries have developed their master plans and budgets using the Tool for Integrated Planning and Costing (TIPAC). APOC
management informed participants that the template gives an idea on how the budget is calculated especially in relation to Onchocerciasis activities, which could be simulated to Lymphatic Filariasis activity plan.

The director of APOC acknowledged the fact that the TIPAC tool is good and that it is recognized by WHO, but went on to say that, we can complete the APOC tool for now and decide later if countries will want to continue with the APOC or the TIPAC in the next annual planning meeting in November, 2014.

The countries were then requested to reconvene again in groups so as to finalize their plans with the support of the facilitators and the partners. Given the limited time available for detailed planning, countries were also advised to continue working on with partners in their countries and re-submit refined copies of plans of action to APOC Management by the next ten days.

**Recommendations/Action points:**

- High level advocacy on Oncho and LF elimination and other NTDs should be done by APOC Management and especially during JAF meetings.
4. Conclusion and closure

The closing session was marked by a remarkable ceremony by all participants, who bid farewell to Dr Yameogo Laurent, the Coordinator to the APOC Director’s office on his retirement.

Thereafter, the general rapporteurs presented a global synthesis of the deliberations and highlighted the key recommendations of the meeting. The synthesis was adopted subject to few amendments from comments received from the floor.

In his closing remarks APOC Director expressed delight over the success of the first meeting of LF and Onchocerciasis programs. He noted that participants were actively engaged in discussions and contributed great ideas to improve the performance of both programmes. He also appealed on the courageous spirit shown by participants when sensitive issues were discussed and acknowledged that the meeting had demonstrated that the time for antagonism is over, and that it is high time for each of us to work together for a common goal, i.e. achieve elimination of LF and onchocerciasis diseases in Africa. He acknowledged the fact that deliberations on issues have not been easy, but the two programs have been able to agree on fundamental things.

He urged programme managers to continue discussions with partners in countries, and with national officials, in order to finalize and forward the final plan to APOC Management within 10 days. In the meantime, the Management will disburse funds to countries based on plans that are available at its level.

The Director informed the participants that the next meeting will be held in November, 2014. He also said that much is to be done in order to treat 120 million people for Onchocerciasis and increase the number of those treated for Lymphatic Filariasis by 20% (Reference made to the number of people treated for LF in 2011, WHO AFRO Report 2013).

He reiterated that, transparency, efficiency, and greater synergy are attributes that we should all strive to improve on, if we are to increase the added value of resources provided by the partners to meet our activities. To this end, he insisted on the need to keep in mind the principles contained in the DFC, as a tool.

The APOC Director thanked the chairs of the daily sessions for their excellent work, colleagues at APOC who worked tirelessly to prepare the technical and logistic aspects of the meeting, and the daily and general rapporteurs and interpreters for the work well done.

He thanked partners for their effective participation in the meeting and appreciated the collaboration shown in finding resources to support the countries. He acknowledged that working together is a remarkable step and exceptionally important to WHO/APOC as it transits to the new role of the Programme for the Elimination of Neglected Tropical Diseases in Africa (Penda).
1. Mapping of onchocerciasis and Lymphatic Filariasis

The meeting observed huge gaps in the mapping of Lymphatic Filariasis. The objective of moving from onchocerciasis disease control to elimination also entailed new need for mapping this disease, particularly in hypo-endemic zones that were excluded from treatment in the past. Given the absolute necessity to identify where the problem is, prior to action, the meeting recommended:

1.1. Accelerate the mapping of both diseases, particularly for Lymphatic Filariasis by increasing funding for mapping (partners, countries);

1.2. Use coordinated approach in conducting mapping exercises in countries (countries, partners);

1.3. Strengthen efforts to make rapid diagnostic tools for the two diseases available (research institutions, partners).

2. Epidemiological and entomological surveillance

The meeting confirmed the importance of surveillance in the elimination process of the two diseases. The need for capacity building for surveillance, particularly entomological surveillance was noted and the following recommendations were made:

2.1. Steps should be undertaken to address the need for reinforcing human resources and equipment capacity to ensure appropriate implementation of surveillance (APOC);

2.2. Consider re-evaluation of the epidemiological and entomological situation of onchocerciasis in ex-OCP countries to ensure sustained progress to elimination (APOC);

2.3. Activities in the country plans, particularly for 2014, should be planned realistically, by taking into account the fact that the entomological surveillance of Onchocerciasis is cumbersome and complex (countries).
3. Integrated coordination of the activities
In the long run, the objective of the current transition period for APOC is to put the LF elimination and the onchocerciasis elimination under an integrated coordination. In the prospect of this reality, the meeting recommended the following:

3.1. Partners to reinforce synergies in their support to countries, an example drawn from the integrated mapping and control of NTDs in three provinces in the Democratic Republic of Congo (DRC) that builds on coordinated planning and implementation of activities against LF and onchocerciasis. This collaboration has been between APOC (partly using funds from the United States Agency for International Development (USAID)), Centre for Neglected Tropical Diseases (CNTD), Ending Neglected Diseases (END) Fund, and the Ministry of Health (MOH);

3.2. APOC to develop integrated reporting formats for the elimination of onchocerciasis and LF.

4. Strengthening strategies and actions for effective elimination of LF and onchocerciasis by 2020 and 2025, respectively
Achieving the elimination goals in the context of diminishing resources at APOC level and also at global level implies need for efficiency in all country programmes. At times, the strategies and actions being taken by implementers at the various levels of implementation will be questioned. For this reason, the meeting recommended:

4.1. Putting under treatment all areas endemic for both diseases, taking into account the constraints (loiasis), and also new therapeutic possibilities (twice yearly treatment with albendazole);

4.2. Implementing alternative approaches for problematic areas (conflict zones, zones with poor performance, late starting projects, zones with loa loa co-endemicy, etc);

4.3. Improve data management (availability of treatment registers and reporting tools at all levels, computer-based management of data where appropriate) that is crucial for confirming elimination;

