PROGRESS REPORT OF THE WORLD HEALTH ORGANIZATION FOR 1997
(1 January - 30 September 1997)
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INTRODUCTION

1. It will be recalled that 1996 was marked by preparatory activities which should normally lead to the taking off in 1997 of the first APOC-supported ivermectin distribution Projects. These activities consisted of the setting up of the Programme’s structure; strengthening of the scientific basis of APOC through operational research; establishing the criteria for eligibility of APOC-financed Projects; supporting Participating countries in the preparation of national plans and ivermectin distribution Projects, and if necessary, vector elimination Projects; selecting Projects that will be financed as from 1997; and finally, signing by Participating countries and Donors of the Memorandum defining the financial as well as institutional and operational arrangements of the APOC Programme.

2. In concrete terms, the year 1996 ended with the approval by the Committee of Sponsoring Agencies (CSA) and ratification by the Joint Action Forum (JAF) at its second session in Cotonou, of two Projects proposals for Community Directed Treatment with Ivermectin (CDTI) for Malawi (1) and Uganda (1) as well as one vector elimination Project for Uganda; the completion of an important multi-country study under the auspices of the Special Programme for Research and Training in Tropical Disease (TDR). This study concluded that “CDTI” approach is feasible, effective, replicable and likely sustainable by the communities themselves and should therefore be maintained as a principal method for the control of onchocerciasis in Africa. Another important event in 1996 was the signing by 18 Participating countries and 9 Donors of the Memorandum defining the financial as well as institutional and operational arrangements of the APOC Programme.

OVERVIEW OF 1997 ACTIVITIES

3. The year 1997 was essentially marked, up to the date of this report (October 1997), by:

(i) the continuation of the support to the National Onchocerciasis Task Forces (NOTFs) for the preparation of national plans for the control of onchocerciasis as well as CDTI and vector elimination Projects proposals. This support was provided principally through the organization of workshops on the philosophy of APOC, the concept of CDTI as well as the visits of APOC Management to Participating countries;

(ii) the finalization of the administrative and financial preparatory activities leading to the implementation of ivermectin distribution and vector elimination Projects approved in December 1996 and April 1997;

(iii) the launching of the first year’s activities of the two CDTI Projects approved in December 1996 for Malawi and Uganda;

(iv) strengthening further the scientific basis of the Programme through operational research under the auspices of TDR;

(v) the support to the NOTFs in their effort to undertake, complete or validate the collection of data on Rapid Epidemiological Mapping of Onchocerciasis (REMO) and the integration of these REMO data into the Geographical Information System (GIS);

(vi) the development of Information Education and Communication (IEC) materials aiming at helping NOTFs in training their community ivermectin distributors and facilitating the implementation of CDTI Projects;
(vii) the development of monitoring and evaluation tools for APOC Projects;

(viii) the preparation of protocols for epidemiological impact assessment of APOC operations and studies on the long term impact of these operations on the transmission of onchocerciasis;

(ix) the strengthening of the Programme's structure, especially at its Headquarters in Ouagadougou, with the consolidation of the collaboration and administrative links between the Programme, OCP, WHO/AFRO, WHO Representative offices in APOC member countries, the WHO Headquarters in Geneva. This partnership which enabled the above-mentioned activities to be carried out successfully, includes, as a matter of facts, all the Non-governmental Development Organizations (NGDOs) with which the Programme Management has had to deal with, either directly or indirectly through their coordinator based in Geneva; the active participation in April and September 1997 of members of the APOC Management in the 9th and 10th annual meetings of the NGDO group is an illustration of this partnership;

(x) The active participation of the Headquarter's staff of the Programme in statutory meetings as well as in workshops of various kinds;

(xi) The constant support of the Technical Consultative Committee as illustrated by the deliberations of the committee reported in documents JAF3.4 and JAF3.5; the enormous contribution of the Committee of Sponsoring Agencies through their advice, review of documents prepared, its participation in meetings organized by the Programme and the NGDO group, as testified by the reflections of the CSA presented under point 4 of the agenda.

SUPPORT TO COUNTRIES FOR THE PREPARATION OF THEIR NATIONAL PLANS AND PROJECTS PROPOSALS

4. To help the NOTFs of countries to accelerate the preparation of national plans for the control of onchocerciasis and to improve on the quality of CDTI Projects proposals, the APOC Management, with the technical support of TCC, organized with the NOTFs, a series of workshops on the philosophy of APOC and the concept of CDTI.

