MEETING ON THE INTEGRATION OF CDTI ACTIVITIES INTO NATIONAL HEALTH SYSTEMS, CO-IMPLEMENTATION OF ONCHOCERCIASIS CONTROL, OTHER NEGLECTED TROPICAL DISEASES AND MALARIA

OUAGADOUGOU, BURKINA FASO, 12-14 JUNE 2007
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<tr>
<td>AFRO</td>
<td>WHO Regional Office for Africa</td>
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<tr>
<td>APOC</td>
<td>African Programme for Onchocerciasis Control</td>
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<td>WB</td>
<td>World Bank</td>
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<td>MTEF</td>
<td>Medium Term Expenditure Framework</td>
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<td>CDD</td>
<td>Community-Directed Distributor</td>
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<td>DDC</td>
<td>Director of Disease Control</td>
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<td>DOTS</td>
<td>Directly Observed Therapy Short Course</td>
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<td>PRSP</td>
<td>Poverty Reduction Strategy Paper</td>
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<td>JAF</td>
<td>Joint Action Forum</td>
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<td>HMM</td>
<td>Home Management of Malaria</td>
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<td>ICST</td>
<td>Intercountry Support Team / Equipe Inter pays</td>
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<td>CDI</td>
<td>Community-Directed Intervention</td>
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<td>MEF</td>
<td>Ministry of Economy and Finance</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>NTDs/MTN</td>
<td>Neglected Tropical Diseases/Maladies Tropicales Négligées</td>
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<td>NTD</td>
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<td>OCP</td>
<td>Onchocerciasis Control Programme</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<td>NGDO</td>
<td>Non-Governmental Development Organisation</td>
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<td>OTD</td>
<td>Other Tropical Diseases</td>
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<td>NOCP</td>
<td>National Onchocerciasis Control Programme</td>
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<td>NOBCP</td>
<td>National Oncho/Blindness Control Programme</td>
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<td>PPA</td>
<td>Annual Programming Plan</td>
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<td>HIPC</td>
<td>Highly Indebted Poor Countries</td>
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<td>RBM</td>
<td>Roll back Malaria</td>
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<td>DRC</td>
<td>Democratic Republic of Congo</td>
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<td>FHAP</td>
<td>Family Health and AIDS Prevention</td>
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<td>SSUL</td>
<td>Urban Health Care in Lome (Soins de Santé Urbain à Lomé)</td>
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<td>STD</td>
<td>Soil Transmitted Diseases (maladies telluriques)</td>
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<td>STH</td>
<td>Soil Transmitted Helminths (gélhelminthiases)</td>
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<td>SWAp</td>
<td>Sector Wide Approach (Approche sectorielle élargie)</td>
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<td>TDR</td>
<td>WHO Special Programme for Training and Research in Tropical Diseases</td>
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<td>AHT</td>
<td>African Human Trypanosomiasis</td>
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<td>CDTI</td>
<td>Community-Directed Treatment with Ivermectin</td>
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<td>US</td>
<td>United States of America</td>
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EXECUTIVE SUMMARY

The Management of the African Programme for Onchocerciasis Control (APOC) and the World Health Organization (WHO) took the initiative to organize from 12 to 14 June 2007 in Ouagadougou (Burkina Faso), a meeting on “Integration of CDTI activities into national health systems, co-implementation of onchocerciasis control, other neglected tropical diseases and malaria. This high-level meeting attracted the participation of Directors of Disease Control (DDC) and Onchocerciasis and Malaria control Coordinators from 15 French-speaking and Portuguese-speaking APOC and ex-OCP countries, representatives of the Group of NGDOs, the World Bank and donor countries (Belgium, Canada, France and the Netherlands).

One of the biggest challenges of public health is how to reach all the populations in need of treatment, and how to increase coverage of effective interventions in poor and less-privileged communities. APOC’s experience has shown that community-directed interventions (CDI) constitute a very effective tool for bringing health services within the reach of the poor and distant regions, and can be used to control other NTDs, namely malaria and schistosomiasis. Participants availed themselves of the Ouagadougou meeting to discuss the proposed topics, harmonize the concepts of integration and co-implementation and examine how NTD control challenges could be addressed.

1. Integration of Onchocerciasis control activities and rapid impact interventions into health systems

The subject was introduced by five presentations, which stressed the current situation and challenges of sustainable integration of disease control programmes into health systems, the advantages and future trends of integration of preventive chemotherapy and rapid impact interventions into health systems, national strategies and challenges to be taken up to safeguard gains and to ensure sustainable integration. The summary of discussions contained the strengths/advantages and weaknesses/constraints, the analysis of which resulted in specific recommendations.

A recommendation was made to Governments to actually make available, and on a timely basis, funding for the control of NTDs, including onchocerciasis, and to increase the budget earmarked for health, in accordance with the Declaration of Abuja (15% of the national budget) and that of Yaoundé. Ministries in charge of health must work out strategic plans for NTD control, in collaboration with other programmes involved in this activity, so as to enhance the coordination of health programmes on all levels, build the capacities of health workers (particularly at the district level) and give greater responsibility to the community in the implementation of NTD control activities. APOC Management was called upon to continue advocacy in mobilizing national financial contributions, and to build the capacities of communities to mobilize local resources. The WHO was urged to make available technical guides for advocacy and implementation of NTD control activities, and to continue with its technical and financial support. The Regional Director was requested to solicit the President of Burkina Faso, His Excellency Blaise COMPAORE, for his continual advocacy in favour of the control of NTDs during subsequent African Heads of State summits. Finally, the meeting recommended to NGDOs to continue giving technical and financial assistance to countries, and to step up advocacy on all levels in favour of NTD control activities.
2. Co-implementation of Onchocerciasis control, other NTDs and Malaria

The informative presentations centred on the current WHO strategy for the control of NTDs rapid impact interventions, the definition and justification of the NTD control strategy, and the results of a multi-country study (Cameroon, Nigeria, Uganda, Tanzania) on integrated community-directed interventions (CDI). Emphasis was laid on the outcome of the multi-country study, which reveal that communities could implement all the interventions (home management of malaria (HMM), distribution of treated bed nets and vitamin A tablets, DOTS), and that the CDI approach was more effective than that based on health facilities with regard to HMM coverage (2-3 times), vitamin A, treated bed nets, but not DOTS. In addition to discussions on opportunities for Co-implementation of the control of NTDs in the countries, three other presentations, followed by discussions relating to malaria control and current strategies of co-implementation with NTDs, and the co-implementation of NTD control and malaria in the context of primary health care were made. The objective of these presentations was to recall that the goal of integration is to increase efficiency in the use of available health resources, and coordinate the participation of partners so as to reduce mortality and morbidity.

The summary of presentations and discussions brought to the fore opportunities for Co-implementation and challenges, the analysis of which made it possible for the meeting to identify two operational research subjects relating to the co-implementation of control activities of NTDs, i.e. pharmaco-vigilance and CDD incentives. The meeting recommended that the WHO play a paramount role in the search for new efficacious molecules that are easier to handle, in ensuring the circulation of available documents, and following up on the implementation of the control of NTDs and malaria. It was recommended that governments should work out policies and strategies relating to the co-implementation of NTD and malaria control, make available on a timely basis, national resources needed for carrying out activities, work out a strategic plan which takes into account the commitment of communities, capacity building of health workers, and the joint planning of malaria and NTD control activities. Finally, the meeting recommended that partners search for and give assistance, not only to NTD and malaria control activities, but also to advocacy in favour of activities, increase resources (financial, drugs) through sustained advocacy with other donors, and lighten fund disbursement procedures in the countries.

3. Mechanisms for sustaining financing of Onchocerciasis control, other MTNs and Malaria Programmes

The presentation on this topic emphasized that the challenges and problems to be addressed are numerous, and that this would bring about the slowing down of financial flows, a drop in the capacity of absorption of financial resources and the inefficiency of expenditure. However, opportunities (in particular, commitment at national and international levels, greater willingness of partners, increased resources allocated NTDs, development of new financing mechanisms) exist to attract financing to the integration of CDTI into national health systems and the co-implementation of control of NTDs and malaria.