4.5. Harmonizing the monitoring indicator calculation method. From 2014 onwards, the therapeutic coverage calculation for onchocerciasis should integrate all at risk population in endemic areas including people living in hypo-endemic areas.
5. Funding of the activities
The meeting re-affirmed the commitment by Onchocerciasis and LF Programmes to increase treatment target of 120 million for onchocerciasis and increase by 20% LF treatment in 5-15 countries (120 million people treated for LF in 2011, WHO AFRO Report, 2013). The meeting however, noticed the inadequacy of resources for funding in general and of particular concern was for LF mass treatment activities. In addition, it was noted that some countries focus on the partners’ activity funding interests for reasons that are understandable. It was reiterated that elimination of onchocerciasis and LF will be global and the distribution of medicines for control efforts is paramount. Given this situation, the meeting recommended:

5.1. Strengthening the financial support to the activities for mass treatment, for LF in particular;
5.2. Extend implementation of field activities in all endemic countries in order to achieve the global elimination of both diseases;
5.3. Engage in dialogue between partners of the same country in order to avoid funding duplication on one hand, and get better synergy, on the other hand;
5.4. Governments to contribute to the funding of NTD control and elimination operations in countries;
5.5. Conduct high level advocacy especially during IAF meetings on the need for Governments’ contribution to onchocerciasis and LF elimination activities, and other NTDs, in countries. (APOCH)

6. Strengthening health systems
The meeting recognized the need to strengthen health systems in countries so as to bridge the gap between front line health facilities and beneficiary communities. In addition, in line with onchocerciasis and LF elimination agenda, the meeting noticed the need for capacity building for the diagnosis of NTDs and for conducting vector-related studies. The meeting noted with great satisfaction the existing collaboration between CNTD and APOC to enhance the capacity of laboratories in the African region. As part of the health strengthening in countries, it was recommended that:

6.1. Country plans should be more focused at strengthening the peripheral level health systems, i.e. the gap between Front Line Health Facilities (FLHFs) and beneficiary communities since these levels are extremely important for the success of Mass Drug Administration (MDA) and Community Directed Interventions (CDI);
6.2. Countries should analyse their specific contexts and take advantage of the existing health systems to achieve the set elimination targets with minimal additional investment;
6.3. Other partners follow the example of CNTD in collaboration with APOC for enhancing the capacity of laboratories in the African region in order to achieve Onchocerciasis and Lymphatic Filariasis elimination goals within the specified deadlines.
7. Operational research
The importance of operational research as a tool for addressing programme challenges was emphasized. Countries were encouraged to formulate operational research questions to address existing gaps in their projects:

7.1. In view of a number of cross cutting research questions and topics suggested by countries, it was proposed that multi-country studies should be designed and have larger research institutions coordinating these research studies with countries;

7.2. Countries were encouraged to have specific discussions with partners listed in their proposed plans on what their research interests are and if they are willing to fund the operational researches;

7.3. Countries that cited training needs like proposal development, and writing of scientific papers should get in touch with partners like RTI and the Task Force on Global Health that may be interested in providing support for such activities.

8. Cross-border collaboration
Taking into account the population movements that are uncontrollable and inevitable between countries, the risk of re-infection of communities located on either side of the borders, APOC and some partners have already provided support to several cross-border meetings. It was however clear that the subsequent expectations and outcomes of such meetings held in the past were not achieved. Countries also raised concern on the sustainability of such meetings in future. Based on these observations, the meeting recommended that:

8.1. APOC Management to coordinate efforts on cross border collaboration;

8.2. Decisions to be made during cross border meetings should be constructive and feasible for practicable actions in the field;

8.3. Countries should take ownership of these meeting and should deploy some efforts by providing financial contributions and by looking actively for other funding sources.
9. Administrative and financial management of the APOC Programme

The meeting acknowledged the strategic role of the WHO/APOC Direct Financial Cooperation (DFC) with countries, and that it is a technical cooperation which aims at complimenting government efforts and building the health development capacity in countries. Through this understanding, the meeting agreed on the need to protect this tool while sustaining the expected progress of related operations in the field. The meeting recommended that:

9.1. Countries should abide by the governing regulations contained in the DFCs in terms of deadlines specified for the implementation of targeted activities (three months) and the submission of technical and financial reports.

9.2. APOC Management should ensure necessary support measures are put in place to facilitate regular disbursements of funds to countries for field operations.
ANNEXES
1. Year 2014 treatment targets for ONCHO

