

African Program for Onchocerciasis Control

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Responsible Sector and Bank Unit:	AFTHD
Recipient Agency:	World Health Organization
Web Address:	http:// www.worldbank.org/gper
Financial Arrangements for FY09 (Amount in US \$ Million)	
Total Budget:	101.2
DGF Funding Request:	2.58
DGF Percentage:	3%
Objectives and Expected Outcomes	
<p>The primary objective of the African Program for Onchocerciasis Control (APOC) is to establish, within 12 to 15 years, effective, self-sustainable, community-directed treatment of Onchocerciasis with the drug ivermectin (CDTI) throughout the endemic areas in the geographic scope of the program. The Program aims at eliminating the vectors transmitting the parasite in selected circumscribed foci using environmentally safe methods. The attainment of this objective is expected to contribute to the elimination of Onchocerciasis as a disease of public health throughout Africa and so contribute significantly to improving the welfare of the people. The intended beneficiaries are 107 million people living in 19 countries in Africa (outside the West African OCP area) which are infected with Onchocerciasis or are at high risk of contracting the disease. Additionally, the 11 countries of the Onchocerciasis Control Program (OCP) in West Africa are also protected against reinvasion from bordering APOC countries to the east.</p>	
Main Components	
<p>Main activities include: (i) assessment and mapping the distribution and endemicity of Onchocerciasis and Loaisis; (ii) epidemiological evaluation and disease surveillance; (iii) distribution of Ivermectin through community-directed health services; (iv) vector elimination; (v) training and capacity building; (vi) advocacy and education; (vii) biostatistics and information systems; (viii) co-implementation of synergistic health commodities and interventions with Ivermectin distribution; (ix) integration of CDTI into national health systems; (x) monitoring and evaluation; and (xi) operational Research.</p>	
Performance Indicators	
<p>Reduction of disability (i.e. blindness and reactive skin disease): the results of Phase II of the long-term impact assessment carried out every five years showed (in 2005) a reduction of the prevalence of severe itching by 54% along with a reduction of the prevalence of reactive skin lesions by 29% and a reduction of the prevalence of Oncho blindness by 33% compared to pre control situation. 850,000 DALYs (disability-adjusted life years) were saved in 2006 and a cumulative 3,800,000 DALYs have been since 1996. When fully scaled up, APOC will add an annual 600,000 person-years of productive labor to the APOC countries. (ii) Sustainability: a sample review of 57 mature CDTI project evaluations shows that 43 (76%) projects are making satisfactory progress towards sustainability while 13 (24%) are not making progress. The objective is to make sustainable 111 CDTI projects before the end of the program in 2015. (iii) Capacity building for communities, government health personnel, and local NGOs: APOC trained or retrained 472,972 Community Directed Distributors and 40,187 health workers in 2006; (iv) Treatment coverage: Out of 111 community-directed drug delivery projects to be established in 16 countries, 108 projects have been approved and 97 CDTI projects are scaling up distribution of Ivermectin. Total current projects treated 48.6 million people in 133,000 communities in 2006, with mean geographic and therapeutic coverage rates of 99% and 75%. The objective is to treat 90 million people per annum and to reach mean geographic and therapeutic coverage rates of 100% and 78% respectively at the end of 2015; (v) Elimination of the vector in selected foci: the vector has been eliminated from 3 out of 4 foci targeted by the program; (vi) Co-implementation: 61 projects currently co-implement other health interventions along with Ivermectin treatment.</p>	

Progress and Achievements

To provide strategic directions to operationalize the recommendations of the latest external evaluation (2005), an amendment to the MOU was drafted allowing the extension of the duration of APOC to 2015 and development of a strategic plan 2008-2015. The Strategic Plan provides guidance on gradual decentralization and transfer of program responsibilities to countries, integrate Oncho control into national policies and processes, step up capacity building efforts to increase local ownership and strengthen management systems. Inter-country meetings for integrating Onchocerciasis elimination activities into health systems and co-implementing Ivermectin distribution with other health interventions, were organized bringing together policy-makers and national disease control (including malaria) coordinators of 25 countries. The development of sustainability plans and their evaluation have been stepped up. A study on external monetary incentive policies for community volunteers has been launched as human resource development issues are now high on the agenda. APOC has increased its advocacy activities towards countries to ensure adequate domestic resource allocation and explore new funding opportunities, e.g. Merck & Co. Inc. has pledged \$25 million in financial contribution on top of its drug donation and the African Development Bank has pledged \$23 million. The declaration made by health ministers of endemic countries in Yaoundé in September 2006 and during the 57th WHO Regional Committee meeting in 2007 has been translated into increased domestic funding. The Multi disease Surveillance Center has been provided with funds in order to improve Oncho surveillance activities. A formal collaboration mechanism has been established between APOC and TDR and Wyeth Pharmaceutical to accelerate the development of a macrofilaricide, a drug which kills the adult worms. The lead macrofilaricide candidate, moxidectin, has made good progress in clinical development with the technical and financial support of Wyeth Pharmaceuticals. Although ivermectin remains effective as a microfilaricide, a continued monitoring of its efficacy is necessary. APOC has contributed to the improvement of national health care delivery systems of participating countries through increased access to health services for communities “beyond the end of the road”; involvement of communities in healthcare provision; and increased capacity of MOHs, communities and local NGOs. Such community directed approach, originally designed for Onchocerciasis control, has become a backbone of national health systems, significantly contributing to revitalizing primary health care delivery systems. Through its established community-based delivery network, APOC continues to help to address, on a selective basis, other health problems that impact the poorest in underserved areas, including Malaria, Lymphatic Filariasis, Trachoma, Intestinal Helminthes, and Schistosomiasis, and micronutrient deficiency.

Partners

African Development Bank, Official Bilateral Donors, UNDP, WHO, Gulbenkian Foundation, NGDO Coalition, and the OPEC Fund. Private sector: Merck & Co.

Governance and Management

The APOC is cosponsored by UN agencies, NGO coalition, and Mectizan (Ivermectin) Donation Program (Merck & Co). The Bank serves as the **Fiscal Agent**. WHO is the **Executing Agency**. Program headquarters are in Ouagadougou, Burkina Faso. APOC management oversees the development of procedures for executing CDTI projects, approves projects, coordinates monitoring and evaluation exercises and reports to the governing board. Affected communities have wide leeway in implementing APOC project activities. The **National Onchocerciasis Task Forces** (NOTFs), composed of representatives of local stakeholders, prepare project proposals and oversee country-level program activities. MOHs have ultimate responsibility for integrating the program into existing health systems. The APOC **Technical Consultative Committee** (TCC) reviews and advises on the acceptability of new projects, based on technical justification and financial feasibility, monitors the implementation of existing projects and makes recommendations on how to improve the performance of problem projects. The **Committee of Sponsoring Agencies** (CSA), a steering committee in which the Bank plays a prominent role, oversees program implementation, takes policy decisions, and advises the governing board, the **Joint Action Forum** (JAF). The JAF finalizes all major policy decisions, approves APOC annual plans and budgets, assesses APOC’s global financing requirements, and decides on the inclusion of countries at the recommendation of the CSA.

Exit Strategy

Between 2010 and 2015, all APOC activities will be fully transferred to the Participating countries in accordance with agreed country’ specific assistance frameworks aiming at mainstreaming Oncho control into national health systems and making each Ivermectin delivery project fully sustainable by the end of the Program.