

# A NEW BEGINNING

In our 31st year, we demonstrate progress toward onchocerciasis (river blindness) and lymphatic filariasis (LF) elimination, expand into new countries, and celebrate the partnerships without which success would not be possible.

**2018 Annual Highlights**



Dignitaries celebrate the launch of *Stamp Out Oncho* during an NTD building dedication in Uganda.

***"I am very proud of Uganda for being the first country in Africa to shift from a control to an elimination program for onchocerciasis in 2007. Today, we have successfully interrupted transmission of onchocerciasis in 15 out of 17 foci. I remain committed to 'stamping out oncho' in Uganda and encourage my fellow Ministers of Health in Africa to maintain pressure on this disease so that it becomes a distant memory and our children will be free from suffering."***

**– The Honorable Jane Aceng, Uganda's Minister of Health**

Pictured front row: Rt. Hon. Ruhakana Ruganda, Uganda's Prime Minister (center); The Hon. Jane Aceng (right), Minister of Health; and Dr. Edridah Muheki Tukahebwa (left), NTD Program Manager.

# Message from the Director: A New Beginning

## Dr. Yao Sodahlon

The Mectizan Donation Program (MDP) started an exciting new chapter in 2018 by expanding into eight new countries: American Samoa; Egypt; Fiji; India; Kenya; Papua New Guinea; Samoa; and Tuvalu. These countries introduced triple therapy (also called “IDA”), combining ivermectin (Mectizan®) with diethylcarbamazine (DEC) and albendazole in a new mass drug administration (MDA) strategy for the elimination of lymphatic filariasis (LF). In 2017, Merck & Co., Inc.\* announced the donation of 100 million Mectizan treatments annually to facilitate access to ivermectin for the implementation of this new regimen recommended by WHO to accelerate the elimination of lymphatic filariasis in countries where onchocerciasis (river blindness) is not endemic. As many as 35 new countries are potentially eligible to implement IDA, according to the WHO criteria defined in the new guidelines on alternative MDA regimens for LF elimination. MDP projects an increase in the demand for Mectizan for IDA to 40 million treatments in 2019 – up from 11.6 million in 2018.

In countries where LF and onchocerciasis are co-endemic, significant treatment scale-down continues in areas where elimination of transmission is suspected following the recommended evaluations. The number of people no longer needing treatment for onchocerciasis jumped from 3.4 million in 2017 to 11.5 million in 2018. The treatment was stopped in three states of Nigeria (Kaduna, Nasarawa, and Plateau) as well as in Ethiopia’s Awi focus.

This success provides additional evidence that the transmission of onchocerciasis can be interrupted by achieving high treatment coverage with Mectizan. In order to maintain momentum for elimination, I applaud the ongoing advocacy effort to support a new World Health Assembly resolution calling for the global elimination of onchocerciasis transmission to replace the current resolution WHA47.32, which calls only for the control of onchocerciasis.

For LF, the number of people no longer requiring treatment with Mectizan and albendazole increased from 118.3 million in 2017 to 150.9 million in 2018. Mali is the fourth country (following Togo, Yemen, and Malawi) positioned to stop treatment for LF in all endemic communities and to submit the validation dossier to WHO following a successful 5-year post treatment surveillance period in all districts. In 2019, we are optimistic that we will celebrate validation of LF elimination in Malawi and Yemen.

We held the 60th Mectizan Expert Committee (MEC) meeting in the fall of 2018 in Kampala, Uganda to recognize the remarkable progress made there toward onchocerciasis and LF elimination. Uganda was the first country in Africa to shift from control to elimination of onchocerciasis. Treatment has been stopped in 15 out of the 17 endemic foci. We also used the meeting as an opportunity to convene stakeholders to discuss the challenges facing the elimination of both diseases and to launch the *Stamp Out Oncho* campaign to advocate for river blindness elimination. We were delighted to see Uganda’s Prime Minister, Rt. Hon. Ruhakana Rugunda and the country’s Minister of Health, The Hon. Jane Ocheng, symbolically “stamping out oncho” with the physical stamps they were given in anticipation of eliminating the disease.

We also had a unique opportunity to hold the 59th MEC meeting in New Delhi, India just prior to the 10th meeting of the Global Alliance to Eliminate Lymphatic Filariasis (GAELF). In New Delhi, our group was joined by representatives from WHO, WHO AFRO, WHO EMRO, and WHO SEARO to discuss the new IDA strategy and implementation planned for 2018.

To the extent possible, MDP will continue to hold at least one MEC meeting in an endemic country each year to recognize progress and to encourage ministries of health to sustain commitment until both LF and oncho have been eliminated.

On behalf of the Mectizan Expert Committee, I want to congratulate the countries for their hard work and success, and thank the global partnership that includes the donor community, NGOs, the research community, and of course our partners Merck & Co., Inc., Kenilworth, N.J., U.S.A. and GSK for their donations of Mectizan and albendazole, respectively.

