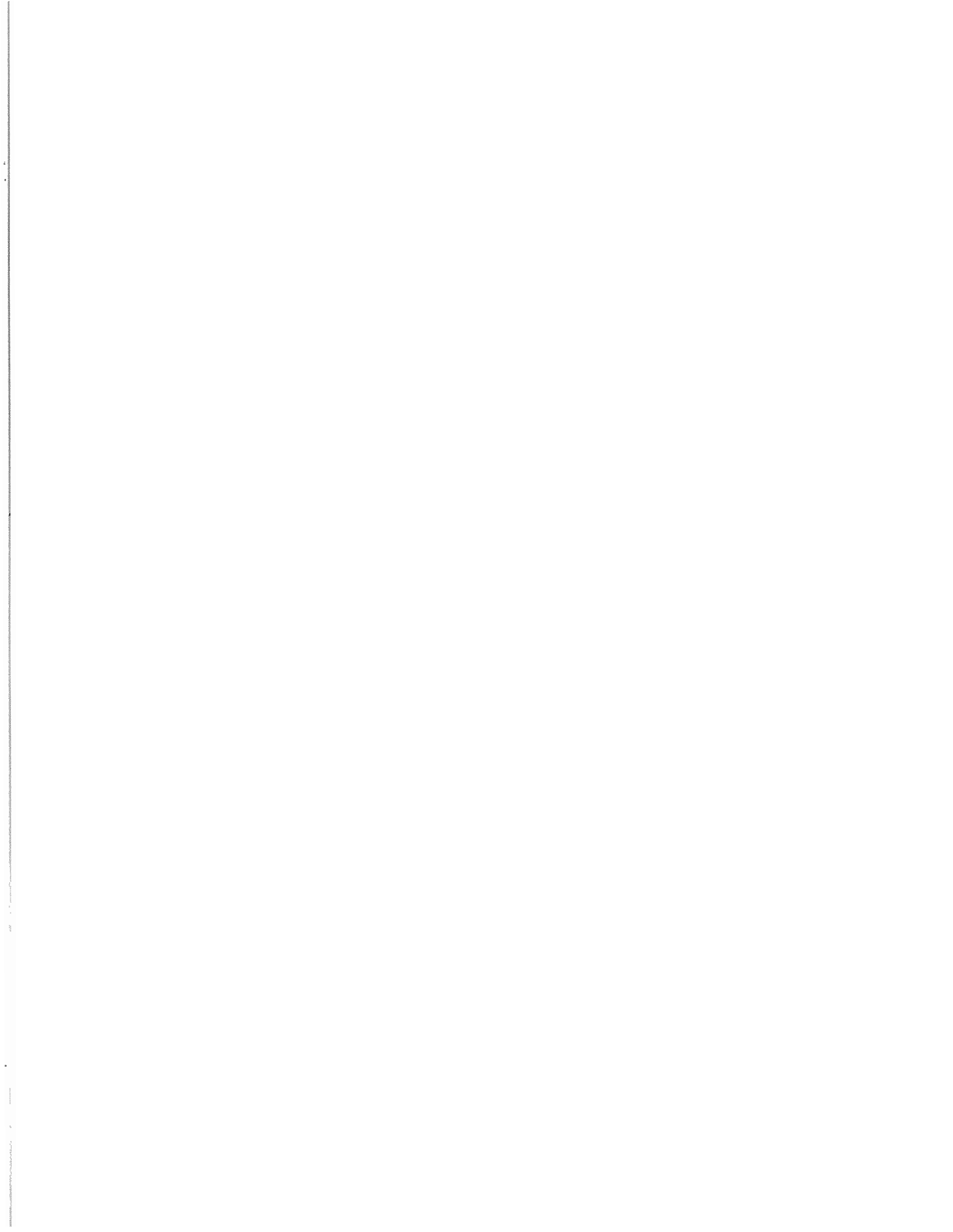




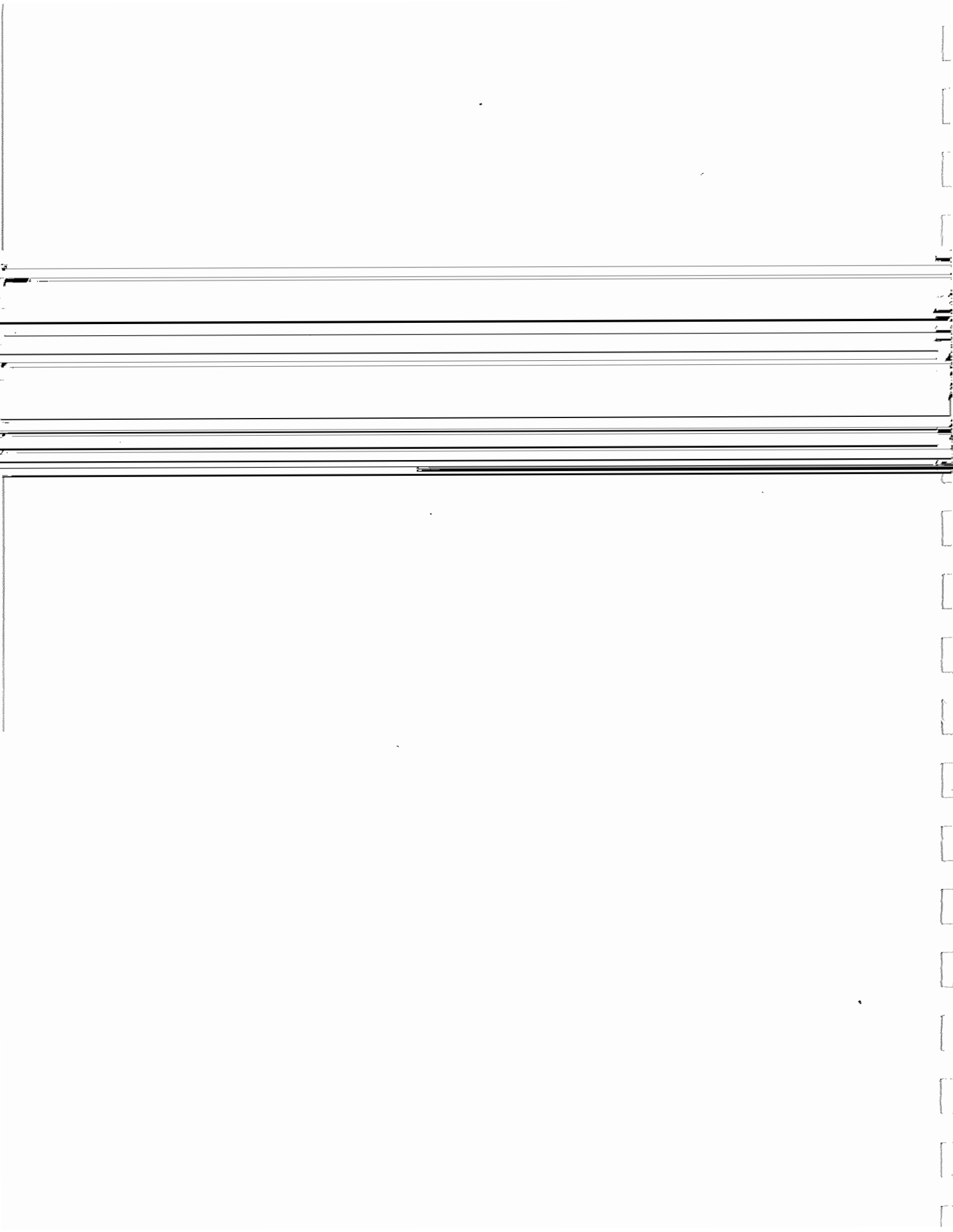
**Summary**  
**1996 Global 2000 River Blindness Program**  
**Program Review for Nigeria, Cameroon, Uganda, and OCPA**