5. To date, 3 workshops of this kind were organized successively in Enugu (Nigeria) from 21 to 25 April 1997; Ouagadougou (Burkina Faso) from 23 to 28 June 1997; Khartoum (Sudan) from 1 to 6 September 1997. 11 member countries of the Programme participated in these workshops; they are: Tanzania, Nigeria, Malawi, Uganda, Central African Republic, Chad, Gabon, Cameroon, Equatorial Guinea, Democratic Republic of Congo and Sudan.

6. 204 participants attended these three workshops; they were representing all the partners (Ministries of Health staff from all levels, NGDOs, International organizations, etc...) involved in the control of onchocerciasis, either in all the endemic areas of the countries concerned or only in part of these endemic areas, as was the case in Cameroon, Democratic Republic of Congo and Sudan. The enthusiasm and the willingness of participants to understand the philosophy of APOC and the concept of CDTI in order to better adhere to it were obvious and the discussions were characterized by very fruitful exchange of views. It is worthy of note that three State Ministers from Juba, South Darfur and Bahr El Gazal actively participated and for the entire duration in the Khartoum workshop. This was a real sign of commitment.
7. Facilitators to the workshops included experts from Participating countries, NGDOs, WHO Representative offices, TCC members and APOC team from Ouagadougou and Geneva. The reports of these workshops were either fully prepared by the NOTFs representatives of the countries with the assistance of facilitators (case of Ouagadougou and Khartoum workshops) or prepared by the APOC Management on the basis of elements supplied by the countries with the support of facilitators (case of Emugu workshop). Detailed reports of the three workshops are presented in documents JAF3/INF/DOC.4, JAF3/INF/DOC.5 and JAF/INF/DOC.6.

8. Apart from the workshops mentioned above, the support to the NOTFs was strengthened by the continuation of country visits initiated in 1996 and undertaken jointly by the staff of the APOC Management, the Coordinator of the NGDO group and one representative of the WHO Regional Office for Africa (WHO/AFRO). In 1997 and to the date of this report, a visit was undertaken to Sudan (from 2 to 16 March). Among other things, this mission enabled the delegates to pay visits to communities affected by onchocerciasis in the Southern part of the country under Government control. It is encouraging to note that these communities, in spite of their overt poverty, assured the team to actively participate in the CDTI process, in accepting to take, in the appropriate time, the responsibility of choosing ivermectin distributors, of collecting the drug from the nearest health centres to the village, of the storage of the tablets in the best possible condition at their level, etc...

9. It is worth noting that this Sudan visit, in addition to those already undertaken in 1996, has increased to a total of six, the number of Participating countries visited, as of today (October 1997).

10. The outcomes of the workshops and the country visits mentioned above led to the preparation in 1997 of 3 new national plans for the control of onchocerciasis by the NOTFs of Cameroon, Chad and the Central African Republic, as well as new Projects proposals, 21 of which (20 for ivermectin distribution and 1 for vector elimination) were accepted by the TCC and approved by the CSA. These new Projects proposals came from Cameroon, Chad, the Central African Republic, Nigeria, Uganda, Sudan and Tanzania. In addition to these Projects which are purely technical, were 4 others approved by the CSA upon the recommendation of the TCC and which aimed at strengthening the central offices of the NOTFs' secretariats in Cameroon, Nigeria, Sudan and Tanzania. Document JAF3.6 presents in detail these new Projects which are hereby submitted to the current session of JAF for consideration.

SETTING UP OF ADMINISTRATIVE AND FINANCIAL SYSTEMS PRECEDING THE FINANCING OF APPROVED PROJECTS

11. A major concern of the APOC Management is to take all necessary precautions which should guaranty a maximum sound administrative and financial management of all approved Projects. For this reason, the following conditions preceding the release of funds for approved Projects are to be met:

(i) the approved Project should be subject to a special Agreement (contract) between WHO/APOC and the concerned NOTF; this contract called “Letter of Agreement”, specifies the task to be accomplished, the obligations of the WHO/APOC and the NOTF, the financial arrangement and legal measures. The Letter of Agreement has a duration of one year and is prepared by the APOC Management following satisfactory amendments of the proposals by the NOTF as requested by the TCC and the CSA during the approval of the Projects. The Letter of Agreement has to be signed by two representatives of WHO/APOC and two representatives of the NOTF (one from the Ministry of Health and one from the NGDO partner);

(ii) a special bank account should be opened by the NOTF at the central level, with a minimum of two signatories duly mandated;
JAF3.2
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(iii) an accountant should be put at the disposal of the Project for the correct keeping of the account;

(iv) a reliable financial management system should be established; this is done with the support from the finance officers and/or administrative assistants of OCP and APOC.

