

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D. C. 20523
BIBLIOGRAPHIC INPUT SHEET

FOR AID USE ONLY

Batch 39

1. SUBJECT CLASSIFICATION	A. PRIMARY	TEMPORARY
	B. SECONDARY	

2. TITLE AND SUBTITLE
Trip report of visits in WHO and Africa, April-May, 1969

3. AUTHOR(S)
Deutschman, Z

4. DOCUMENT DATE 1969	5. NUMBER OF PAGES 16p.	6. ARC NUMBER ARC AFR614.096.D456
--------------------------	----------------------------	--------------------------------------

7. REFERENCE ORGANIZATION NAME AND ADDRESS
NAS

8. SUPPLEMENTARY NOTES (Sponsoring Organization, Publishers, Availability)

9. ABSTRACT

(Health R&D)

10. CONTROL NUMBER PN-AAC-405	11. PRICE OF DOCUMENT
----------------------------------	-----------------------

12. DESCRIPTORS	13. PROJECT NUMBER
	14. CONTRACT NUMBER CSD-1122 GTS
	15. TYPE OF DOCUMENT

AFR
614.096
D456

File - Onchocerciasis
19-722-75
71-441-405

NATIONAL RESEARCH COUNCIL

NATIONAL ACADEMY OF SCIENCES NATIONAL ACADEMY OF ENGINEERING

2101 CONSTITUTION AVENUE WASHINGTON, D.C. 20418

DIVISION OF MEDICAL SCIENCES

17 July 1969

MEMORANDUM

To: Dr. A. C. Curtis

From: Z. Deuschman Z.D.

Subject: Task Order No. 4, Contract No. AID/csd-1122

Travel to Africa and visit of WHO, Geneva, April-May 1969

1. Our travel with Dr. A. C. Curtis, Chief, Public Health Division, Bureau for Africa, AID, to WHO in Geneva and to attend the Ninth Technical Conference of OCCGE* in Bobo-Dioulasso (Upper Volta) was authorized by AID on 4 April 1969. A further extension of the trip to cover the meeting on "the extended onchocerciasis control project in the Volta River Basin" held at WHO Regional Office at Brazzaville was authorized by AID on 30 April 1969. My part of the trip included a visit to Accra (Ghana) and lasted from 14 April to 8 May.

2. WHO, Geneva

2.1 Onchocerciasis. On 17 and 18 April discussions were held with Dr. N. Ansari, Chief, Parasitic Diseases, and his collaborators, Dr. C. Gocckel and Dr. N. H. Kent, the new member of the team, who later attended the Brazzaville meeting (see item 4), replacing Dr. N. Ansari (not authorized to travel for health reasons).

2.1.1 Mr. L. Rist** who was attending a conference in Geneva, also attended the meeting with Dr. N. Ansari, thus confirming the IBRD's interest in the (onchocerciasis) project. Mr. Rist was, however, unable to attend the Brazzaville meeting on behalf of the IBRD, owing to the short notice given by the Director, WHO Regional Office. For the same reason, IBRD was unable to send someone from Washington.

2.1.2 Among points discussed with Dr. Ansari which may require prompt action even independently of decisions of the Brazzaville meeting were the following:

A.I.D.
Reference Center
1969-10-13

* OCCGE - Organisation de Coordination et de Cooperation pour la lutte contre les Grandes Endemies

** Leonard Rist, Special Advisor to the President, International Bank for Reconstruction and Development

2.1.2.1 The urgency to provide the socio-economic studies which would complete the report of the Tunis conference.

2.1.2.1.1 In this connection, a two-month contract has been signed with Mlle J. Blanc of the University of Grenoble. A preliminary confidential report on "Economic Aspects of Onchocerciasis Control" in French-speaking countries was submitted by her in February 1969. This preliminary report did not clarify the estimated total cost of the campaign outside Ghana.

2.1.2.1.2 The contract with Prof. I. G. Stewart of the University of Edinburgh for a similar study in Ghana has not been signed pending the official invitation by the government of Ghana (see 5.2.2) to make the survey.

2.1.2.1.3 A survey of data on all economic plans and current projects made for the land included in the recommended area (RA) for onchocerciasis control and their present status will be prepared by the French technical assistance organization. (See also 4.4.6.)