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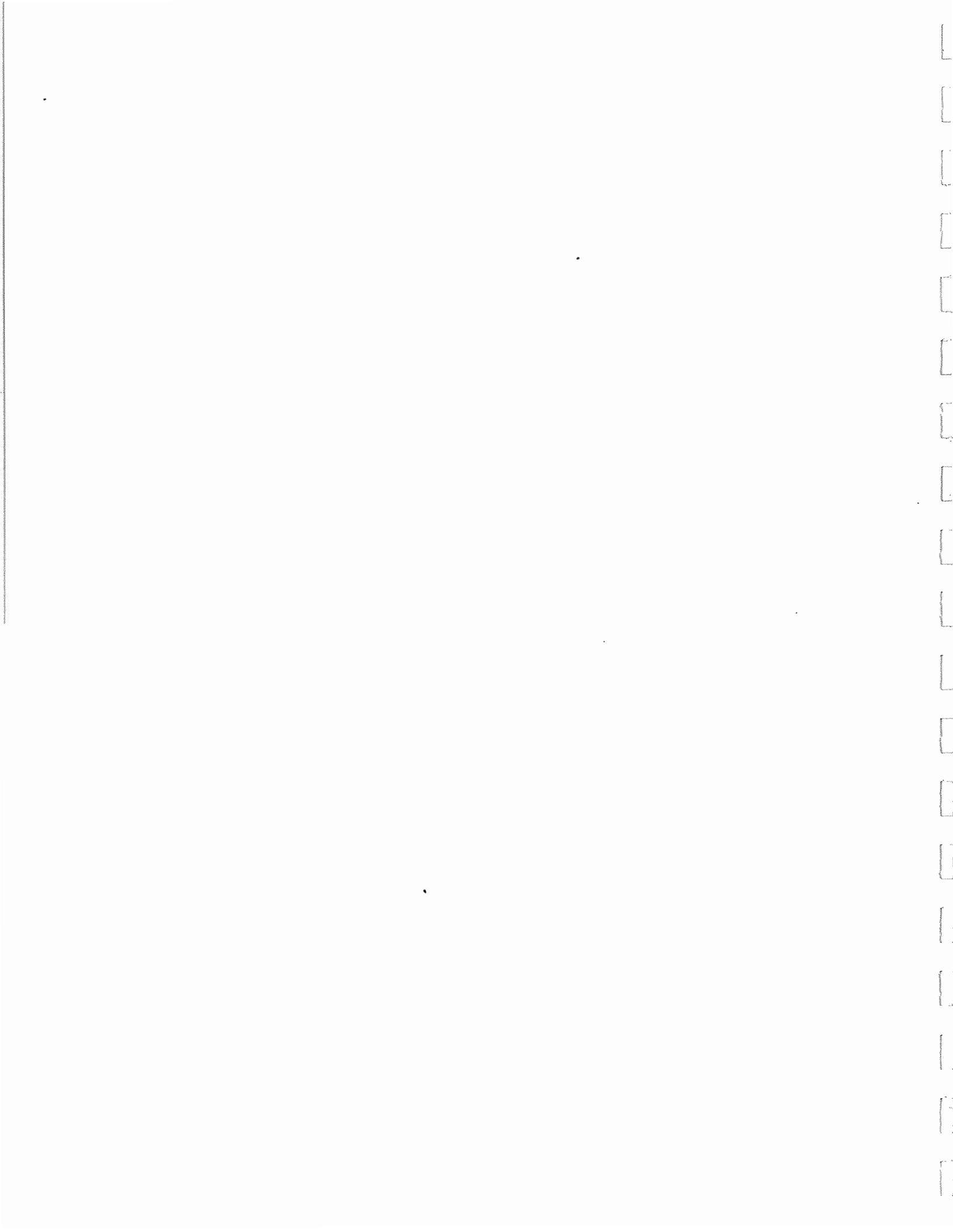
EXECUTIVE SUMMARY ..... ii



Acronyms

ATO

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## EXECUTIVE SUMMARY

The Carter Center in Atlanta hosted its first annual Program Review of Global 2000 River Blindness Program-assisted activities on December 9-11, 1996. Each program (Nigeria, Latin America, Uganda, and Cameroon) reported on treatment activities, sustainability issues, status of

