



Onchocerciasis Control Programme in the Volta River Basin area
Programme de Lutte contre l'Onchocercose dans la Région du Bassin de la Volta

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DEVOLUTION - SITUATION PAPER

Definition

Devolution, within the context of the Onchocerciasis Control Programme (OCP), may be defined as the process whereby some of the activities of the Programme will be progressively taken over by the Participating Countries when the health structures of these countries have acquired the technical, organizational and financial capability. Coordination of these activities will initially continue to be the responsibility of OCP but eventually be assumed by an appropriate inter-country facility which will undertake control measures against the vector as and when necessary so as to ensure that there is no recrudescence of the disease.

PAG Mission Report

The report of the Preparatory Assistance to Governments Mission (PAG), presented in 1973, defined the strategy and detailed the plan of action for the launching of OCP and outlined requirements for its designated 20 year lifespan due to expire in 1993. By then it was envisaged that the disease would be under control but not eradicated. The long term maintenance and future transfer of OCP to the Participating Countries was not considered. However, it is now recognized that, if no surveillance is carried out and control available when OCP has fulfilled its mandate, there could be a resurgence of the disease in the area.

Independent Commission Report

This problem was first highlighted in the report of the Independent Commission (1981). In its consideration of the long-term prospects of the Programme, the Commission stressed that, as well as extending the area to diminish the impact of reinvasion from outside and developing new drugs to provide a second line of attack against the disease, ultimate security could only be found in having the surveillance activities maintained by the Participating Countries with coordination of these activities and vector control, as necessary, being the responsibility of an intercountry body. The Commission also emphasized that devolution should be implemented gradually and progressively; if carefully planned and successfully accomplished, devolution would make these countries more self-sufficient, in itself an important development achievement.

Expert Advisory Committee

These views were fully supported by the Statutory Bodies of the Programme. The Expert Advisory Committee (EAC) in its second session in 1981 underlined the need to strengthen the training programme of OCP in prospect of devolution. It considered that vector surveillance activities should be devolved only during the maintenance phase of OCP and be integrated, in the long term, into the national health programmes. Since then the EAC has continued to address the concept of devolution at each of its sessions.

In 1982 the EAC recommended that OCP undertake studies to determine the type of infrastructure to provide the surveillance and maintenance services required, to identify resource needs for such an infrastructure, to establish standards and to develop methods within the Epidemiological Evaluation Unit and Vector Control Unit for an early warning system. The EAC considered the most efficient infrastructure would be in the form of a multidisease surveillance and control unit.

In its fourth session in 1983, the EAC, noting the satisfactory progress being made in planning devolution, recommended that, in preparation of such plans, there was a need to consider carefully a number of factors. These included the following:

- the Programme elements which would be devolved, criteria for their selection, the order in which devolution will be implemented and the time frames involved;
- the need to establish criteria and standards which must be met by national structures of Participating Countries before the activities concerned could be devolved. This was necessary to ensure that the efficiency and/or effectiveness of Programme activities would not be impeded by devolution;
- the need to fully involve Participating Countries in all aspects of the devolution process, from planning through implementation;
- the need to develop and have in place necessary physical infrastructures and managerial capacity prior to initiation of devolution;
- the relationship of devolution to multidisease control programmes, primary health care and development programmes;
- the role to be played by National Onchocerciasis Committees, and academic and national research institutes in Participating countries;
- the need to train national staff so they would be able to take over responsibility for Programme operations. Development and implementation of adequate career structures must also be considered;
- the need to recognize that control action, or lack of it, by a given Participating Country could have profound effects on disease control in others;
- the development and maintenance of an intercountry facility which would carry out certain activities after OCP ceases operations;
- how to effectively manage, in ways which would ensure continuance of disease control, the critical "phase in-phase out" aspect of devolution, when OCP was winding down and Participating Countries gearing up.

Committee of Sponsoring Agencies

In its deliberations the Committee of Sponsoring Agencies (CSA) has likewise given due emphasis to devolution. At the beginning of 1983 the CSA underlined devolution as being the most important factor to be considered within the context of the Long-Term Strategy being developed for the Programme. It recognized that not all countries would be ready to assume responsibility for all (or many) of the activities at any one time and, although devolution was foreseen by the Independent Commission to take place around 1990-1993, preparations had to start immediately.

By the end of 1983, the results of the Programme indicating remarkable progress, the CSA advised the Joint Programme Committee (JPC) that the Programme would reach a stage around the middle of the third financial phase, where, in its core area, minimal control operations would be needed although surveillance and other maintenance activities would have to be continued. Accordingly, the possibility for the transfer of appropriate activities to the Participating Countries was more imminent than considered heretofore. It recommended that, although devolution would introduce potential incremental costs to the Participating Countries, consideration should be given to analysing how it could become a factor beneficial to the countries within their overall development programme.

Joint Programme Committee

At its second session in 1981 the JPC, while giving support to the idea of devolution as presented by the Independent Commission, considered more attention should be given to the possibility of gradual devolution. It recognized the need for external funding to promote devolution and associated activities and for requisite training to be given to health staff at all levels.

In 1982 the JPC again stressed the importance of the gradual transfer of responsibilities to the Participating Countries, such devolution being essential to the Long-Term success of the Programme and a necessary complement to any extension of operations. It considered devolution should be linked to the primary health care system.

National Onchocerciasis Committees

At the joint meeting of the National Onchocerciasis Committees (NOCs) in 1982 the delegates affirmed that it was up to the Participating Countries to take over the activities of the Programme in order to ensure the maintenance of results acquired and so ensure the continuation of development projects. However, the countries insisted that they not be handed over a situation which was beyond their capability to maintain. In this context, technical discussions should be held to prepare a calendar for devolution and the methods to be employed, and to identify measures to be taken immediately in the field of training and the means necessary to ensure an efficient take-over by the national services.