2.1.2.2 A plan of operations outlined by Dr. A. C. Curtis to WHO on 17 November 1968 as a possible AID contribution (see my report of 13 December 1968) was again discussed with Dr. Ansari. The plan would cover Simulium fly control in the RA for a 10-year period. The cost of a contract by AID was estimated at \$150,000, to be completed within a period of two years. AID suggested that this contract be given to an American engineering firm which would arrange to have access to a considerable experience in this field of French firms operating in Upper Volta, Ivory Coast and Mali (see also 2.1.2.1.3).

2.1.2.3 Brief reference was made to financial resources available by WHO headquarters or needed in the near future to cover immediate requirements. These probably reach several hundred thousand dollars, including WHO regular budget items, special contributions by the Federal Republic of Germany, German Catholic Aid Society, Fond du Conseil de l'Entente, OAU, etc., and \$500,000 to be provided by UNDP* in the near future.

These funds will be used to cover the cost of reinforcement of AFRO 131 and AFRO 163 teams, documents to be prepared under 2.1.2.1 and some urgent research operations such as the comparative study of cost of aerial versus hand spraying (to be undertaken by entomologists H. A. Jamnback, R. LeBerre and J.D.M. Marr).

2.1.2.4 Other tasks to be undertaken by WHO (presumably at the headquarters level) would include preliminary estimates of cost of operation and personnel of the project and assistance in preparation of requests

* United Nations Development Programme

for pre-investment surveys to be addressed to UNDP by the seven countries included in the RA.

2.1.3 Several points of the agenda of the Brazzaville meeting were discussed with Mr. L. Rist, IBRD. Dr. Ansari confirmed that in his view the structure of the Onchocerciasis Control Project in the Volta River Basin (OCP-VRB) should include a coordinating committee (or consultative council), an executive officer and a special technical secretariat located if possible, near the RA (see Annex).

2.1.3.1 The coordinating committee would include representatives of donor and recipient countries and all intergovernmental agencies interested in the project.

2.1.3.2 No conclusion could be reached regarding the leadership in this multinational project. IBRD and/or ADB* could assume such leadership but more must be known about the policies of UNDP and the extent of technical responsibilities to be assumed by WHO (see 4.4.5).

2.1.3.3 A brief reference was made to the need of national coordinating committees. Such committees would assure orderly cooperation among the highest national authorities concerned with national planning, agriculture, and finance, as well as public health.

2.2 Nutrition problems in West Africa were discussed by Dr. A. C. Curtis with Dr. J. Bengoa, head of the nutrition unit and later with his chief, Dr. L. Verhoestraete, Director of the Division of Health Protection and Promotion.

2.2.1 The main question was whether the usefulness of the Joint Nutrition Commission for Africa (JNCA)** of the FAO/WHO/STRC/OAU*** could be increased and the scope of its activities widened by employment of additional professional African staff in order to provide technical assistance to individual National Nutrition Councils. As is known, the JNCA has never met to discuss its wider responsibilities and possible future regional programs. The small secretariat located in Accra is utilized by WHO (Dr. F. Lowenstein) and FAO (Dr. Demmer and Mr. Proust) as a center for collection and distribution of current technical data of interest to national nutrition services.

The discussion with Dr. Verhoestraete revealed many difficulties related with the calling of a meeting of the Commission and agreeing on a long-range program without the assurance of a continuous flow of assistance

* African Development Bank

** Regional Food and Nutrition Commission for Africa, P.O. Box 1628, Accra (Ghana)

*** Scientific, Technical and Research Commission, Organization of African Unity

funds and clarification of its legal position as an international body. It was stated that each African country can request and obtain from WHO technical assistance in the field of nutrition. It was also noted that so far only one country (Zambia) has set up a national nutrition council (called National Food and Nutrition Commission).

2.3 Yaounde University Center for Health Sciences was again discussed with Dr. Ernani Braga, Director of the Division of Education and Training, WHO. The main point was the request of the government of Cameroun for a United States expert team and its possible role in planning of the center. Dr. Braga confirmed the considerable interest of WHO in this project and gave some information on recent developments, but neglected to tell us about the offers made by the government of Canada to build the school and provide a part of the teaching staff. Dr. Braga reported the appointment of Alexander Rankin (Australian) as the head of the future center, a proposed visit by a group of eight persons of schools in Brasilia, Cali (Colombia) and Sherbrooke (Canada), the preparation of a plan of operations by Dr. Gilbert and by Rankin for submission to Dr. Vysulik, regional adviser for Education and Training, to be submitted by Dr. Quenum, Director, AFRO, WHO, in August 1969, with the request for funding by UNDP. UNDP has requested WHO to assume the technical responsibility of the project. U. S. contribution was referred to by Dr. Braga, suggesting provision of teaching personnel, fellowships, and other help to the government of Cameroun. It was suggested that the visit by the U. S. team be delayed up to the end of August. A "donor" conference is expected to be held in January 1970, but we were provided no additional detail.

