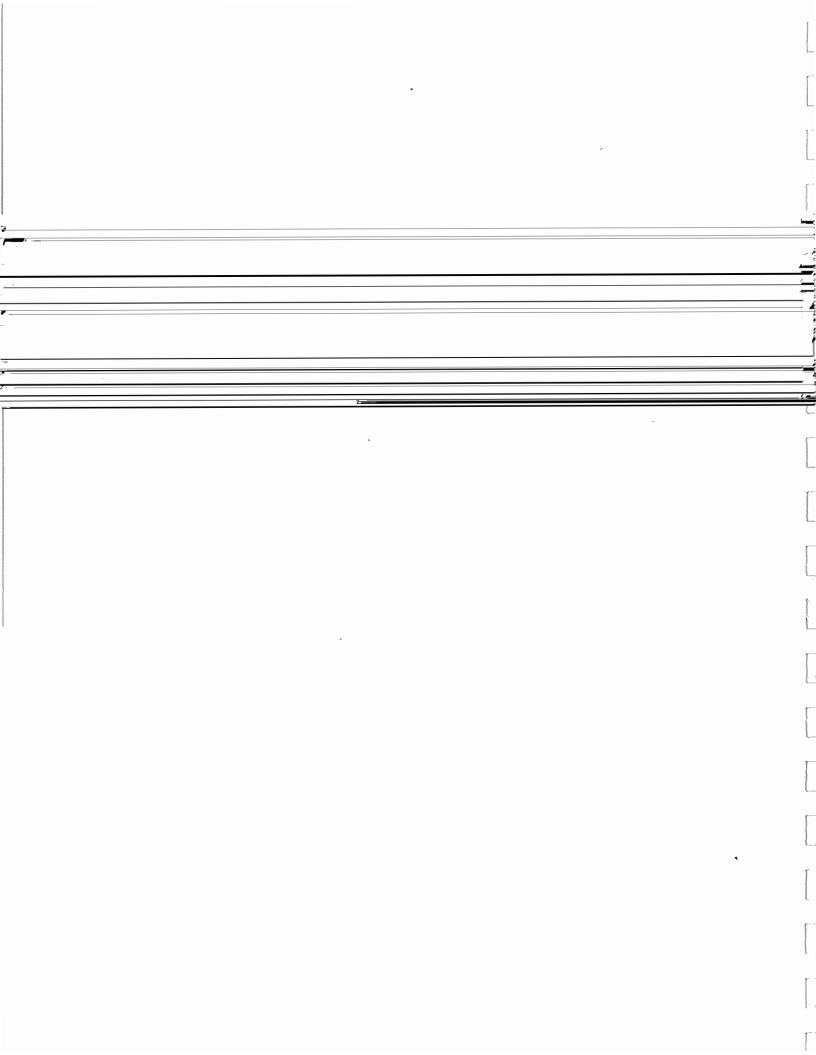
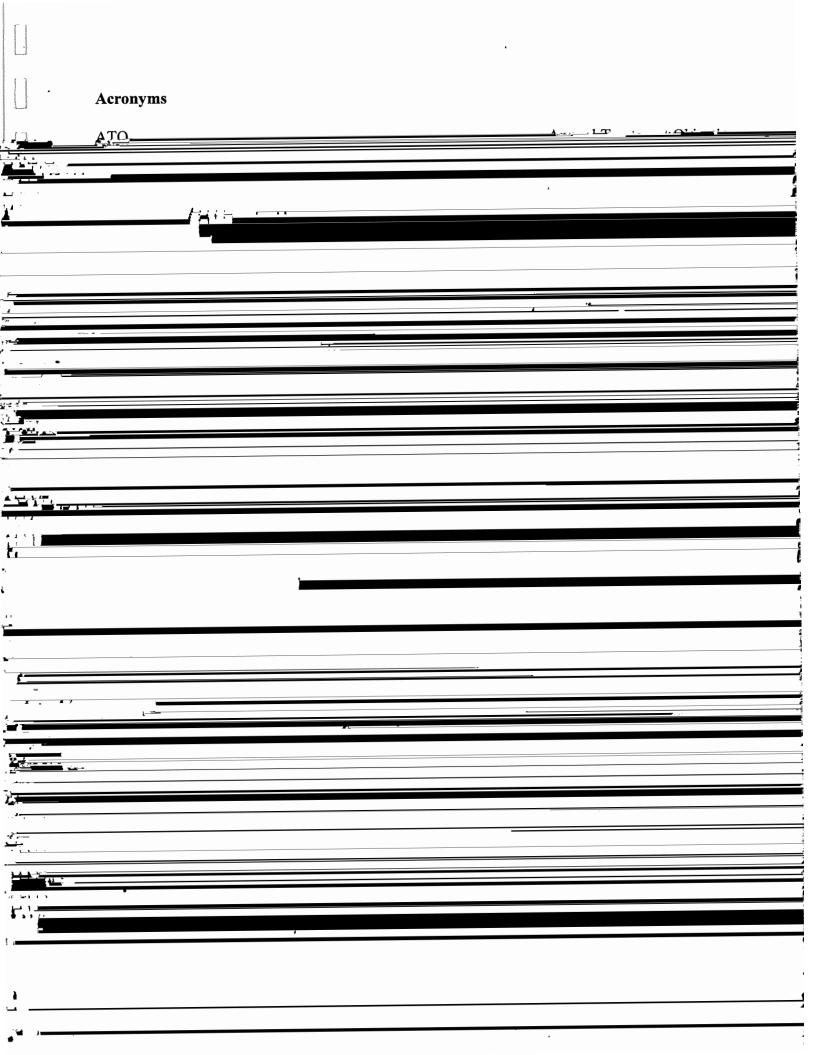