<table>
<thead>
<tr>
<th>Country</th>
<th>Population at risk 2014</th>
<th>2014 Treatment objective</th>
<th>Therapeutic coverage (%)</th>
<th>UTG 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>2,609,589</td>
<td>1,826,712</td>
<td>70,0</td>
<td>2,192,055</td>
</tr>
<tr>
<td>Benin</td>
<td>3,520,306</td>
<td>2,948,956</td>
<td>83,8</td>
<td>2,957,057</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>231,037</td>
<td>195,999</td>
<td>84,8</td>
<td>194,071</td>
</tr>
<tr>
<td>Burundi</td>
<td>2,259,717</td>
<td>1,816,513</td>
<td>80,4</td>
<td>1,898,162</td>
</tr>
<tr>
<td>Cameroon</td>
<td>8,940,799</td>
<td>7,177,510</td>
<td>80,3</td>
<td>7,510,271</td>
</tr>
<tr>
<td>CAR</td>
<td>2,149,163</td>
<td>1,396,956</td>
<td>65,0</td>
<td>1,805,297</td>
</tr>
<tr>
<td>Chad</td>
<td>2,579,785</td>
<td>2,125,692</td>
<td>82,4</td>
<td>2,167,019</td>
</tr>
<tr>
<td>Congo</td>
<td>1,458,765</td>
<td>1,185,084</td>
<td>81,2</td>
<td>1,225,363</td>
</tr>
<tr>
<td>DRC</td>
<td>43,504,836</td>
<td>34,803,869</td>
<td>80,0</td>
<td>36,544,062</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>90,540</td>
<td>72,432</td>
<td>80,0</td>
<td>76,054</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>12,104,208</td>
<td>9,683,366</td>
<td>80,0</td>
<td>10,167,535</td>
</tr>
<tr>
<td>Gabon</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ghana</td>
<td>2,545,217</td>
<td>2,036,174</td>
<td>80,0</td>
<td>2,137,982</td>
</tr>
<tr>
<td>Guinea</td>
<td>3,358,110</td>
<td>2,786,972</td>
<td>83,0</td>
<td>2,820,812</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>192,326</td>
<td>125,012</td>
<td>65,0</td>
<td>161,554</td>
</tr>
<tr>
<td>Liberia</td>
<td>3,174,470</td>
<td>2,580,730</td>
<td>81,3</td>
<td>2,666,555</td>
</tr>
<tr>
<td>Malawi</td>
<td>2,286,853</td>
<td>1,894,491</td>
<td>82,8</td>
<td>1,920,957</td>
</tr>
<tr>
<td>Mali</td>
<td>5,232,154</td>
<td>4,273,527</td>
<td>81,7</td>
<td>4,395,099</td>
</tr>
<tr>
<td>Mozambique</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nigeria</td>
<td>51,392,689</td>
<td>41,114,151</td>
<td>80,0</td>
<td>43,169,859</td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>2,335,027</td>
<td>1,634,519</td>
<td>70,0</td>
<td>1,961,423</td>
</tr>
<tr>
<td>Senegal</td>
<td>185,181</td>
<td>148,145</td>
<td>80,0</td>
<td>155,552</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>3,242,242</td>
<td>2,600,650</td>
<td>80,2</td>
<td>2,723,483</td>
</tr>
<tr>
<td>South Sudan</td>
<td>6,969,270</td>
<td>4,530,026</td>
<td>65,0</td>
<td>5,854,187</td>
</tr>
<tr>
<td>Sudan</td>
<td>662,366</td>
<td>572,808</td>
<td>86,5</td>
<td>556,387</td>
</tr>
<tr>
<td>Tanzania</td>
<td>3,542,959</td>
<td>2,834,367</td>
<td>80,0</td>
<td>2,976,086</td>
</tr>
<tr>
<td>Togo</td>
<td>3,186,658</td>
<td>2,664,528</td>
<td>83,6</td>
<td>2,676,793</td>
</tr>
<tr>
<td>Uganda</td>
<td>4,449,401</td>
<td>3,559,521</td>
<td>80,0</td>
<td>3,737,497</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>172,203,668</strong></td>
<td><strong>136,588,710</strong></td>
<td><strong>79.3</strong></td>
<td><strong>144,651,082</strong></td>
</tr>
</tbody>
</table>
# 3. Agenda

## DAY 1: Monday 17th March 2014

### 1. Opening

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00</td>
<td>Welcoming Remark Opening Speech Administrative announcements Security Briefing</td>
<td>APOC Director WR - BF Mr. Touré Ibrahim Security Officer</td>
</tr>
<tr>
<td>08:30-08:40</td>
<td>Introduction of participants</td>
<td>All</td>
</tr>
<tr>
<td>08:40-08:50</td>
<td>Adoption of the agenda</td>
<td>Dr Rougou</td>
</tr>
<tr>
<td>08:50-09:00</td>
<td>Objectives and expected outcomes</td>
<td>Dr Afroework Tekie</td>
</tr>
<tr>
<td>09:00-09:30</td>
<td>APOC strategic direction for 2014 - 2015</td>
<td>Dr Rougou</td>
</tr>
<tr>
<td>09:30-10:00</td>
<td>Coffee break and group photo</td>
<td></td>
</tr>
</tbody>
</table>

### 2. Situational analysis, mapping and suggested prospects for the years 2014-2015

#### 2.1. Mapping issues

<table>
<thead>
<tr>
<th>Time</th>
<th>Issue</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00-13:00</td>
<td>Status of onchocerciasis and LF mapping and plans for 2014-2015 (30 minutes)</td>
<td>M. Zoure Dr Tiendrebeogo</td>
</tr>
<tr>
<td></td>
<td>Discussion (40 min)</td>
<td></td>
</tr>
<tr>
<td>10:00-13:00</td>
<td>&quot;Shrinking the map of LF and other NTDs project&quot; (30 min)</td>
<td>Dr Tiendrebeogo</td>
</tr>
<tr>
<td></td>
<td>Discussion (30 min)</td>
<td></td>
</tr>
<tr>
<td>10:00-13:00</td>
<td>Status of onchocerciasis and LF treatments (30 min)</td>
<td>Prof Ahmedou Dr Garba</td>
</tr>
<tr>
<td></td>
<td>Discussion (20 min)</td>
<td></td>
</tr>
<tr>
<td>13:00-15:00</td>
<td>Lunch break</td>
<td></td>
</tr>
</tbody>
</table>