2.4 Malaria eradication program in Ethiopia was discussed briefly with Dr. E. B. Weeks, Planning and Program, Division of Malaria Eradication, but no suggestion was made for changes in the present practice and policies.

2.5 A brief visit with Mr. J. N. Lanoix, Sanitation Service and Housing, Division of Environmental Health, clarified the present status of assistance to the School of Sanitary Engineering in Morocco. Morocco being a part of WHO European Region, comments will be made by the Regional Director (Dr. Karpio) in the near future.

3. The 9th Technical Conference of the OCCGE held in Bobo-Dioulasso (21 to 25 April 1969) was of considerable practical interest to the medical officers of the "Grandes Endemies" services. It was attended by some 70 delegates, including representatives of medical schools (in Dakar, Abidjan, Paris, Marseilles), WHO and USAID.

3.1 In addition to the annual review of activities of OCCGE institutions, the following subjects were noteworthy. The discussion of tuberculosis control in West Africa was of considerable importance in view of the presence of Dr. Holm, Secretary General of the UICT* and Dr. Tommasi (WHO).

* Union internationale contre la Tuberculose

3.1.1 Bilharziasis. A low cost, speedy, survey method (mass examination in the field for urinary bilharziasis and the corresponding laboratory work) has been described by P. Alose. The survey, made in Karankasso (Upper Volta), included collection of some 360 samples of urine per day by a team of six, of which only one was a trained nurse.

3.1.2 Filariasis. A summary of surveys (1965-1969) of carriers of microfilariae W. bancrofti made by night in numerous localities of six countries (Ivory Coast, Dahomey, Mali, Niger, Togo and Upper Volta), covering 20,691 persons, revealed an average infestation of 7.9 per cent and an extremely "patchy" geographical distribution. The role of A. gambiae and A. funestus as main carriers of the disease has been confirmed in Dahomey and Togo.

3.1.2.1 Encouraging results have been obtained in the campaign "aiming at the eradication" of the guinea worm (dracontiasis, dracunculosis), initiated in 1965 in Ivory Coast. Some 350 water points have been inspected for copepoda vector and sterilized with "Zirame"; 4,000 patients were treated with Ambilhar and 755 with Mintezol.

3.1.3 Leprosy. A summary of the problems in the eight member states, involving some 160,000 cases among 470,000 persons examined in 1968, was made by Dr. P. Richet. Dr. J. Languillon, Director of the Institut Marchoux in Bamako, described current activities of the institute (treatment, teaching of specialized staff) and the results obtained with the use of new drugs.

3.1.4 Meningitis. Recent outbreaks of meningococcal meningitis (Bamako in Mali, Niger, Upper Volta) have drawn attention to the activities of the subsection of the Centre Muraz dealing with this disease, which include the continuation of a comparative study of vaccination with two or three vaccines initiated in 1967 in the pilot zone of Yoko (Upper Volta). Prof. Pene (Abidjan School of Medicine) drew attention to the clinical aspects and treatment of 31 cases of pneumococcal meningitis; the mortality was considerable: 41 per cent.

3.1.5 Onchocerciasis. Several papers dealing with the distribution of the disease and its vector were of importance in connection with the proposed broader program of vector control. Among these there was a general survey of the disease (by Dr. P. Richet), a report on the FED-OCCGE 1968-1969 vector control campaign (LeBerre, et al.), a paper on transmission of onchocerciasis in the White and Red Volta River Basins (LeBerre, et al.), a report on tests of sensitivity of Simulium larvae to new insecticides and a survey of the disease in Niger Republic (1966-1968) and in the Faya and Sotubo foci of Mali.

3.1.6 Papers dealing with malaria were mainly related to the evaluation of new insecticides, trials of genetic control of A. gambiae and to the resistance to insecticides of the malaria vectors in Mali and Upper Volta.