Following discussions, it was agreed that to sustain NTD and malaria control programmes, it was necessary, among other things: i) to include NTDs in national health development plans (NHDP) and financing strategy papers (MTEF, PRSP); II) to
work out strategic plans, including a sustainability plan, III) to associate all stakeholders (authorities, communities, partners) in planning and implementing NTD and malaria control activities, and iv) to undertake joint advocacy with stakeholders of NTD and malaria control. However, it will be necessary to take up some challenges and define monitoring indicators, adapt and harmonize data collection tools, conduct training of actors in data management and incorporate data on the monitoring of NTDs into national health information systems.
1. INTRODUCTION

1.1. Initiated by the Management of the African Programme for Onchocerciasis Control (APOC) and the World Health Organisation (WHO), the meeting on “the integration of CDTI activities into national health systems, co-implementation of onchocerciasis control, other neglected tropical diseases (NTDs) and malaria” was held from 12 to 14 June 2007, at the Hotel Palm Beach (Ouagadougou, Burkina Faso).

1.2. The meeting assembled Disease Control Directors (DDC), Coordinators of National Programmes of Onchocerciasis and Malaria Control from 15 French-speaking and Spanish/Portuguese-speaking countries of APOC and the ex-OCP, representatives of the World Bank, France, Canada, the Netherlands, Belgium, as an organisation and donor country, and the representative of the NGDO group for the coordination of onchocerciasis control. The following were also represented: WHO/HQ, WHO/AFRO, WHO/TDR, and WHO/APOC.

1.3. The meeting had four main parts: an opening ceremony, presentations, group work with feedback in plenary, and a closing ceremony. The following themes were discussed

- Integration of onchocerciasis control activities and rapid impact interventions into national health systems;
- Co-implementation of the control of onchocerciasis, other NTDs and malaria;
- Mechanisms for sustainable financing of control programmes of onchocerciasis, other NTDs and malaria.

2. OPENING CEREMONY

2.1. The opening ceremony was under the patronage of the honourable Minister of Health of Burkina Faso, Mr Alain Bedouma Yoda. Five speeches were made during the ceremony.

2.2. In his welcome address, the stand-in for the WHO country representative in Burkina Faso underscored the importance of this meeting, which he said, was the first of its kind for the 15 French-speaking and Spanish/Portuguese-speaking countries of APOC and the ex-OCP. He stated that the meeting should enable participants to harmonize the notions of “integration” and co-implementation” and to specify the role that APOC could play in this process, using the CDTI strategy, which has proven its merits. Neglected Tropical Diseases (NTDs), including onchocerciasis, take a toll particularly among rural populations and those in underprivileged areas, and the challenges to address are equally arduous: mapping, preventive chemotherapy, financing...He hoped the three-day meeting would provide answers to the various challenges in integration and co-implementation.

2.3. Dr Uche V. Amazigo, Director of APOC, thanked the Senior Minister in charge of Health of Burkina Faso for making time to preside over the opening ceremony, and for his leadership role in the fight against NTDs. She was grateful to donors, the World Bank, WHO/AFRO, WHO/Geneva and to all participants, for accepting to participate in the meeting. She recalled that the twelfth Joint Action Forum (JAF) had approved this meeting, and that APOC partners were impatiently awaiting its decisions and recommendations, but more especially the implementation of the latter by countries. She declared that the community-directed interventions (CDI) strategy in a very efficient way would bring health
services to the doorstep of the poor and remote areas, and could be used to control other NTDs, particularly malaria and schistosomiasis. She called on countries to initiate national policies and plans for intervention integration, define mechanisms for financing integrated control of NTDs, and harmonizing strategies with a view to achieving a rapid and positive impact on the health of vulnerable communities. She hoped the meeting would result in collaboration among onchocerciasis control programmes, other NTDs and malaria, and that this collaboration would have a positive impact on the health of the underprivileged.

2.4. Dr Boakye Boatin, who stood in for the Director of WHO/TDR, recalled that one of the greatest challenges in public health is how to reach out to all those in need of treatment, and how to increase the coverage of efficacious interventions in poor and underprivileged communities. He stated that the meeting gave participants the opportunity to discuss, share APOC’s experience and that of similar programmes, and explore how to take up challenges facing the control of NTDs. He informed participants of the existence of a WHO guide, which was recently developed by the NTDs department, and which highlights the preventive chemotherapy strategy in the context of primary health care. Dr Boatin said that one of the current challenges is to explore the feasibility of using the Community-Directed Treatment with Ivermectin (CDTI) network for the control of NTDs in the framework of CDI co-implementation. In this connection, partnership between research and interventions is indispensable, since it makes for developing appropriate strategies, and conducting specific research that underpin implementation.

2.5. Dr Lorenzo Savioli, Director, WHO/NTDs/Geneva, started by praising Burkina Faso for the wonderful work done in the control of NTDs, with a proven political commitment at the highest level. He said CDTI had shown the control vision and strategy to use in reaching out to remote communities that needed treatment.

2.6. In his opening address, His Excellency Alain Bedouma Yoda, senior Minister in charge of Health of Burkina Faso, welcomed all participants. He stressed the need to better incorporate onchocerciasis control into health systems, and the political commitment of countries at the highest level. The Minister recalled the list of NTDs, and suggested that meningitis be added to the list of NTDs, given its socio-economic impact, and the resources Burkina Faso pooling to fight against this disease. Prior to declaring the meeting open, he thanked all partners for their effort in support of activities, and praised the initiative of the Director, APOC. The minister then recalled the objective of the meeting, and called on participants to deliberate with all seriousness during the three-day meeting.

3. MEETING OBJECTIVES

3.1 Following the administrative announcements from APOC Management, and introduction of participants, the day’s agenda was adopted without amendment. Dr Diallo Nouhou, Coordinator of the National Onchocerciasis and Blindness control Programme (PNLOC) of Guinea read out the eight objectives of the workshop as follows:

i. Ensure participants agree on the concepts of integration and co-implementation (or joint implementation) of onchocerciasis control, other NTDs and malaria;

ii. Describe the current situation of integration of onchocerciasis control activities and rapid impact interventions into health systems;
iii. Determine obstacles to the integration of onchocerciasis control, other NTDs and malaria;

iv. Develop strategies for safeguarding gains and improving leadership in the States;

v. Identify opportunities for co-implementation of NTDs control in the countries, including the main challenges and research issues;

vi. Determine mechanisms of sustainable financing of NTDs control;

vii. Define the role of states, communities, other partners and WHO in the co-implementation of onchocerciasis control, other NTDs and malaria;

viii. Make realistic recommendations for functional integration of CDTI into health systems, and the co-implementation of multiple interventions in the context of primary health care.

4. INTEGRATION OF ONCHOCERCIASIS CONTROL ACTIVITIES AND RAPID INTERVENTIONS INTO HEALTH SYSTEMS

4.1. The presentation of Dr A. Barrysson, OTD-WHO/AFRO was on the Integration of disease control programmes into health systems for sustainability: current situation and challenges. The presentation brought to light the problems of integration, different levels of integration within the health system (policy, strategic, technical and operational), reasons for integrated packages, aspects of sustainability of a health system, and challenges of sustainability.

4.2. The presentation of Professor Bella Assumpta, DDC/Cameroon was titled. The integration of onchocerciasis control into health systems, and how to overcome obstacles: the experience of Cameroon. The presenter expatiated on the experience of Cameroon on the integration of onchocerciasis on various levels of the health system (central, intermediate and peripheral). She put particular emphasis on the strong partnership that exists in the area of onchocerciasis control on various levels, with considerable support in supervision, follow-up and management of serious adverse events. This paper showed the advantages of integrating CDTI into the health system, mentioned some weaknesses of CDTI integration on various levels, and the risks and the inherent risks and constraints.

4.3. The presentation of Mr Abdulai Daribi, NTD/Geneva was on the Integration of preventive chemotherapy and rapid impact intervention into health systems – advantages and future trends. The presenter recalled the special attention Dr Margaret CHAN, Director General, WHO, gives to the control of NTDs. Her concerns are spelt out in her address to the WHO staff on 4 June 2007, and that dated 19 April 2007 to partners in NTD control. Mr Daribi, then touched on the various aspects of NTD control, principles, implementation guide, the advantages of preventive chemotherapy, and rapid impact interventions as against other interventions. The speaker mentioned the support WHO could give to countries in co-implementing NTD control activities, and then introduced the concepts of integration, co-implementation and preventive chemotherapy. He concluded by presenting strong and weak points, opportunities, and challenges of preventive chemotherapy, and of rapid impact interventions.
4.4. The presentation of Dr Mamadou Souncalo Traoré (Department of Education and Research in Public Health, FMPOS, Bamako, Mali) dwelt on the theme: can states assume leadership in integration in order to sustain disease control programmes? What are the national strategies and challenges?