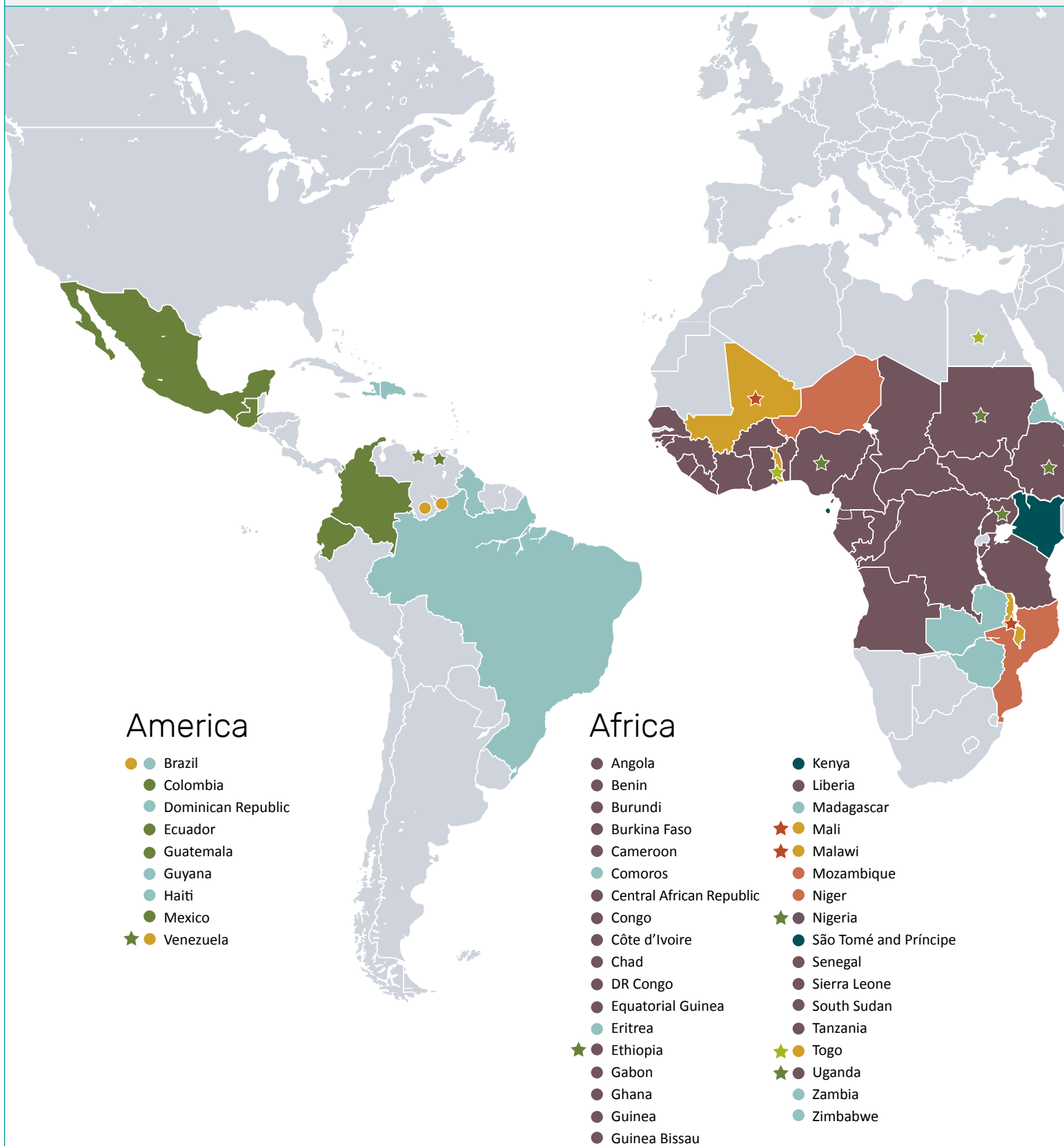


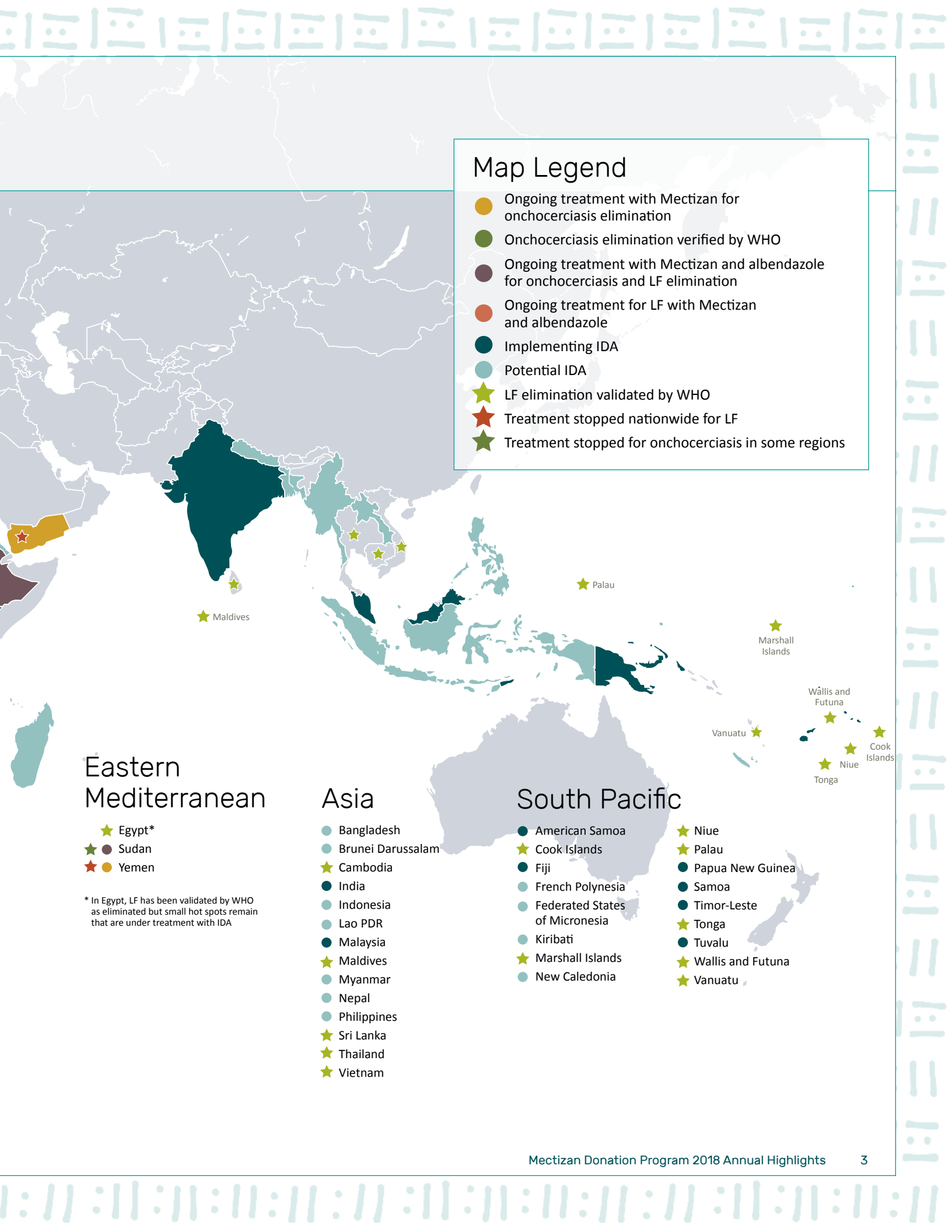
Dr. Yao Sodahlon, Director  
Mectizan Donation Program

\*Merck & Co., Inc., Kenilworth, N.J., U.S.A. is known as MSD outside the United States and Canada.

# Where We Work

## The Global Reach of the Mectizan Donation Program





# #StampOutOncho



## Former US President Jimmy Carter:

"We believe elimination of river blindness is very possible in the near future, but success will require strong commitment of the remaining endemic countries and the many international partners in this public health initiative." (The Carter Center has been a leader in the international campaign to eliminate the parasitic disease since 1996.)

Two of the social media graphics from the campaign. To get involved, contact [mectizan@taskforce.org](mailto:mectizan@taskforce.org).



# #StampOutOncho

## Success in Uganda

In 2008, His Excellency President Yoweri Museveni launched the country's elimination program after the Ministry of Health adopted a policy to eliminate the disease. **Today, only 2 of 17 endemic areas remain.**

# Together We CAN *Stamp Out Oncho*

## A Campaign to Advocate for Onchocerciasis (River Blindness) Elimination

In 2018, MDP worked with partners on the concept and logo design for a campaign called *Stamp Out Oncho* or *Stamp Out River Blindness* for use by multiple stakeholders to advocate for sustained commitment, political will, and human and financial resources at the national level for oncho elimination.

The transition from control to elimination was subtle. When the African Program for Onchocerciasis Control closed its doors in 2015, some countries had already begun moving from a control to an elimination strategy. Now, many endemic countries in Africa have established national onchocerciasis elimination committees (NOECs) to develop and refine their elimination strategies and to guide the countries towards the elimination of river blindness. The NOECs also create opportunities for countries to work together on cross-border issues. This is an exciting development, but the broader oncho community must work together to ensure this momentum continues to grow.