## INTRODUCTION

The Carter Center in Atlanta hosted its first annual Program Review of GRBP-assisted activities



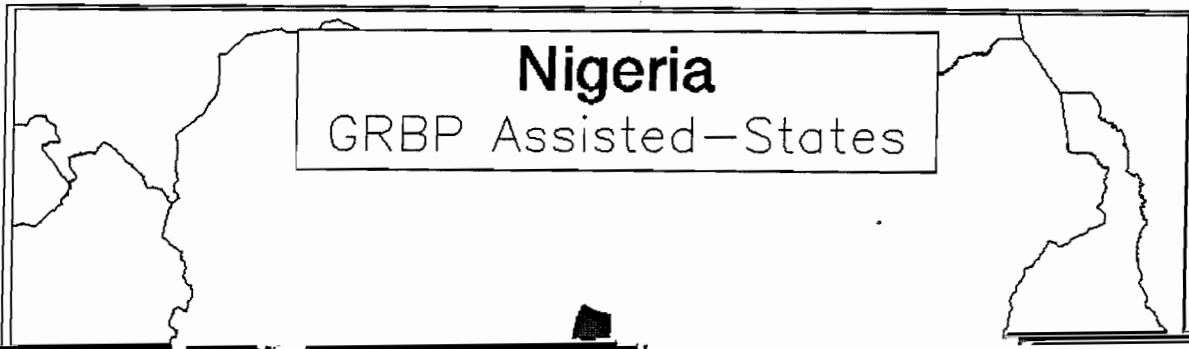
## NIGERIA

GRBP in Nigeria is assisting distribution activities in seven states: Plateau, Abia, Anambra, Delta, Edo, Enugu and Imo States. The Lions Clubs International District 404 assists in mobilization and health education in the latter six states located in southeastern Nigeria, for which funding is provided by the Lions Clubs International Foundation's SightFirst program. RBF/GRBP assistance began in Plateau state in January 1992, in Abia and Imo states in September 1992, and in Edo, Delta, Anambra and Enugu states in January 1994.

The Global 2000 River Blindness Program (GRBP) in Nigeria helped provide Mectizan® to 3,030,679 persons, or 103 % of its Annual Treatment Objective (ATO) for 1996 (Table 1). The program also exceeded its ATO (6,016 out of 5,756 villages) for 1996.

*APOC:* GRBP assisted in writing a proposal to APOC for 1997 funding in Kwara, Ondo, Kogi and Taraba states. GRBP also assisted the National Onchocerciasis Control Program (NOCP) in its launching of the onchocerciasis trust fund. The NGDO Coalition further helped the NOCP by supplying office equipment and helping with the national Rapid Epidemiological Mapping of

