

# <u>COMMUNIQUÉ OF THE 14<sup>TH</sup> MEETING OF</u> <u>NATIONAL ONCHOCERCIASIS ELIMINATION COMMITTEE (NOEC)</u> <u>HELD AT FRASER SUITES, ABUJA.</u> <u>18<sup>TH</sup> TO 20<sup>TH</sup> MAY 2022</u>

# Preamble

The 14th meeting of the Nigeria Onchocerciasis Elimination Committee (NOEC) organized by Federal Ministry of Health (FMOH) with the support of The Carter Center (TCC), was held at Frasier Suites Abuja, from the 18<sup>th</sup> to 20<sup>th</sup> May 2022. It was a hybrid meeting with provision made for participants to join in virtually.

A total of 47 persons were in attendance, out of which 7 persons were online. At the meeting were members of the NOEC, representatives of Amen Health Care and Empowerment Foundation (AHF), Bill and Melinda Gates Foundation (BMGF), Christoffel Blinden Mission (CBM), U.S. Center for Disease Control and Prevention (CDC), Health and Development Support Programme (HANDS), Helen Keller International (HKI), Mission To Save the Helpless (MITOSATH), RTI/USAID's Act to End NTDs|East Program, Sightsavers, The Carter Center (TCC) Nigeria & Atlanta, The END Fund, World Health Organization (WHO) and Federal Ministry of Health (FMOH).

The 14<sup>th</sup> NOEC was Chaired by Prof. Ken Opara on behalf of Prof. B.E.B. Nwoke, who was absent on health grounds and sent his apologies. The meeting said a prayer wishing him quick recovery.

The meeting started with welcome remarks by the Director Public Health (DPH), of the Federal Ministry of Health (FMOH). She welcomed all participants and appreciated all stakeholders for the continuous support in the fight against Neglected Tropical Diseases (NTD). Goodwill messages were given by all the partners present. All reiterated their plans for continued support until onchocerciasis is eliminated in Nigeria.

As a form of self-appraisal, the Chair recognized commendable achievements by the committee that needs to be communicated to all stakeholders, despite challenges faced. The need for FMOH to regularly communicate to States and stakeholders the specific changes in elimination status, accomplishments and next steps where applicable was stressed.

Strategic and technical issues relating to elimination of onchocerciasis in Nigeria were presented and discussed. The following recommendations and resolutions were made:

#### A. Assessments and Reclassification Resolutions

1. Benue State's epidemiological evaluation results showed a sero-positivity of 0.63% from 3,184 children aged 5 – 9 years from 30 sites across the state. Additional 366

samples collected from a refugee camp and 1,353 samples from internally displaced persons camps showed 1.37% positivity from the refugee camp and 0% from the Internally Displaced Persons (IDP) camps. The survey however identified a point prevalence of >1% in 5 out of 30 sites. Based on this, NOEC approved:

- a) the reclassification of Benue State from 'transmission ongoing' (Red), to 'transmission suspected interrupted' (Tan), in accordance with the NOEC guidelines.
- b) that the LGAs with identified hotspots, mainly in the SE of the State, identified should however be treated twice per year to fast-track elimination.
- c) that Benue State will be due for reassessment after 3 effective rounds of Mass Administration of Medicines (MAM) twice per year in the hotspot LGAs and yearly in the other LGAs of the State.
- NOEC expressed concern on the slow progress of reclassification of the 'No data States' (Blue) as only three out of eleven Blue states have been reclassified since 2016. In view of this, FMoH was requested to ensure that sample collection and testing is concluded in the eight Blue States (Akwa Ibom, Bayelsa, Rivers, Sokoto, Borno, Katsina, Lagos and Gombe) by December 2022.