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	EXECUTIVE SUMMARY ii
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EXECUTIVE SUMMARY

and the state of t	The Carter Center in Atlanta hosted its first annual Program Review of Global 2000 River
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	America, Uganda, and Cameroon) reported on treatment activities, sustainability issues, status of
-41	Mantizan® stores assessment training and account to the stores of the st
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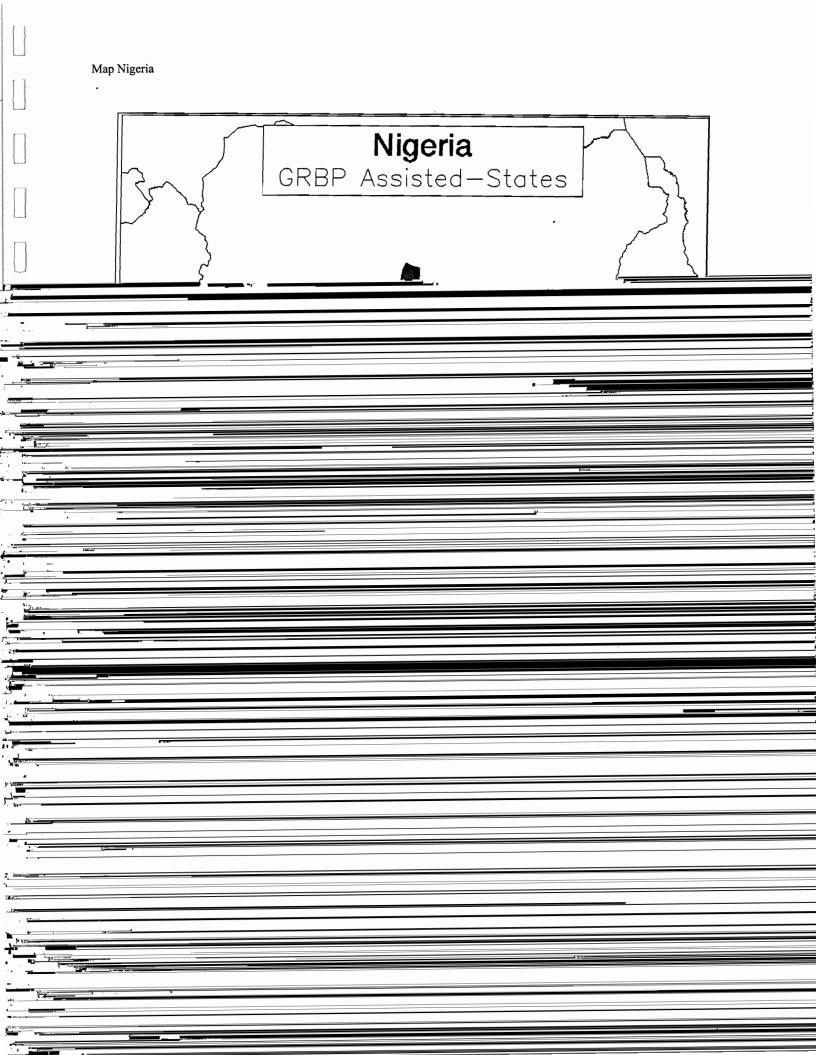
INTRODUCTION The Carter Center in Atlanta hosted its first annual Program Review of GRBP-assisted activities