Sustaining commitment to oncho elimination may become more challenging as the clinical manifestations of the disease become increasingly rare. In the early days of the program, the suffering caused by visual impairment, blindness, and severe itching were powerful incentives for at-risk individuals to receive treatment. As a result of sustained treatment over many years, transmission of infection has decreased resulting in decreased suffering.

In settings where symptoms of the disease no longer serve as an incentive to receive treatment, innovative communication strategies will be needed to ensure high coverage is maintained until transmission has been interrupted.

The time has come for renewed commitment to onchocerciasis elimination. *Stamp Out Oncho* was designed to convey the importance of keeping pressure on the disease through treatment to avoid the risk of recrudescence (return of infection).

This campaign centers around the concept of “stamping out oncho” or “stamping out River Blindness” based on the ubiquitous stamp or seal used on official documents that signify important progress on oncho elimination – such as dossiers with evidence that transmission has been eliminated and WHO documentation stating that elimination has been achieved.

The campaign is being developed for use by all stakeholders. A website, [www.stampoutoncho.org](http://www.stampoutoncho.org), is under development. Once launched, the website will serve as a source of campaign materials including logos, fact sheets, images, infographics, case studies, and short films. MDP produced a short *Stamp Out Oncho* film in French (subtitled in English) in 2018. An English film (subtitled in French) is planned for 2019.

**We look forward to working with you to “stamp out oncho!”**

We hope you will participate in the campaign and encourage you to stay tuned for the launch of [www.stampoutoncho.org](http://www.stampoutoncho.org) to access the most recent information and materials.

In the meantime, please engage through social media by tagging partners and using hashtags such as #StampOutOncho, #StampOutRiverBlindness, #EndOncho, and #EndRiverBlindness.



**346  
Million**

**Mectizan  
treatments approved  
in 2018**

**3.6  
Billion**

**Mectizan  
treatments approved  
from 1988 to 2018**

Background photos are of community distributors in Cameroon, local men and women committed to getting Mectizan to their communities ©MDP



**835+**  
**Million**

**Tablets shipped  
in 2018 by Merck**

**47**

**Countries where  
MDP works**

## 2018 Updates

### Progress toward Onchocerciasis (River Blindness) and Lymphatic Filariasis (LF) Elimination

In 2018, the Mectizan Donation Program provided enough Mectizan, donated by Merck & Co., Inc., for mass drug administration (MDA) to treat 346 million people for LF and/or river blindness elimination.

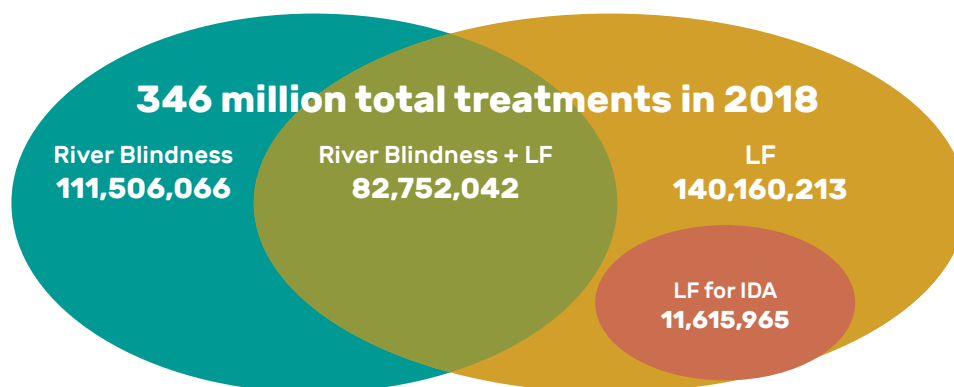


Figure 1: Number of Treatments Approved by MDP for Onchocerciasis and LF in 2018

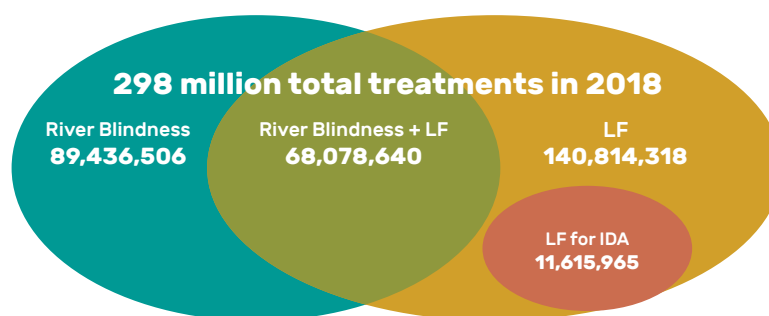


Figure 2: Number of Treatments Shipped by Merck for Onchocerciasis and LF in 2018

### Onchocerciasis (River Blindness) Treatments

Figure 3 shows the cumulative number of treatments approved for river blindness since the program began. In 2018, 194 million treatments were approved for mass drug administration (MDA) in 23 African countries.

