Onchocerciasis Control Programme in West Africa
Programme de Lutte contre l'Onchocercose en Afrique de l'Ouest

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WHO/AFRO SUPPORT TO OCP DEVOLUTION ACTIVITIES
A report of the Regional Director

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1. PROGRESS MADE IN SUPPORT OF PRIMARY HEALTH CARE

1. The Participating Countries in the OCP since 1985 have accepted and adopted the health for all goal based on primary health care in spite of the serious political and socioeconomic constraints. The major role of WHO/AFRO in supporting the OCP devolution activities has been to strengthen the national health systems in these countries. Since the mid eighties, reviews of national health policies and plans were conducted by the Participating Countries. To date Ghana, Guinea, Guinea Bissau, Senegal, Sierra Leone and Togo have completed their reviews and elaborated their national health development plans. The reviews have been followed by progressive strengthening of national health infrastructures and institutions. At the same time, efforts at effective decentralization of health services, intersectoral action, community involvement, national capacity building and mobilization of internal and external resources have been made. The Regional Office has played a catalytic role in the coordination of these processes at national and intercountry levels. Technical advice and support to produce supportive legislation to implement national health system components and in management, training and research activities have been given.

2. As a result of the determination of the national health authorities and the technical support of WHO, 508 health districts covering a population of 84,960,000 have been identified for development. Also 1,125 district hospitals, 838 health centres and 12,689 health posts have been built or renovated. A framework for community-oriented and locally managed activities with appropriate support from district, intermediate and central levels and other health-related sectors of the health system was adopted by all countries. Important achievements in the process of health services development have been the Bamako initiative in support of community revolving funds for essential drugs, the monitoring of WHO programme operations and the mobilization of financial resources for community health.

3. At the country level, endemic disease prevention and control is one of the priority health activities of all the OCP Participating Countries. With the spectacular success of OCP and the need to maintain the achievements of the Programme, each country has taken steps to strengthen its capabilities in disease prevention and control by creating disease control teams. WHO has lent its support to the National Disease Control Teams by including an epidemiologist in the WHO Country Teams that collaborate with the nationals. The role of the joint WHO/national disease control team has been:

- the preparation of workplans, translating the devolution plan into operational plans with a defined time frame;
- the preparation of maps of all endemic districts with the population, demographic breakdown, medical and paramedical personnel, health facilities etc;
- to prepare a list of trained personnel, office supplies and equipment, a budget request and its justification for disease prevention and control;
- to organize training workshops at national level first for trainers and later for district health workers;
- to organize social mobilization activities in the endemic communities;
- to produce quarterly reports on disease surveillance and the status of devolution in the country.

4. At the annual meeting of the National Onchocerciasis Control Coordinators in Ouagadougou in March 1994, a review of the activities of the various national teams revealed that considerable progress has been made in the implementation of the devolution package of each country. During that meeting the concept of the minimum district health package for priority activities in endemic disease prevention and control was introduced to the national coordinators. Following that meeting, opportunity was taken to hold a consultation on the strengthening of integrated endemic disease surveillance in a primary health care system. The consultation was convened by OCP and the national directors of health services as well as the national coordinators, WHO/HQ and WHO/AFRO representatives were in attendance. The principles and approaches to integrated disease surveillance in relation to the devolution plans were discussed and a draft outline of field operational guide was developed.

5. At the Regional level, the WHO/AFRO Devolution Coordinator based in Ouagadougou has continued to support the efforts of the national teams through site visits and programme reviews on a country by country basis. The country visits have aimed at field programme evaluation of surveillance activities, assessment of the adequacy of in-service training programmes and designing appropriate training packages for specific levels of health workers. The problem solving epidemiology training modules for district health staff developed by the Regional Office have been used widely in the training conducted by the various national teams. During the period under review two intercountry and six national training workshops using these modules, have been conducted. The Regional Office through its Health for All evaluation Unit has continued to collaborate with the Participating Countries through self-assessment of national health system schemes developed by this Unit. Through this periodic evaluation, the progress on the implementation of priority programmes has been jointly determined periodically. Some of the priority programmes so far evaluated, include maternal and child health including family planning, community water supply, sanitation and environment, and endemic disease prevention and control. On the basis of three crude indicators of health status i.e. infant mortality rate, access to health services defined as living within one hour's walk, or the most common means of transportation or the doctor/population ratio, and the proportion of GNP spent on health, the eleven countries all have very fragile health systems.

