

## **Phone conversation between the African Programme for Onchocerciasis Control (APOC) and GiveWell on April 30, 2012**

Participants:

- Dr. Paul Lusamba-Dikassa, Director of APOC
- Dr. Grace Fobi, Head of Sustainable Drug Distribution unit at APOC
- Dr. Laurent Yameogo, Coordinator, Office of Programme Director, APOC
- Elie Hassenfeld and Natalie Crispin from GiveWell

**GiveWell:** Are you currently soliciting funding for more programming and what would it be used for?

**APOC:** APOC has several governing bodies. Among those, there is the Joint Action Forum (JAF). They met in December 2011 and discussed the future of APOC among other important aspects of the Programme. Initially, the program was supposed to close in 2015, but in December 2011, the JAF decided to extend APOC to 2025. The beneficiary countries, donors, and other stakeholders agreed to work toward the elimination of onchocerciasis in Africa. Given the current state of the program, it is not possible to eliminate onchocerciasis by 2015.

This doesn't mean that the program has not achieved its objectives. Its initial objectives were to establish a sustainable system for mass drug administration (MDA) of ivermectin and that has been done. MDA is ongoing under the leadership of communities and the ministries of health in all countries where onchocerciasis is endemic.

You may be aware of the London Declaration which said that most of the neglected tropical diseases should be eliminated by 2020, but for onchocerciasis, it will not be possible by 2020, so JAF decided to extend the program to 2025.

Now, if you really want to get elimination, you need to do more than we are currently doing, and in order to do more, you need more money. APOC has a budget that is agreed upon by all stakeholders through 2015 when the Programme was supposed to close. For that budget, the financial resources are sufficient. So, if we were to stop in 2015 without the shift from control to elimination decided by JAF in 2009, we would not need more funding. But since we're going for elimination to 2025, and activities are being intensified to meet elimination goal, there is a gap. We are working now on a plan to identify how much we need and the gap, so we can go back and ask our donors to come forward and help.

**GiveWell:** Let me try and summarize to make sure I understand. You have sufficient pledges for funding through 2015 and there's a funding gap from 2015-2025.

**APOC:** Let me correct a little bit. Even from now through 2015, there's a gap because you need to do more if you want to achieve elimination. There are two gaps: a gap to

intensify activities needed for elimination through 2015, plus what we'll need to continue through 2025. So, because of the stepping up of activities, there's a funding gap.

**GiveWell:** What are the additional activities you would do to move towards elimination from now to 2015?

**APOC:** First, we need to search to see if there are, in a given country, pockets of onchocerciasis we didn't know about, ensuring therefore that all transmission zones will be covered. We'd need to engage diagnostics and logistics to do this.

Second, where we are already working, we also need to accelerate and make sure we are reaching high coverage levels because, if you want to eliminate onchocerciasis, you need to treat 100% of the endemic communities/villages, but you also need to reach 85% of the populations within each endemic community. Many countries are below those thresholds. We need to do more.

Third, we need to work together with other neglected tropical disease control programs to assist them with the experience gained by APOC in mapping disease, training health officers and community volunteers, and even jointly administering MDA when possible.

Fourth, we need to increase laboratory facilities. To say that you've eliminated onchocerciasis, you need to bring laboratory proof to show that the disease is close to 0. You need to go to the communities and take samples and bring them back to the labs and find out. Those are from people, but you also need to sample the black flies which are the vectors of onchocerciasis to see if they are infected with Onchocerciasis parasite, and this cost money and requires logistics.

APOC uses a strategy that is unique. We go where there are no roads, doctors, or hospitals. Even in places where the health system exists, it is very often a weak system. APOC has come to rely on the community members themselves to carry out the MDA. It takes a lot of investment to train, sensitize, and supervise these community members to deliver the drugs to their households and communities. This is a very cost effective method which has enabled APOC reach high coverage of those at risk. Finally, when APOC closes, we hope the system remains and will continue to strengthen health systems in these areas.

Even if you do reach a point where you certify that onchocerciasis is eliminated in a region, you need a surveillance system in place to detect any re-occurrence of the disease so, countries can quickly take appropriate measures to deal with it.

We think we have achieved elimination in maybe one country. As time progresses, more and more countries will have reached elimination.

**GiveWell:** Do you have a budget showing what items you'd like to spend money on, what items would cost, and what pledges you've received?