3.1.7 Trypanosomiasis. Of special interest were the papers dealing with simplified methods of the use of IgM in case-finding of human trypanosomiasis and of immuno-selection of suspects. A general survey of the disease in OCCGE member states was presented by Dr. P. Richet. The alarming situation in Congo-Kinshasa was briefly described (by Burke).

3.1.8 Tuberculosis. The presence of some prominent specialists (Drs. Holm of UICT, Chambon, Pasteur Institute, Dakar, H. Coudreau, Tommasi, of WHO, as well as of Aujoulat, Ministry of Health, Paris) has drawn attention to the growing importance of the tuberculosis problem of West Africa, to the "feasibility" of preventive mass vaccination and, under certain conditions, of the curative action.

The reports presented and summaries of discussions when made available would deserve careful study and evaluation. Dr. Richet outlined the work of the tuberculosis section of OCCGE and the recent resolutions to strengthen its importance; Aujoulat and Coudreau made a strong plea for an expanded action by OCCGE in the control of tuberculosis, while Chambon described practical aspects of the mass BCG vaccination. A tuberculosis control program with special reference to Africa was outlined by Holm (UICT) who also referred to two pilot projects planned in the near future: one in Senegal and one in Ghana.

3.1.9 Multiple vaccination was discussed by R. Labusquiere, Ray and Cantrelle, while the 1968 campaign of combined smallpox-measles vaccination in the Niger Republic was described by L. Chamorin.

3.1.9.1 Dr. Ch. Sow reported on the 1968 campaign of AID regional measles-smallpox program in OCCGE member states.

3.1.10 Among other papers dealing with virus diseases were those by Bres (Pasteur Institute, Dakar), dealing with the surveillance of yellow fever, and epidemiology on arboviruses in Senegal. Robin and Darrigol reported on a serological survey of yellow fever and of other arboviruses in Dahomey, Mali and Togo.

4. A preliminary meeting on the extended onchocerciasis control project in the Volta River Basin was held in AFRO, WHO, Brazzaville (April 30-May 2, 1969). This informal meeting was called on rather short notice by Dr. A. Quenum, Regional Director, AFRO, and was attended by Dr. P. Richet and Dr. Ch. Sow representing OCCGE, Dr. N. H. Kent, Scientist, Parasitic Diseases, representing WHO headquarters, as well as Mr. J.D.M. Marr, Entomologist, WHO Inter-Country Onchocerciasis Advisory Team (AFRO 0131), Dr. J. Odetoymbo, Entomologist, WHO Inter-Country Malaria Advisory Team (AFRO 0204), and Dr. F. C. Grant of the Ministry of Health, Ghana. Dr. A. C. Curtis and myself attended on behalf of USAID. The absence of a spokesman for IBRD or ADB and of a representative of ECA limited the scope of discussions, at this first meeting, regarding the

leadership and possible responsibilities in this proposed multidonor sub-regional* project.

4.1 Dr. Quenum underlined the fact that the recommended area (RA) for the major control project (of the Joint USAID/OCCGE/WHO technical meeting on the feasibility of control, Tunis 1968) comprises an area of 206,000 sq. km. (77,240 sq. miles) with a population of 3,020,000, of whom 498,800 were infected and 21,860 were blind, incorporates 1,090,000 hectares (2,692,000 acres) of uninhabited cultivable land. The estimated cost quoted by Dr. Quenum was \$45,000,000 for the period 1970-1985.

4.1.1 It should be noted in this connection that cost of control in the RA was estimated at Tunis (item 3.4.1 of the report) at a maximum of \$2,512,000 per year. The shortening of the total duration of the campaign could reduce the cost to \$2 million or \$1.5 million per year (or about \$30 million for the total maximum period of 15 years).

4.2 It was agreed that the implementation of a control program of the magnitude envisaged called for

4.2.1 Agreement of the seven governments concerned (Dahomey, Ghana, Ivory Coast, Mali, Niger, Togo and Upper Volta) and WHO willingness to cooperate and coordinate with all sources of assistance.

4.2.2 Provision of counterpart contributions by each of the countries concerned.

4.2.3 Technical assistance and financial aid from international organizations and bilateral assistance agencies. This would take into consideration assistance already provided by USAID to the countries of Africa and contributions by OCCGE to knowledge of the epidemiology of the disease and practical experience in programs assisted by FED.

