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Programme africain de lutte contre l'onchocercose

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CONCLUSIONS AND RECOMMENDATIONS OF THE SEVENTH SESSION  
OF THE TECHNICAL CONSULTATIVE COMMITTEE (TCC)



**World Health  
Organization**

## TABLE OF CONTENTS

	Pages	
A.	FIRST YEAR PROGRESS REPORT OF APOC-FUNDED CDTI PROJECTS AND REQUEST FOR SECOND YEAR'S FUNDING . . . . .	1
1	Recommended for approval by the TCC . . . . .	1
1.1.	Nigeria . . . . .	1
1.1.1.	Federal Capital Territory Project . . . . .	1
1.1.2.	Plateau/Nassarawa States Project . . . . .	1
1.1.3.	Osun State Project . . . . .	2
1.2.	Sudan . . . . .	2
1.2.1.	Southern sector Project . . . . .	2
1.3.	Tanzania . . . . .	3
1.3.1.	Ruvuma CDTI Project . . . . .	3
1.3.2.	Tukuyu Vector Elimination Project . . . . .	3
2	Reports to be resubmitted to the TCC . . . . .	4
2.1.	Central African Republic . . . . .	4
2.2.	Chad . . . . .	4
B.	NATIONAL PLANS AND PROJECT PROPOSALS . . . . .	5
1	Recommended for APOC's funding . . . . .	5
1.1.	Malawi . . . . .	5
1.1.1.	Amendment for extension of CDTI in Malawi . . . . .	5
1.2.	Nigeria . . . . .	5
1.2.1.	Benue State Project . . . . .	5
1.2.2.	Kebbi State Project . . . . .	6
1.2.3.	Kwara State Project . . . . .	6
2	To be resubmitted to the TCC . . . . .	7
2.1	Mozambique (National Plan and CDTI Project proposal) . . . . .	7
2.2.	Nigeria . . . . .	7
2.2.1	Niger State CDTI Project . . . . .	7
C.	MATTERS ARISING FROM NATIONAL PLANS AND PROJECT PROPOSALS . . . . .	8
1.	Transfer of APOC Trust Fund to approved projects . . . . .	8
2.	Issues related to the use of the new 3mg Mectizan® tablets in the field . . . . .	8
3.	APOC interface with the Lymphatic Filariasis Elimination Program . . . . .	8
4.	Reporting Burden from Field Staff . . . . .	9
5.	Guidelines for the review of annual technical reports and budget proposals . . . . .	9
6.	NOTF's Letter authorizing direct transfer of overhead and need for the World Bank to clarify what receipts are needed for the NGDO field costs. . . . .	9
7.	REMO . . . . .	9
8.	Operational Research . . . . .	9
9.	Flexibility of APOC/CDTI . . . . .	10
10.	Strengthening APOC Management Staff . . . . .	10
11.	Submission of Reports by NOTFs . . . . .	10
12.	Date and Place of the 8th and 9th Session of TCC and deadlines for the submission of National plans and Projects proposals. . . . .	10

## CONCLUSIONS AND RECOMMENDATIONS OF THE 7<sup>TH</sup> SESSION OF THE TCC

### B. FIRST YEAR PROGRESS REPORT OF APOC-FUNDED CDTI PROJECTS AND REQUEST FOR SECOND YEAR'S FUNDING

#### 1 Recommended for approval by the TCC

The following projects were recommended for approval for second year funding, after budget review by APOC Management, following the provision where appropriate, of additional information/clarification to APOC Management by the NOTF.

##### 1.1. Nigeria

##### 1.1.3 Federal Capital Territory Project

- (i) Clarification must be provided on why the MOH contribution to the second year budget of this project has decreased by over \$30,000.
- (ii) Minor adjustments are needed on the proposed 1999 budget

##### 1.1.2 Plateau/Nassarawa States Project

- (i) The Committee noted that there was little progress towards CDTI as evidenced by a lack of training of CDDs. The project appeared to have continued functioning with CBDs. It was unclear from table 2 page 5 whether some progress had actually been made in that respect, as CDDs seem to have been selected and some villages had collected their own Mectizan.
- (ii) It was not clear from the report whether the total number of people treated (657,211) included both those treated by mass treatment as well as those by passive treatment. This needs to be clarified.
- (iii) The report included evaluation and combined treatment of Lymphatic Filariasis and schistosomiasis. It was not clear whether this was part of the CDTI project financed by APOC.
- (iv) Treatment coverage rate of 96% seems to be based on the eligible population and not on total population as recommended. This needs to be clarified.
- (v) Only 7.8% of the annual training objective was carried out, although over 50% of this budget line had been spent.