At its subsequent meeting in 1983, further consideration was given to the implications of devolution for the Participating Countries, the level of activity foreseen in these countries as well as the types of national structures and the form of the intercountry facility. Regarding the latter, it was suggested that such a facility could be a modification of the present OCP rather than the implantation of a completely new organization.

The Programme

For its part the Programme has responded to the various concerns and recommendations of the Statutory bodies. The Programme Director has had regular consultation with WHO Headquarters, the Regional Office for Africa and with the Participating Countries to determine the most effective courses of action. With the intention of ensuring the full collaboration of the Participating Countries and their involvement in every step of the devolution process each country was invited to nominate two senior officials as focal points.

A working group involving one expert from each Participating Country was held in November 1982 to consider the implication of devolution for the countries and prepare recommendations for follow-up. These were as follows:

- For OCP
- to search for an easy and applicable technology;
 - to identify the level of OCP activities in each country;
 - to define the national structures envisaged, their anticipated role and requirements;
 - to study the national mechanisms and the type of support needed;
 - to study acceptable levels which can be maintained by the countries in case of reinvasion or recolonization;
 - to estimate the potential for the countries to integrate OCP activities and the risks involved;
 - to evaluate the prospect of international aid;
 - to determine the level of epidemiological evaluation currently carried out by OCP in each country, and the possible participation of nationals in these surveys;
 - to set up an evaluation mission to visit each of the Participating Countries with the above as terms of references and to prepare recommendations acceptable to all parties concerned;
 - to appoint a working group composed of technicians from each of the Participating Countries to study criteria and standards necessary for the transfer of OCP activities to the Participating Countries and to prepare terms of reference of future missions in charge of studying the capability of each country to take over OCP activities.

For the Participating Countries

- to make a definite political commitment to devolution and define a clear national policy towards assumption of responsibilities;
- to select the necessary trained staff and appoint a secretariat;
- to create the required national structures;
- to identify onchocerciasis as a priority within the national health services;
- to reorganize and strengthen the NOCs;
- to study the possibility of collaboration amongst countries within the same river basin;
- to maintain the OCP methodology after devolution.

For WHO (Regional Office for Africa)

- to increase training fellowships;
- to provide support to national technicians through inter-country projects;
- to assist in setting up surveillance structures;
- to enable the Special Programme for the Research and Training of Tropical Diseases, Division of Malaria, etc. to participate in the integration of OCP activities into the National Health systems.

Internal meetings involving OCP technical staff have been convened in order to define what should be the standards and criteria to be reached before any particular activity could be devolved. For hydrobiological monitoring, experienced teams belonging to national institutes in the countries concerned have already taken over responsibility for carrying out the prescribed schedule of activities and collecting the requisite data, all being coordinated by OCP. Epidemiological surveillance could be, perhaps, the next activity to be handed over but again there would be the need for central coordination to ensure comparability of data. However, it was emphasized that the detailed study of the evolution of the disease in relation to the vector control operations should continue with OCP meantime. Because of its complexity and the continual demand for information vital to ensuring prompt and appropriate action against the vector, the entomological surveillance system would be the last activity that could be devolved and then only when the local situation is seen to be secure after several years in the maintenance phase.

The format of the inter-country facility (ICF) which will continue a role similar to that of the present OCP in coordinating the activities in the various countries and providing a control input as necessary is under regular study by the Programme with the help of a consultant.

The Programme organized a second working group of national experts which prepared terms of reference for teams to visit the Participating Countries to evaluate the potential of each to undertake responsibility for different activities, to examine the present structures and to identify possible shortfalls and training needs. This intensive R and D study was launched at the beginning of 1984 and is being undertaken progressively by a team visiting each country in turn. This team is composed of a consultant and a staff member who link up with the two senior officials nominated as focal points in the country visited and joined by one of the focal points from a neighbouring country. When these review visits are completed a report will be written and reviewed at a joint meeting of the focal points so providing guidelines to the types of assistance these countries will require to build up their national health structures to the level necessary to continue maintenance activities.

Meantime, the Programme has recruited another consultant to help draw up a schedule of training and fellowships which should be available through the Programme to the countries concerned for the period 1984-1993. This will cover a broad range of disciplines e.g. entomology, epidemiology, ophthalmology, hydrobiology, statistics, health economics, sociology and management, all of which will be necessary for the countries to assume responsibility at devolution and to respond to development needs thereafter.

The need for an independent group to determine when specific activities should be handed over to the national authorities is a safeguard recognized by the Programme and the countries concerned. The role of implementing and monitoring the actual transfer of OCP activities to the countries could probably best be undertaken by a group drawn from two of the statutory bodies e.g. the Expert Advisory Committee and the Joint Programme Committee.

Future

The Long-Term strategy currently being prepared to carry the Programme through to the period when its objective will be met leads naturally into devolution for the maintenance of activities necessary to prevent a recrudescence of the disease. The timetable for devolution varies substantially from one area to another but from the continuing success of vector control in 90% of the control area, and as recorded by the CSA, it could be more imminent than had originally been anticipated.

With this in mind, the devolution process must be programmed very carefully and coordinated with the absorptive capacity of the countries concerned who must continue to be involved every step of the way. The manner in which it is being pursued, that is by close collaboration among the Programme, the Participating Countries and the Statutory bodies, is sufficiently flexible to accommodate each country according to its particular constraints and in relation to its national health programme.

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