4.2.3.1 It was acknowledged that while assistance given by various agencies in isolation may prove ineffectual, concerted action by all may be expected to produce successful results.

4.3 Consideration was also given to a request presented by the government of Mali at the 1969 technical conference of the OCCGE for the inclusion of all western Mali, Senegal and the Republic of Guinea in the proposed sub-regional control program. It was recalled that the Tunis meeting noted that adequate basic data were still not yet available for these three areas and recommended prudence and realism in this matter. It was therefore considered advisable, at this stage, to plan for the implementation of the program as recommended by the Tunis meeting. The position may be reviewed as the control program in RA develops.

* Sub-regional - a term used by WHO to define a multicountry project not comprising the whole of a WHO Region.

4.4 The draft program and calendar of actions presented for consideration was reviewed by the meeting (see Annex). This draft program differs somewhat from the time table and phasing in the RA suggested in the Tunis report (see item 4.2, pp. 32-33). It provides, however, for a 10-year Implementation Phase (1970-1980) followed by a Maintenance Phase (1980-1985).

4.4.1 Action by WHO in 1969-1970 is outlined under I. Early Planning, items 1 to 5(a), WHO giving the highest priority to the socio-economic studies. The fact that Ghana has not made a special request for assistance in this sub-regional project and has not yet invited Prof. I. G. Stewart to make a survey was discussed (see item 5). Other matters of highest priority are (2) the assistance to strengthen the inter-country project AFRO 0131; (3) assistance upon request to governments in relation to the submission of assistance requests to UNDP; (4) an overall training and operational research program in onchocerciasis control to be submitted to UNDP; and (5) an operational research program financed from a contribution to the Voluntary Fund for Health Promotion (WHO).

4.4.2 Governments are expected to submit to UNDP a request for assistance for a pre-investment study (preferably on a regional basis). These requests should include the information dossier to be supplied by the Regional Director, AFRO. Governments are also expected to initiate planning for the utilization of the recuperated lands.

4.4.3 As suggested by USAID, a plan of operations of the onchocerciasis campaign in RA would be undertaken in 1969 in accordance with AID administrative practices.

4.4.4 IBRD assistance will be required in the methodology for "cost-effectiveness" and "cost-benefit". WHO would welcome the collaboration of the Bank in the onchocerciasis control project in the Volta River Basin.

4.4.5 Organization and staffing of the project as outlined under 4.3 of the Tunis report (pp. 33-34) were not discussed. It was clear, however, from conversations that Dr. Quenum favors the leadership by UNDP and the technical responsibility for the project by WHO AFRO. As far as we could determine, he is in favor of an advisory board consisting of representatives of "donors" (bilateral and multilateral) and of the seven countries concerned.

We have stressed the need to see the countries concerned in the sub-regional project represented by highest officials in planning and economic development in addition to the health authorities.

4.4.5.1 The question of the leadership of the project was not discussed. It was suggested, however, that the headquarters of the project should be located near the RA, for instance, at Abidjan or Accra.

4.4.6 Accent was placed on the need for the governments to study in depth the possibilities of synchronization of the onchocerciasis control with the utilization of the newly cleared lands as an integral part of their general national economic plans (see Annex).

4.4.7 The training of entomologists and auxiliary personnel for the control of Simulium fly is a high priority problem. Dr. Richet and Dr. Ch. Sow (OCCGE) stressed the urgent need in connection with their current program and the intention of Dr. LeBerre, ORSTOM, Centre Muraz, to train two entomologists and six field personnel. It is recalled that Dr. Camus of ORSTOM declared his willingness to start such a training program.

It was suggested that all possible training centers should be contacted (Dr. McMahon, London School of Hygiene and Tropical Medicine, ORSTOM in Paris and Bobo, USCDC, etc.). Auxiliary staff is to be trained by Dr. Hamon (Dr. LeBerre) the Centre Muraz (OCCGE), by Dr. G. K. Noamesi, Ghana, and possibly by the two malaria eradication training centers in West Africa. The need to train auxiliary staff in areas where Simulium has infested the land was noted.

5. Our visit to Accra (Ghana) from 2 to 6 May 1969 was made to discuss with Dr. E. Akwei, Commissioner for Health, Ministry of Health, and Mr. R. M. Cashin, Director, USAID, matters relating to the proposed sub-regional onchocerciasis project, and also to discuss with other officials the present status of the Joint WHO/FAO/OAU (STRC) Regional and Nutrition Commission for Africa. The possibility of training for entomologists and auxiliary staff for the Simulium control were also briefly discussed.