With respect to the proposed second year budget, the following lines must be revised by APOC Management after additional information/clarification by the NOTF where appropriate:

##### Personnel Costs

- (vi) These are excessive and not sustainable;
- (vii) There is no indication of the need of a lab-scientist and a lab-assistant; this needs to be clarified.

- (viii) A secretary and security officers should not be helped under Technical Assistance;
- (ix) There is an equivalent of approximately 20 full time staff in the project which is excessive. This needs further clarification.

Other Expenses

Many of the items under this budget line should be included in their respective sections -i.e., administrative, training, etc..

- (x) General charges of 3,000 USD would appear to be a contingency and therefore unacceptable;
- (xi) Sentinel Village Evaluation. and laboratory services are not supported as APOC is funding its own monitoring, evaluation & impact studies.

1.1.3 Osun State Project

The following issues needed clarification from the NOTF and some were a cause for concern to the TCC.

- (i) The project reported to have trained 155 “health workers”. Further clarification is needed as to the description and role of these “health workers.”
- (ii) It was noted that 58 communities pay CDDs. TCC views payment of incentives, or compensations to CDDs as a critical sustainability issue and requests the project to provide APOC Management with more information regarding the type of payments utilized by the program
- (iii) The project must also explain how they plan to address the Mectizan® supply issue mentioned in the technical report.
- (iv) Further justification is needed on why APOC is requested to pay at the State level 50% of all staff salaries and provide 20 motorcycles and a \$2,000 air conditioner to the project.
- (v) CDD training is more expensive for the same number of participants in year 2 compared to year 1. This increase in training costs needs to be justified.
- (vi) Travel makes up approximately 50% of the year 2 budget. The project must consider how each visit to the field can bolster local capacity and hence reduce the number of such visits. TCC expects to see a reduction in travel costs as the project matures.
- (vii) The 2 Advocacy workshops represent more than 20% of the APOC section of the budget. TCC recommends that the programme lower this expense and work out the details with APOC Management.

**1.2. Sudan**

1.2.1. Southern sector Project

- (i) TCC felt that in spite of the difficulties under which the project operates, this new budget request was too high and needed to be revised, particularly with respect to the following items:

- 63,000 USD for paying incentives to CDDs
  - 64,000 USD for fuel
  - 169,100 USD for travel
- (ii) TCC requested HNI to submit to APOC Management through the NOTF, a full final technical and financial report.

### **1.3 Tanzania**

#### **1.3.1. Ruvuma CDTI Project**

The following issues in the technical report need clarification:

- (i) The original proposal for the Ruvuma Focus states that the target population is 327,000 people. In the technical report, the target population is 188,420. An explanation must be provided to APOC management regarding this significant difference.
- (ii) In 1997, the pre-APOC project treated 94,260 people. Up until December 1998, 62,089 people had been treated. Although the report clearly stated that the treatment numbers were not complete, TCC requested a more thorough explanation as to why the project was heading for a decrease in the number of people treated.
- (iii) The report lacked any significant information with respect to advocacy, monitoring, supervision, and evaluation. An update on each of these programmatic issues must be provided to APOC management.
- (iv) Also to be provided to APOC management, a strategy to overcome the challenges of Mectizan procurement and the incorporation of new IEC materials mentioned in the report.
- (v) The final issue raised by the Technical report stated the desire of the Tanzanian NOTF to have their project coordinators trained with coordinators from other countries and their interest in receiving training materials from other APOC projects. TCC encouraged APOC Management to work with the Tanzanian NOTF to further discuss these requests.
- (vi) The second year budget was reviewed under the assumption that the target population remained unchanged. This was necessary because the Tanzanian NOTF failed to provide an overview of the second year project activities. Please provide APOC Management with second year target numbers in regard to districts, communities, and people.

