

annual highlights 2010

the accomplishments of the
Mectizan Donation Program in its 24th year

message from the director



Two words seem to have dominated activities and planning in 2010, “elimination” and “integration”.

Certain words tend to concentrate the mind and dominate the thought processes when it comes to considering either the past or the future. With the two diseases of onchocerciasis and lymphatic filariasis (LF), two words seem to have dominated activities and planning in 2010, “elimination” and “integration”.

Elimination

In the Americas treatment has stopped in additional foci as it appears that transmission has been interrupted and the hope is that 2012 will still see treatment stopped throughout the region. The only way to be sure that transmission has been eliminated is to follow up after treatment. At the Regional Conference (IACO) in Guatemala in November 2010 MDP/ Merck made a special donation to the American Program, OEPA, (with the Carter Center) to assist with this post treatment surveillance (PTS).

Certification can only be done at the National Level. Colombia will be the first country to have completed the 3 years PTS in 2011 and will be ready for certification if the good results so far are maintained.

In Africa the scale is completely different as are the vectors of the disease. However, the results from the survey in Senegal and Mali, which led to the informal consultation on elimination of onchocerciasis in Africa, have spurred on efforts to see where transmission may have been eliminated in other areas. APOC has been conducting studies in the APOC area. Many of these skin snip surveys have resulted in very encouraging indications of elimination. On the whole they have been close to what would have been expected from the various computer modelling exercises. These areas now need further tests, particularly on the fly vectors and on

children to decide whether treatment can be stopped. There is an urgent need to build capacity in countries to undertake these surveys. This was never envisaged for APOC as it was established as a control program. Elimination is now well and truly on the APOC agenda although many countries, particularly the conflict and post conflict countries, are nowhere near this stage. The question remains: do we develop new strategies for these difficult areas, or do we continue business as usual with the hope they will catch up eventually?

Elimination has always been the goal of the LF program with a target date of 2020. African countries have been a bit slow to scale up treatment mostly due to funding issues. As more funds have become available over the last two years many countries are scaling up treatments. Mectizan and albendazole are both donated drugs, (by Merck and

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GSK respectively) so it is the in-country implementation costs that have been the problem. With new NTD funding new countries are beginning treatment. It is hoped that this funding will be continued. What is so encouraging for LF is that not only are we looking to scale up, we are also scaling down. Togo and Zanzibar have stopped treatment already and are in the PTS phase, as is Yemen. Strategies, if and how to treat, are being examined for areas of very low prevalence of the disease. The target of elimination by 2020 is still possible, if countries can start up and scale up quickly.

Integration

This is the second buzz word referring to onchocerciasis, LF and the other neglected tropical diseases (NTDs). For some this means co-implementation, the delivery of several health interventions at the same time. This works really well where onchocerciasis and LF overlap. This co-implementation

requires strategies and funds for the actual implementation. In some cases the Community Directed Intervention strategy will work, in other areas school distribution is the approach chosen. In 2010 WHO produced its first comprehensive report on NTDs, which showed great progress made particularly in onchocerciasis and LF. The report also highlights the ongoing needs for these as well as the other NTDs. There is a risk of parallel systems being set up for co-implementation if and when funding becomes available. It is vitally important that these delivery systems be fully integrated into Primary Health Care at the most peripheral level in order to get services out to the community and also to sustain the system. MDP has been working hard with other NTD partners, WHO, and particularly AFRO where most of the donation goes to, in order to simplify integration with relation to applications for drugs and annual reporting. This work is ongoing. Hopefully some of the

fruits of this integration will be evident to the NTD country personnel during 2011, although it is obviously a work in progress and will take a while to perfect.

Conclusion

Next year MDP will celebrate its 25th anniversary marking a quarter century of Mectizan donation. Every year has seen a scale up in activities by our partners. 2020 is only 9 years away. Will we manage to eliminate LF by then? What about eliminating onchocerciasis in Africa and Yemen by 2020? This will be more difficult particularly in the conflict areas, but if we examine new strategies for the problem areas it could be possible, especially using the resources that may become available for co-implementation and providing there is full integration into a functional health system.

