

# MECTIZAN™ PROGRAM NOTES

C E L E B R A T I N G   O U R   1 7 T H   Y E A R

ISSUE 34

MECTIZAN DONATION PROGRAM

2004

## Controlling River Blindness: Achievements of a 15-Year Public-Private Partnership

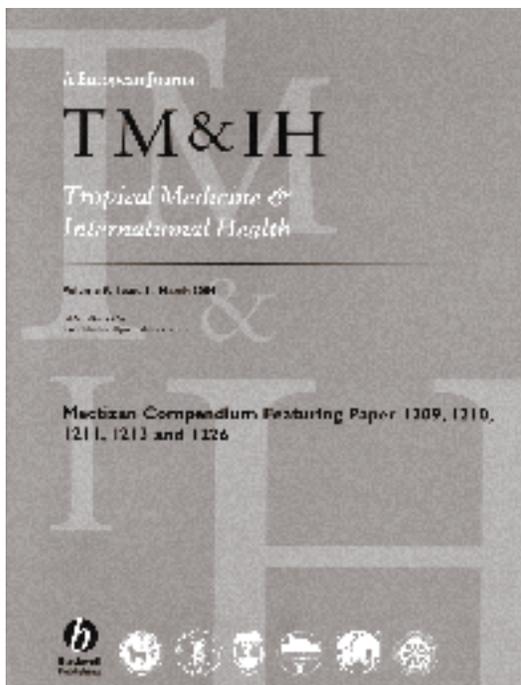
On 14 May 2004, the Johns Hopkins Bloomberg School of Public Health and Merck & Co., Inc. co-sponsored a symposium entitled "Controlling River Blindness: Achievements of a 15-Year Public-Private Partnership." The symposium took place in Baltimore, Maryland, USA at the Johns Hopkins Bloomberg School of Public Health and was well attended by students and public health professionals.

The symposium was held to commemorate the publication of a compendium of articles published in the March 2004 issue of *Tropical Medicine and International Health* (Volume 9, Issue 3, pp A1-A56). The articles are based on both original research and literature reviews to evaluate the Mectizan Donation Program (MDP) and the impact of Mectizan distribution on primary health care, economics, onchocercal morbidity and public-private partnerships for health services/programs. The authors found MDP to be both successful and cost-effective and recommended that the public-private partnership developed as a result of the program serve as a model for others seeking to establish similar health programs.

The symposium began with an introduction by the Dean of the Johns Hopkins Bloomberg School of Public Health, Dr. Alfred Sommer, and was followed by brief presentations by the authors.

Dr. Björn Thylefors presented on "Eliminating onchocerciasis as a public-health problem", which described the evolution of onchocerciasis

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Dr. Gilbert Burnham presents on Mectizan™ distribution

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control and challenges for future control of the disease. Dr. Thylefors began by commenting on the present and future status of MDP, noting that currently, mass treatment is ongoing in 34 out of 35 endemic countries with more than 50 million treatments approved in 2003. Future challenges include reaching the ultimate treatment goal in Africa of greater than 90 million people per year, eliminating the disease in the Americas, continued monitoring and evaluation and operational research to maintain effective programs.

Following Dr. Thylefors was a presentation given by Ms. Traci Phillips on the article "Mectizan Donation Program – evaluation of a public-private partnership." This study evaluated MDP's public-private partnership with other stakeholders in the control of onchocerciasis. The study methods included a survey of 25 individuals from 21 of MDP's partner organizations and semi-structured interviews with key informants consisting of experts highly experienced in onchocerciasis control. The evaluation focused on the benefits to partner organizations, costs of participation, elements of governance and management functions. The study's objectives were: 1) to determine how long-term relationships were sustained among a diverse group of partners and 2) to determine whether the MDP partnership model can be applied to other public-private partnerships for public health. The

study concluded that MDP has consistently shown good leadership and competency. Characteristics contributing to the success of the program included high-level commitment, goodwill established from the outset of the program and clearly defined roles and relationships among partners.

Dr. Hugh Waters gave the next presentation on "Economic evaluation of Mectizan distribution", which was based on a review of published articles on the impact of Mectizan distribution on economic indicators. In the Onchocerciasis Control Program in West Africa (OCP), Mectizan distribution enhanced vector control as a way to eliminate onchocerciasis as a public health problem. Studies conducted in the OCP area show that labor productivity has been increased through the prevention of blindness and that arable land, once deserted because of the disease, has been re-populated after transmission of onchocerciasis was reduced. The fact that Mectizan is provided free of charge by Merck & Co., Inc. was cited as an important contribution to the positive economic impact of the program. The article states that "the economic value of Mectizan itself for 1 year is greater than the projected economic benefits of its distribution over a period of 20 years or more." The study concluded that development of an effective macrofilaricide would greatly enhance efforts to eliminate transmission of onchocerciasis; however, until that happens, the distribution of Mectizan is an economically viable and successful means to control the disease.