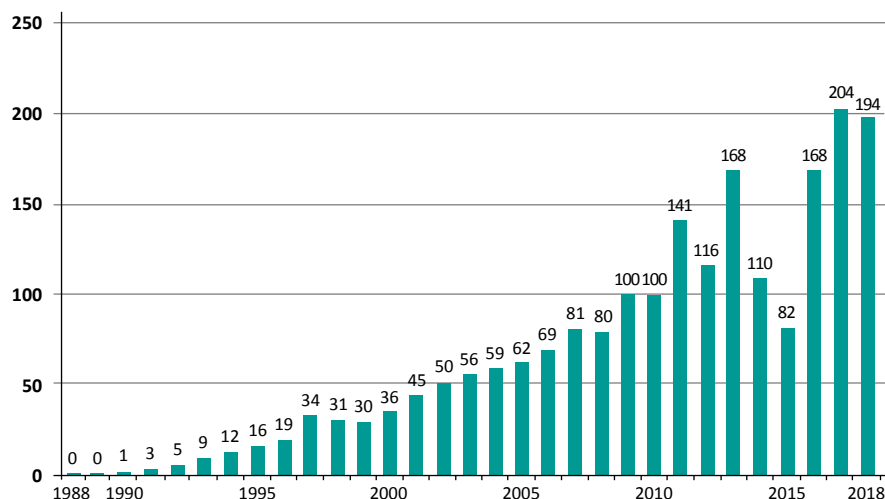


Figure 3: Total Treatments Approved for Onchocerciasis By Year (in millions)

## Onchocerciasis (River Blindness) Treatment No Longer Needed

**Table 1** shows the percentage of the at-risk population who no longer need treatment in countries that have achieved elimination or are scaling down. Of the 11.5 million people who no longer need treatment for onchocerciasis because transmission has been eliminated or interrupted, 3.0 million still receive Mectizan since they are still under treatment for lymphatic filariasis. Post treatment surveillance for onchocerciasis will begin in these communities when the treatment is stopped for LF.

### Notable Achievements

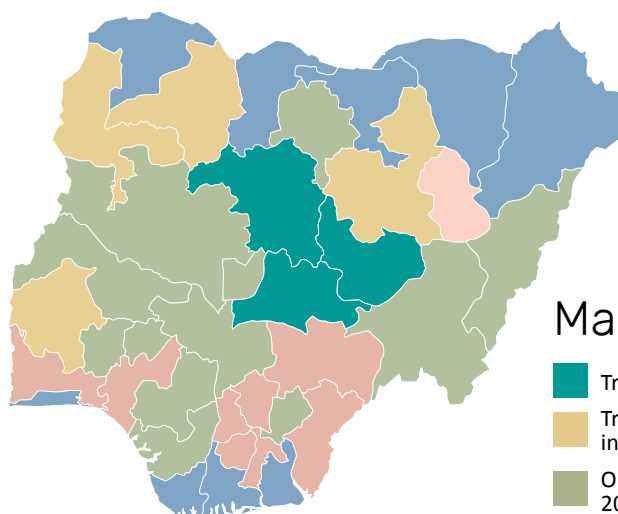
Onchocerciasis has been eliminated in four of the six endemic countries (Colombia, Ecuador, Guatemala, and Mexico) in the Americas. The only remaining transmission zone is the region along the border of Brazil and Venezuela that is home to the Yanomami people. The region's political turmoil and the people's nomadic lifestyle have made elimination challenging.

Treatment stopped in two additional foci in Africa: Kaduna State in Nigeria (**Figure 4**) and Awi Zone in Ethiopia, bringing the total number of people no longer needing treatment for onchocerciasis to 11.5 million (**Table 1**). The map of Nigeria illustrates that, while we celebrate the success of states that have stopped treatment (Kaduna, Plateau and Nasarawa), much work remains to eliminate both river blindness and LF.

**Table 1: Onchocerciasis-Endemic Countries Downscaling or Stopped MDA (as of December 2018)**

Country	Onchocerciasis treatment no longer needed		
	Number of districts* where treatment is no longer needed of total endemic districts	Population in onchocerciasis-endemic districts* where treatment is no longer needed	Population in districts where onchocerciasis treatment is no longer needed but still under treatment for LF
Equatorial Guinea	4/4	81,318	13,004
Ethiopia	16/221	2,005,042	147,838
Mali	2/22	826,321	0
Nigeria	28/480	5,506,665	2,598,976
Sudan	6/8	248,034	0
Uganda	25/40	2,298,256	205,371
Venezuela*	2/3	109,952	0
Mexico*	3/3	169,869	0
Guatemala*	4/4	231,467	0
Colombia*	1/1	1,366	0
Ecuador*	1/1	25,863	0
<b>Total</b>	<b>92/787</b>	<b>11,504,153</b>	<b>2,965,189</b>

\*In the Americas, the geographical unit is a focus rather than a district.