4.5. During the presentation, participants' knowledge was enriched through the successful experiences in the control of schistosomiasis in Brazil, China, Egypt and in the Philippines. Dr Traore then presented lessons drawn from failures in the integration of schistosomiasis control projects in Congo, Madagascar, Malawi and Mali. He concluded his presentation by making some suggestions on leadership conditions of states for sustainability.

4.6. Discussions centred on the streamlining and definition of the terms ‘integration’ and ‘co-implementation’ or joint implementation of activities, so as to enable participants have the same understanding of these terms.

4.7. In this regard, the term ‘integration’ should be used when one refers to the inclusion of activities in a larger health system, with strong community participation. As for the term ‘co-implementation’ or joint implementation it alludes to the strategy that brings together two or more programmes in order to increase their efficiency and avoid fragmentation.

4.8. Participants then broke into four groups to brainstorm on the following: Current situation of integration of onchocerciasis control activities and rapid impact interventions into health systems on all levels: how to overcome obstacles and safeguard gains, and leadership of states.

4.9. The plenary session of the afternoon took place with Dr Charlotte Gokaba Okemba, DDC of the Republic of Congo, as moderator. The following were raised after the group work:

**Strong points for integration:**
- Political will/commitment;
- Existence of structured programmes;
- Existence of NOTFs;
- Availability of mapping of onchocerciasis;
- Allocation of state resources;
- Community participation;
- Integration of activities on the operational level;
- Integration of logistics.

**Obstacles to Integration:**
- Low financing of activities (allocation and release of funds);
- Weak health system (personnel, logistics, training, supervision, etc...);
- Inadequate integration of programmes at central level;
- Multiplicity of indicators and data collection tools of various programmes;
- Particular agendas of some partners;
- Lack of motivation of actors at community level.

4.10. At the end of the feedback session, the following were recommended in view of the integration of NTD control activities into health systems:
Governments:
- Allocate and actually make available financing for the control of NTDs, including onchocerciasis;
- Increase budgetary allocation for health, in conformity with the Declaration of Abuja (15% on national budget) and that of Yaoundé.

Ministries of Health:
- Enhance the coordination of health programmes at all levels;
- Develop sustainable strategies and mechanisms for mobilizing financial and material resources for NTD control;
- Strengthen collaboration between programmes involved in the control of NTDs;
- Draw up strategic plans for the control of NTDs;
- Develop human and material resources for NTD control activities;
- Build the capacity of district health personnel (in advocacy, management, planning, ...) toward implementing NTD control activities;
- Enhance community participation in the implementation of NTD control activities;
- Integrate drug supply for NTD control activities into the normal essential drug network.
- Monitoring of progress in the countries:
  ♦ Intensify advocacy at the local and international levels in favour of NTD control activities;
  ♦ Strengthen health information systems, taking into account NTDs;
  ♦ Set up mechanisms for monitoring NTD control activities in the countries.

APOC:
- Continue advocacy with governments for mobilising national financial contributions for NTD control;
- Appoint goodwill ambassadors to intensify advocacy for NTD control;
- Conduct operational research on strategies for motivating community distributors, which take specific contexts into account;
- Build community capacity for mobilising local resources for NTD control activities.

WHO:
- Design and develop technical guides for advocacy and implementation of NTD control activities;
- Continue with financial and technical assistance for implementing NTD control activities;
- Request that the RD of WHO ask the President of Burkina Faso, HE Blaise COMPAORE, to continue his advocacy in favour of the control of NTDs at the next summits of African Heads of State.

NGDOs:
- Continue to give technical and financial support in the countries for NTD control activities;
- Intensify advocacy at local and international levels in favour of NTD control activities.
5. CO-IMPLEMENTATION OF ONCHOCERCIASIS CONTROL, OTHER NTDs AND MALARIA

5.1. The morning session of 13 June was chaired by Professor Tchuem Tchuente, Coordinator of the National Schistosomiasis and Helminthiasis Control Programme of Cameroon.

5.2. Following the presentation and adoption of the report of the first day, two expositions were presented to participants.

5.3. The first presentation was on the ‘Current strategy of WHO for the control of NTDs and rapid impact interventions’.

5.4. Mr. Abdulai Daribi NTD/Geneva, made his presentation on the concept of the control of NTDs. He put rapid impact interventions into two categories: diseases that lend themselves to preventive chemotherapy, and control of transmission (lymphatic filariasis, onchocerciasis, schistosomiasis and soil-transmitted helminths) and the category of diseases that need diagnosis and clinical case management (leishmaniosis, human and animal trypanosomiasis, Buruli ulcer). Mr Daribi stressed the characteristics of these diseases, the various categories of interventions, according to at-risk groups, and access channels. He then commented on preventive chemotherapy to be used, depending on the indications in the “WHO guide titled Preventive Chemotherapy in Human Helminthiasis”, which was recently developed by the department of NTD control. He went on to present the stages of co-implementation, and mentioned that drugs were available for these diseases, some of which are free and some sold at affordable prices.

5.5. In the second presentation, Dr Diarra Abdoulaye, ICST/WHO, Gabon, put forth the justification of a strategy of NTD control, and defined the NTD control strategy (re-grouping or packaging). He mentioned that integration was not a new concept, adding that it had always been an issue of discussion, but not adequately implemented, since it requires a preparatory phase (which is often not carried out), which includes capacity building of all components of the health system, and the availability of resources. He suggested the definition of a third group of programmes, which would include chronic diseases and their complications, namely those for which home management is encouraged (LF, HIV/AIDS, etc...). The presenter ended with some lessons drawn from the experience of some countries, as well as possible avenues for the co-implementation of interventions.

5.6. Discussions tried to clarify the notion of preventive chemotherapy, and the availability of Praziquantel.

5.7. The presentation of Professor Innocent Takougang was on the results of Research on integrated community-directed interventions (CDI): a multi-country study.

5.8. This is a multi-centric study carried out by eight research teams in four countries: Cameroon, Nigeria, Uganda and Tanzania. The overall objective of the study is to determine the efficacy and efficiency of integrated implementation of interventions with varied levels of complexity through the CDI approach based on service delivery in health facilities. The interventions examined in this study were: Home Management of Malaria (HMM), distribution of treated bed nets, distribution of vitamine A and DOTS (direct observed treatment short-course). The results of the study reveal that communities were able to implement all interventions. The CDI approach proved to be more efficacious than
that based on health training with regard to PED coverage (2 - 3 times), vitamin A, treated bednets, but not DOTS under its management component. The presenter concluded by specifying characteristics of interventions that are likely to be implemented through the CDI process, namely: simplicity, community’s acknowledgment of the said intervention as a priority, ownership of activities by the community, and the importance of supply systems, as well as the availability of intervention equipment. In conclusion, he recommended that the CDI approach could be used to make anti-malaria treatment and treated bed nets available to vulnerable communities, where malaria is a major health problem, and where health services are difficult to access.

5.9. During discussions, some participants expressed the wish to have the presentation translated into French. The other aspects of discussions centred on community participation, namely the selection of community-directed distributors (CDDs), the possible overload of CDDs, CDD incentives, logistics (transport and equipment storage) in relation to interventions to be added to CDTI. The item relating to the effective use of bed nets in communities was also discussed, and the role of CDDs mentioned.

5.10. Prior to breaking into group work, participants were presented with four papers on the experiences of countries in co-implementation of interventions, with special emphasis on successes, obstacles and solutions. The presentations were:

- Onchocerciasis, Vitamin A and Mebendazole in DRC by Dr Kupa;
- Lymphatic Filariasis and onchocerciasis in Benin by Dr A. Sinatoko;
- Integration of NTDs in Burkina Faso by Dr Sanou Souleymane;
- Health interventions in schools in Guinea by Dr Camara Balla.

5.11. These presentations revealed that co-implementation of vitamin A, with deworming using Mebendazole, and ivermectin distribution could be carried out in a conflict/post-conflict situation in DRC. The experience of integration of LF and onchocerciasis control activities in Benin resulted in the creation of a communicable disease control programme, including onchocerciasis, LF, schistosomiasis, THA and guinea worm.

5.12. The experience of Burkina Faso in the integration of control activities of LF, onchocerciasis, schistosomiasis, intestinal worms, and trachoma was also presented. In Guinea, joint distribution of micronutrients, treatment of intestinal helminthiases, and bilharzias was carried out successfully by teachers under a school/university health programme.

5.13. The theme for group work was: Opportunities for co-implementation of NTDs in countries, including major challenges and research issues. Role of governments, other partners and WHO.