5.1 In addition to Dr. Akwei and Dr. F. C. Grant, Director, Division of Communicable Diseases Control, Ministry of Health, the following were also seen: Dr. Hammond-Quoga, Chief Medical Officer (CMO), Planning; Dr. N. deHeer, Chief of Nutrition Division; Prof. F. T. Sai and Dr. G. K. Noamesi, Senior Research Officer, Onchocerciasis Unit, Ghana's Academy of Sciences; Dr. J. St. G. Warmann, CMO, Volta River; and Dr. David Jackson Amah, WHO Representative for Ghana.

5.2 In the presence of Dr. F. C. Grant, who attended the Brazzaville meeting, we discussed with Dr. Akwei the results of this preliminary meeting on the control project in the Volta River Basin. At once Dr. Akwei expressed his apprehension to be "outvoted" by the representatives of the French-speaking countries. Dr. Curtis assured Dr. Akwei that steps will be taken to protect Ghana's rights and prerogatives in face of the six francophone countries concerned in this sub-regional project. We have further underlined that Ghana's cooperation is quite essential for the success of this project. Now is the time to read carefully the report of the Brazzaville preliminary meeting and to specify Ghana's special desires or conditions to ensure full participation in the project.

5.2.1 In response to Dr. Akwei's enquiry about the "leadership" of the project, we stated our belief that it will no doubt be provided by an international organization such as IBRD or UNDP and that the proposed Consultative Council or Coordinating Committee (CC), composed of "donor" multilateral organizations and countries and the seven countries concerned by the project, would ensure an impartial administration (see also 2.1.3). It is further hoped that the seven countries would be represented by economic development planning authorities in addition to those of Ministries of Health.

Dr. Akwei wishes to think over the proposed plan and wishes to attend the next meeting of the Brazzaville group. Regarding the CC, he understands that twelve or so "donors" will be sitting on the Council, but he asked the question whether each of the six francophone countries would have a separate vote on the CC. Dr. Curtis stated that he had no information permitting him to reply to this question, but he again assured Dr. Akwei that he hoped measures will be taken to protect the special position of Ghana.

5.2.2 To our enquiry as to why Prof. I. G. Stewart (Department of Economics, University of Edinburgh) was not invited so far to visit Ghana, it was explained by Dr. Grant that Ghana was awaiting "official copies" of the Tunis report before inviting him. The invitation could be sent in the near future. Dr. Akwei again stressed that the project requires careful consideration as "collaboration" with Ghana's neighbors will have to extend over many years and will become crucial during the maintenance phase of the control project.

5.3 Further discussions with Dr. Grant were more constructive, as he is not prejudiced to cooperation with the francophone countries. In Accra he has already discussed with the representatives of other ministries the feasibility and advantages of the sub-regional project as described in the Tunis report. Further Dr. Grant is willing to send an official request for assistance to multilateral organizations on behalf of Ghana. Such a request (if approved by Dr. Akwei) need not be signed by the head of the state but could be signed by the chief of the economic planning division. A draft of such a letter, similar to those sent by francophone countries, has been prepared for Dr. Grant.

5.3.1 Resulting from these discussions and conversations with Mr. Cashin it was agreed with Dr. Curtis that the priorities for Ghana in connection with the onchocerciasis project would be:

5.3.1.1 letter by top planner in economics (rather than by the head of the state) to the 12 prospective "donor" organizations;

5.3.1.2 prompt invitation of Prof. Stewart to complete his part of the survey covering northern Ghana;

5.3.1.3 request to be sent to WHO to assist in preparing the pre-investment paper to be submitted to UNDP for Ghana and for each of the six other states.

5.4 In our discussions of the onchocerciasis control project, we were greatly encouraged by the understanding of the scope of this project by Mr. Richard M. Cashin, Director, USAID, Ghana. His suggestions regarding further action in Accra and his offer to provide further information on the project to the head of the government and top administrators may prove essential in assuring Ghana's cooperation in this proposed truly regional enterprise. A session with all members of the AID mission permitted Dr. Curtis to brief specialists in economics, agriculture and transportation of the mission on the onchocerciasis problem.

5.5 The question of training of entomologists and other field staff was discussed with Dr. G. K. Noamesi, Senior Research Officer, Onchocerciasis Unit, Ghana Academy of Sciences.