12. As of today (October 1997), the conditions cited above have been met for 9 out of the 11 first approved Projects proposals for Uganda, Malawi, Nigeria and Sudan. Assessment of the reliability of the financial system was done by the Administrator of Finance, OCP, the Administrative and Finance Officer of APOC and the Administrative Assistant of APOC. The team undertook missions to Uganda (3-6 March 1997), Nigeria (18-21 March and 19-27 July 1997), Malawi (12 to 17 July 1997) and Sudan (7-12 September 1997). These missions enabled them to retrain accountants attached to the NOTFs of the countries, in the accounting method used by WHO. A similar mission has already been planned for November 1997 in Tanzania which will hence accomplish the conditions for the financing of its first two approved Projects Proposals.

EPIDEMIOLOGICAL MAPPING OF ONCHOCERCIASIS AND GEOGRAPHICAL INFORMATION SYSTEM

13. One of the prerequisites required by TCC, for financing CDTI Projects, is the completion of a country-wide and reliable Epidemiological Mapping of Onchocerciasis, indicating different levels of endemity. This mapping can be established from available epidemiological data, or through surveys, using the new method for Rapid Epidemiological Mapping of Onchocerciasis (REMO). The data of these surveys, integrated into the Geographical Information System (GIS) enable the selection of areas eligible for community-directed treatment with ivermectin, as illustrated by maps in annexes 1 and 2 of this report. In 1997, Uganda, and Malawi were able to accomplish their rapid epidemiological mapping in March and June respectively, with the assistance of the APOC Management which hired the services of a consultant, especially for Malawi. Thanks to the technical support from the CTD and TDR, representatives from APOC countries participated in September 1997 in a training in Ouagadougou on the REMO methodology as well as analysis and integration of the REMO data into the Geographical Information System. Document JAF3.5 (section 1.5.3) shows the current status of REMO in APOC countries.

FINANCING AND IMPLEMENTATION OF THE FIRST APPROVED PROJECTS

14. Once the technical (e.g. reliable epidemiological mapping available), administrative and financial conditions preceding disbursement of funds are fulfilled, the WHO Representatives in the concerned countries are requested by the APOC Management to effect the transfer of the first instalment of funds approved into the bank accounts opened in this regard. To date (October 1997), instructions were given for the transfer of funds into NOTFs bank accounts in 4 countries for a total of 9 Projects (7 CDTI Projects and 2 Projects for strengthening the NOTFs’ secretariats): Uganda (1 CDTI Project); Malawi (1 CDTI Project), Sudan (1 CDTI Project and 1 Project for strengthening the NOTF secretariat), Nigeria (4 CDTI Projects and 1 Project for strengthening the NOTF secretariat).

15. For Uganda, Malawi and Nigeria, the first instalments were already transferred into the respective bank accounts. For Uganda, instructions were even given to the WHO Representative for the transfer of the second instalment. For Sudan, instructions given in September 1997 were not executed due to lack of funds at the WHO Representative’s office in that country. The WHO Headquarters in Geneva was therefore contacted and the NOTF’s bank account in Khartoum has been replenished directly from Geneva.
16. The transfer of funds into the NOTFs accounts mentioned above enabled the beneficiaries to initiate the implementation of first year’s activities planned for the various Projects concerned. The country which is well advanced for the moment in the implementation of these activities is Uganda, reference document JAF3/INF/DOC.9. Despite this progress, at the time of drafting this report (October 1997), all steps for the setting up of the CDTI like the distribution itself of the drug by the communities themselves, has not yet started as initially planned in this country. It will probably be done before the end of the year if security conditions permit. Actually, this step of distribution by the communities themselves started in August 1997 in 126 villages of one of the 4 districts of the Project area (Kasese district) but was interrupted due to social unrest in the area.

17. For the other countries which have received funds later than Uganda, the start-up process of CDTI is underway and should progress significantly by the end of the year. It is important to note that for the mean time, the distribution of ivermectin in the areas covered by these Projects has continued uninterrupted, with the technical and financial support of partners in the field (NGDOs and others).