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.

process and a second	which funding is provided by the Lions Clubs International Foundation's SightFirst program.
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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

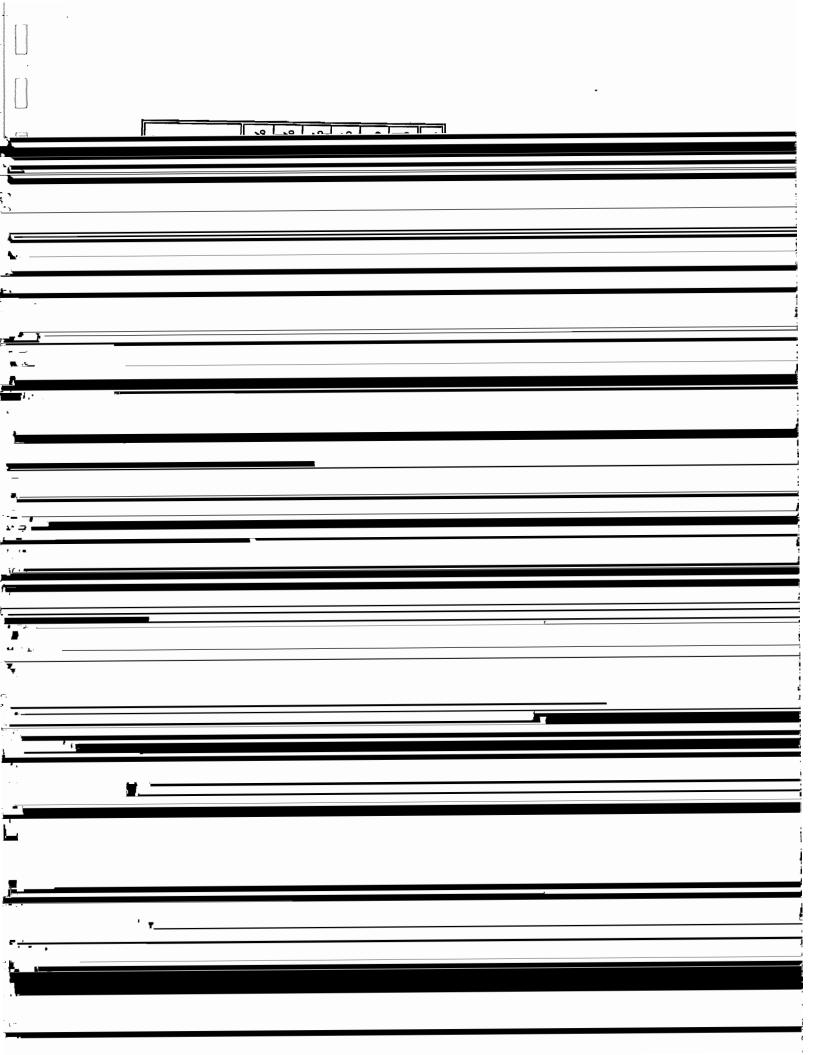


NIGERIA RECOMMENDATIONS:

	The 1007 Meetizon® supplies must be received in a timely manner through INICEE in
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	order not to interrupt distribution. This involves resolution of Mectizan® shipment
	issues with the Mectizan® Donation Program (MDP), UNICEF, and the Government of
	Nigeria.
	Scale was financial and material summent for the macross from the Nicesian security
•	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.
	Trepare III de proposais by July 1997 for Flateau Blate and Ivasarawa Blate.
	Build the relationship with Lions through additional publicity, and by facilitating
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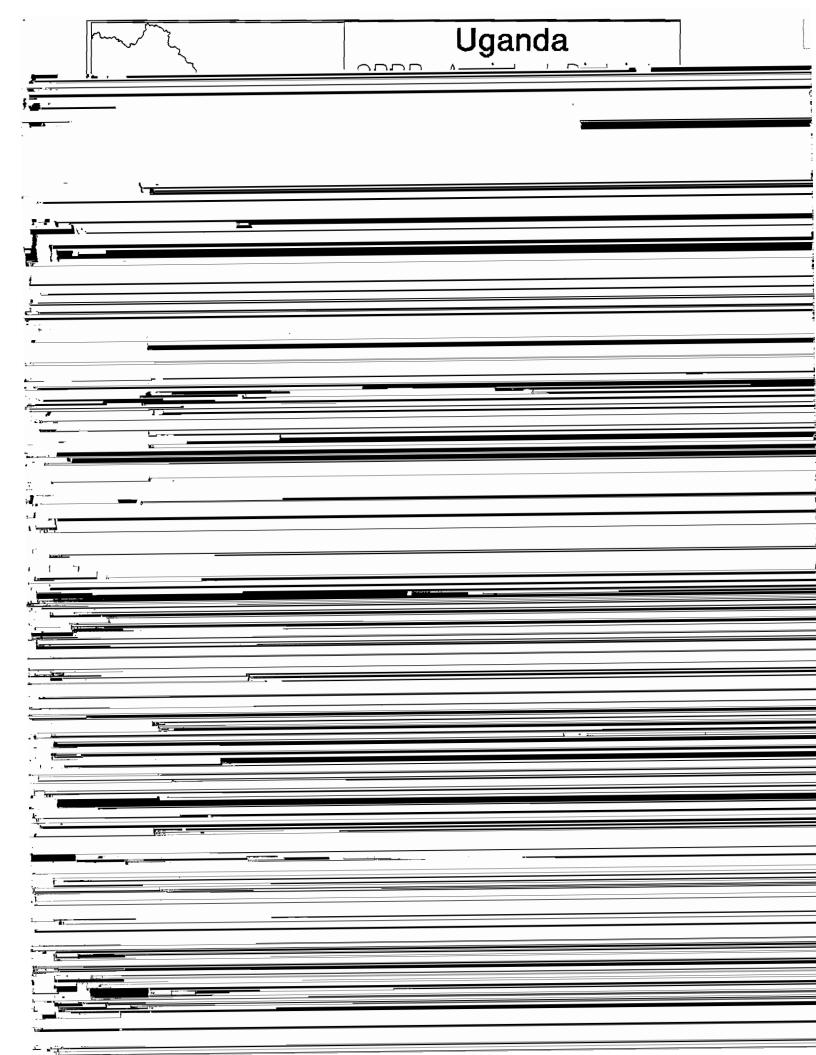
ONCHOCERCIASIS ELIMINATION PROGRAM FOR THE AMERICAS (OEPA) The six endemic countries (Guatemala Mexico Venezuela Brazil Foundor Colombia) hove