5.5.1 Dr. Noamesi insisted in the first place on the need of strict synchronization of action in Ghana and the neighboring countries and coordination with economic development schemes. Bitter past experience has shown this need. One example is the project of Simulium control in the Lawra-Wa area (northwestern Ghana), Black Volta River Basin, which was based on the assumption that a similar action would be taken along the Bougouri-Ba further west; the decision of the Upper Volta government to give priority to the economic development of the Banfora area resulted in the abandonment of Simulium control in the Bougouri-Ba basin and the failure of the Lawra-Wa experiment.

5.5.2 Dr. Noamesi is still connected, I believe, with the Bolgatanga Onchocerciasis Unit in the northeastern part of Ghana. A program of training a number of entomologists and auxiliary staff will be initiated at Bolgatanga and at the University of Science and Technology at Kumasi.

5.6 Other subjects dealt with in Accra were discussed by Dr. Curtis. These include development of basic health services (discussed with Dr. Grant), technology of nutrition teaching program open to nationals of other African countries and AID's possible participation in the projects.

ANNEX

DRAFT PROGRAMME AND CALENDAR OF ACTIONS
FOR THE IMPLEMENTATION OF THE PROJECT

I. Early planning 1969-1970

(a) WHO

1. Preparation of an information dossier on the recommended zone, entrusted to the Institut économique et juridique de l'Energie (IEJE), Grenoble (Director: Professor G. Destanne de Bernis) and to the Department of Economics of the University of Edinburgh (Director: Professor I. G. Stewart).

/Preliminary text drafted. Concerning the French-speaking countries, supplementary information being gathered on the spot by Mlle Blanc of IEJE, Grenoble; further studies also requested from the Technical Co-operation Secretariat, French Ministry for Foreign Affairs - Dr. Journiac - and from the Societe d'Aide et de Cooperation technique, Paris - Mr. Deschamps. Concerning Ghana, Government agreement to the sending of a consultant economist awaited./

2. Strengthening of WHO-assisted inter-country projects AFRO 0131 (Onchocerciasis Advisory Team) and AFRO 0163 (Ophthalmological Advisory Services on Onchocerciasis).

3. Assistance, upon request, to the seven Governments concerned in relation to the submission of assistance requests to UNDP (see below under "Governments").

4. An overall training and operational research programme in onchocerciasis control to be submitted by WHO to UNDP. If accepted, the programme will be of use to the onchocerciasis control project in the Volta River Basin.

5. Starting in 1969 an operational research programme, financed from a contribution to the Voluntary Fund for Health Promotion, made by the Government of the Federal Republic of Germany.

(b) Governments

1. Follow-up of letters of approach sent to organizations likely to interest themselves in the project.

2. In addition to the above requests already presented by the governments, it is necessary that each of the seven governments concerned submit to UNDP a request for assistance for a pre-investment study leading to an onchocerciasis control project (preferably on a regional basis). These requests should be drawn up as soon as the Regional Director has communicated to the governments concerned the information dossier which will constitute the justification in support of each individual request.

3. Planning for the utilization of the recuperated lands.

(c) FED/OCCGE

Continuation of the present campaign.

(d) US-AID

WHO would highly appreciate it if US-AID could undertake in 1969 the preparation of the plan of operation of the onchocerciasis campaign in the recommended zone, according to its own administrative practices. WHO would give US-AID all assistance needed in this respect.

(e) IBRD

Long-term economic study: if the Bank or other potential financing organizations could not reach a decision unless more details than those provided in the economic dossier were to hand concerning the economic benefits expected from the project, WHO would be grateful if the Bank were willing to provide indications as to the type of data and methods to be used for the collection and analysis of such data, so that they meet the Bank's standards. Indeed, the methodology for "cost-effectiveness" and "cost-benefit" analysis does not yet seem to be well established. WHO recognizes the importance of economic studies of health problems. The latter, in particular their repercussions on manpower, are also of concern to other specialized agencies within the United Nations family.

Nevertheless, it seems that there is no assured method of approach for tackling these problems and the time has come for seriously trying to overcome this stumbling block. For this reason, WHO would welcome the collaboration of the Bank, in the particular instance of the onchocerciasis control project in the Volta River Basin which would thus provide an opportunity for a prototype study.