TCC requires the Tanzanian NOTF to promptly clarify the technical report issues, submit a financial report, and a clear second year budget with justification.

#### **1.3.2. TukuyuVector Elimination Project**

TCC, after review, made the following specific recommendations:

- (vi) The Abate treatment be postponed until the Year 2000, i.e. for one year
- (vii) All pretreatment surveys be carried out satisfactorily in 1999 and early 2000, and reported to TCC before beginning Abate treatment activities in June/July 2000

- (viii) Appropriate delivery of vehicles, Abate, susceptibility tests, and other materials needed to accomplish the above recommendation in accordance with the strict time line of this project.
- (ix) Management should seek further justification of the request for two additional motorcycles for 'mopping up exercises.' Since no such exercises would be needed until 2001, the request might be deferred.
- (x) Consideration (in consultation with entomological experts) of an additional Abate treatment of the site in 2001. This might entail a combined review of this vector elimination project with OCP experts.
- (xi) Appropriate consultants to visit the project, to provide review and, if necessary, appropriate training for all activities, including safe dosing of Abate.
- (xii) Information is needed in the next report about ivermectin treatment activities (e.g., villages position and endemicity in relation to the treatment area, and treatment coverage).

## **2 Reports to be resubmitted to the TCC**

The following reports did not meet TCC requirements for approval and must be resubmitted. The resubmitted reports must address the following issues:

### **2.1. Central African Republic**

- (i) One third of all planned activities was not done. The technical report was rather vague on the various activities carried out in a well established project already in its fifth round of treatment.
- (ii) It was mentioned that REMO had incurred expenses and yet no REMO activities was mentioned in the report. The same was true of project supervision. It was not clear whether CDTI activities were being integrated in the PHC System as was announced in the original proposal.
- (iii) Expenditures were mentioned under "consultations" which seem not to have taken place - no mention of them in the technical report.
- (iv) By the end of 1998, only one quarter of the budget had been spent. The project should therefore have enough resources to carry out its activities until September 1999 -and not until June as suggested in the report. This needs to be confirmed/clarified.
- (v) Budget justification for the second year proposed budget was very weak and the budget related more to salaries than to field activities. Many activities budgeted for 1999 had already been planned in 1998 and not carried out. The resubmitted report should show a clearer link between the two.
- (vi) A number of expenditures requested for funding by APOC are not sustainable (e.g. administrative and distribution costs) and no justification was provided for them.

### **2.2 Chad**

- (i) Most activities planned for 1998 were not carried out. In the original proposal submitted to APOC, 44 activities had been planned for 1998, with a precise time line and a clear indication on the various sites for their implementation. Of these, 25 were related to ivermectin distribution in the various project sites. Most of them already had experience in CDTI, except for Moyen Charı. Unfortunately, the technical report

submitted to the TCC lacked details. As a consequence, no good assessment of these planned activities could be made.

- (ii) None of the activities that were to be coordinated by the NOTF secretariat (training and re-training, monitoring and supervision of CDDs, sensitization and mobilization of communities) had been carried out, and yet it was stated that 533,117 people had been treated in 1998, out of the 731,272 planned (72% of annual treatment objectives). TCC would like to know how this was achieved, the more so because the NOTF secretariat itself was not sure about these figures.
- (iii) Many activities planned for 1999 were a repetition of those that were planned for 1998 and, with the exception of REA and REMO validation, related mainly to non field activities. Others like the making of a new onchocerciasis film could be found nowhere in the original proposal, and it was not clear why this was now a priority for Chad when similar films were already available from OCP. TCC recommended that activities planned for 1999 be developed after review of those in 1998 that were not carried out and the corresponding budget developed accordingly
- (iv) Despite all the above, it was mentioned in the financial report that at least 39% of the NOTF Secretariat budget and 17% of Africare budget had been used. NOTF/Chad must explain how these resources were used without carrying out any of the activities budgeted for CDTI implementation in the field. This clarification is urgently needed, as it was not clear to the TCC which resources from the first year budget were still “truly available” to the project.
- (v) The resubmitted proposed budget for 1999 must have a full justification of all line items.