### 2.2. Epidemiological and entomological evaluations for oncho

<table>
<thead>
<tr>
<th>Time</th>
<th>Review of entomological evaluations (30 min)</th>
<th>Prof Boakye</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:00-16:25</td>
<td>Discussion (15 min)</td>
<td></td>
</tr>
<tr>
<td>16:25-16:45</td>
<td>Review of epidemiological evaluation results (40 min)</td>
<td>Dr Afroework</td>
</tr>
<tr>
<td>16:45-18:20</td>
<td>Suggested priority countries for 2014-2015 epidemiological and entomological assessments (20 min)</td>
<td>Dr Afroework Prof Boakye</td>
</tr>
<tr>
<td></td>
<td>Discussion (30 min)</td>
<td></td>
</tr>
</tbody>
</table>
### DAY 2: Tuesday 18th March 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
<th>Presenter</th>
<th>Moderator</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 - 08:30</td>
<td>Recap from Day 1</td>
<td></td>
<td>Rapporteurs</td>
</tr>
<tr>
<td>08:30 - 10:30</td>
<td>Conceptual framework for TAS and overview of Countries' requesting for TAS (30 min)</td>
<td>Dr Ricardo Thomson</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussions (15 min)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A systematic approach for Oncho and LF co-implementation (15 min)</td>
<td>Dr Ricardo Thomson</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussions (15 min)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Suggested treatment strategies and required adjustments in onchocerciasis problematic areas (15 min)</td>
<td>Dr Grace Fobi</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussion (30 min)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09:30 - 10:00</td>
<td>Coffee break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00 - 13:00</td>
<td>Summary plans of action and budgets of the partners for the countries (120 mn)</td>
<td>APOC and all partners</td>
<td></td>
</tr>
<tr>
<td>13:00 - 15:00</td>
<td>Lunch break</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DAY 3: Wednesday 19th March 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
<th>Presenter</th>
<th>Moderator</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 - 08:30</td>
<td>Introductory remarks</td>
<td></td>
<td>Rapporteurs</td>
</tr>
<tr>
<td>08:30 - 10:30</td>
<td>Introduction to Country group work (10 min):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30 - 11:00</td>
<td>Coffee break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00 - 12:00</td>
<td>Group work by countries and partners (4 groups): Delineation of treatment boundaries oncho and LF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 - 13:00</td>
<td>Plenary session on treatment targets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:00 - 15:00</td>
<td>Lunch break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15:00 - 16:30</td>
<td>Group work by countries and partners (4 groups): Plans for Epidemiological and entomological assessments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16:30 - 17:00</td>
<td>Coffee break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17:00 - 18:00</td>
<td>Plenary session on Plans for Epidemiological and entomological assessments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**DAY 4: Thursday 20th March 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
<th>Presenter</th>
<th>Moderator</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 - 08:30</td>
<td>Recap from Day 3</td>
<td>Rapporteurs day 3</td>
<td></td>
</tr>
<tr>
<td>08:30 - 10:30</td>
<td>Group work by countries and partners (4 groups): Health systems strengthening at peripheral level for achieving elimination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30 - 11:00</td>
<td>Coffee break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00 - 12:00</td>
<td>Plenary session on Health systems strengthening at peripheral level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 - 13:00</td>
<td>Group work by countries and partners (4 groups): Operational research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:00 - 15:00</td>
<td>Lunch break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15:00 - 16:00</td>
<td>Group work by countries and partners (4 groups): Operational research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16:00 - 16:30</td>
<td>Coffee break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16:30 - 17:30</td>
<td>Plenary session on operational research</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DAY 5: Friday 21st March 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
<th>Presenter</th>
<th>Moderator</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 - 08:30</td>
<td>Recap from Day 4</td>
<td>Rapporteurs day 4</td>
<td></td>
</tr>
<tr>
<td>08:30 - 09:00</td>
<td>Progress report on Financial Reporting by APOC funded projects</td>
<td>Mr Asmani Bizimana</td>
<td></td>
</tr>
<tr>
<td>08:30 - 10:30</td>
<td>Finalization of country plans</td>
<td>Countries and partners</td>
<td></td>
</tr>
<tr>
<td>10:30 - 11:00</td>
<td>Coffee break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00 - 13:00</td>
<td>Finalization of country plans (continued)</td>
<td>Countries and partners</td>
<td></td>
</tr>
<tr>
<td>13:00 - 15:00</td>
<td>Lunch break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16:30 - 17:00</td>
<td>Coffee break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17:00 - 18:00</td>
<td>Conclusions and closure</td>
<td>General Rapporteurs</td>
<td>Chair &amp; Director</td>
</tr>
</tbody>
</table>
4. List of participants

**Ex-OCP/APOC National Coordinators**

**Angola**
1. Dr Alice SICATO, Ministère de la Santé, Luanda, Angola
   Tél. : (244) 929370186
   E-mail: alicemiete@yahoo.com.br
   alicesicato66@hotmail.com

**Burkina Faso**
2. Professeur Soungalo TRAORE, Responsable de l’Unité d’élimination de l’Onchocercose, Ministère de la Santé, 03 BP 7009, Ouagadougou 3, Burkina Faso - Tel.: +226 71 25 94 25
   E-mail: pefoungo@yahoo.fr
3. Mr Windtaré Roland BOUGMA, Coordonnateur du Programme national d’élimination de la filariose lymphatique - Tel.: 70 27 03 33 - E-mail: wrolandbougma@yahoo.fr

**Burundi**
4. Dr Onésime NDAYISHIMIYE, MD, MPH/HPM, GAR, Directeur du Programme National Intégré de lutte contre les Maladies Tropicales Négligées et la Cécité (PNIMTNC), Ministère de la Santé et de la lutte contre le SIDA, République du Burundi, Bujumbura, BP: 3128
   Bujumbura II, Tél.: (257) 22 25 71 53
   / (257) 22 24 93 34, Cell : (257) 79 91 0036 / (257) 77 73 51 02,
   E-mail: ndayones@yahoo.fr;
   onesimendayishimiye@gmail.com
5. Dr Donatien KAYUGI, Directeur Adjoint du Programme National Intégré de Lutte contre les Maladies Tropicales Négligées et la Cécité (PNIMTNC), Ministère de la Santé Publique et de la lutte contre le SIDA, Bujumbura, Burundi – Tel Bureau: +25722249333 – Mobile: +25779569551; +25777649965 – E-mail: drakayugi@yahoo.fr

**Cameroon**
6. Dr Benjamin Didier BIHOULONG, Coordonnateur National du Programme de lutte contre l’Onchocercose (PNLO), Secrétaire Exécutif du GTNO, Ministère de la Santé Publique, B.P. 155, Yaoundé, Cameroun - Tel/Fax: (237) 2222 6910 -Cellulaire: (237) 99612800, (237) 79758660 - E-mail : biholong_di@yahoo.fr
7. Dr Donatus NYUYFOMO TUKOV, Point Focal Filariose Lymphatique, Ministère de la Santé Publique, B.P. 155, Yaoundé, Cameroun,
   Tel. (237) 77046233,
   E-mail : dtukov@yahoo.fr

**Chad**
8. M. Nadjilar LOKEMLA, Coordonnateur National, Programme de lutte contre l’Onchocercose, Ministère de la Santé, B.P. 440, N’Djamena, Tchad
   Tél. : (235) 52 48 38, Cellulaire : (235) 66290164/(235) 99133896 - Fax: (235) 22 524838 -
   E-mail : onchochd@intnet.td;
   nadjilar@yahoo.fr
9. Dr Mathias Roger DJIDINA, Point Focal MTN, Ministère de la Santé, B.P. 440, N’Djamena, Tchad - Tel. 66 29 24 50 - E-mail : djidinamathiasroger@yahoo.com
Central African Republic