Geographical distribution of endemic onchocerciasis in the Americas BRAZIL VENEZUELA COLOMBIA **ECUADOR** 0 100 200 300 400 3 GUATEMÁLA Endemic Onchocerciasis in the 2: Lopez de Micay foçus 8: North-central focus MEXICO *2 1: Esmeraldas focus 6: Escuintla focus, 7: Santa Rosa focus 1: Amazonas focus-4: North-west focus 3: Soconusco focus North-east focus 2: Chamula focus 3: Nariño focus 5: Central focus I: Oaxaca focus 0: South focus Juatemala: enezuela: olombia: Americas uador: Mexico: razil:



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ORIGINAL STREET, STREE	Provide support to the Venezuelan program for epidemiological assessment of the northern foci.	7
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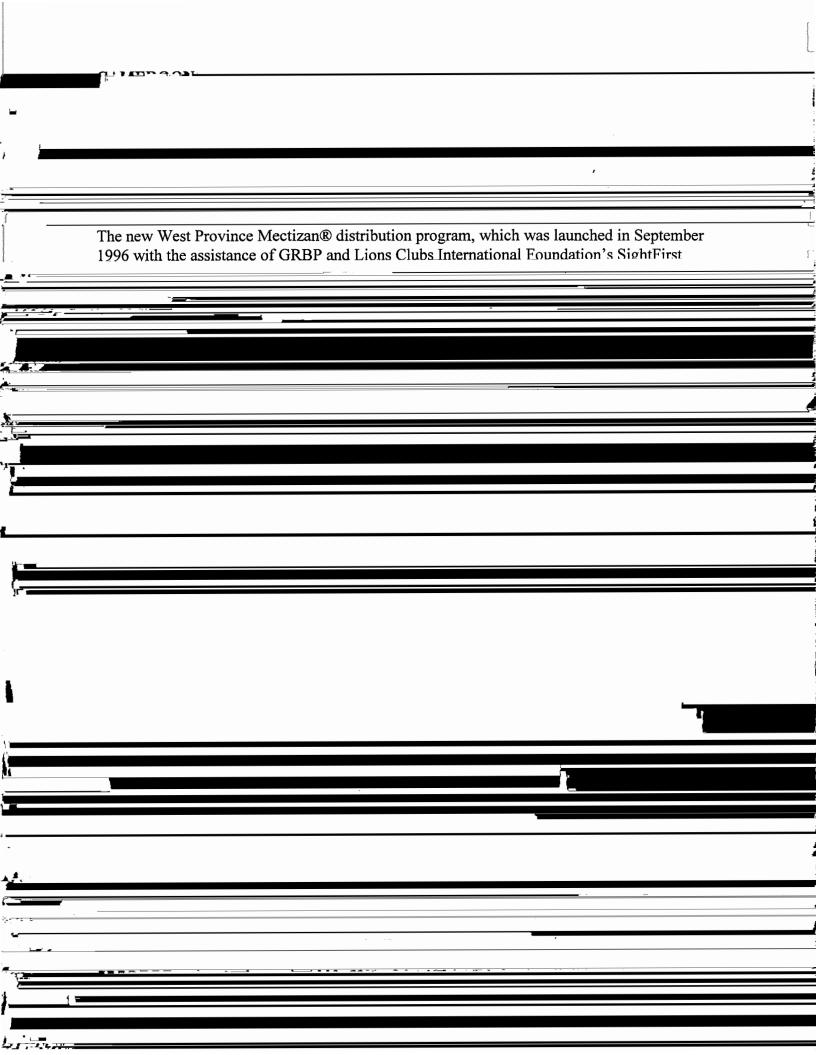
UGANDA Despite various complications related to insecurity in some areas, GRBP Uganda attained 77% of its 1996 ATO for eligible at-risk population (498,501 persons treated), and has reached 87% of at-risk villages (1,230). However, recent rebel activity and movements of refugees from Zaire have increased insecurity in several of the other districts where GRBP is assisting the Ministry of