## **B. NATIONAL PLANS AND PROJECT PROPOSALS**

### **1 Recommended for APOC's funding**

Provided they are revised as suggested below, and the following issues are clarified to the satisfaction of APOC Management, TCC recommended the approval for funding of the following:

#### **1.1. Malawi**

##### **1.1.1 Amendment for extension of CDTI in Malawi**

The only clarification requested by the TCC concerned the 12,000 USD duty allowances line item on this otherwise well constructed 1999 budget.

#### **1.2. Nigeria**

##### **1.2.1. Benue State Project**

- (i) The document called for REMO to be extended in Year 1, but there was no clear explanation, plan or budget for this. This issue needs to be addressed by the NOTF.
- (ii) The NOTF should submit a graphics with projected treatments and cost per treatment estimates. Estimated costs per treatment were not provided in the project document, but TCC calculated these to be \$1.04 for

the first year, reaching \$0.21 by the end of the project. These calculations should be confirmed by the NOTF.

The overall first year budget is \$426,590, with APOC providing \$245,120 (56%). In the second year, the APOC contribution decreases to \$152,420 mainly due to a decrease in capital expenditures. TCC recommended APOC Management review and adjust the budget, particularly in relation to the following:

- (i) In the first three years, the 'other expenses' category for APOC (\$16,200) is poorly justified and needs further justification to enable careful review by APOC Management.
- (ii) The second year budget contains continued APOC capital expenditures, an almost 50% decrease in NGDO contribution, and a 30% increase in MOH contributions. Indeed, the MOH contribution steadily increases to \$188,000 by the fifth year of the project; yet the total MOH contribution in Benue was just \$22,000 in 1997. Monitoring of the actual MOH fiscal cash contribution to this project would need to be done with scrutiny when the second and third years of the project are considered.

#### 1.2.2. Kebbi State Project

- (i) This is a mature project that realized a very high coverage rate in 1998. TCC believes the primary objective should be to introduce CDTI. This will require a great deal of training that is not adequately reflected in the proposed budget. More detailed plans must be provided to APOC Management on how the 400-500 CDD's will be trained annually.
- (ii) In section 5.1 (ii) of the proposal, it is stated "importance of accounting for ivermectin used as the basis of reimbursement will be emphasized." The meaning of this statement must be clarified.
- (iii) This project achieved a cost per person treated of \$0.39 in 1998. It's not until year 5 of this proposal that the cost per person treated comes down below \$0.39. Justification must be provided why this cannot be achieved sooner.
- (iv) By year 5, personnel cost represents 86% of the MOH's contribution to this project. The TCC is concerned that the project cannot be sustained without more financial input to cover other recurring costs and encourages discussion of this point between APOC Management and the NOTF.
- (v) Over \$72,113 of capital equipment is requested from APOC. TCC is interested to know how the project was able to achieve the very high coverage rate mentioned above without the capital equipment deemed necessary in the proposed budget. Also 30 bicycles are requested in the budget but 60 are justified. Which is the correct number?
- (vi) Two operation research projects that were being submitted to TDR were mentioned in the proposal. The TCC would like to remind the Nigerian NOTF that all operation research proposals within APOC supported projects should be submitted to APOC Management along with the CDTI proposal. The maximum operation research budget for each CDTI project cannot exceed \$10,000 for the five years duration of the Project.

#### 1.2.3. Kwara State Project

- (i) An amount should be provided for REMO which can be funded directly from APOC general budget.
- (ii) The travel budget is high but the detail covers budget line items which should be included elsewhere.



- (iii) No financial resources have been allocated to training CDDs. This needs urgent clarification and/or adjustment.
- (iv) Technical Assistance for support of the NGDO supervision and monitoring should be included in other budget lines.

## **2 To be resubmitted to the TCC**

### **2.1 Mozambique (National Plan and CDTI Project proposal)**

TCC after review, considered that the above documents must be resubmitted, as many fundamental issues relating to both the distribution of the disease in Mozambique and APOC strategy of CDTI were not satisfactorily addressed. The following issues in particular were of great concern to the TCC:

- (i) Both the National Plans and the project proposal were developed based on insufficient validated epidemiological data normally required in the selection of priority CDTI areas. There was a mention of a “modified REMO” having been conducted in the proposed project area but little information on this methodology was available to the TCC to assess its validity.
- (ii) There was little evidence that the proposed strategy for ivermectin treatment was indeed Community Directed Treatment with Ivermectin (e.g. in the promotion of community empowerment and ownership at both planning and implementation stages of the project, the selection of distributors by the community, their training and supervision, etc..)
- (iii) There was little evidence of project sustainability beyond the 5 year of APOC funding, given the very top down structure of the programme coordination -with no less than 4 directors, the lack of integration of project activities in the existing PHC structure, and the very high cost of project personnel which represents 45% to 78% in Year1 and Year5 respectively, of the total amount requested to APOC.
- (iv) A closer look at project activities planned over the 5 years would suggest that office activities and those related to the setting up of the project take precedence over actual CDTI implementation in the field. A full year is thus spent on project installation, recruitment of project officers, and ivermectin distribution starts only in the second year.

### **2.2. Nigeria**

#### **2.2.1 Niger State CDTI Project**

TCC reckoned that this present proposal had satisfactorily addressed many of the issues raised by TCC4. However, it was clear from the proposal and the annexes attached thereto that REMO was yet to be completed in the State. Furthermore, it was also noted that some of the LGAs proposed for treatment were indeed hypo-endemic for onchocerciasis. TCC considered that this REMO issue was critical and had not been fully addressed in the proposal. Lastly, TCC noted a number of inconsistencies in the tables and figures in the previous and present proposals, viz:

- (i) Appendix 1.: Please compare Appendix 1 of 1997, 1998, 1999. In the 1998 (Appendix), 511 hyper-endemic communities were identified. The present (1999) proposal had 650 meso-endemic and no hyper-endemic communities. In 1997, 400 hyper-endemic and 200 meso-endemic communities were recorded

(Appendix 1). The lack of consistency in the number of hyper- and meso-endemic communities need to be explained and should accurately reflect the REMO results.

- (ii) The summary budget had several mistakes. The 1<sup>st</sup> year budget in particular needs a careful revision. Also, the NOTF should include in the next submission, a figure on the summary budget (1<sup>st</sup> -5<sup>th</sup> year) prepared based on cost per treatment (see page 40 of present proposal).

TCC therefore decided that the review of this proposal be deferred until a full map of REMO of Niger State is produced. In this connection TCC noted with satisfaction the commitment of APOC Management and the WR/Nigeria to make a REMO consultant available to NOTF/Nigeria as soon as possible.

The NOTF should therefore review where appropriate, the proposal based on the REMO data to be collected throughout the state and address the inconsistencies referred to above.

## **C. MATTERS ARISING FROM NATIONAL PLANS AND PROJECT PROPOSALS**

### **1. Transfer of APOC Trust Fund to approved projects**

TCC after review of issues and factors related to delays in the transfer of funds to approved projects, requested APOC Management to submit at its next session a report providing the following information:

- (i) A clear description in the form of a chart, of the entire process of transfer, from the approval of requests for funding by the TCC/CSA to the reception of funds by the project. Such flow charts will be developed by Management and presented to the next TCC meeting.
- (ii) Identification at each stage of constraints and/or bottlenecks, and suggestions on how these can be addressed
- (iii) Suggestions on mechanisms needing to be in place -including possible roles to be played by each APOC partner involved in the process, to avoid delay or interruption of project activities.

### **2. Issues related to the use of the new 3mg Mectizan® tablets in the field**

TCC noted the challenges all programmes face with the change in packaging and formulation of Mectizan®. It encouraged the collection of data on impact of these changes on Programme operations, coverage, and Mectizan® tablets wastage. It noted that many new problems being faced would be resolved by precise determination of tablet stability after the bottle seal is broken, and urged Merck to perform additional stability testing as soon as possible (to determine if the tablets can be used after 8 weeks). TCC also welcomed the opportunity to review the report and recommendations of the NGDO committee on Mectizan® Security at the next TCC meeting.

### **3. APOC interface with the Lymphatic Filariasis Elimination Program**

TCC received a report on a meeting held in Annecy, France 24-26 February 1999, to discuss drug distribution issues considered key to the successful elimination of lymphatic filariasis (LF). TCC noted the interest the new initiative generated after the LF presentation at the last JAF. TCC noted that numerous questions remained to be answered on combining APOC activities and the CDTI strategy with the LF elimination initiative. It recommended the hiring of two consultants to work at OCP/APOC to address operational, policy, and strategic issues, as well as proposals for operations research in relation to LF activities.