10. Dr Benoît KEMAIA, Ophtalmologiste, Coordinateur National du PNLO/RCA, Maître Assistant d’Ophtalmologie, Ministère de la Santé Publique, B.P. 1772, Bangui, République Centrafricaine
Tél. (Cell) : (236) 70 40 26 01/
(236) 72 58 53 89,
E-mail : bkemata@yahoo.fr

11. Dr Bernard BOUA, Coordonnateur du Programme National de Lutte contre les Maladies Tropicales Négligées, Ministère de la Santé Publique, Bangui, République Centrafricaine – Tel. Tel. : (236) 75 50 46 37 –
(236) 70 93 25 75
E-mail : bernard_boua@yahoo.fr

Congo

12. Dr François MISSAMOU, Coordonnateur National, Programme de lutte contre l’Onchocercose & Chef de Service MTN, Direction de l’Epidémiologie et de la Lutte contre la Maladie, Ministère de la Santé et de la Population, B.P. 1066, Brazzaville, République du Congo
Tel : +242 06 668 05 63;
+242 05 525 4941 – E-mail: missamou_franck@yahoo.com;
francmissamou2009@gmail.com

13. M. Marlhand Chardyrel HEMILEMOBOLO MBEMBA, Agent du service de lutte contre les MTN, Direction de l’Epidémiologie et de la Lutte contre la Maladie, Ministère de la Santé et de la Population, B.P. 1066, rue Ngouata N° 50, quartier Kingouari, Arrondissement 1, Makélekélé Brazzaville, République du Congo – Tel. : +242 06 978 14 11,
+242 05 592 53 02
E-mail: emimarhind@yahoo.fr

Côte d’Ivoire

14. Dr Souleymane YEO, Chargé d’études de l’Onchocercose au Programme National de la Santé Oculaire et de la Lutte contre l’Onchocercose (PNSO-LO) Abidjan, Côte d’Ivoire - Tel. : (B) (225) 22443701 - Mobile phone: (225)
03 08 11 38/ 08 98 09 28 - Fax (225) 22 44 37 83, E-mail : soulyeo@hotmail.com

15. Dr Aboulaye MEITE, Directeur Coordonnateur du Programme National de Lutte contre la Schistosomiase, les Geo-helminthiases et les Filarioses Lymphatiques (PNL-SGF), Abidjan, Côte d’Ivoire - Tel. : (225) 01 72 32 97 - Fax (225) 22 52 38 35 - E-mail : aboulaye_meite77@yahoo.fr

Democratic Republic of Congo

16. Dr Naomi AWACA UVON, Coordonnatrice Nationale, Programme national de lutte contre l’Onchocercose, (PNLO), Boulevard du 30 Juin, Avenue Justice 36, B.P. 3040, Kinshasa I, Kinshasa-Gombe, République Démocratique du Congo Tél. : (243) 817 822 566 - E-mail : pnlo_rdc@yahoo.fr; naopitchouna@yahoo.fr

17. Dr Matakombo Joseph LINGUBA, Programme national de lutte contre la Filariose Lymphatique (PNLFL) Ministère de la santé publique, Kinshasa I, Kinshasa-Gombe, République Démocratique du Congo Tél. : (243) 811826447 E-mail : jlinguba@yahoo.fr
Equatorial Guinea

18. Dr Anacleto SIMA NSUE, Directeur National, Programme Onchocercose et autres Filariose,
Ministère de la Santé et du Bien être Social, Malabo, Guinée Equatoriale - Tél.: (240) 222 232620 -
E-mail: jalfonsobonoha@yahoo.com; Drsimansueanacleto@yahoo.es

Gabon

19. Dr Julienne ATSAME, Directeur du Programme de Lutte contre les Maladies Parasitaires,
Ministère de la Santé Publique, BP 2434 ou BP 50, Libreville, Gabon
Tel.: +241 06 04 73 14
E-mail: julienneatsame@yahoo.fr

20. Mrs Hermance OBONE MBA,
Responsable de l’Unité onchocercose
au sein du Programme de Lutte
contre les Maladies Parasitaires,
Ministère de la Santé Publique
Tel.: (00241) 07933892
E-mail: hermancemba@yahoo.fr

Ghana

21. Dr Nana-Kwadwo BIRITWUM,
Programme Manager, Neglected Tropical Diseases Programme (NTD),
Ghana Health Service, P.O. Box MB-190, Accra, Ghana – Tel.: +233 20 8232286 – Fax: +233 302 226 739 –
E-mail: nanakwadwo.biritwum@ghsmail.org; nkadibiritwum@gmail.com

22. Mr Asiedu ODAME, Programme Officer (Oncho), Ghana NTD Programme, Ghana Health Service,
Box MB 190, Accra
Tel.: (233) 244 761 357
E-mail: odame_114@yahoo.com

Guinée

23. Mr Mamadou Siradiou BALDE,
Coordonnateur National Adjoint du PNLOC/MTN, Guinée Conakry - Tél.: (00224) 669 152 560/628 248 806 -
E-mail: masiradiou@yahoo.fr

24. Mr Oumar Bantignel BARRY, Point focal de la Filariose lymphatique,
Conakry, Guinée - Tél.: (00224) 662 438 290/657 374 405 - E-mail: barryoumarbantignel@gmail.com;
oumarbantignel@yahoo.fr

Guinée Bissau

25. Dr Cristovao MANJUBA,
Directeur des services des Maladies Transmissibles et Non Transmissibles, Ministère de la Santé publique, Av. Unidade Africana,
B.P. 50-1013, Bissau Codex - cell : 00245 662-1821 - E-mail :
cristo_manjuba2000@yahoo.com.br

Liberia

26. Mr Anthony K. BETTEE, National Onchocerciasis Coordinator,
Neglected Tropical Diseases Program,
Ministry of Health & Social Welfare,
Congo Town, P.O. Box 10-9009, 1000
Monrovia 10, Liberia
Tel.: (231) 886539548
E-mail: tbettee@yahoo.com