DEVELOPMENT OF MATERIALS FOR INFORMATION, EDUCATION AND COMMUNICATION (IEC)

18. To facilitate the training of the community distributors of ivermectin as well as the start-up of CDTI Projects, APOC Management, in close collaboration with the department of communication of TDR, produced a video film in English and French and distributed it to APOC countries for about twenty Projects. Moreover, a training manual is under preparation by the APOC Management and could be used separately or with the video film. These two IEC tools will guide on how to build partnership between the affected communities, health services and external actors, how to sensitize and train health workers on the responsibilities of health services in CDTI approach, how to inform, educate and mobilize the onchocerciasis affected communities to take their responsibilities in CDTI process; how to train ivermectin distributors chosen by the communities themselves.

DEVELOPMENT OF TOOLS FOR MONITORING AND EVALUATION OF APOC PROJECTS

19. A vast and complex Programme like APOC needs to be regularly monitored and evaluated in order to make on time, when needed, corrective measures which might occurred. However, to allow maximum time for field activities, the tools to be developed for this monitoring and evaluation activities must be as simple as possible. It is in this spirit that the team of the APOC Management, with the advice and technical support of the TCC and the NOTFs, has developed two types of forms referenced as documents JAF3/INF/DOC.7 and JAF3/INF/DOC.8.

20. The APOC Projects evaluation form has been reviewed and amended by the TCC at its second and third sessions as well as by the partners who participated in the 3 workshops of Enugu, Ouagadougou and Khartoum. The monitoring form which was developed in close collaboration with the epidemiologist of the Regional Office of WHO/AFRO in charge of matters related to APOC, was also reviewed by the TCC at its fourth session in September 1997.

21. These two forms are hereby submitted to the present session of JAF for consideration.
PROTOCOLS FOR EVALUATION OF THE IMPACT ASSESSMENT OF APOC ACTIVITIES
AND STUDIES ON THE LONG-TERM IMPACT OF CDTI ON TRANSMISSION OF
ONCHOCERCIASIS

22. As announced at the second session of JAF in December 1996, in Cotonou, APOC Management, upon recommendation of the TCC, has established ad hoc committees which prepared two study protocols. These protocols, submitted to the current session for consideration, are:

(i) a protocol for evaluation of the epidemiological impact of APOC operations, especially, the community-directed treatment with ivermectin;

(ii) a protocol for studies of the long term impact of CDTI on transmission.

23. Details on these protocols as well as the related-budgets are in documents JAF3/INF/DOC.1, JAF3/INF/DOC.2 and JAF3/INF/DOC.3.

24. At the time of drafting this report (October 1997), APOC Management is taking necessary measures in order to constitute teams which will collect basic data on selected sites, according to criteria defined in these study protocols.

OPERATIONAL RESEARCH AND COLLABORATION WITH TDR

25. It is to be recalled that for the consolidation of the scientific basis of the APOC Programme, the TDR Task Force on onchocerciasis operational research has been given the responsibility to settle a number of important issues which are: the effect of ivermectin treatment in areas where skin disease is the major complication of onchocerciasis; the sustainable approaches of treatment; simple methods for monitoring control activities; the localization with REMO of all high risk communities necessitating treatment and the creation of a data base on a regional Geographic Information System (GIS). To date (October 1997), activities planned which relates to the above-mentioned issues have been achieved as a whole and the agenda item 11 will present an update of the outcome of this achievement.

26. Since January 1997, a new TDR Task Force was formed and is in charge of issues related not only to onchocerciasis but also to community directed treatment of lymphatic filariasis. Multiple contacts were already made between this new TDR Task Force and the APOC Programme. These contacts led to the definition of operational research issues which are of vital interest to the APOC Programme, such as reliable delivery circuit of ivermectin from the port of entry in the country to the communities; the sustainability of CDTI Projects at the end of APOC support after 5 years’ operation; methods of Projects monitoring, recording of data and of the preparation of reports by the communities, of retro-information toward these communities. Activities on all these issues are going on under the auspices of TDR with active participation of the APOC Management which is represented in the new Task Force by one of its members. The representative of APOC participated in two Task force meetings in April and September 1997.