# **B.** Set up of Laboratories

- 1. The NOEC noted that Onchocerciasis laboratory services are an essential component of the National Onchocerciasis Elimination Programme (NOEP), and identified Osun State University Multidisciplinary Research Laboratory in Osogbo, Nigerian Institute of Medical Research (NIMR) in Lagos, The African Centre of Excellence for Neglected Tropical Diseases and Forensic Biotechnology lab in ABU, Zaria and The Carter Center in Jos, as the laboratories to coordinate the analysis of DBS, entomological and other onchocerciasis samples collected in the country.
- 2. NOEC recommended that FMOH makes concerted efforts to set up of a National Laboratory. In this regard, the RTI/USAID's Act to End NTDs|East Program indicated interest in supporting the setting-up of a National Laboratory in Abuja under the control of the NOEP.
- 3. CDC is working with WHO Collaborative Center (CC) at the University of South Florida, to develop checklists for identifying other laboratories that meet requirements for quality analysis of onchocerciasis-related assessments. The laboratory protocols will likely be modified to include internal controls, that will help identify/eliminate errors inherent to the samples or the testing process.

# C. Backlog of Dried Blood Spot (DBS) Samples

- 1. The meeting agreed that all 26,332 dry blood samples (DBS) collected between 2018 and 2019 from Adamawa, Akwa Ibom, Gombe and Osun States should be tested, not discarded.
- 2. BMGF committed to support FMoH through TCC to analyze the DBS backlog samples.

- 3. FMOH is to communicate with partners implementing within the State where assessments are to be conducted to determine if there are funding gaps for the assessment.
- 4. It was recommended that the FMoH should from henceforth ensure that approval to conduct further evaluations be based on agreed plan and budget for sample analysis. Identified laboratories for analysis must be known before sample collection to avoid future backlogs.

#### **D.** Cross Border Issues

- 1. NOEC recognised that the need to addressing cross border challenges is vital for the sustainability of the gains made towards onchocerciasis elimination. In this regard the NTD Non-Government Developmental Organisations (NGDO) coalition, must engage in a coordinated and collaborative manner to address border issues between the States they support. FMoH and partners should thus strengthen collaboration in MAM, assessments, awareness creation and implementation along border communities.
- 2. Concerns were expressed over persisting transmission and low MAM coverage in the Edo-Ondo border hotspots identified since the days of the African Programme for Onchocerciasis Control (APOC). Consequently, FMOH will coordinate efforts to improve and prioritize medicine allocation, synchronization of MAM, awareness creation, initiation of vector control and assessments on the Edo-Ondo border.
- 3. Any other hotspot identified by NOEC should similarly be given priority attention by the FMoH and supporting NGDOs concerned.
- 4. On the international front, the past tradition of engaging counterparts from Cameroon and Benin Republic needs to be continued. FMoH is requested to invite them for subsequent NOEC meetings.

#### E. Post Treatment Surveillance (PTS)

- 1. For the 'Stop MAM' (Ash) States of Kaduna, Kebbi and Zamfara, it was reiterated that PTS activities cannot fully commence while MAM is ongoing for Lymphatic Filariasis (LF) transmission. Ongoing development of Information, Education and Communication (IEC) materials, identification of border communities and identification of additional blackfly collection sites are to be intensified.
- 2. NOEC approved stopping onchocerciasis MAM in 6 'onchocerciasis only' LGAs of Delta State. The Committee considered that the earlier recommendation for FMoH to officially write to all States and their supporting partners indicating onchocerciasis reclassification and its justification, will dispel the reluctance by Delta State to commence with '*Stop MAM*' activities.
- 3. NOEC requested that pilot-tested IEC posters developed for Post Elimination Surveillance (PES) activities in Plateau and Nasarawa states, should be modified based on feedbacks from the Committee.
- 4. NOEC noted that the guidelines for PTS activities is not well spelt out and therefore requested for a clear-cut definition of PTS activities in LF/Oncho co-endemic states.

#### F. Other business

- 1. FMoH is advised to give priority in medicine allocation to hot spot areas requiring twice per year treatment such as the Edo-Ondo border.
- 2. The meeting noted the need to review the existing onchocerciasis elimination plan to address concerns and observations from the current guidelines for stopping MAM in 'LF only' endemic areas.

The 15<sup>th</sup> NOEC meeting has been scheduled for December 2022. The exact date will be shared later.