-Adrian Hopkins, MD

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2010 onchocerciasis achievements

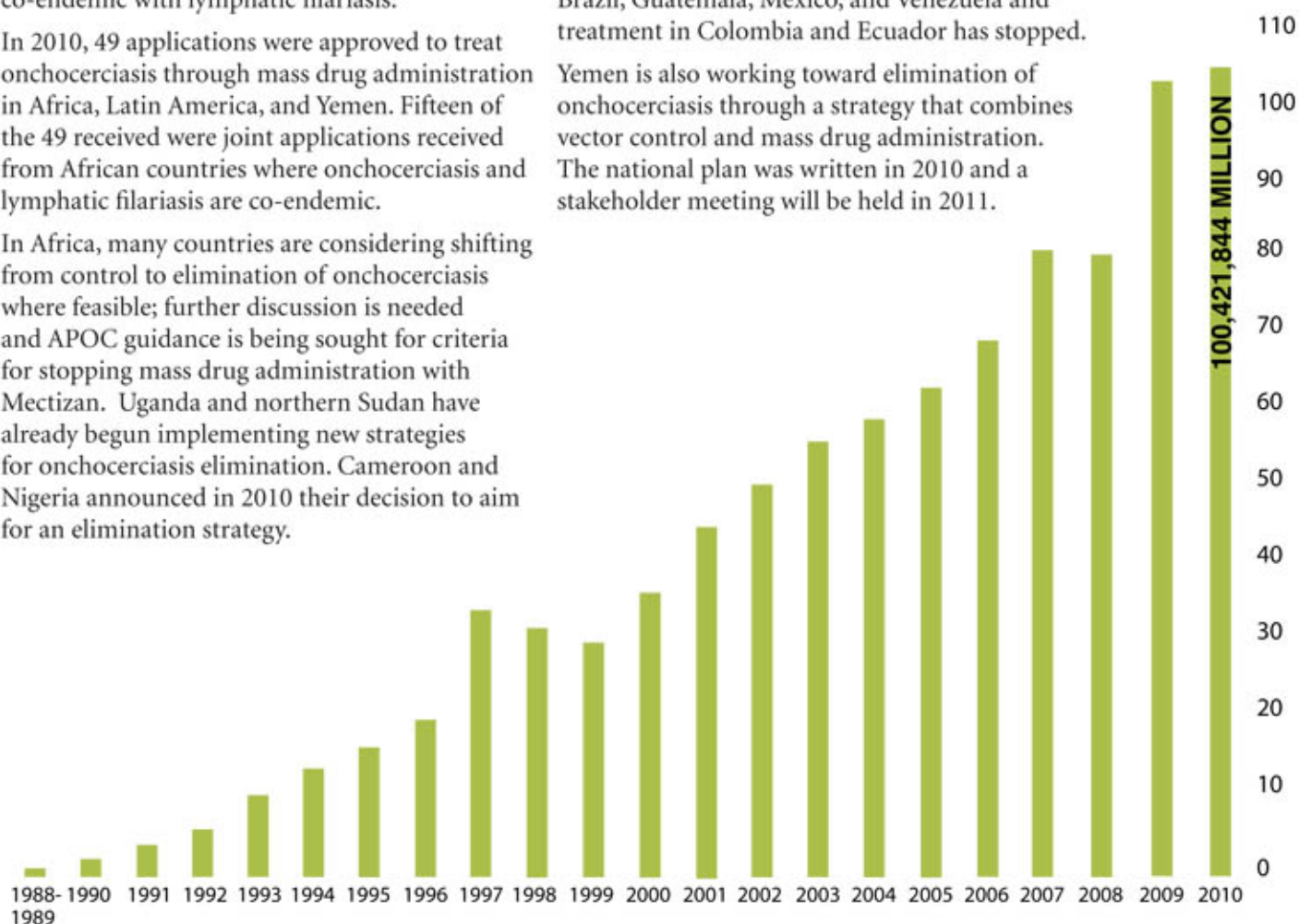
During the year 2010, a total of 100,421,844 treatments were approved for onchocerciasis control/elimination programs in 24 African countries, 2 countries in South America, and in Yemen. It is worth noting that of these treatments, 28,337,564 were approved for areas co-endemic with lymphatic filariasis.