5.14. The plenary session on this item took place with Dr Boubacar Gueye, Representative of the DDC of Senegal as moderator. The outcome was as follows:

Opportunities for co-implementation

(i) Existence of a network of well-trained health personnel and community directed distributed;
(ii) Acknowledging NTDs as a health priority by the international community;
(iii) Readiness of partners for the co-implementation of interventions;
(iv) Existence of simple and validated training, management and supervision tools;
(v) Possibility of joint action due to the co-endemicity of NTDs and malaria;
(v) The fact that some drugs are free helps the underprivileged to have access to drugs;
(vi) Experience in co-implementation (NID, helminths, onchocerciasis, vitamin A, and schistosomiasis);
(vii) Similarity and simplicity of target interventions.

Challenges
(i) Drawing up plans of action and initiating policies for co-implementation in countries;
(ii) Mobilisation of needed resources for implementing activities in countries;
(iii) Regular supply of inputs needed for implementing activities in countries;
(iv) Building technical and managerial capacities of actors at central, intermediate and operational levels;
(v) Coordination of partner interventions;
(vi) Acknowledging NTDs as a health priority in countries;
(vii) Building capacities of the health system (recruitment, training/re-training, incentives for human resources, ...);
(viii) Putting in place NTD control management and coordination structures in all countries.

Research subjects
(i) Pharmacovigilance in co-implementation;
(ii) Evaluation of the efficacy of drug associations combinations on target NTDs;
(iii) Study of obstacles to the implementation NTD control activities;
(iv) How to keep up CDD motivation?
(v) What is the maximum package of activities for a CDD?
(vi) Impact of co-implementation on health indicators.

5.15. These recommendations were made following deliberations:

To WHO:
(i) Leadership in operational research for developing new efficacious molecules that are easier to handle;
(ii) Translate and circulate all available documents in languages of member countries;
(iii) Document and spread good practices;
(iv) Set up regional networks and focal points for monitoring the implementation of control of NTDs and malaria.

To Governments:
(i) Ensure leadership in developing policies and strategies for co-implementing the control of NTDs and malaria;
(ii) Mobilise national resources for the control of NTDs;
(iii) Draw up a strategic plan with the inclusion of NTDs in PRSP, MTEF within 12 months;
(iv) Create an institutional framework encouraging community commitment;
(v) Set up and ensure the operational state of a consultative framework for the control of NTDs and malaria;
(vi) Build capacities of the health system (recruit, train/re-train, give incentives to personnel...);
(vii) Facilitate joint planning of activities of control of NTDs and malaria;
(viii) Set up a consultative framework between partners involved in the control of NTDs and malaria;
(ix) Do advocacy so that NTDs are accepted as a priority at national level.

To partners:
(i) Look for and give material/financial support to NTD and malaria control activities;
(ii) Give support for doing advocacy in favour of NTD and malaria control activities;
(iii) Conduct continuous advocacy with other donors for mobilising adequate funding and drugs;
(iv) Lighten resource disbursement procedures in countries;
(v) Ensure partners participate through SWAp (sector-wide approaches).

5.16. Prior to closing the day’s deliberations, under the moderation of Dr Stephane Tohon, representing ATM/AFRO, two presentations were made. The first presentation was made by Dr Komlagan, DDC of Togo, on “Why disease control programmes are not sustainable? Lessons learnt in the past”. This presentation brought to light the weaknesses and the levels of responsibility of partners in programme failures. Examples of programmes/projects that are not sustainable were given, including the Health Project on reproduction/HIV-AIDS (Care International, SFPS); the Development Project “Nord Togo” (BM), and the Urban Health Care project in Lome (SSUL) with GTZ.

5.17. The second presentation by Dr Stephane Tohon, representing ATM/AFRO was on “Malaria control – current strategies and possibility of co-implementation with NTDs”. The presentation set the context for the co-implementation of malaria and NTDs, the regional and international objectives of malaria control (Declaration of Abuja, Declaration of Yaoundé, RBM, OMD), main strategies of malaria control, why malaria and NTDs, the recent experience of co-implementation of malaria and NTDs, and entry points for co-implementation of activities. In conclusion, the presenter stressed the need for further integration and co-implementation to enhance universal access to health services. Other points that came to light were: the interest in appropriate funding for malaria and NTDs at national and international level, the need to remove donor-created barriers to the financing of NTDs, and the need to develop country-specific approaches and protocols.

5.18. Discussions following the presentations centred on the inadequacy of community participation in planning activities, mechanisms of involving communities, development of institutional frameworks in the countries, to which partners should plug, the needed commitment of countries to contribute to the search for solutions to their own problems, and integrating a sustainability component into all programmes right at the start-up.

5.19. Deliberations of the third day (Thursday 14 June 2007) continued, with Dr. J.B. Wata, DDC of CAR as moderator.

5.20. The report of the second day was adopted with some amendments, one of which touched on co-endemicity as an opportunity for co-implementation. The first presentation of the session was that of Dr Diarra Tieman, Malaria/ICST/AFRO. The subject was: Co-implementation of NTDs and Malaria control in the context of primary health care. The presenter showed that integration and co-implementation were practices that date back to ages in communities. He gave local expressions used for integration and co-implementation, as seen by communities. Quoting the WHO/AFRO document on integration, the presenter indicated that the goal of integration is to increase efficiency in
5.21. They went on to present some challenges to address in the areas of integration and co-implementation, namely the reluctance of some partners in financing integration, the logic of territory (domain of intervention) and of local zone (intervention zone) of some partners, hierarchy of integrated interventions, which involve locomotive and wagon interventions (obstacles to the distribution of resources and responsibilities), and the integration of resources. He mentioned that integration should be dynamic, hence the need to monitor implementation quality. Further, he presented some prospects of integration and co-implementation that are inherent in the pooling of resources, valorisation of efforts and contributions, integration on the basis of pilot projects, documentation for upgrading, advocacy for the commitment of decision-makers and partners, and resource mobilisation.

5.22. Dr Stephane Tohon's paper was on the terms of reference of the project for strengthening partnership in favour of NTDs and other diseases at country level. The aim of the project, which APOC is proposing to the DDC of Participating Countries at the meeting, is to enhance partnership between the Ministry of Health and Communities. In this connection, DDCs must identify geographical areas on the basis of epidemiological criteria, organise for discussions on a twice yearly basis, with national media participating. The purpose of this initiative is to raise the interest of national central authorities (Ministry of Health, members of government, representatives...) so as to own community-directed programmes. To be eligible to participate in this initiative, the countries should develop a 12-month project, to be started as a pilot, and upgraded after one or two years, and contribute 50% of the budget. APOC, in this context will be able to support four initial projects.

5.23. Group work was on the theme: Leadership of the country; national policies on co-implementation of NTD and malaria control in the context of primary health care; intervention systems; what needs to be co-implemented? Expansion of community-directed interventions (CDI) beyond areas endemic for onchocerciasis; major challenges and research issues.
5.24. Outcomes of group work were incorporated into recommendations made for co-
implementation of activities for the control of Oncho, other NTDs and malaria.

6. **MECHANISMS FOR SUSTAINABLE FINANCING OF CONTROL**

**PROGRAMMES OF ONCHOCERCIASIS, OTHER NTDs AND MALARIA**

6.1. The presentation of Dr Ousmane Bangoura (Coordinator of the Oncho Unit at the World Bank) was on *Mechanisms for sustainable financing of control programmes of onchocerciasis, other NTDs and malaria.*

6.2. Dr Bangoura revealed the low participation of African States in financing activities of the APOC programme. He mentioned the interest countries could expect from the co-
implementation of CDTI and other health interventions. He identified some challenges and problems to overcome with respect to sustainable financing, namely low economic growth (albeit being improved in several countries); the low investment of countries in the health sector, the high population rates, low predictability, volatility and conditions linked to external aid, the low capacity of domestic resource mobilisation, low managerial and administrative capacities, lack of knowledge of health workers about management procedures (both national and donors'), inadequate inter and intra-sector dialogue. These inadequacies cause the slow-down of cash flow, lowering of the absorption capacity of financial resources, and expenditure inefficiency. The presenter then dwelt on financing opportunities open to the integration of CDTI into national health systems, and the co-
implementation of NTD and malaria control. He mentioned among others:

- Commitment of the international community to reducing poverty and reaching the MDGs;
- Commitment of African Heads of State to increasing the health budget considerably;
- Commitment of the international community to increasing aid, and improving its effectiveness;
- Strong willingness of partners in countries to participate through Sector-Wide approaches (SWAp);
- Greater determination of the African Union, in the context of NEPAD, to improve governance, and promote transparency and accountability;
- Increase in resources allocated to NTD control programmes by Foundations and international initiatives (Bill Gates Foundation, US, UK, etc);
- Availability of drugs to countries, some of which are given free of charge;
- Development of new financing mechanisms (HIPC fund, Global Fund for AIDS, malaria, tuberculosis, taxes on air tickets).