Map Nigeria



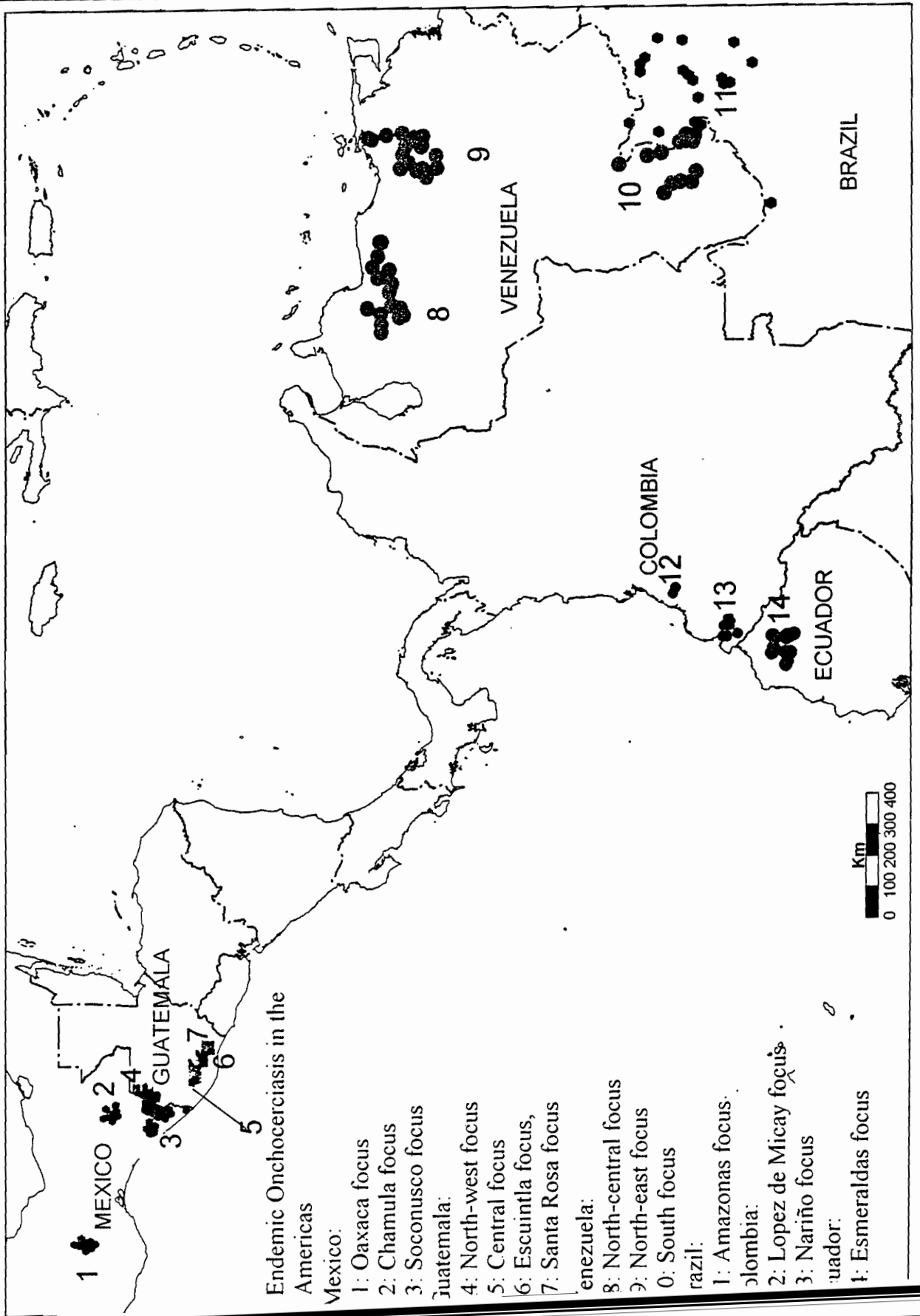
## NIGERIA RECOMMENDATIONS:

- ▶ The 1997 Mectizan® supplies **must** be received in a timely manner through UNICEF in order not to interrupt distribution. This involves resolution of Mectizan® shipment issues with the Mectizan® Donation Program (MDP), UNICEF, and the Government of Nigeria.
- ▶ Seek more financial and material support for the program from the Nigerian government.
- ▶ Prepare APOC proposals by July 1997 for Plateau State and Nasarawa State.
- ▶ Build the relationship with Lions through additional publicity, and by facilitating

**ONCHOCERCIASIS ELIMINATION PROGRAM FOR THE AMERICAS (OEPA)**

The six endemic countries (Guatemala Mexico Venezuela Brazil Ecuador Colombia) have

# Geographical distribution of endemic onchocerciasis in the Americas



## Endemic Onchocerciasis in the Americas

### Mexico:

- 1: Oaxaca focus
- 2: Chamula focus
- 3: Soconusco focus

### Guatemala:

- 4: North-west focus
- 5: Central focus
- 6: Escuintla focus,
- 7: Santa Rosa focus

### Venezuela:

- 8: North-central focus
- 9: North-east focus
- 10: South focus

### Brazil:

- 11: Amazonas focus.