II. Implementation Phase 1970-1980

(a) WHO

1. Continuation of activities 2. - 5. started in 1969-1970.
2. If the seven governments concerned have been in a position to submit assistance requests to UNDP, WHO would be ready, on behalf of UNDP, to assume the role of executing agency in: (a) the pre-investment surveys, and (b) the inter-country project, onchocerciasis control in the Volta River Basin.

(b) FED/OCCGE

Continuation of the financial assistance of FED beyond 1970.

(c) US-AID

1. Bilateral aid to governments.
2. Contribution to the WHO training and operational research programme.

(d) IBRD

1. Continuation of the long-term economic study started in 1969.
2. Loans to the governments to cover in part or in toto the counterpart contributions required by UNDP during the operational phase.

(e) ORSTOM

1. Collaboration with WHO and the seven governments concerned in the training programme for the project.
2. Assignment of experts to the project.

(f) Other Organizations

Contributions to the Voluntary Fund for Health Promotion from various sources: Conseil de l'Entente, OAU, African Development Bank, Government of the Federal Republic of Germany, German Catholic Aid Society, etc.

(g) Governments

Planning and implementation of development activities in the recuperated areas.

(h) Organization for Implementation

Definition of the administrative management organization for the project.

III. Maintenance Phase 1980-1985

(a) US-AID

Participation in the maintenance phase.

(b) Co-ordination Committee

1. Terminal evaluation.
2. Guidelines for maintenance activities.

(c) Governments

Management and financing of maintenance operations entirely taken over by the governments.

INDEX TO NAMES

	<u>Pages</u>		<u>Pages</u>
Akwei, E.	9	Labusquiere, R.	6
Alose, P.	5	Languillon, J.	5
Amah, D. J.	9	Lanoix, J. N.	4
Ansari, N.	1	LeBerre, R.	2,5
Aujoulat	6	Lowenstein, F. P.	3
Bengoa, J.	3	Marr, J.D.M.	2,6
Blanc, J.	2	 	
Braga, E.	4	Noamesi, G. K.	9
Bres	6	 	
 		Odetoyimbo, J.	6
Cashin, R. M.	9,11	 	
Chambon	6	Pene	5
Coudreau, H.	6	Proust	3
Darrigol	6	Quenum, A.	6
deHear, N.	9	 	
Demmer	3	Richet, P.	5,6
 		Rist, L.	1
Goeckel, C.	1	Robin	6
Grant, F. C.	6	 	
 		Sai, F. T.	9
Hamon, J.	9	Sow, Ch.	6
Hammond-Quoga	9	Stewart, I. G.	2,10
Holm	4,6	 	
 		Tommasi, U. B.	4
Jamnback, H. A.	2	 	
 		Verhoestraete, L.	3
Kent, N. H.	1,6	Vysulik	4
		Warmann, J. St. G.	9
		Weeks, E. B.	4

CONTENTS

	<u>Pages</u>
<u>Onchocerciasis Control Project</u>	1, 6, 9
<u>Organization and staffing</u>	3, 8, 10
Coordinating committee	3, 10
Executive Officer.....	3, 10
Secretariat	3, 10
National coordinating committee	3
Role of economic planning authorities	10
Socio-economic studies	2, 8
Socio-economic studies in Ghana	2, 8, 10
Plan of operations (AID)	2, 8
Cost of operations and personnel	2, 7
Operational research	8
UNDP pre-investment surveys	3, 8
Funds for WHO	2
Recommended area	7
Economic plans and projects in	2
Draft program of action	8
AFRO 131	2, 8
Extension of programs to Mali, Senegal, Guinea	7
Counterpart contributions by states	7
Training of entomologists and field staff.....	9, 11
U. S. AID, Ghana.....	11
 <u>Nutrition Problems</u>	 3, 9
Joint Nutrition Commission for Africa	9
 <u>Yaounde University Center for Health Sciences</u>	 4
 <u>Malaria eradication in Ethiopia</u>	 4
 <u>School of Sanitary Engineers in Morocco</u>	 4
 <u>OCCGE, 9th Technical Conference</u>	 4
Bilharziasis	5
Filariasis	5
Dracontiasis	5
Leprosy	5
Meningitis	5
Onchocerciasis	5
Malaria	5
Trypanosomiasis	6
Tuberculosis	6
Multiple vaccination	6
Smallpox-Measles Program	6
Yellow Fever	6