

NTD Capacity Building and Control in Central Africa

Session Date: Saturday, October 27

Session Time: 1:00pm – 4:00pm

Session Location: Conde, 3rd Floor

Session Description: The session focused on NTD capacity and control in Central Africa. The project “Lutte contre les maladies tropicales négligées/ Neglected Tropical Diseases control” has been launched to sustainably strengthen NTD control in Cameroon, Chad, Central African Republic, Republic of Congo, Gabon and Equatorial Guinea. The 4-year project is implemented by the «Organisation de Coordination pour la lutte contre les Endémies en Afrique centrale » (OCEAC) based in Yaoundé, Cameroon. Funding is provided by the German Federal Ministry for Economic Cooperation and Development (BMZ) through the KfW Development Bank. The objectives of the project are: (i) to support interventions to control or eliminate neglected tropical diseases (NTDs); and (ii) to build local NTD research capacity through PhD student fellowships.

Additional presentations focused on the unequal progress in the control of MDA diseases across the region, with Cameroon having strong programs while Chad and Equatorial Guinea lack functional programs for several diseases. A complex epidemiology and socio-environmental conditions hamper progress in Gabon, CAR and Congo Brazzaville. Case management NTDs were long neglected, with a few notable exceptions (e.g. leprosy and Buruli ulcer in Cameroon). The reasons are a lack of local capacity and external funding, and limited efforts of the programs in charge. The challenges to build sustainable capacity for NTD control in a region with very limited resources and many competing priorities was explored in another presentation which also draw attention to the insufficient state of health systems in several countries where entire blocks may be (almost) entirely missing.

The aim of the session is to promote the project, to provide a platform for exchange of ideas and for exploring interest and potential for collaboration with relevant stakeholders.

Session Chairs: Peter Steinmann, Swiss Tropical and Public Health Institute
Bonaventure Savadogo, Swiss Tropical and Public Health Institute, and OCEAC

Session Rapporteur: Peter Steinmann and Mariana Stephens

KEY DISCUSSION POINTS

Identify high-priority/low-hanging fruit:

- a. There is not much institutional capacity but rather individuals that invest themselves to make things happen with the little resources they have – identify these leaders in each country.
- b. In principle, NTD control in Equatorial Guinea should be easy since the government has means – encourage them to get rid of NTDs through raising attention to build political will.
- c. Congo has a strong Coordinator of NTDs addressed by preventive chemotherapy (PC-NTDs). Targeted support will enable them to do well with lymphatic filariasis (LF), onchocerciasis, soil-transmitted helminthiasis (STH), and schistosomiasis.
- d. Gabon – concerns with Loa (is LF really endemic?) prevent the country from conducting mass drug administration (MDA) for onchocerciasis and LF. Schistosomiasis should be addressed. (According to a participant, the US embassy was informed two years ago that military and fish and wildlife officials were concerned because schistosomiasis was hurting tourism.)
- e. Cameroon: build on solid capacity and expertise. Adapt program as control progresses.
- f. Organize exchange for NTD country managers.
- g. Open Projet MTN summer school to others. Cost and logistics need to be considered.
- h. ARNTD has an African membership with both English and French but involvement of French needs to be strengthened.

KNOWLEDGE GAPS IDENTIFIED

- a. Key regional challenges: geography, low population density, security, low capacity, low integration (French/Spanish!) – all prevent reaching MDA coverage.
- b. Chad – program in transition because the program manager passed away two months ago.
- c. Central African Republic (CAR) – insecurity and war – hard to implement.
- d. Few NGO partners are active in most countries except Cameroon.
- e. The Bill & Melinda Gates Foundation is providing resources (to cultivate the leadership) for ESPEN. Generally, institutional capacity is low but there are individuals that invest themselves to make things happen with little resources they have – identify these leaders in each country.

RECOMMENDED NEXT STEPS

- a. **Time is right for this region.** Yes, it is comprised of francophone countries, many of which are experiencing civil unrest, but 35-40% of USAID-supported countries deal with this. Priority comes with disease burden. The CMAC region is dominated by Cameroon in terms of absolute numbers so to get the job done we needed to address Cameroon as the priority. Now the other countries must catch up.
- b. **Data.** There are still data gaps for some diseases in the region (e.g., LF).
- c. **Capacity building.** Congo, CAR, and Chad need capacity building to transform funding into high-quality activities on the ground. Until then, focus should be on supporting capable individuals, and encouraging NGOs to be present in the countries.
- d. **Collaboration and coordination.** Ministries of Health (MOH) should coordinate, strengthening leadership of NTD programs. Central coordination should be restored/built – the World Health Organization used to play this role but has more limited roles at present in several countries. Therefore, donors and actors need to coordinate.