6.3. The presentation of Dr NTEP Marcelline, National Coordinator of Cameroon (NOCP), was on *Onchocerciasis and NTDs in strategic documents of the Ministry of Health of Cameroon.*

6.4. The presentation revealed that the 2001 – 2010 Health Sector Strategy of Cameroon took into account eight NTDs (onchocerciasis, malaria, blindness, leprosy, Buruli ulcer, African human trypanosomiasis (AHT), guinea worm and schistosomiasis). The revised version of this document for 2001-2015 takes into account LF and intestinal helminthiasis, in addition to the first eight NTDs. The poverty reduction strategy paper (PRSP) of 2003
takes into account onchocerciasis control, malaria control, and promotion of micronutrients supplementation. The medium term expenditure framework (MTEF) of 2006-2010 specifies objectives, budgeting and funding sources for the control of the 10 NTDs. The DDC has an annual programming plan (PPA) on the integrated helminthiasis control for 2007-2011, including onchocerciasis, LF, schistosomiasis, and soil-transmitted helminthiasis. The Sector-Wide Approach document (SWAP-health) is being drafted.

6.5. The presentation of Dr. Noma, CEV/APOC, treated ‘financial contributions of States to the implementation of APOC programme activities’.

6.6. The presentation stressed partnerships of the programme, among which are the 30 endemic countries (states, affected communities), donors (countries, organisation, bodies/organisms), NGDOs (international and national) and Merck & Co inc. The presenter stated that APOC countries have the lowest human development indicators (HDI). Of countries in conflict/post-conflict situation, 75% are APOC countries or ex-OCP countries. He presented the financial contribution of APOC countries to CDTI activities in 2004 and 2005, which shows that, overall, countries are making the effort to increase their contributions on an annual basis. He equally gave examples of co-implementation of ivermectin distribution with other health interventions, such as malaria, treated bed nets, vitamin A, LF, de-worming, schistosomiasis, guinea worm, eye care, trachoma, which are undertaken in various countries.

6.7. Group work addressed the following theme: Mechanisms for sustainable financing of NTD and malaria control programmes. Integrated data collection. Challenges in integrated data collection in the programmes.

6.8. Discussions in plenary resulted in the following, with regard to mechanisms for ensuring sustainability of control programmes of NTDs and malaria:

(i) Include NTDs in national health development plans (NHDPs) and strategy papers of financing (MTEF, PRSP);
(ii) Develop strategic plans integrating activities that could ensure sustainability, and making provision for a sustainability plan;
(iii) Put in place a consultation framework to monitor the implementation and timely availability of registered funds;
(iv) Involve political, administrative, religious authorities, the community, international institutional partners and the private sector in the control of NTDs and malaria (from planning to implementation);
(v) Enter into dialogue with the Ministries of Finance, and those in charge of planning and decentralisation;
(vi) Put in place effective and transparent fund management procedures;
(vii) Tax exemption of inputs and other incentives for financing malaria and NTDs;
(viii) Include NTD control in projects and programmes financed from external sources, including budgetary support, but not at the expense of the national health budget;
(ix) Include NTDs in the request addressed to the Global Fund;
(x) Do common advocacy with actors in malaria and NTD control;
(xi) Carry out resource mobilisation activities in common with actors in NTD and malaria control;
(xii) Build management capacity of the Ministry of Health, including actors in NTD control (drafting requests, supplying proof of expenditure …).
6.9. The following challenges were identified during integrated data collection relating to integration and co-implementation:

(i) Define follow-up indicators;
(ii) Adapt and harmonise data collection tools;
(iii) Train actors on data management;
(iv) Integrate NTD surveillance data into national health information systems.

7. RECOMMENDATIONS OF BRAZZAVILLE

7.1. The presentation of Dr Fobi, COP/APOC was on ‘recommendations of the Brazzaville meeting’ on the same subject, with participants from English-speaking APOC and ex-OCP countries.

8. FINAL COMMUNIQUE

8.1. Professor Takougang, the general rapporteur, read the final communiqué of the meeting.

9. CLOSURE

9.1. The closing ceremony was presided over by Dr Nyarushatsi (DDC Burundi). Two speeches were made. That of Dr S. Tiendrébéogo, DCC of Burkina Faso, on behalf of participants, and that of Dr A. Barrysson, OTD-OMS/Africa.
ANNEX 1: FINAL COMMUNIQUE

MEETING ON THE INTEGRATION OF CDTI ACTIVITIES INTO NATIONAL HEALTH SYSTEMS, CO-IMPLEMENTATION OF THE CONTROL OF ONCHOCERCIASIS, OTHER NEGLLECTED TROPICAL DISEASES AND MALARIA
(Ouagadougou, 12-14 June 2007)

FINAL COMMUNIQUE

On the initiative of the Management of the African Programme for Onchocerciasis Control (APOC) and the WHO, the “Meeting on integration of CDTI activities into National Health Systems, co-implementation of Onchocerciasis control, other Neglected Tropical Diseases (NTDs) and malaria” was held from 12 to 14 June 2007 in the conference room of the Palm Beach Hotel, Ouagadougou, Burkina Faso.

The following participated: Directors of Disease Control (DDC), national onchocerciasis and malaria control programmes of 15 French-speaking and Portuguese-speaking APOC and ex-OCP countries, representatives of the World Bank, France, Canada, the Netherlands, Belgium in their capacity as organisations and donor countries, and the representative of the NGDO Coordination Group for Onchocerciasis control. WHO/Geneva, WHO/AFRO, WHO/TDR and WHO/APOC were also represented.

The Senior Minister in charge of Health Ministry in Burkina Faso, His Excellency Alain Bedouma Yoda, presided over the opening ceremony.

At the end of three days of fruitful discussions on preventive chemotherapy and co-implementation, participants came up with the following recommendations:

RECOMMENDATIONS

To COUNTRIES:

1. Advocacy to give NTDs recognition as a health priority and obstacle to national socio-economic development;

2. Add NTDs in the Poverty Reduction Strategy Papers (PRSP) and the Medium Term Expenditures Framework (MTEF). Draw up by June 2008, national strategic plans with a component for a gradual take-over of activities by countries;

3. Increase the budget allocated to health, in conformity to the Abuja and Yaounde Declarations (15% of national budget), and effectively make national resources available for the control of onchocerciasis, other NTDs and malaria;

4. Establish and ensure the functionality of a consultation framework involving all stakeholders (Ministry of Health and related sectors, NGDOs, private sector, communities) for the planning and co-implementation of activities of control of onchocerciasis, other NTDs and malaria;

5. Promote the Community-Directed Intervention (CDI) strategy, and if necessary, the school network in the co-implementation of the control of onchocerciasis, other NTDs and malaria.
To WHO:
1. Assist countries in drawing up strategic plans, in co-implementation, follow-up and coordination of NTD control activities, documentation and propagation of good practices;

2. Request the WHO Regional Director for Africa to earnestly plead with the President of Burkina Faso, His Excellency Blaise Compaore, to continue his advocacy for the control of NTDs at future African Heads of State summits;

3. Develop and distribute technical guides on advocacy and co-implementation of NTD control activities, taking into account the language specificities of countries.

To APOC:
1. Continue advocacy with governments and sub-regional and regional organisations with a view to mobilising national financial contributions for the control of onchocerciasis, other NTDs and malaria;

2. Appoint goodwill ambassadors to enhance advocacy in favour of the control of onchocerciasis, other NTDs and malaria;

3. Build the local resource mobilisation capacity of countries and communities for the control of onchocerciasis, other NTDs and malaria.

To NGDOs:
1. Streamline resource disbursement procedures for further flexibility in the planning of activities in the countries.