27. Mr Isaac B. COLE, Neglected Tropical Diseases Focal Person, Nimba County, Northwest NTDs Project,
Ministry of Health & Social Welfare,
Congo Town, P.O. Box 10-9009, 1000
Monrovia 10, Liberia
Tel.: Cell # +231886443746
E-mail: isaacb.cole@yahoo.com
Mali
28. Dr Mamadou Oumar TRAORE, Coordonnateur National/PNLO, B.P.: 233 Bamako, Mali, Tél. Bureau : 223 22 64 97 Cel.: 223 6 671 1766 Fax : 223 20 233674 E-mail : traoremot@yahoo.fr

29. Dr Massitan DEMBELE épse SOUMARE, Coordonnatrice du Programme FL, Ministère de la Santé, Bamako, Mali, Tel. +223 2022 6497 – Cel. (223) 6 673 3633 - Fax : (223) 20 23 36 74 – E-mail : masdembele@yahoo.fr;

Malawi
30. Mr Laston SITIMA, National Coordinator, NOCP, Ministry of Health and Population, Lilongwe, Malawi – Tel. (265) 888 303 446 - Fax: (265) 17 53 308 - E-mail: laston_sitima2000@yahoo.com

31. Mr Square MKWANDA, National LF/NTD coordinator, Ministry of Health, P.O. Box 30377, Capital City, Lilongwe 3, MALAWI - Tel: +265 1 750896 / 265 888 854 425 - Mob.: +265 8 854425 - E-mail: smkwanda@yahoo.com

Mozambique
32. Dr Olga Nelson AMIEL, National Coordinator for NTD, Program Manager of LF, Ministry of Health, Maputo, Mozambique – Tel.: 258 827395150 - E-mail: olgaamil@yahoo.com.br

Niger
33. Dr Salissou ADAMOU, Coordonnateur Programme National d’Elimination de l’Onchocercose et de la Filariose Lymphatique, Niamey, Niger – Tel.: +227 96 96 03 76 – Fax : +227 20 35 03 46 – E-mail: sadarnouba@yahoo.fr

Nigeria
34. Dr Yisa A. SAKA, National Coordinator, National Onchocerciasis Control Programme (NOCP), Federal Ministry of Health, Federal Secretariat, Shehu Shagari Way, Abuja, Nigeria - Tél/Fax: (234) 9 5237049 - Mobile: (234) 0803 302 9387 - E-mail: yisaasaka@yahoo.com

35. Mr Emmanuel DAVIES, LF desk officer, Federal Ministry of Health, Federal Secretariat Phase 2, 9th Floor Room 907, Central District Area, Abuja, Nigeria - Tel. +234(0)8033234635 - E-mail: enimed2003@yahoo.com

Sénégal
36. Dr Alioune Badara LY, Coordonnateur du Programme national d’élimination de la filariose lymphatique et du Programme National de lutte contre l’onchocercose et Coordonnateur des Programmes MTN, Dakar, Sénégal Tel.: (221) 776 556 600 - E-mail: alioune_lyb@yahoo.fr

Sierra Léone
37. Dr Santigie SESAY, Oncho and NTDs Control Programme Manager, Ministry of Health and Sanitation, Cell: (232) 25 604658 - Cel. (232) 76-604-658 - E-mail: sanniesay@gmail.com
South Sudan

38. Dr Lucia WILLIAM KUR CHOL, Director of Department of Neglected Tropical Diseases, Directorate of Preventive Health Services, Ministry of Health, Ministerial Complex, P.O. Box 88, Juba, Republic of South Sudan – Tel.: +211 955 729 700; +211 929 176 159; +254 712 236 208 (Kenya); +8821621701533 (Thuraya) – E-mail: luciaku55@yahoo.com

39. Mr Ali Youssif Ngor JOCK, Deputy National Coordinator Oncho, Ministry of Health, Ministerial Complex, P.O. Box 88, Juba, Republic of South Sudan – Tel.: +211 955216769; + 211 928860002 E-mail: kuchngor@gmail.com

Sudan

40. Prof. Asam Mohamed Ali ZARROUG, National Coordinator, Onchocerciasis Control Programme, Federal Ministry of Health, Khartoum, Sudan - Tel.: (249) 9230 61600 - E-mail: izarroug@yahoo.com

41. Dr Mousab S. ELHAG, NTDs Director - Federal Ministry of Health, Khartoum, Sudan - Tel. +249912288269 E-mail: mooosab33@yahoo.com

Tanzania

42. Dr Andreas NSHALA, M&E Officer NTDCP, Neglected Tropical Diseases Control Programme, P.O. Box 9083, Ministry of Health and Social Welfare, Dar-es-Salaam, Tanzania Tel.: (255) 767 429447 - E-mail: andreas.nshala@gmail.com

43. Mr Oscar KAITABA, Onchocercosis Focal Point, Neglected Tropical Disease Control Programme, Ministry of Health and Social Welfare, Dar-es-Salaam, Tanzania Tel.+(255) 754 889 390/(255) 154 889 390/(255) 716 515 100 E-Mail: ockaitaba@yahoo.com

Togo

44. Dr K. Potchoziou KARABOU, Coordonnateur National du Programme de Lutte contre l’Onchocercose, Tél: (228) 2660 1710 Mobile: (228) 9002 0795 Fax: (228)2660 0414, E-mail: karaboup@yahoo.fr

45. Mr Mawèké TCHALIM, Assistant Médical au Programme National d’Elimination de la Filariose Lymphatique – Cel. 90 11 36 32 E-mail: tmaweke@yahoo.fr

Uganda

46. Mr Tom LAKWO, National Onchocerciasis Coordinator, National Onchocerciasis Control Programme (NOCP) Secretariat, Ministry of Health, Vector Control Division, 15 Bombo Road, P.O. Box 1661, Kampala, Uganda Tel.: +256 414 251-927 Tel.: (256) 414 348-332 Mobile: (+256) 772-438-311 Fax: (+256) 414-348-339 E-mail: tlakwo@gmail.com
47. Mr Gabriel Kayiira MAIWALE, Program Manager for Lymphatic Filariasis Elimination, Ministry of Health, Vector Control Division, 15 Bombo Road, P.O. Box 1661, Kampala, Uganda – Tel. + 256 414 251 927 Mob. + 256 772 487 431 E-mail: gkmatiwale@gmail.com