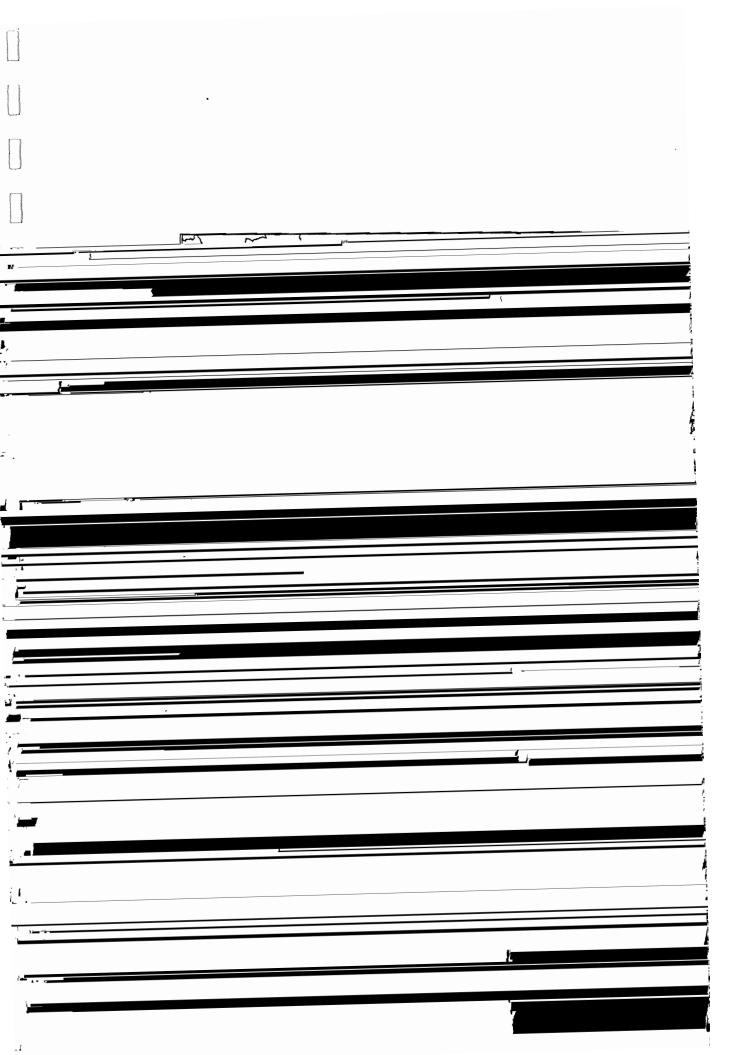


		
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	UG	ANDA RECOMMENDATIONS
Participation of the state of t		•
Account of the contract of the	•	GRBP headquarters will closely follow the 1997 financial and administrative experience
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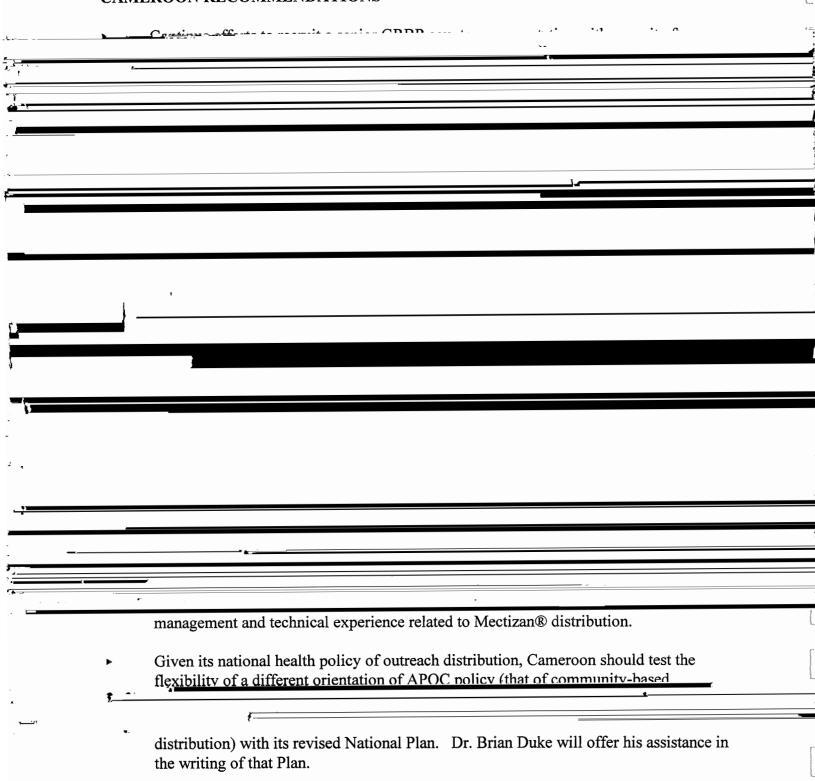
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CAMEROON RECOMMENDATIONS