Participants identified some operational research questions pertaining to the co-implementation of NTD control activities:

- Pharmacovigilance;
- CDD incentives;
- Obstacles and impact on health indicators.
ANNEX 2 : LIST OF PARTICIPANTS

Meeting on the Integration of CDTI activities into national health systems, co-
implementation of the control of onchocerciasis, other neglected tropical diseases (NTDs)
and malaria
(Ouagadougou, 12-14 June 2007)

List of participants

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ANNEX 3 : PROVISIONAL AGENDA

Meeting on the Integration of CDTI activities into national health systems, co-implementation of onchocerciasis control, other neglected tropical diseases (NTDs) in liaison with control of malaria

Ouagadougou, 12-14 June 2007

Provisional Agenda

1. DAY 1 : TUESDAY 12 JUNE 2007

08:30 – 09:00 : Registration
09:00 – 10:00 : Opening
  - Welcome note from the WHO Representative in Burkina Faso
  - Welcome note from Director - APOC
  - Note from Director - TDR
  - Note from Director - NTD/Geneva
  - Note from Responsible – OTD/AFRO
  - Official opening – His Excellence The Minister of Health of Burkina Faso
  - Group photo

10:00 – 10:20 : Coffee Break

Integration of onchocerciasis control activities and rapid intervention into the health systems at all national levels.

MORNING SESSION : Chairman – Dr Sanou Souleymane, Director General of Health, Burkina Faso.

10:20 – 10:40 : Administrative Announcement

  Introduction of Participants

  Adoption of Agenda

10:40 – 10:50 : Expected results and objective – Dr Diallo Nouhou, National Coordinator of Oncho NCO, Guinea Conakry (10 minutes)

10:50 – 11:00 : Integration disease control into the health system for perpetuation – actual situation and challenges – Dr A. Barrysson, OTD- OMS/AFRO (10 minutes)
11:00 – 11:10 : Integration of onchocerciasis control into the health systems and how to overcome obstacles - Cameroon experience - Professor Bella Assumpta, DLM/Cameroon (10 minutes)

11:10 – 11:20 : Integration of preventive chemotherapy and rapid impact of intervention package into the health systems – future tendency and benefits - Dr Engels/Mr Abdulai Daribi, NTD/Geneva (10 minutes)

11:20 – 11:30 : Can the States take leadership at the end to sustain integration of disease control programmes? What are the challenges and national strategy? - Dr. Matador Triode Council, Department of Research and Teaching in the Public Health, FMPOS, Bamako, Mali (10 minutes)

11:30 – 11:50 : Discussions (20 minutes)

11:50 – 13:20 : GROUP WORK: Actual situation of integration of onchocerciasis control activities and rapid intervention into the health systems at all levels. How to overcome the obstacles and maintain the safeguard of State Leaders? (01H30 minutes)

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13:20 – 15:00 : Lunch Break

AFTERNOON SESSION: Chairman – Dr Charlotte Gokaba Okemba, DLM Congo Brazzaville

15:00–16:10 : PLENARY : Actual situation of integration of onchocerciasis control activities and rapid intervention into the health systems at all levels: how to overcome all obstacles and maintain safeguard of State Leaders?
Group work presentation (10 minutes for each group)
Discussions (30 minutes)

16:10 – 16:30 : Coffee Break

16:30 – 17:30 : Recommendations
Governments’ part
APOC’s part
WHO’s part
NGDO and other partners’ part
Country’s progress monitoring

17:30 – 18:00 : Conclusion and adoption of recommendations
DAY 2 : WEDNESDAY 13 JUNE 2007

Co-implementation of Neglected Tropical Diseases (NTD) control

MORNING SESSION : Chairman – Professor Tchuem Tchuenté, National Coordinator of Schistosomiasis and STD, Cameroon

08:00 - 08:30 : Presentation of Day 1 report

08:30 - 09:20 : Actual strategy of WHO to control Neglected Tropical Diseases; rapid impact of intervention system – Dr Engels/Mr Abdulai Daribi MTN/Geneva and Dr Diarra Abdoulaye, IST/OMS Gabon (10 minutes each)

Discussions (30 minutes)

09:20 – 10:00 : Research on intervention of Community-Directed Integrated (CDI) : Multi-country studies – Dr. Takougang, Cameroun (15 minutes)

Discussions (25 minutes)

10:00 – 10:30 : Coffee Break

10:30 – 11:10 : Co-implementation of interventions: The success, obstacles and solutions
- DC - Dr Kupa- Oncho, Vit. A et Mebendazole (10 minutes)
- Benin - Dr A. Sinatoko - LF and oncho (10 minutes)
- Burkina Faso - Dr Sanou Souleymane – Integration of NTD in Burkina Faso (10 minutes)
- Guinea Conakry - Dr Camara Balla- Intervention in terms of health at school (10 minutes)

11:10 – 13:00 : GROUP WORK: Opportunities for co-implementation of Neglected Tropical Diseases in the countries including main challenges and questions on research. Governments’ role, other partners and WHO (01H50 minutes).

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13 :00 – 15:00 : Lunch Break
AFTERNOON SESSION: Chairman - Dr Boubacar Gueye, Representing the (DLM Senegal)

15:00 – 16:10 : PLANARY : Opportunities for co-implementation of Neglected Tropical Diseases control into countries including the main challenges and research questions. Governments, other partners and WHO role.

Presentation of Group work (10 minutes for each group)

Discussions (30 minutes)

16:10 – 16:30 : Coffee Break

16:30 – 16:50 : Recommendations

16:50 – 17:10 : Conclusions and adoption of recommendations (20 minutes)

Co-implementation of Neglected Tropical Diseases (NTD) and Malaria control – Dr Stéphane Tohon, Representing the ATM/AFRO

17:10 – 17:20 : Why disease control programmes are not sustained? Lessons learnt from the past – Dr Komlagan, DLM Togo (10 minutes)

17:20 – 17:35 : Malaria control – Actual strategies and possibilities of co-implementation with NTD – Dr Stéphane Tohon, Representing the ATM/AFRO (15 minutes)

17:35 – 18:00 : Discussions (25 minutes)

DAY 3: THURSDAY 14 JUNE 2007

Co-implementation of Neglected Tropical Diseases (NTD) and Malaria control (cont’d). Chairman – Dr J.B. Wata, DLM RCA

08:00 – 08:30 : Presentation of Day 2 report

08:30 – 08:45 : The co-implementation of NTD and Malaria in the context of primary health care. - Dr Diarra Tiéman, Malaria/ICST/AFRO (15 minutes)

08:45 – 10:00 : GROUP WORK : Country Leadership; national politics on the co-implementation of NDT and Malaria in the context of primary health care. Intervention systems; what to co-implement? Expansion of Community-Directed Intervention (CDI) beyond onchocerciasis endemic zones. Main challenges and research question. (01H15 minutes)

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10:00 – 10:30 : Coffee Break
10:30 – 11:50: **PLENARY**: Country Leadership; national politics on the co-implementation of NDT and Malaria in the context of primary health care. Intervention systems; what to co-implement? Expansion of Community-Directed Intervention (CDI) beyond onchocerciasis endemic zones. Main challenges and research questions.

Presentation of group work (10 minutes per group)

Discussions (20 minutes)

Recommendations and adoption (20 minutes)

**Mechanism for sustaining finance for Neglected Tropical Diseases (NTD) control at the end of external funding. Chairman – Dr Mamadou Traoré Souncalo, Department of Research and Teaching in Public Health, FMPOS, Bamako, Mali**

11:50 – 12:00: Mechanism to sustain finance for NTD control programmes at the end of external funding. **Dr Ousmane Bangoura**, Oncho Coordinator, World Bank (10 minutes)

12:00–12:10: Financial contributions from States put in place for programme activities. **Dr. Noma, CEV/APOC** (10 minutes)

12:10–13:30: **GROUP WORK**: Mechanism for sustaining NTD control programmes at the end of external funding. Integrated data collection in programmes. Challenges in integrated data collection in the programmes. (01H20 minutes)

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13:30 – 15:00: **Lunch Break**

15:00–16:00: **PLENARY**: Mechanism for sustaining NTD control programmes at the end of external funding. Integrated data collection in programmes.