Invited partners

CDC/Atlanta

48. Dr Paul CANTEY, Medical Epidemiologist, Parasitic Diseases Branch of CDC, 1600 Clifton Road, NE, Mailstop A-06, Atlanta, Georgia, 30333, USA
Tel.: +1-404-718-4735
Fax: +1-404-718-4816
E-mail: gdn9@cdc.gov

Center for Neglected Tropical Diseases Liverpool School of Tropical Medicine, United Kingdom

49. Prof. Moses BOCKARIE, Director, Centre for Neglected Tropical Diseases, Liverpool School of Tropical Medicine, Pembroke Place, Liverpool L3 5QA, Merseyside, United Kingdom
Tel.: +44 151 705 3335
E-mail: moses.bockarie@liv.ac.uk

Family Health International (FHI360)/End in Africa Project

50. Dr Joseph Brima KOROMA, Technical Advisor, END in Africa Project – Regional Hub, FHI360 Ghana Office, 1st Floor, Marvel House, 148A Giffard Road, East Cantonments, Accra, P.O. BOX CT 4033, Accra, Ghana - Tel/Direct: +233 302 740780 ext 75156
Fax: +233.302.782174
Mobile: +233 501267031 – E-mail: jKoroma@fhi360.org; josephbrima.koroma@yahoo.com

Malaria Consortium

51. Ms Jamie TALLANT, Technical Coordinator, South Sudan Integrated NTD Project, Malaria Consortium, Regional Office for Africa, Plot 25, Upper Naguru East Road, P.O. Box 8045, Kampala, Uganda,
Tel. 256 31 2 300 420
Fax: 256 31 2 300 425
E-mail: jamie.tallant@gmail.com

Mission to Save the Helpless (MITOSATH)

52. Dr Francisca OLAMIJU, Executive Director, Mission to Save the Helpless (MITOSATH), Plot 42046 Mungyel, density residential area, Behind WAEC Office, P.O. Box 205, Jos, 930001 Plateau State, Nigeria
Tel.:+234 734 64 792
Fax:+234 73 464 794
Mob + 234 803 331 18085
E-mail: mitosath@hotmail.com; olamijufu@mitosath.org

Organization pour la Prévention de la Cécité (OPC)

53. Dr Bernard PHILIPPON, Secrétaire Général de l’OPC, 17 Villa d’Alésia, 75014 Paris – France
Tel.: 331 44 12 41 90 ; 331 40 44 94 04
Fax :+331 44 12 23 01
E-mail: abphilippon@yahoo.fr

RTI/ENVISION

54. Dr Achille KABORE, Senior Technical Advisor, 701 NW 13th street, Washington DC 20005, USA. RTI/ Envision - Tel. 0012002340888 – Fax: 12029 74 7826
E-mail: akabore@rti.org
Sightsavers

55. Dr Elizabeth ELHASSAN, Technical Director NTD, Sightsavers, 21 Nii Nortei Ababio Street, PO Box KIA 18190 Airport Residential Area, Accra, Ghana – Tel.: +233 302774210 – E-mail: elhassan@sightsavers.org

56. Dr Christelly BADILA, Programme Manager, Sightsavers, Ouagadougou, Burkina Faso – Tel.: +226 76 99 21 20 – E-mail: cbadila@sightsavers.org

Task Force For Global Health

57. Dr Eric A. OTTESEN, Director, ENVISION Program, Washington DC, and NTD Support Center, Decatur GA USA – Tel.: 1-404-687-5604 – E-mail: eottesen@taskforce.org; eottesen@rti.org

58. Dr Kisito OGOUSSAN, Neglected Tropical Diseases Support Center, Task Force for Global Health, 325 Swanton Way, Decatur, GA 30030 – Tel.: +1-404-371.0466 Fax: +1-404-371-1138 E-mail: kogoussan@taskforce.org

The End Fund

59. Dr Warren LANCASTER, The End Fund, Ending neglected Diseases - Mobil: + 31 (0) 646907247 – E-mail: wlancaster@end.org

FACILITATOR

60. Dr Ricardo THOMPSON, Senior Researcher Scientist, National Institute of Health, Av. Eduardo Mondlane, 1008, Maputo, P.O. Box 264, Maputo, Republic of Mozambique Tel.: +258 823 060 036 E-mail: rthompsonmrz@gmail.com

APOC Technical Advisers

Angola

61. Dr Nzuzi KATONDI, Conseiller Technique MTN, Organization Mondiale de la Santé (OMS), Rua Major Kanhangulo, no.197, C.P. 3243, Luanda, Angola, Tél.: (244) 222 33 23 98 ; Fax : (244) 222 33 23 14 ; E-mail : renatonzuzistar@gmail.com; katondin@who.int

Burundi

62. Dr Dismas BAZA, Conseiller Technique APOC, P.O. Box 1450 Bujumbura, WHO Burundi, Tel.: +257 22 231 702, Cell: +257 77769680, GPN: 33 410, E-mail: bazad@who.int; dismas.baza@yahoo.fr

Central African Republic

63. M. Moussa SOW, Conseiller Technique APOC, Organization Mondiale de la Santé, Bureau de la Représentation de Centrafrique, Rue du Président Gamal Abdel NASSER, BP: 1416 - Bangui (RCA), Tel.: (236) 21 61 02 88, Cel.(236) 70 46 80 14, GPN: 33817, E-mail: sowm@who.int; moussawasow@yahoo.fr

Chad

64. Dr Paul Franck SINTONDJI, Conseiller Technique APOC, Bureau OMS N’Djaména, Quartier AMDJARASS -1032 rue du 26 août, B.P. 152, N’Djamena, Tchad, Tel.: 00 235 66 46 06 59 ou sur le GPN 34036, E-mail : sintondjip@who.int; sintofranck@yahoo.fr
Democratic Republic of Congo