**APOC:** We are working on the budget now. The decision was made in December 2011.

We need to discuss figures with governing bodies and then we could make it public.

**GiveWell:** When do you think process will be completed?

**APOC:** We need to report back to the JAF at the end of this year 2012, with our strategic plan through 2025 as well as our yearly plans starting in 2013-2015. We will present those plans to the JAF for approval.

**GiveWell:** Do you have a funding gap for 2012?

**APOC:** We believe that we have a gap. What has been approved was approved in the logic of stepping down and moving towards closing APOC in 2015. We need to close the gap between stepping down to close and stepping up activities to achieve the elimination goal. We are in an ambiguous situation and we have tried to assess that gap and come up with some figures. We believe that the gap is around \$5-6 million for 2012.

**GiveWell:** What would you cut without that funding?

**APOC:** In Ethiopia, we've discovered that there are 3 million people who need treatment who did not have treatment before. If we were to do that, we'd need money for that activity. We'd also need to have baseline epidemiological data that would ease assessment of the trends towards elimination, and determining how long we'd need to treat.

In Latin America, they are distributing ivermectin more than once per year. In Africa, we distribute just once per year. But, in going toward elimination maybe we'd need to do more. If you want to move to twice per year, you'd need more funds to train, mobilize and monitor.

There are also populations in Democratic Republic of the Congo, which is one of the countries most affected by the disease, who were never reached by the program due to conflicts.

**GiveWell:** Do you think one of your current donors will fill the gap?

**APOC:** In a period where there is such momentum for elimination of neglected tropical diseases, in the context of the London Declaration, it will probably not be too difficult to close the gap from current donors.

But there is a long road between saying it and actual implementation, so we believe it's doable, but we are not sure.

**GiveWell:** You noted that there's been a shift in strategy from setting up sustainable MDA to elimination. Can you discuss what caused that shift?

**APOC:** A control program is open-ended. You are satisfied with getting disease to a certain level. Elimination program is much better. Donors can see an end point. There are not just social benefits but also economic benefits. Funds saved are moved to other priorities. In an area with onchocerciasis, people may leave their farms because the area is seen as dangerous. In some places, you have 50-80% of people who are blind or with low vision because of onchocerciasis. If you eliminate the disease, not only do you improve health a lot, but people come back and farm and you increase productivity.

**GiveWell:** What does APOC do: run the programs, provide funding, provide advice? What is APOC's role and how does it support country programs?

**APOC:** APOC receives funds through a trust fund which is administered by the World Bank. The program has a budget approved by the governing body and then funds are released by the Trust fund to APOC through the World Health Organization which is the executing agency of APOC.

There are several things you need to eliminate the disease:

- Ivermectin. This medicine is donated free of charge by Merck to the countries.
- APOC experts assess the disease level along with experts at the country level. The team goes to the field and assesses the situation. APOC experts ensure either capacity building of nationals or quality control of work done by nationals.
- You also need to go to the field to train the people who are going to distribute the drugs. APOC supports those trainers.
- APOC needs to determine whether the programs are going well according to the criteria agreed upon, and conducting this monitoring and evaluation requires money.
- After a few years, you need to assess what the situation is like epidemiologically and whether the disease is regressing as it should according to the model. The model is called Onchosim and it shows that if you achieve x-level of coverage in an area where the endemicity level is y, you need a number z of years to reach the break point. We need to regularly assess the trend toward that and for that we need to send experts to work with experts at the country level.
- We then also need to check that countries use the funding that we give them in the right way.

This whole process is country led and integrated in the national health system. APOC provides all the technical support, but in the countries there are national programs, and activities are carried out by the countries which include training at all the levels of the health system and training at the level of the community itself; mobilization, sensitization, advocacy are carried out at all levels of the government.

**GiveWell:** What documents can you share?

- Annual reports to the Joint Action Forum
- Reports from the M&E processes you described earlier?

**APOC:** We have a lot of reports. Every year, we have a technical committee that meets twice and assesses the level of implementation of the projects. There was a midterm evaluation which is in the public domain which we can share with you. The document we prepared for the Joint Action Fund in 2011, we can share with you.

**GiveWell:** We'd also be interested in more information about the track record of APOC: where you've had success and what evidence you've had that demonstrates that success.

**APOC:** We should be able to send those and all the rest within a week or two.