### Map Legend

- Transmission interrupted (3)
- Transmission suspected interrupted (4)
- On track for elimination by 2025 (12 including FTC)
- Transmission ongoing (8)
- No data (10)

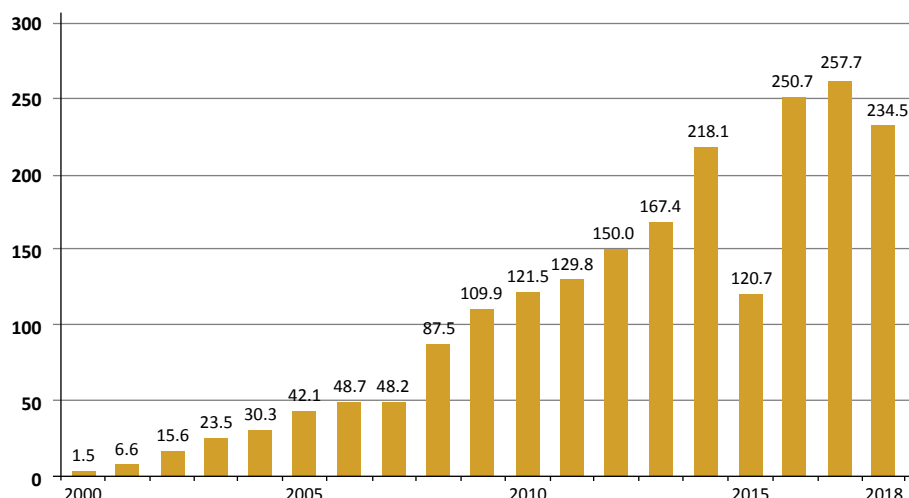
**Figure 4: Three Nigerian States (Plateau, Nasarawa, and Kaduna) Where Treatment for Onchocerciasis Has Been Stopped**

# 2018 Updates

## Progress toward Onchocerciasis (River Blindness) and Lymphatic Filariasis (LF) Elimination

### LF Treatments

**Figure 5** shows the cumulative number of treatments for LF since the program began. In 2018, 234.5 million Mectizan treatments were approved for co-administration with albendazole, donated by GSK, in 22 countries in Africa. As mentioned in the Message from the Director, an additional 11.6 million treatments were approved in 8 countries where Mectizan (ivermectin) is being co-administered with DEC and albendazole (IDA) to accelerate LF elimination.



**Figure 5: Mectizan Treatments Approved for LF by Year (in millions)**

### LF Treatment No Longer Needed

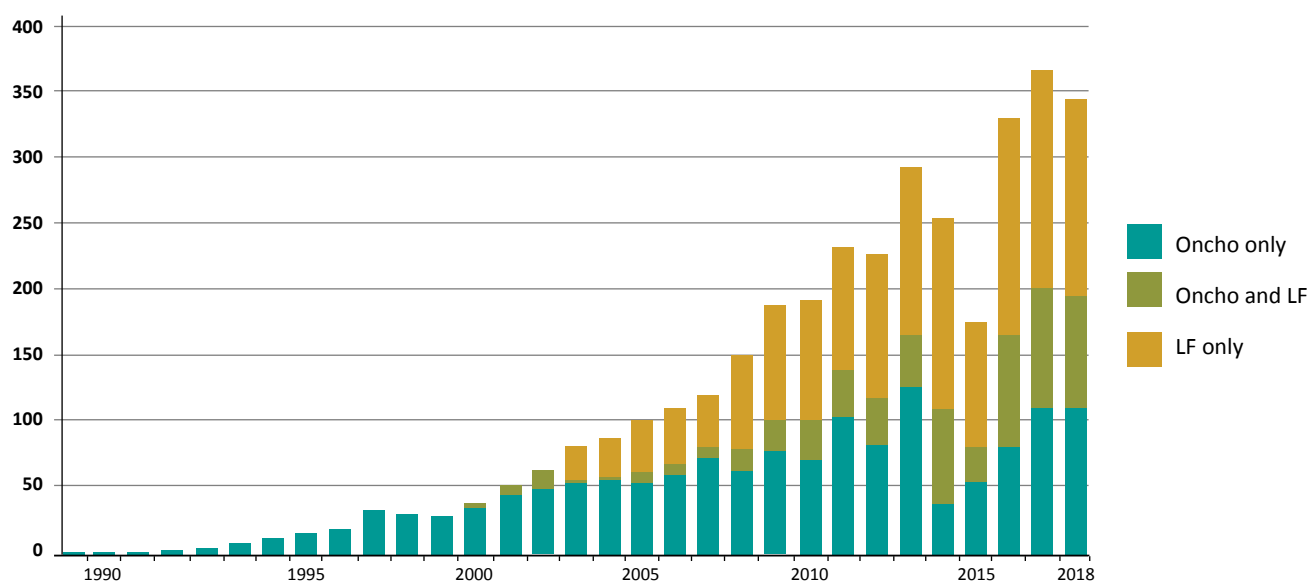
**Table 2** shows progress in countries downscaling MDA for LF and the status of river blindness where the two diseases overlap. More than 37.9 million people continue to receive Mectizan for river blindness in areas where the treatment is stopped for LF. The cumulative number of treatments approved for river blindness, LF, and the co-endemic areas is shown in **Figure 6**.