65. Dr Nouhou Konkouré DIALLO, Conseiller Technique APOC Oncho/MTN, OMS/RDC, 42, Avenue des Cliniques Gomb Kinshasa, GPN: 39041, Mobile: (243) 81 719 85, E-mail: diallon@who.int; dnouhoufr@yahoo.fr

Liberia

66. Mr Ukam Ebe OYENE, APOC Technical Adviser, Liberia, WHO Country Office, Liberia, J & E Building, Mamba Point, Office Tel.: +4724131823, Cell: (+231) 886475320, GPN ext: 31823, E-mail: oyeneuk@who.int, Alternate E-mail: uoyene2004@yahoo.com

South Sudan

67. Dr Aston Benjamin ATWIINE, Technical Adviser, APOC, WHO Office for South Sudan, GPN: 67529, Cell: +211955286783, +211977352116, +256772472203 - E-mail: atwinebenjamin@hotmail.com; atwineb@who.int

Tanzania

68. Dr Alphoncina Masako NANAI, Technical Adviser, WHO Office for Tanzania, Luthuli Road, P.O. Box 9292, Dar-es-Salaam, Tanzania, Tel.: (255) 754 270 608, E-mail: nanaia@who.int

WHO/AFRO

69. Dr Alexandre TIENDREBEOGO, Monitoring & Evaluat Officer, World Health Organization, Regional Office for Africa (WHO/AFRO), Cité du Djoué, BP 06, Brazzaville, Congo – E-mail: tiendrebeogoa@who.int

70. Dr Amadou GARBA, NTD Preventive Chemotherapy Focal Person, AFRO Inter-country Support Team in Ouagadougou, Burkina Faso - Email: garbamadou@yahoo.fr

71. Dr Améyo Monique DORKENO, World Health Organization, Ouagadougou, Burkina Faso – E-mail: monicadork@yahoo.fr

APOC Secretariat

72. Dr Jean-Baptiste ROUNGOU, Director/APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: roungouj@who.int

73. Dr Laurent YAMEOGO, COORD/APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: yameogol@who.int

74. Dr Mounkaila NOMA, Chief, Epidemiology and Vector Elimination Unit (CEV/APOC), P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: nomam@who.int

75. Dr Grace FOBI, CSD/APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: fobig@who.int

76. Mr Honorat ZOURE, BIM/APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: zoureh@who.int

77. Dr Afework Haillemariam TEKLE, EPII/APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: teklea@who.int

African Programme for Onchocerciasis Control (APOC)
78. Dr Leonard MUKENGE, EPI 2/APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: mukengele@who.int

79. Prof. Sidi Ely AHMEDOU, COP/APOC, Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: ahmedous@who.int

80. Mrs Thérèse Régine BELOBO, CAO/APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: sobelaf@who.int

81. Dr François SOBELA, Health System Specialist/APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: sobelaf@who.int

82. Prof. Daniel BOAKYE, Technical Officer/Entomology, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: boakiedy@who.int

83. Ms Thérèse GUISSOU, FO/APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: guissout@who.int

85. Mr Tendainashe SIWOMBE, ITO/APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: siwombet@who.int

86. Mr Issaka Niandou YACOUBA, ISO/APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: niandouy@who.int

87. Dr Raogo Augustin KIMA, TRAD/APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: kmar@who.int

88. Mr Ibrahim TOURE, AO/APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: toureibr@who.int

89. Mrs Bintou SAVADOGO, AHR/APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: savadogob@who.int

90. Mr Yaovi AHOLOU, Programme Officer, Meetings/APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: aholouy@who.int

91. Docteur Laurent TOE, Conseiller Temporaire APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: toel@who.int, toel@hotmail.com
92. Dr Gilles Aimé ADJAMI, Conseiller Temporaire APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: (226) 50 34 29 53, Fax: (226) 50 34 28 75, E-mail: adjamiga@who.int; adjami78@hotmail.com

93. Mr Tuensi BoNZI, Technician/APOC, P.O. Box 549, Ouagadougou, Burkina Faso - Tel.: +226 50 34 29 53, Fax: +226 50 34 28 75, E-mail: tuensib@who.int

94. Mrs Marie Rose KABORE, Administrative Assistant, Meetings/APOC, P.O. Box 549, Ouagadougou, Burkina Faso, Tel.: +226 50 34 29 53, Fax: +226 50 34 28 75, E-mail: ouedraogor@who.int

95. Mrs Emma KALSANY, Administrative Assistant/APOC, P.O. Box 549, Ouagadougou, Burkina Faso - Tel.: +226 50 34 29 53 - Fax: +226 50 34 28 75 - E-mail: kalsanye@who.int

96. Mrs Jeanne DOSSOUHOUAN, Administrative Assistant/APOC, P.O. Box 549, Ouagadougou, Burkina Faso Tel.: +226 50 34 29 53, Fax: +226 50 34 28 75, E-mail: lawsonj@who.int

Interpreters

97. Mrs Safiétou BARRY, 09 BP 526 Ouagadougou 09, Burkina Faso, Tel.: (226) 70 21 41 14 / 78 03 64 55, E-mail: barrysafietou@gmail.com; safia_barry@yahoo.fr

98. Mr André NIKIEMA, Interprète, 01 B.P. 922, Ouagadougou 01 Burkina Faso, Tel.: +226 70 67 5110/78809053, E-mail: andrenikiema51@yahoo.fr

99. Mr Douramane SIDIBE, Interprète, 03 B.P. 7008, Ouagadougou 03, Burkina Faso, Tel +226 76 60 08 42, E-mail: doursid@yahoo.fr

100. Mr Oumarou NAGABILA, 03 BP 7038, Ouagadougou 03, Burkina Faso, Tel : (226) 70 26 33 32 / 75 76 16 16, E-mail: onagabila@hotmail.com
General views of the participants.
APOC Director, Dr Roungou Jean-Baptiste and Dr Eric A. OTTESEN, Director of ENVISION Programme.

Conversation Between APOC partners
Group work.

Tribute to Dr. Laurent Yaméogo for his retirement.