### Colombia:

- 12: Lopez de Micay focus.
- 13: Nariño focus

### Ecuador:

- 14: Esmeraldas focus



## OEPA RECOMMENDATIONS

- ▶ Provide support to the Venezuelan program for epidemiological assessment of the northern foci.

Help PAHO to establish criteria for certification of freedom from malaria



**UGANDA**

Despite various complications related to insecurity in some areas, GRBP Uganda attained 77% of its 1996 ATO for eligible at-risk population (498,501 persons treated), and has reached 87% of at-risk villages (1,230). However, recent rebel activity and movements of refugees from Zaire have increased insecurity in several of the other districts where GRBP is assisting the Ministry of Health in distribution of Meectizer®. Treatments were resumed (6/9/96) in the following districts:

[REDACTED]



# Uganda

ORDD A. J. D. J. J.

## UGANDA RECOMMENDATIONS

- ▶ GRBP headquarters will closely follow the 1997 financial and administrative experience

The new West Province Mectizan® distribution program, which was launched in September 1996 with the assistance of GRBP and Lions Clubs International Foundation's SightFirst



## CAMEROON RECOMMENDATIONS

management and technical experience related to Mectizan® distribution.

- ▶ Given its national health policy of outreach distribution, Cameroon should test the flexibility of a different orientation of APOC policy (that of community-based

distribution) with its revised National Plan. Dr. Brian Duke will offer his assistance in the writing of that Plan.

- ▶ Given that blinding onchocerciasis exists in North Province, GRBP should ensure that the treatment program is sustained there. Develop the North Province APOC proposal for the August 1997 TCC deadline. Dr. Brian Duke will assist with the proposal.

## HEADQUARTERS RECOMMENDATIONS

Help programs to ensure that Mectizan® applications are submitted to MDP in a timely manner to minimize shipment difficulties and delays in receipt.

Get the most thorough endemicity information possible on all villages under treatment possible. The ability to distinguish high risk villages (communities or those with nodule rates  $\geq 40\%$  or microfilaria rates  $\geq 60\%$ ) is particularly lacking in Uganda and Cameroon. REMO exercises alone do not provide these data; REA at each village does.

APOC: Review all APOC proposal drafts developed by the program offices at least three weeks before they are due to be sent to the APOC Technical Consultative Committee (TCC). Follow the Uganda/APOC administration experience with their districts.

Define Ultimate Treatment Goals (UTG) for each program. The UTG is the figure that indicates that complete Mectizan® coverage has been achieved in the program area of the eligible at-risk population and at-risk villages. When the ATO is established the goal is to try and get closer to the UTG for each country.

Annual Treatment Objective: Headquarters will request a detailed rationale whenever the ATOs change in a monthly report. Similarly, each







AGENDA

**Tuesday, December 10**

**Uganda**

Program reports (continued)

|                         |                             |                      |
|-------------------------|-----------------------------|----------------------|
| 8:00 a.m. - 9:00 a.m.   | Uganda GRBP Presentation    | Mr. Dominic Mutabazi |
| 9:00 a.m. - 10:00 a.m.  | Discussion                  | Mr. Dominic Mutabazi |
| 10:00 a.m. - 10:15 a.m. | Break                       |                      |
| 10:15 a.m. - 12:00 p.m. | Discussion/recommendations  | Dr. Donald Hopkins   |
| 12:00 p.m. - 1:00 p.m.  | Lunch in the Copenhill Cafe |                      |

Program reports (continued)

|                       |                            |                    |
|-----------------------|----------------------------|--------------------|
| 1:00 p.m. - 2:00 p.m. | Cameroon GRBP Presentation | Mr. Jean Bangob    |
| 2:00 p.m. - 3:00 p.m. | Discussion                 | Mr. Jean Bangob    |
| 3:00 p.m. - 3:15 p.m. | Break                      |                    |
| 3:15 p.m. - 4:45 p.m. | Discussion/recommendations | Dr. Donald Hopkins |

6:00 p.m. - Dinner at Vickery's