In 2010, 49 applications were approved to treat onchocerciasis through mass drug administration in Africa, Latin America, and Yemen. Fifteen of the 49 received were joint applications received from African countries where onchocerciasis and lymphatic filariasis are co-endemic.

In Africa, many countries are considering shifting from control to elimination of onchocerciasis where feasible; further discussion is needed and APOC guidance is being sought for criteria for stopping mass drug administration with Mectizan. Uganda and northern Sudan have already begun implementing new strategies for onchocerciasis elimination. Cameroon and Nigeria announced in 2010 their decision to aim for an elimination strategy.

In Latin America, the goal has always been the elimination of onchocerciasis as established by the Pan American Health Organization (PAHO) in 1991. In 2010, only applications from Guatemala and Mexico were approved for new shipments of Mectizan. Treatment is ongoing in Brazil, Guatemala, Mexico, and Venezuela and treatment in Colombia and Ecuador has stopped.

Yemen is also working toward elimination of onchocerciasis through a strategy that combines vector control and mass drug administration. The national plan was written in 2010 and a stakeholder meeting will be held in 2011.



800+ million treatments approved since 1988

*Includes final 4 months of 1988

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2010 lymphatic filariasis achievements

Twenty seven countries in Africa and Yemen are eligible to use albendazole and Mectizan for mass drug administration (MDA) to interrupt the transmission of lymphatic filariasis (LF). Since the beginning of the Program in 2000, more than 535 million treatments have been approved in 19 African countries and Yemen. As shown in figure 1, the number of treatments approved continues to increase every year as new countries launch their LF elimination (LFE) programs and others expand into new implementation units (IUs).

In 2010, 121.4 million treatments were approved for LFE in 17 countries. The only new application received was from Central African Republic where 367,661 treatments were approved for LFE. Among the 16 re-applications received, 10 were submitted for the continuation of the treatment in the existing program areas in Benin, Burkina Faso, Ethiopia, Ghana, Guinea Bissau, Malawi, Mali, Senegal, Sierra Leone, and Yemen. Six re-applications were submitted (Cameroon, Cote d'Ivoire, Mozambique, Niger, Nigeria and Tanzania) that included requests for treatments to expand into new IUs. The largest expansions were planned in Cameroon, Mozambique, and Tanzania. Sudan and Uganda did not submit re-applications in 2010. For all 16 applications, 23% of the approved treatments will be distributed in areas co-endemic with onchocerciasis.

Stopping MDA and Post Treatment Surveillance

Following 5-9 rounds of the MDA in endemic districts of Togo, Zanzibar and mainland Yemen, surveys show that LF transmission is likely interrupted, therefore MDA can be stopped. Post treatment surveillance (PTS) is currently ongoing in these countries to ensure that transmission is not recrudescing. As part of PTS, an innovative lab-based surveillance system was set up

in Togo and integrated with a malaria surveillance system. The new system will be assessed in 2011.

Additional IUs in Benin, Burkina Faso, Ghana, Mali, Nigeria, Tanzania, and Uganda, MDA has been ongoing for at least 6 years, may be eligible for stopping MDA. A transmission assessment survey (TAS) needs to be organized in these areas before a decision is made.

A new guideline for TASs was recently validated by WHO. The guideline is included in the comprehensive manual on monitoring and evaluation (M&E), which will be soon available. Program managers from the countries that may be eligible for stopping MDA were trained for the TAS protocol in December 2010 during a workshop organized by the LF Support Center in Accra, Ghana. The protocol aims to screen school children (6-7 years old) for *Wuchereria bancrofti* circulating antigen using ICT cards. Compared to the previous M&E strategy, fewer children will be screened and in some areas, a group of IUs can be surveyed as a single evaluation unit (EU). This will result in a considerable reduction of the cost for implementing a TAS. However, there is still a need to mobilize financial resources to support the TAS; although it is less expensive, most countries will be unable to cover the costs.