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

Amount 1007 TCC doodling Dr. Daire Dula --- 11 --- 14 14 14 14

HEADQUARTERS RECOMMENDATIONS

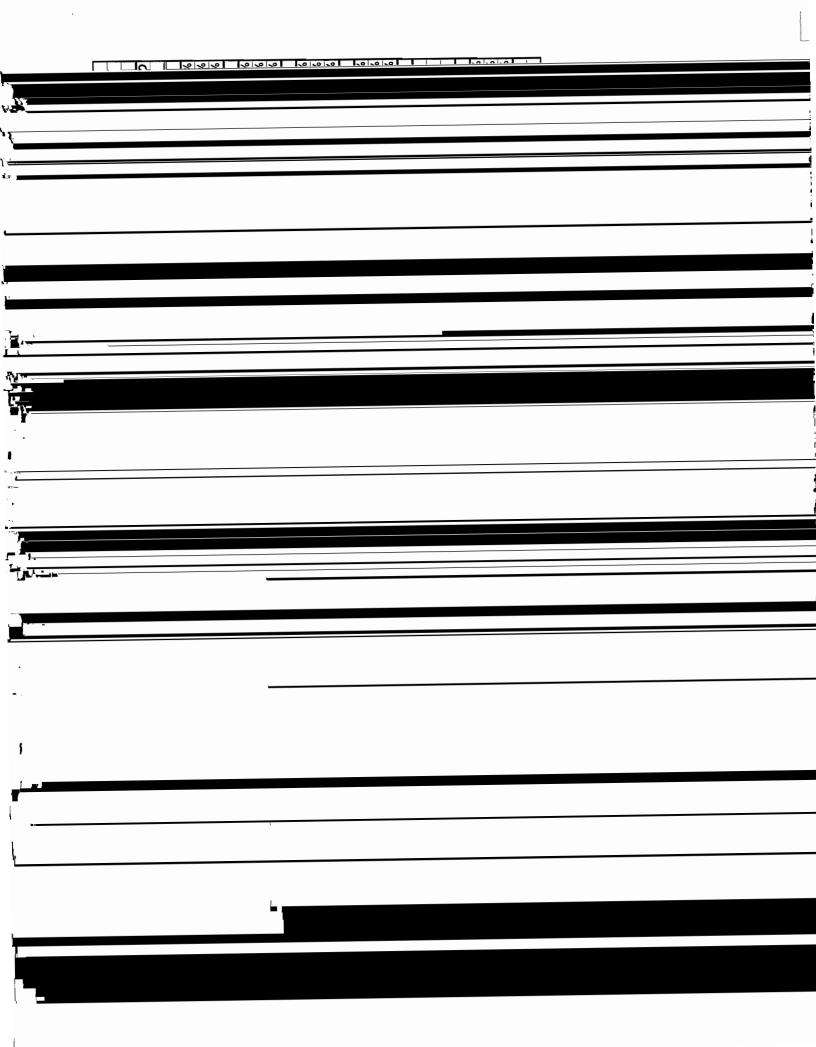
Help programs to ensure that Mectizan® applications are submitted to MDP in a timely manner to minimize shipment difficulties and delays in receipt.