An additional 252 implementation units (IU) stopped treatment for LF in 2018. The number of people who no longer need Mectizan and albendazole for LF elimination increased from 118.3 million in 2017 to 150.9 million in 2018.

**Table 2: Progress in Scaling Down for LF/Onchocerciasis Status, by Country**

Country	Lymphatic Filariasis (LF) treatment no longer needed		
	Number of districts where treatment is no longer needed of total endemic districts	Population in LF-endemic districts where treatment is no longer needed	Population in districts where LF treatment is no longer needed but still under treatment for onchocerciasis
Benin	44/48	4,923,495	2,825,346
Burkina Faso	60/70	17,855,764	165,787
Cameroon	161/162	18,547,108	10,869,462
Ethiopia	6/71	482,415	342,819
Ghana	83/98	13,556,064	3,054,988
Guinea Bissau	30/109	714,309	0
Malawi	28/28	17,028,640	2,434,220
Mali	75/75	17,618,034	6,106,540
Niger	18/31	9,150,855	0
Nigeria	30/585	7,271,416	0
Senegal	3/50	544,249	0
Sierra Leone	9/14	4,438,387	4,438,387
Tanzania	104/120	23,678,333	5,168,759
Togo	8/8	1,593,665	1,593,665
Uganda	50/59	13,384,992	949,302
Yemen	11/11	141,994	0
<b>Total</b>	<b>720/1539</b>	<b>150,929,720</b>	<b>37,949,275</b>

Yemen's LF validation dossier is currently under review by WHO. Malawi is nearing completion of the 5-year post-treatment surveillance period after which the dossier will be submitted to WHO to validate elimination. In 2018, Mali stopped treating for LF in all endemic districts and began the 5-year post-treatment surveillance period.



**Figure 6: Cumulative Number of Treatments Approved for River Blindness, LF, and the Co-endemic Areas (in millions)**

## How to Apply for Mectizan® (ivermectin) for the Implementation of IDA for LF Elimination in Eligible Countries

Countries eligible per the IDA guidelines (available at: [www.mectizan.org/news-resources/mec-guide-for-donations-of-mectizan-in-ida-countries](http://www.mectizan.org/news-resources/mec-guide-for-donations-of-mectizan-in-ida-countries)) will use the IDA version of the WHO *Joint Request for Selected Preventive Chemotherapy Medicines (JRSM-IDA)* form to apply for Mectizan for IDA. Applications must be submitted to both the Mectizan Donation Program and the NTD department of the appropriate WHO regional office. In addition to the form, applications must include the following information:

- the country's plan for the elimination of LF using IDA, adopted by the Ministry of Health;
- a list of districts targeted for IDA, accompanied by the strategy to implement IDA with effective coverage and post-intervention Monitoring and Evaluation (M&E);
- epidemiological evidence of eligibility for IDA for each district;
- the signed agreement to receive and distribute Mectizan in the country free of taxes and any other fees.

If countries or partners have any questions related to the application process, please email [mectizan@taskforce.org](mailto:mectizan@taskforce.org).

# 60<sup>th</sup> Mectizan Expert Committee (MEC) Meeting

## November 14–16, 2018 – Kampala, Uganda

The 60th meeting of the MEC (MEC60) was held in Kampala to celebrate Uganda's outstanding progress toward onchocerciasis and lymphatic filariasis elimination. The meeting was well attended by partners, including WHO HQ; WHO AFRO (ESPEN); WHO EMRO; WHO SEARO; WHO WPRO; endemic countries; NGOs; donors; and development agencies.

The Hon. Joyce Moriku Kaducu, State Minister for Health, welcomed participants by saying she is proud of Uganda's achievements toward LF and onchocerciasis elimination and noting the government's commitment to seeing the end of these two diseases.

### Onchocerciasis (River Blindness)

The need for a World Health Assembly resolution calling for global elimination of transmission of onchocerciasis was discussed. A resolution would encourage all countries to interrupt transmission and eliminate onchocerciasis.

The MEC applauded countries that have formed National Onchocerciasis Elimination Committees and appreciated the work of the WHO Onchocerciasis Technical Subgroup.

Mapping is underway to identify all areas where transmission is ongoing and to determine whether treatment needs to be initiated. The MEC appreciated the work to develop practical mapping strategies in low prevalence settings.