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Presentation of group work (10 minutes per group)

Discussions (20 minutes)

16:00 – 16:15: **Coffee Break**
16:15 – 16:45 : RECOMMENDATIONS AND COMMUNIQUE (30 minutes)

16:45 – 17:00 : RECOMMENDATIONS FROM THE BRAZZAVILLE MEETING AND DISCUSSIONS, Dr Fobi, COP/APOC (15 minutes)

17:00 – 17:30 : ADOPTION OF MAIN RECOMMENDATIONS OF DAY 1, 2 AND 3 (30 minutes)

17:30 – 18:00 : Closure – Chairman – Dr Nyarushatsi (DLM Burundi)
- Dr S. Tiendrébéogo, DLM Burkina Faso, in participants name
- Dr A. Barrysson, OTD-OMS/AFRO

Facilitators :

1) Professor Tchuem Tchuenté, National Coordinator of Schisotosomiasis and STD control, Cameroon
2) Dr Mamadou Souncalo Traore, Department of Research and Teaching, FMPOS, Bamako, Mali
3) Dr Sanou Souleymane, Director of Health, Burkina Faso
4) Dr Diarra Tiéman, Focal Point, Community Interventions, Inter-country Team/Malaria, West Africa, Ouagadougou

Rapporteurs :

1) Prof. Innocent Takougang, Cameroon
2) Dr François Missamou, National Coordinator of Congo
ANNEX 4: SPEECH BY THE WHO REPRESENTATIVE IN BURKINA FASO

AT THE MEETING ON ‘INTEGRATION OF COMMUNITY-DIRECTED TREATMENT WITH IVERMECTIN (CDTI) INTO NATIONAL HEALTH SYSTEMS AND CO-IMPLEMENTATION OF ONCHOCERCIASIS CONTROL, OTHER NEGLECTED TROPICAL DISEASES AND MALARIA (OUAGADOUGOU, 12-14 JUNE 2007)

His Excellency Minister of Health of Burkina Faso,
The Director of the African Programme for Onchocerciasis,
The Director – NTD/Geneva,
The Director a.i. of the Multi-Disease Surveillance Centre,
The Director – OTD/AFRO,
Representatives of Donors and Partner NGDOs,
Directors of Disease Control,
Coordinators and Directors of Oncho and Malaria control,
Dear participants,

It is a pleasure to take the floor on the occasion of the opening ceremony of this meeting, first of all, to thank His Excellency Minister of Health of Burkina Faso, on behalf of the WHO, for accepting to preside over the opening of this high-level meeting on Integration of Community-Directed Treatment with Ivermectin (CDTI) into national health systems, and the co-implementation of onchocerciasis control with other neglected tropical diseases and malaria.

This meeting, the first of its kind APOC organised for francophone, Portuguese-speaking and Spanish-speaking countries of APOC and the ex-OCP, is an important milestone in the ongoing brainstorming on integrated control of Neglected Tropical Diseases, including Onchocerciasis.

The objective of the meeting is to provide participants with a setting to discuss the development and possible harmonization of national policies and strategies relating to integration and co-implementation, the role APOC can play in promoting co-implementation, actors in NTD control, and the ways and means of safeguarding the gains of the Onchocerciasis Control Programmes (OCP and APOC) in an ever-changing health environment.

This will have to do with ensuring universal access by people to low-cost preventive chemotherapy, and the sustainability of interventions for eliminating the so-called diseases of the poor in a changing environment, fraught with a multitude of poverty-related communicable diseases due to weak health systems, especially in the peripheral areas.

‘Neglected Tropical Diseases’ (NTDs), including Onchocerciasis, are never on the front page because they are not potentially epidemic, though half a million persons die yearly,
due to these diseases, which affect almost exclusively impoverished populations living in rural areas or shanty towns of big cities. These form the ailment of the “voiceless”.

These diseases leave chronic disabling disabilities, with affected persons being handicapped, impoverished, less productive in their communities and suffering from various stigmas.

The social and economic impact of these endemic diseases is immense for the affected countries, most of which are in Africa. It behoves us, service providers and health systems, to use all the resources at our disposal in a coordinated, concerted and efficient manner to arrive at the Millennium Objectives.

This meeting is equally a singular opportunity of exchange on the feasibility and interest in using the innovative strategy of the African Programme for Onchocerciasis Control (APOC), i.e. the Community-Directed Treatment for other health interventions. This strategy is proven in more than 117 000 communities in Africa, where more than 385 000 distributors and 26 000 health workers are trained and available to carry out other health interventions. Results of research on community-directed interventions amply demonstrate the interest of this approach to improve our performance. However, a number of challenges are yet to be addressed:

- Integrated mapping would enable communities to be identified, where one or more interventions are necessary;
- In the preventive chemotherapy strategy, administering multiple drugs, whose combination effects are yet to be determined, to individuals with multi-parasites and often with a poor nutritional status, remains an issue;
- Find better ways and strategies of preventive chemotherapy administration without necessarily breaking up and weakening health systems, but rather strengthening them.

Find new funding sources for NTDs, instead of drawing from funds of existing programme. There is, nevertheless, a glimmer of hope:

- There are preventive chemotherapies that are proven;
- The recurring concern of the international community and its solidarity actions in increasingly finding funding to fight NTDs.

I am convinced that, at the end of the three-day discussions, you will find adequate responses to the issues on the table, and make recommendations so that integration and co-implementation will henceforth be a reality in our countries. Let us take advantage of the obvious international solidarity, the existence of the CDI strategy and the other proven strategies to create the base for the efficacious and sustainable control of NTDs.

Your Excellency, Minister of Health,
Ladies and gentlemen,
I wish you success in your deliberations.
Long live the partnership for disease control.

Thank you.
ANNEX 5: SPEECH BY DR. UCHE AMAZIGO, DIRECTOR, APOC

AT THE MEETING ON ‘INTEGRATION OF COMMUNITY-DIRECTED TREATMENT WITH IVERMECTIN (CDTI)’ INTO NATIONAL HEALTH SYSTEMS AND CO-IMPLEMENTATION OF ONCHOCERCIASIS CONTROL, OTHER NEGLECTED TROPICAL DISEASES AND MALARIA
(OUAGADOUGOU, 12-14 JUNE 2007)

- Honourable Minister of Health, Mr. Bedouma Alain Yoda
- Distinguished representatives of the governments of Canada, France and the Netherlands
- Dr Baba Moussa, Rep. of WHO
- Dr O. Bangoura of the World Bank and chair of the Committee of Sponsoring Agencies of APOC
- Dr Lorenzo Savoli, Director NTD/Geneva.
- Dr B. Boatin, former Director of OCP; now with TDR / Geneva
- Distinguished Directors of Disease Control, Onchocerciasis and Malaria Programme officers representing 15 African countries.
- Dr Shawn Baker representing the NGDO Coalition for oncho control.
- Representatives of RTI and other agencies
- Distinguished men and women of the Press, Ladies and Gentlemen.

It is a great honour and a special privilege to welcome you all to this meeting. I would like to sincerely thank the Hon. Minister of Health for accepting to open this forum and for his leadership in the control of the Neglected Tropical Diseases (NTDs). I am grateful to the donors, the World Bank, NTD and TDR Geneva for participating in this meeting.

For reasons that will be presented later, the Joint Action Forum, the governing body of APOC in December 2006, endorsed this meeting. APOC partners look forward to the decisions and recommendations of this meeting as well as implementation of the recommendations by countries.

Distinguished ladies and gentlemen, the onchocerciasis control programmes have pioneered the community-directed strategy, building on evidence-based research. There is evidence that the community-directed method is a very effective way of bringing services to the poor and to remote areas. Over 120,000 communities in 15 countries in partnership with APOC and the health care services are using this strategy to distribute Mectizan. In 2005, communities treated over 60 million people in OCP and APOC countries with ivermectin using the strategy. These communities can help to bring other health interventions including interventions for the control of Malaria, to those most in need and save the lives of hundreds of children. The same can be achieved through school health programmes for schistosomiasis control. We need integrated and country-driven programmes.

Policy makers and control programme managers are here to discuss integration of the NTDs and Malaria control. They will examine community involvement and integration of the CDTI strategy in the health systems and the benefits and challenges of co-implementation of multiple health interventions.
Countries need to develop national polices and plans on integration of interventions; define mechanisms for financing integrated control of NTDs and harmonization of delivery strategies in order to have quick and positive impact. Lack of harmonization of control strategies of community-based programmes is creating confusion in our communities and undermining community efforts.

Distinguished ladies and gentlemen, we hope this meeting will result in the NTDs and malaria control programmes working together and demonstrating good impact. I would like again to thank the Hon. Minister for accepting to open this meeting.
I wish you fruitful deliberations.
Honourable participants,
Dear colleagues,
Ladies and gentlemen,

Dr Rob Ridley, Director of the Special Programme of Research on Tropical Diseases (TDR) in Geneva, who, unfortunately could not be at this meeting in Ouagadougou, requested that I transmit to you his sincere greetings, and represent TDR at this very important meeting.