Lymphedema Management

The Mectizan Donation Program (MDP) will continue advocating for a comprehensive approach to NTD control/elimination.

Within the limits of available resources, and in collaboration with GSK and Merck, MDP will continue to support NGDO partner Handicap International (HI) in maintaining its NTD morbidity training activities.

Financial support for Program Implementation

Also in 2010 a 3-year project was co-financed by GSK and MDP to support program implementation in selected African counties.

With the new financial opportunities for NTD control/elimination available from USAID, MDP and Merck have engaged in discussions with WHO-AFRO to explore new mechanisms to ensure financial support to African countries is effectively utilized.

A 3-year \$60,000 dollar grant is still available for NGOs involved in onchocerciasis control willing to expand activities to include LFE. So far this grant has been awarded to MITOSATH for Taraba state in Nigeria and to CBM for their work in Central African Republic. CBM also received a financial contribution for baseline data collection in sentinel sites.



535 million treatments approved since 2000

Figure 1: Treatments Approved for LF Elimination from 2000 to 2010

2010 highlights

- In 2010, the Mectizan Donation Program (MDP) approved an estimated 100,421,844 treatments, for the control and elimination of onchocerciasis in Africa, Latin America, and Yemen. All applications for Mectizan for onchocerciasis were re-applications received from ongoing treatment programs already distributing Mectizan for onchocerciasis in Africa, Latin America, and Yemen. By the end of 2010, more than 897,000,000 treatments were approved since the inception of the program in 1987,
- MDP supported six countries in Latin America (Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela) in their efforts to make progress toward the elimination of onchocerciasis from the Americas. In 2010, only Brazil, Guatemala, Mexico, and Venezuela distributed Mectizan. Colombia and Ecuador have both been successful in reaching a stopping point for distribution of Mectizan. It is hoped that in 2011, Mexico will also reach the same goal.
- The Mectizan Donation Program advanced operational research and strategies to eliminate transmission of onchocerciasis where feasible in Africa. MDP helped develop plans for new epidemiological evaluations and revised mapping techniques to redefine target populations to be treated. Yemen began developing a national plan for the elimination of onchocerciasis with assistance from MDP.
- For the elimination of lymphatic filariasis, MDP approved more than 121 million treatments for Mass Drug Administration (MDA) in Yemen and in 16 African countries, on behalf of the Mectizan Expert Committee/Albendazole Coordination (MEC/AC) for the elimination of lymphatic filariasis in Africa. By the end of 2010, more than 535 million cumulative treatments of co-administered albendazole and Mectizan were approved since LF elimination was added to the program's mandate.
- MDP helped establish the Neglected Tropical Disease NGDO Network in October 2009, thereby creating a global forum for nongovernmental development organizations (NGDOs) working to control and eliminate onchocerciasis, lymphatic filariasis, and trachoma as well as schistosomiasis and soil-transmitted helminths. The NGDOs work independently and as a group to alleviate the suffering and poverty caused by these diseases. MDP co-hosted the inaugural meeting of the NTD NGDO Network with the International Trachoma Initiative. Participants included representatives from 24 NGDOs as well as partners from academia, the World Health Organization, CDC, and the pharmaceutical industry. MDP Director, Dr. Adrian Hopkins, chairs the NGDO Network.
- MDP continued to serve as the secretariat for the Partnership for Disease Control Initiatives. Two meetings were held in 2010 with participation from pharmaceutical companies donating drugs for neglected tropical diseases, the implementing programs, and NTD partners including WHO, Bill & Melinda Gates Foundation, and the International Pharmaceutical Manufacturers Association. PDCI serves as a forum for pharmaceutical partners, drug donation programs, and NTD stakeholders to discuss topics including strategies for integration, lessons learned and best practices, and operational research needs.



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Through the Mectizan Donation Program, Merck donates Mectizan for the elimination of onchocerciasis as a public health problem in Africa, Latin America, and Yemen. For the elimination of lymphatic filariasis in Africa and Yemen where onchocerciasis is co-endemic, Mectizan is co-administered with albendazole, which is donated by GlaxoSmithKline.