#### **4. Reporting Burden from Field Staff**

TCC endorsed the recommendation from the NGDO Group to set up an ad hoc committee to streamline the reporting burden from the field. TCC requested that feedback from the field include that of National Coordinators and other key-members of the NOTF.

#### **5. Guidelines for the review of annual technical reports and budget proposals**

TCC prepared a guide for the review of the annual technical reports and budget proposals. It was agreed this will be used at the next TCC session and modified as appropriate. Some of the details in the guide may have to be added to the current guidelines used for the technical reporting of projects. To facilitate the reviewers task, it was agreed that APOC Management will produce all relevant information related to the previous approved projects.

#### **6. NOTF's Letter authorizing direct transfer of overhead and need for the World Bank to clarify what receipts are needed for the NGDO field costs.**

TCC reviewed the clarification of the 7.5% overhead claim discussed at the 13<sup>th</sup> NGDO meeting. TCC agreed with the interpretation that a letter from the NOTF authorizing the direct transfer of the 7.5% overhead advance to the NGDO partner must accompany a new application or annual budget review. Such a letter would demonstrate the NGDO willingness to claim the overhead, and no further endorsement of the annual NGDO overhead would be required by APOC management. TCC requested the World Bank to clarify what receipts were needed from the NGDO field costs to justify reimbursement of the 7.5% overhead costs for NGDO expenditures in support of field activities (as distinct from APOC expenditures) (see TCC 5, section 5.5).

#### **7. REMO**

In order to make REMO/GIS more effective as a tool for planning and monitoring project implementation. TCC proposed that, a review of updated REMO/GIS data of project proposals already approved for funding be conducted.

Based on the review, the following should be prepared for the consideration of TCC8.

- (i) A four colour scheme map, country by country showing the priority areas ('CDTI', 'no CDTI', 'to Refine', 'no oncho').
- (ii) REMO/GIS Maps showing CDTI areas overlaid by where APOC projects have been approved, at least at the state/province level, ideally at the LGA/district level.
- (iii) Overlay maps to show CDTI areas that do not have NGDO support.
- (iv) A review of the relationship in approved projects between CDTI areas and the population concentrations within and outside the areas to enable standardized approach to developing projection for treatment targets and drug applications based on an estimate of eligible populations.

#### **8. Operational Research**

Management should encourage NOTFs to initiate operational research on issues pertinent to CDTI implementation. In certain instances, TCC may ask NOTFs to undertake operational research relevant to their field

activities. NOTFs should refer to TCC6 report (section 6.5, p23 ) for detailed explanation on the procedure to be followed.

#### **9. Flexibility of APOC/CDTI**

TCC reaffirmed that flexibility in APOC projects is required to allow projects and communities to develop at a pace appropriate to the many factors that influence the implementation of the CDTI strategy, bearing in mind that a Project should be sustained within five years.

#### **10. Strengthening APOC Management Staff**

TCC endorsed the proposed action by APOC Management to request the CSA for an increase in the number of Professional Technical staff by two (one with expertise in Social Science and another in Epidemiology/biostatistics).

#### **11. Submission of Reports by NOTFs**

Two sets of technical and financial reports shall be submitted to TCC by the NOTFs. The first set of reports should be submitted between the 6<sup>th</sup> and 11<sup>th</sup> month of project implementation and should be sent with the proposed justified budget for the following year. A final technical and financial annual reports should be sent at the end of the first year, to be reviewed by the committee at a subsequent meeting.

#### **12. Date and Place of the 8<sup>th</sup> and 9<sup>th</sup> Session of TCC and deadlines for the submission of National plans and Projects proposals.**

The 8<sup>th</sup> session of the TCC will take place in Ouagadougou, Burkina Faso, on 28 June - 2 July, 1999.

The 9<sup>th</sup> session of the TCC will take place on 21-25 February 2000 at a place to be determined later.

As a consequence, the deadlines for the new national plans and Projects Proposals to be in Ouagadougou (Burkina Faso) are:

- (i) 31<sup>st</sup> MAY
- (ii) 31<sup>st</sup> DECEMBER