As underscored by the Director of APOC, one of the greatest challenges of public health is how to reach all the population in need of treatment, and how to increase the coverage of efficacious interventions in poor communities. Today’s meeting is an opportunity for us to once again discuss the several years of work and experience of APOC and of other similar programmes, and to take up this challenge.

A WHO guide, which was recently developed by the NTD department, emphasizes the integrated chemotherapy strategy in the context of primary health care.

CDTI, which is put in place by APOC, is very effective, and ongoing operational research indicate that the CDTI approach may be used for other interventions. With CDTI, APOC hopes to treat up to 100 million persons by 2010. All is being done to ensure that CDTI is integrated into the health systems of countries. The actual challenge is, therefore, how to take advantage of CDTI and other distribution channels to reach the highest number of persons, while increasing cost-effectiveness of coverage for integrated interventions.

If the community-based intervention approach has been successful, it is thanks, among other things, to research, which enabled intervention strategies to be continually refined. This, in turn, helped to maintain the confidence of donors in onchocerciasis control programmes (OCP and APOC). We must now extend this concept to the control of neglected tropical diseases. As it is often said: "One has confidence in something when one knows that it works, and how it works."

Therefore, partnership between research and interventions on all levels - global, regional and national, is an indispensable addition which, on the one hand, enables appropriate strategies to be developed for disease control, and on the other helps in the conduct of specific research in support of these interventions.

It is a great pleasure for TDR to participate and contribute to these discussions.

Thank you.
ANNEX 7: SPEECH BY THE HONOURABLE MINISTER OF HEALTH OF BURKINA FASO

AT THE MEETING ON ‘INTEGRATION OF COMMUNITY-DIRECTED TREATMENT WITH IVERMECTIN (CDTI) INTO NATIONAL HEALTH SYSTEMS AND CO-IMPLEMENTATION OF ONCHOCERCIASIS CONTROL, OTHER NEGLECTED TROPICAL DISEASES AND MALARIA’ (OUAGADOUGOU, 12-14 JUNE 2007)

➢ The Representative of WHO,
➢ The Director, African Programme for Oncho Control,
➢ Representatives of WHO/HQ and Africa Region,
➢ Central directors,
➢ Dear participants,

Ladies and gentlemen,

I would, first of all, like to welcome all of you who made it to Ouagadougou for the special meeting on ‘Integration of onchocerciasis control into national health systems and co-implementation of neglected tropical diseases.

The meeting of Ouagadougou should, through discussions, enable onchocerciasis to be better taken into account in health systems.

Taking onchocerciasis into account is critical in countries that are in the process of active onchocerciasis control, but it remains essential also in countries that are carrying out residual control activities.

This requires a firm commitment at the highest level, the example of which was given by His Excellency Blaise COMPAORE, President of Burkina Faso, at a partners’ meeting on neglected tropical diseases held in Geneva on 20 April 2007.

Ladies and gentlemen,

In addition to onchocerciasis, the WHO defines a number of diseases referred to as neglected diseases as follows: leishmaniasis, cholera, dengue (break-bone fever), lymphatic filariasis, guinea worm, African human trypanosomiasis, Chagas, schistosomiasis, soil-transmitted helminths, leprosy, Buruli ulcer and trachoma. These neglected diseases are characterized by:

Firstly: their geographical location; these are tropical diseases;

Secondly: their target: they reach the poorest populations, who have limited access to health care;

Thirdly: the little development of therapeutic resources for their management; and finally,

Fourthly: efficacious therapeutic resources, but not within reach of populations.

In view of this information, and to ensure efficiency, my department opted for a strategy to integrate actions of control of some of these diseases.
This integration strategy is based on epidemiological surveillance, training, diagnosis resources and treatment. The target diseases of this strategy are LF, onchocerciasis, schistosomiasis, helminthiasis and trachoma.

**Ladies and gentlemen,**

Since the entire population of Burkina Faso is at risk of LF, we have been undertaking, since 2001, annual mass treatment with ivermectin and albendazol. This mass treatment covers the entire country since 2005. In January 2006, 12 million albendazol and 36 million ivermectin tablets were distributed free-of-charge to more than 10 million persons. It is worthy of recall that these drugs are provided free by pharmaceutical manufacturing firms, through a global partnership under the auspices of the WHO.

**Ladies and gentlemen,**

Strong control actions have been undertaken to fight intestinal and urinary schistosomiasis since 2004, with the support of the Schistosomiasis Control Initiative (SCI). It must be recalled that this disease affects all the regions of the country, with prevalence varying between 20 and 98%.

With nearly six million children under 15 treated within three years, the prevalence of schistosomiasis went down from 98% to 6% in the most affected regions. Onchocerciasis control activities started in 1974 as part of the Oncho Control Programme in West Africa (OCP), under the auspices of the WHO.

The elimination of this disease, since the early 1990s, with larviciding and mass ivermectin distribution, allowed our populations to go back to the most fertile valleys of our country. But, there is a risk of recrudescence, hence the need to undertake epidemiologic and entomological surveillance.

As for trachoma, with an average prevalence of 26.8% for active trachoma and 5.1% for trichiasis-trachoma, it is the first cause of eye diseases in our country; this necessitates specific control actions.

Finally, soil-transmitted helminthiasis, which is widespread among our populations, due to poor hygiene conditions, has vigorously been treated with albendazole, which is distributed with ivermectin against LF, and also with praziquantel in schistosomiasis control campaigns.

Since these diseases have the same modes of transmission and treatment, an integrated control project for these diseases to us is relevant and innovative.

**Ladies and gentlemen,**

I would like to particularly thank the WHO for its technical assistance in developing and implementing this project. The co-implementation of actions of control of the various diseases, while preserving acquired skills and structures that have proven to be effective, is an opportunity for controlling tropical diseases.

I am particularly proud that my country was chosen among those which will show to the international community the interest of this new strategy.
Remember, however, that beyond the mere satisfaction of being the initiators of an efficacious control strategy, we, in the first place, are working at improving the health of our populations. That should be the actual objective of our national health development plan for 2001-2010.

I encourage you to brainstorm with application for the next three days. On this note, I declare open the special meeting on the Integration of onchocerciasis control into national health systems and co-implementation of the control of neglected tropical diseases.

Thank you for your attention.
ANNEX 8: SPEECH BY PARTICIPANTS READ BY DR DIALLO SALIMATA, REPRESENTING THE DDC OF BURKINA FASO

AT THE MEETING ON ‘INTEGRATION OF COMMUNITY-DIRECTED TREATMENT WITH IVERMECTIN (CDTI) INTO NATIONAL HEALTH SYSTEMS AND CO-IMPLEMENTATION OF ONCHOCERCIASIS CONTROL, OTHER NEGLECTED TROPICAL DISEASES AND MALARIA (OUAGADOUGOU, 12-14 JUNE 2007)

Participants for three days listened with rapt attention to presentations on:

- The integration of onchocerciasis control activities and rapid impact interventions into health systems on all levels.

Countries shared their experience in control and mentioned the challenges, showed how these obstacles can be overcome, safeguard gains so that states can take a leadership role in integration to make disease control programme activities sustainable, a real challenge which comes up immediately donors withdraw. These issues were also discussed during group work.

- Co-implementation of NTDs was also discussed. Thus, countries shared once again their experience, their success stories, the obstacles and solutions.

During group work, participants had lengthy discussions, shared experiences, identified opportunities that are open to them, challenges ahead, research issues, and finally made recommendations on all levels.

- Co-implementation of the control of NTDs and malaria was also the subject of fruitful discussions. What came out was that CDDs, in charge of CDTI, could be used to manage malaria cases in the communities. CDTI outlets could also be used to distribute treated bed nets, vitamin A, systematic deworming, which helps to treat several diseases (onchocerciasis, schistosomiasis, intestinal worms, lymphatic filariasis).

Co-implementation is the joint implementation of programmes, a necessity or an obligation to achieve results. It allows increasing efficiency and effectiveness of programmes.

Following all these enriching presentations and papers after three days of intense deliberations, and sharing of experience, very relevant recommendations were made. There is now the need to strengthen advocacy for implementation on all levels in each country.

We take the opportunity to thank all presenters who took the floor during the sessions.

Our gratitude equally goes to APOC Management, which gave us this environment for consultation, to representatives of ATM/AFRO and OTD/AFRO, DDCs of countries, Oncho, schistosomiasis and malaria control programmes.

We wish them safe trip to their respective countries.

Thank you.