The MEC recognized the critical role of laboratories and supported the work to strengthen lab capacity in Africa. The MEC recommended that capacity building include recruiting local entomologists and epidemiologists and taking advantage of existing ELISA and PCR infrastructures developed for other diseases such as HIV and Ebola.

The end of the African Programme for Onchocerciasis Control (APOC) in 2015 left a gap for a multi-stakeholders coordinating body. A forum is needed to streamline elimination strategies, resolve problems, reinvigorate elimination efforts, avoid duplication of effort, and advocate for human and financial resources. The MEC recommended that the Mectizan Donation Program conduct a survey of stakeholders to assess the level of interest in creating such coordination mechanism.

### Lymphatic Filariasis (LF)

The LF session focused on progress toward elimination, the barriers to achieving the 2020 elimination target, and whether the goal should remain disease control or elimination of transmission.

The MEC was encouraged that 14 out of 72 LF-endemic countries have been validated for eliminating the disease as a public health problem and for implementing morbidity management and disability prevention (MMDP) services. Many other countries have stopped treatment in subnational areas.

Yet challenges remain. Fifteen countries have not completed mapping treatment and coverage is low in some countries. There is growing concern over hot spots and the risk of recrudescence if robust post-validation surveillance systems are not well established. The newly launched IDA strategy will help address some of these challenges by eliminating hot spots and accelerating elimination where feasible. The MEC urged WHO to make global completion of LF mapping a high priority and to facilitate delivery interventions to all at-risk communities.

The MEC also noted that increased political will and commitment of resources are needed where treatment coverage is low. A country-by-country situation analysis is needed to develop strategies to ensure sufficient coverage. New tools such as triple therapy with ivermectin, DEC, and albendazole (also known as IDA) and twice-yearly treatment with albendazole should be considered where appropriate.

Current forecasts indicate that MDP may receive applications for Mectizan for more than 200 million IDA treatments for distribution in 2019–2020. The donation is limited to 100 million treatments annually; therefore, planning by WHO regional staff is needed to prioritize implementation in recipient countries.

The MEC congratulated American Samoa and Samoa for the successful roll out of IDA, and encouraged countries and partners to rigorously document best practices and lessons learned to share with other countries.

The MEC also recommended prioritization of MMDP, including integration into health systems to reduce suffering among patients with chronic lymphedema and other symptoms, and to ensure criteria for the LF validation dossier are met.

## Stories from the Field

### Mrs. Ngo Yeba Anastasie, Beneficiary, Mectizan Donation Program, Bafang, West Province, Cameroon



Every year, thousands of volunteer “community-directed distributors” (CDDs) in 31 sub-Saharan African countries interrupt their daily lives for a week or more to distribute Mectizan to treat and eliminate river blindness and/or lymphatic filariasis (LF).

In Cameroon, 72-year old Mrs. Ngo Yeba Anastasie (above) is one of millions who receive treatment from CDDs. Though she’s often seen wearing sunglasses, Mrs. Ngo Yeba Anastasie has good vision and is able to look after her grandchildren and serve the community as an elder.

Also pictured (left) is Mrs. Angeline Ndonko, a CDD using a “dose pole” or measuring stick to determine the correct dosage based on Mrs. Ngo’s height. Mrs. Ndonko is also featured in MDP’s short film along with her husband, Mr. Jean Jacques, who suffered visual impairment.

We invite you to view the film at  
<https://mectizan.org/news-resources/soo-film/>

# Welcome

## Introducing Ms. Rachel Taylor, Office of Corporate Responsibility, Merck & Co., Inc.\*

Please join the Mectizan Donation Program in welcoming Ms. Rachel Taylor to Merck & Co., Inc.'s Office of Corporate Responsibility. As part of her role as Director, Corporate Responsibility, Rachel will serve as the new focal point for the Mectizan Donation Program.

Rachel comes to Merck & Co., Inc. from the U.S. National Academies of Sciences, Engineering, and Medicine, where she was Senior Program Officer for the Board on Global Health and Director of the Forum on Public Private Partnerships for Global Health & Safety. She holds a BA in Government and Public Policy from Hamilton College and an MA in International Relations from American University.



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The Mectizan Donation Program is an international program to eliminate river blindness and lymphatic filariasis, primarily funded by Merck & Co., Inc., with support from GSK.

Through the Mectizan Donation Program, Merck & Co., Inc. donates Mectizan for the global elimination of onchocerciasis and lymphatic filariasis (LF). For the elimination of LF where onchocerciasis is co-endemic in Africa and Yemen, Mectizan is co-administered with albendazole, donated by GSK. In countries eligible for “triple therapy” to accelerate LF elimination, Mectizan and albendazole are co-administered with diethylcarbamazine.

\*Merck & Co., Inc. is known as MSD outside the USA and Canada.