STRENGTHENING THE PROGRAMME’S STRUCTURE, ADMINISTRATIVE LINKS AND COLLABORATION WITH OCP, WHO/AFRO AND HEADQUARTERS, GENEVA

27. The staff strength at the Programme Headquarters has been improved recently by recruitment of a short-term professional for administration and finance, in May 1997. The current organizational chart (Annex 3) of the Programme Headquarters consist of 4 professionals (excluding its Director’s ad interim who also is the Director of OCP) and 5 general category services staff, based in Ouagadougou. The annex 3 illustrates also the link between the APOC Management and other
divisions of WHO more or less involved with the implementation of APOC activities. As requested by JAF at its second session, a succinct description of the administrative links and degree of collaboration among the different actors is given below.

28. **APOC and OCP:** There is no doubt that the thin coordinating personnel (annex 3) of APOC Programme could not efficiently perform its duties within the time limit without active support from the administrative and finance units of the OCP. The OCP has contributed efficiently to the setting up of the Programme’s structures in Ouagadougou, as already reported to JAF at its second session. Presently, OCP continues to strengthen the functioning of APOC Headquarters by involving at the best possible its different units which are:

(i) **Budget and Finance unit:** for the follow-up on the implementation of the annual approved budget; setting up, as mentioned earlier on, a reliable accounting system at the level of the NOTFs’ secretariats; training accountants on the prent system of WHO; overseeing regular replenishment of bank accounts opened in the Participating countries and preparing the end of the year statement on expenditures;

(ii) **Personnel unit:** for all necessary administrative formalities for the recruitment and management of Programme staff, consultants and temporary advisers according to the regulations of the World Health Organization;

(iii) **Communication, Meetings, Translation and Documentation units:** for assistance in the preparation and supervision of meetings, translation of documents from French to English and vice versa; promotion of the achievements of APOC Programme and the conservation and dissemination of Programme documents;

(iv) **Supply unit:** for assistance in ordering equipments for the NOTFs and the APOC Headquarters; directing the Programme’s correspondence and documents; maintaining APOC Headquarters’ structure; making travels arrangements of the Programme staff and consultants, reproducing documents for meetings and workshops and for assistance in the maintenance of photocopying machines.

(v) **Transport unit:** for managing the transportation in Ouagadougou of visitors; providing expert advice on the vehicle type/model to be purchased for the NOTFs;

(vi) **The office of the Chief of Administration and Management:** for assistance, as much as possible, in the coordination and monitoring of the activities mentioned above;

(vii) **Biostatistics and Informatics unit:** for assistance in ordering and in the maintenance of computer equipments.

29. The Programme has therefore benefited throughout the 1997, from the support of the OCP units, in most of the different areas of collaboration mentioned above.

30. **APOC and WHO/AFRO:** There are also close links between the Programme and the WHO Regional Office for Africa which gives priority to the control of onchocerciasis in the framework of its global mandate for integrated disease control in Africa. It is for this reason that the Regional Director, himself advised the WHO Representatives in the APOC countries to lend maximum technical and financial support to the NOTFs in the implementation of APOC Programme. Specifically, APOC requires further and effective assistance/support from the WHO Representative offices in the following areas:
administration of projects:

(i) transfer of funds into bank accounts opened by the NOTFs;

(ii) checking of the imprest accounts;

(iii) liaising with APOC Management for replenishment of imprest accounts of the NOTFs;

(iv) transmitting to the APOC Management relevant documents on Project expenditure;

(v) guiding the NOTFs’ accountants in the proper handling of the accounting books according to WHO regulations;

(vi) to be represented in the NOTFs by one or two staff members;

On technical basis:

(vii) strengthen the management capacity of the NOTFs in order to stimulate adequate planning, implementation and monitoring of APOC control activities and ensuring that reports of these activities are transmitted regularly to the Management of APOC;

(viii) assist the NOTFs in the preparation of national plans of action and annual budgets of approved Projects;

(ix) conduct regular review of activities to ensure active participation of communities and integration of ivermectin distribution into the existing circuit of the delivery system of the Ministry of Health;

(x) assisting the NOTFs in the collection, analysis and utilization of data on the main indicators developed by the Programme;

(xi) supporting the NOTFs by monitoring clearance of ivermectin at the port of entry and delivery through the different levels to the communities; informing APOC Management about constraints within this process.

31. It is encouraging to note that most of the WHO offices in countries where projects were approved, have invested enormously in most of these activities in 1997. In this regard, the WHO in Uganda deserves special mention for its exemplary commitment and efficient collaboration with the NOTF and the APOC Management.