2. COORDINATION OF OCP DEVOLUTION ACTIVITIES

6. The main actors involved in the coordination of OCP devolution activities are: the national onchocerciasis control teams and their corresponding National Devolution Committees, the OCP Devolution Unit, the WHO Representatives and the WHO Country Support teams with the backstopping from WHO/AFRO. In order to avoid unnecessary overlap of activities by the various collaborators, it has been necessary to define the mandate of each collaborator. Accordingly the national devolution committee has been charged with the responsibility for developing epidemiological surveillance of onchocerciasis and other endemic diseases as specified in each national devolution plan. The OCP devolution unit is mandated to transfer to national teams appropriate skills and technology in onchocerciasis control. WHO/AFRO has been responsible for support in strengthening national health systems.

7. In accordance with the above mandates, WHO/AFRO through the activities of the devolution coordinator intensified collaboration with countries in training in epidemiological surveillance of targeted diseases at the district level. Using the successfully tested modules on epidemiological surveillance of diseases at the district level, training of trainers workshops were organized in Togo, Niger, Burkina Faso, Mali and Côte d'Ivoire. The strategy has been for the trainers to proceed to organize similar workshops for district health staff. Such district-wide training has already taken place in Togo and is under way in other countries. In addition, the WHO/AFRO devolution coordinator in collaboration with the OCP devolution unit has been working with "PASE" (Programme d'Appui à la Surveillance Epidémiologique)[1] and EPIGEPS/OCCGE to adapt other training modules for various levels of the health services to the need of district health staff.

8. Since JPC14, further action has been taken to strengthen the WHO/AFRO devolution coordinator and his support to the National Disease Prevention and Control teams. Through this action, the first such strengthened team has been set up in Ouagadougou under the supervision of the WHO Representative. The reinforced WHO/AFRO devolution support team consists of:

- the Intercountry Devolution Coordinator
- two medical epidemiologists
- one Public Health and Teaching Methodology expert
- one sanitary engineer

9. In order to support some of the planned field activities in the various endemic countries, the WHO Representatives during the year under review made specific allocations in the various WHO country budgets varying between US$ 15,000 and 60,000 to support OCP devolution activities. Most of the allocations made in this regard were used for supporting training activities. Allocations from the WHO country budgets (AFROPOC) for eleven endemic countries for the current year is about US$ 200,000.00. This is in addition to cost of intercountry activities organized from WHO/AFRO.

3. SUPPORT TO TRAINING IN PUBLIC HEALTH DISCIPLINES

10. Lack of adequately trained health staff at the various levels of the health services is a major drawback to the health developing efforts in countries in the African Region. Accordingly an aspect of the technical support to countries has been directed at training in skills required in managing efficient disease surveillance systems. In accordance with various Regional Committee resolutions on the development of human resources for health, a great emphasis has been place on public health training in all countries. During the 1993-1994 period 33 short courses of up to two weeks, 50 medium type courses of up to ten weeks and 20 long courses of up to three years were awarded by the Regional Office to OCP Participating Countries in various public health disciplines. Most of the courses were available in regional institutions. Some of popular courses requested by the OCP Participating Countries were, epidemiology, applied entomology,

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[1]PASE: (Epidemiological Surveillance and Support Project)

malariology, parasitology, statistics, preventive ophthalmology, economics and health systems research. The longest running training activity has been the senior level course in general epidemiology. This course provides to endemic disease programme managers and their staff, skills in the management of disease control programmes. In 1994 fifteen participants have been enrolled for the English course in Nairobi and another 22 for the French language course in Bamako.