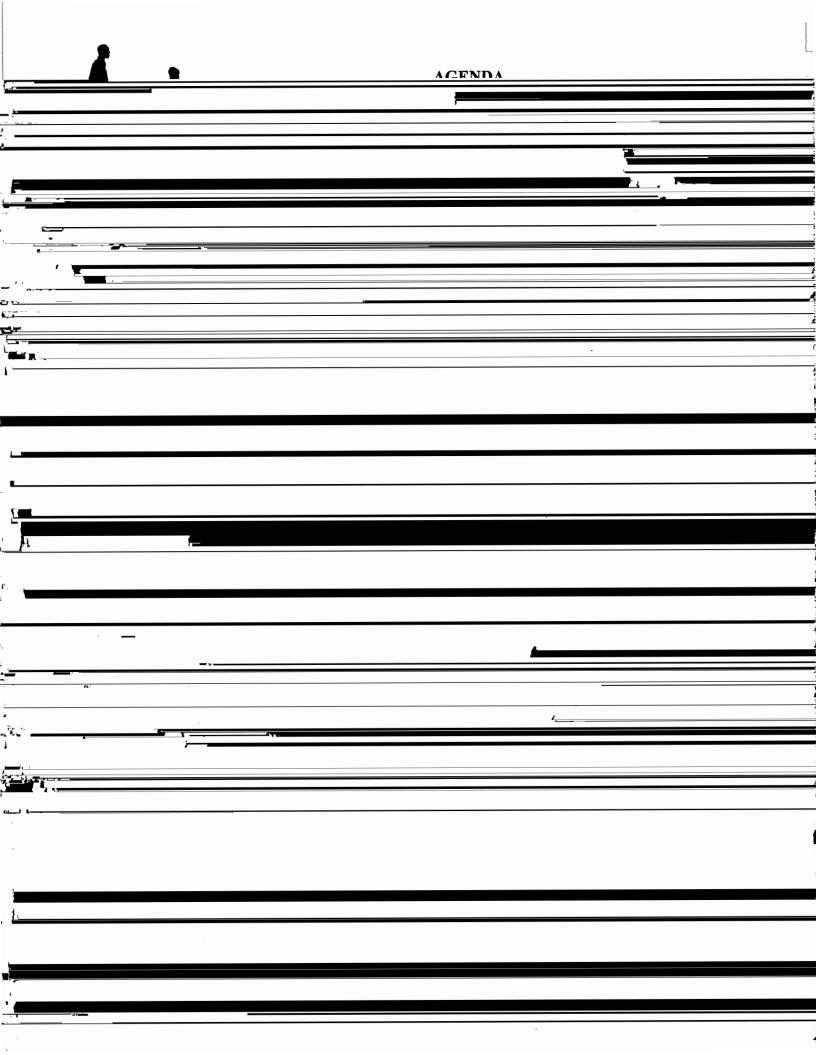
Get the most thorough endemicity information possible on all villages under treatment possible. The ability to distinguish high risk villages (communities or those with nodule rates $\geq 40\%$ or microfilaria rates > 60%) is particularly lacking in Uganda and Cameroon. REMO exercises alone do not provide 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: Headquartore will request - detailed and





Tuesday, December 10		
<u>Uganda</u>		
Program reports (continue	ed)	
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	
6 2-		
		•
Program reports (continue	<u>ed)</u>	
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	
3·15nm <u>-4·45n</u> m	Discussion/recommendations	D E 1 D' 1
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Dinner at Vickery's

6:00 n m

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