32. In addition to the above, the WHO representative offices in APOC countries have the responsibility of including onchocerciasis control in the preparation or revision process of the national Health policy, the decentralization of integrated diseases control, and see to it that the control of onchocerciasis be among the priorities of the national Health authorities.

33. The regional adviser on the control of tropical diseases, other than malaria has been asked at the level of the Regional office to give priority to APOC activities. In line with this, he participated among others, in facilitating the workshops on APOC’s philosophy and the concept of CDTI, held in Ouagadougou and Khartoum; and in the preparation of the Programme activities monitoring form.

34. **APOC and WHO Headquarters:** As shown on the diagramme in annex 3, there is a close working link between APOC and the WHO Division for Blindness and Deafness (PBD) and the NGDO
Coordinator based in the PBD Division in Geneva, is administratively attached to the APOC Management. He coordinates ivermectin distribution activities undertaken by the NGDOs; participates in other activities of the APOC Programme including country visits, organization of workshops and statutory meetings. The document JAF3.8 illustrates the collaboration between this post and the APOC Management. Also, it is important to place on record the support to APOC Programme provided by the finance, supplies and personnel units at WHO headquarters in Geneva. These offices in Geneva work closely with the counterpart units at OCP, in the different domains mentioned earlier on, such as the transfer of funds, ordering of equipment and vehicles, recruitment and management of the Programme personnel based in Ouagadougou and in Geneva, etc. The OCP liaison office in Geneva assumes the direct responsibility of the secretariat of the CSA and the JAF, especially in the preparation of the reports of these two statutory meetings.

CONCLUSION

35. The spirit of partnership prevailed in 1997 as in the previous year. This was made possible by all stakeholders through an interactive process which led to practical progress, notably in the preparation of the Projects proposals. Because of the concerted efforts of the partners, 25 new Projects proposals were accepted by the TCC and approved by the CSA in 1997, bringing to 28 the number of approved Projects since December 1996.

36. Of the approved Projects, 22 are community-directed ivermectin distributions. The implementation of these Projects will enable treatment of 8 million and 11 million people in the first and fifth year respectively, before the cessation of APOC financing. The delay in the implementation of the first approved Projects was due to legitimate concerns and the need to guarantee a solid technical, administrative and financial basis of each Project. Despite this delay, some activities of the Projects were launched in 1997. With the significant increase in the number of Projects approved in 1997, there should be considerable improvement in the field activities in 1998. This is a real challenge which could lead to notable achievement only with strengthened partnership in which all actors have a single objective: to serve better the poorest of the poor, the victims of this terrible scourge named onchocerciasis.
Cameroon
Rapid Epidemiological Mapping of Onchocerciasis (REMO)
Integrated into Geographical Information System (GIS)

Nodule Prevalence (%)
- 0
- 1 to 9
- 10 to 19
- 20 to 39
- 40 to 100
CDTI
NIGERIA - CAMEROON- RCA - CHAD - SUDAN
ETHIOPIA - UGANDA - MALAWI - REP DEM. OF CONGO
Annex 3: ORGANIZATION CHART OF APOC MANAGEMENT IN RELATION TO SUPPORT SERVICES FROM OCP, WHO/AFRO AND WHO/HQ

DIRECTOR APOC
OUAGADOUGOU, POSTE 9.5001

PROGRAMME MANAGER
OUAGADOUGOU, POSTE 9.5004

NGDO Coord.
PBD HQ/GVA 1.3935.7

Adm. Assist.
OUAGA 9.5021

Secretary
OUAGA 9.5022

WR'S OFFICES IN IN THE COUNTRIES (DPC, AH, AN, AE)

OCP Liaison Office HQ/ Geneva

FIN/PER/SUPPLY
HQ/ Geneva

Scientist (Soc. Scientist)
OUAGA 9.5003 (STP)

Scientist (Epid./Biotstat.)
OUAGA 9.5002 (STP)

Admin. & Fin. Off.
OUAGA (STP)

Secretary
Ouaga (SSA)

Data entry & Management Ass.
OUAGA (SSA)

Bilingual Secretary
Ouaga 9.5023

OCP FO & Staff
OUAGA

OCP PERS & Staff
OUAGA

OCP SSO, TMO & Staff
OUAGA

OCP BIS, PRO
INF/O, DOC & Staff
OUAGA

Support service from OCP, WHO/AFRO and WHO/HQ.