11. The obvious disadvantages of organizing multiple specific disease management seminars and workshops at the country level have been recognized for some time. Countries have been asking for integrated multidisease training modules that emphasize principles of communicable disease management with examples of disease specific diagnostic and treatment skills provided as may be indicated in such workshops. The Regional Office has responded to this need by developing problem solving epidemiology modules suitable for health workers at the intermediate (provincial) as well as the district levels. Collaboration with other regional organizations e.g. OCCGE and NGO e.g. PASE and CERMES has also continued in the joint development of epidemiological training materials for the peripheral health workers.

4. FUTURE WHO/AFRO SUPPORT TO SUSTAINED CONTROL OF ONCHOCERCIASIS AND OTHER ENDEMIC DISEASES IN THE AFRICAN REGION

12. The objective of the joint OCP, WHO/AFRO support to OCP devolution activities is to successfully transfer to the endemic countries the technical and management skills required for a sustained multidisease surveillance including onchocerciasis. Even when the above objective has been achieved and particularly when the OCP has been phased out, there will still remain a need for some intercountry coordination and backstopping of these disease control activities. It is envisaged that WHO/AFRO will be well placed to continue to provide this intercountry support to the countries of the sub-region.

13. Successful devolution implies effective epidemiological surveillance and the control of recrudescence with ivermectin treatment. The strategy for devolution will vary from one country to another depending on whether the human reservoir of the parasite still exists or not. Under the varying epidemiological situation of onchocerciasis in the eleven countries, the concept of integrated multidisease surveillance will need to be clarified. WHO, through the Regional Office is well situated to provide guidance in translating the concept of integrated disease surveillance into practical terms, for although the principle of integration is inherent in all devolution plans it is a fact that, until now, little had been done to adjust structures to integration within the health system where predominantly vertical programmes have been in place.

14. The current effort in the Participating Countries has been directed at coordinating the vertical programmes. What is needed is a carefully worked out organizational approach and a comprehensive training programme focusing first on trainers. WHO/AFRO has already embarked on this task and every support and encouragement should be provided for this work to be continued.

15. Until recently, external support to the implementation of devolution plans was not available. However, a promising, recent development was the initiative and readiness of the World Bank to promote nationwide, improved health systems geared to health delivery at the local level supported by strengthened district health services. This new initiative of the World Bank puts the Bank and WHO/AFRO on an identical health development agenda in the Region. As OCP and WHO/AFRO collaborate in the months ahead to work with the national authorities to implement their devolution plans, it is hoped that the guiding principle in all devolution plans will be the strengthening of national health delivery systems in all eleven OCP Participating Countries.

16. In anticipation of the support of the World Bank to the devolution plans of all endemic countries, WHO/AFRO and OCP have worked out a joint strategy for their support to the countries during 1994. The specific activities planned in the context of the district primary health care system have been reduced to a minimum package of health activities to be undertaken by the national programme staff with the support of WHO country team, OCP devolution unit and the WHO Regional Office. A joint plan of activities for 1994 based on the District Health for All

Package has been developed. The joint WHO/AFRO-OCP support to countries in the future will be guided by this workplan. The objective has been to avoid duplication of efforts between WHO/AFRO and the OCP devolution unit and to maximize the support of the two organizations to the endemic countries.

17. The availability of ivermectin in 1987 as a suitable drug for use in mass treatment to control onchocerciasis has provided a feasible method of control which allows onchocerciasis control to be combined with other primary health activities. In the OCP Participating Countries, the OCP staff since 1987 have been handing over the community-based ivermectin distribution to the national teams. The primary health care systems of the countries have therefore become major determinants of the success of mass ivermectin distribution. In this regard, the collaboration of several NGOs in the sub-region with the countries in ivermectin distribution has been very crucial. The Regional Office and the Headquarters Programme on Prevention of Blindness have joined with the NGOs to form the NGO Coordinating Group for ivermectin distribution. Through this joint action, technical support in planning ivermectin distribution programmes is being provided to Participating Countries. As a result of the initiative of this coalition of NGOs and WHO, the creation of an extra-OCP Trust Fund to support ivermectin distribution is under way. The NGOs consider the strengthening of primary health care systems in the Participating Countries as a major objective, and therefore WHO/AFRO has found a suitable ally in the effort to support the achievement of health for all Africans through primary health care in the countries.