Following Dr. Waters was Dr. Gil Burnham who presented "Delivering Mectizan (ivermectin)." This article describes the evolution of Mectizan distribution and the strategies and tools developed to make mass distribution of the drug successful. Assessment of the populations at risk to establish priority mass treatment areas was one of the challenges mentioned in the article. Originally, epidemiological data was collected using skin snips, taken from individuals in infected communities, that were microscopically examined for evidence of infection. This invasive method was later replaced by the examination of individuals for the presence of subcutaneous nodules associated with onchocercal infection. Prevalence within the community was determined to be one and one-half times the percentage of nodule carriers in the sample tested. The Rapid Epidemiological

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Mapping of Onchocerciasis (REMO) methodology uses epidemiological entomological, and cartographical factors, such as the distance of communities from breeding sites, to map onchocerciasis endemicity. Today, most countries in Africa have used REMO to identify onchocerciasis-endemic areas and to establish priority areas for mass treatment.

The next milestone in the delivery of Mectizan™ was the method of distribution within communities. Several of the first Non-governmental Development Organizations (NGDOs) that distributed Mectizan soon realized that involving communities in both the design of Mectizan distribution programs and the selection of community distributors helped achieve higher coverage. To address this issue, the Community-Directed Treatment with Ivermectin (CDTI) approach was developed and refined over time. The approach was established as the preferred method of mass distribution following a multi-country study conducted in 1995 by the WHO Special Programme for Research and Training in Tropical Diseases in collaboration with the African Program for Onchocerciasis Control and OCP. The study found that communities that planned their own mass distribution programs achieved higher coverage than communities where health workers planned the distribution. Furthermore, the approach was feasible and effective in a variety of countries and cultures.

The creation of a broad partnership, which includes: MDP, Merck & Co., Inc., the World Bank, the World Health Organization, Ministries of Health and NGDOs has also contributed to the success of Mectizan mass treatment; partners work together to secure technical and financial support and to resolve operational issues. Future challenges faced by the partnership include maintaining commitment to the program by governments and communities in the face of declining blindness, maintaining donor interest in spite of other health priorities and integrating Mectizan distribution with other health interventions.

The final presentation was given by Dr. James Tielsch on "Impact of ivermectin on illness and disability associated with onchocerciasis." This article reviews clinical



Symposium participants

cal trials on Mectizan treatment for onchocerciasis, investigations on the effects of Mectizan on skin and eye disease and studies on the impact Mectizan treatment has had on blindness and disability associated with the disease. It is well-known that Mectizan is a safe and effective treatment for onchocerciasis that has shown significant impact on the prevalence of blindness and skin disease and on transmission of the disease in areas where distribution has been ongoing with high coverage. In addition, few ocular and systemic side effects of treatment are experienced even among individuals with heavy parasitic loads. During his presentation Dr. Tielsch pointed out that in addition to its clinical benefits, Mectizan appears to lead to a significant reduction in the reproductive capacity of adult worms which contributes to the reduction of onchocerciasis transmission. He also noted that it is likely that the impact on disability adjusted life years (DALYs) associated with skin disease is similar to the impact on DALYs associated with ocular disease. This study also reviewed Mectizan's positive impact on other helminthic infections, which contributes to compliance in mass distribution programs. He concluded by noting that, although elimination of onchocerciasis is not feasible because of political, economic and social constraints, except in Latin America where foci are small and geographically contained, mass treatment has a substantial impact on onchocerciasis; continuation of onchocerciasis control programs using Mectizan is needed to maintain the benefits already achieved. ❖

# Eliminating Onchocerciasis in Latin America Using Mectizan™: A Goal Within Reach

Onchocerciasis is endemic in six countries in Latin America: Brazil, Colombia, Ecuador, Guatemala, Mexico and Venezuela. Before Mectizan, onchocerciasis control in Latin America was focused on surgical removal of nodules containing adult worms, occasional use of insecticides against black fly larvae and the use of two drugs, diethylcarbamazine (DEC) and suramin.<sup>1</sup> While these control efforts had some benefit, mostly at the individual level, they were of little value in reducing the transmission of onchocerciasis on a wide scale. Moreover, the use of DEC and suramin for the treatment of onchocerciasis was never widespread. These drugs are no longer recommended for onchocerciasis control because of the potential for serious side effects in onchocerciasis patients particularly irreversible eye damage and damage to the kidneys.<sup>1,2</sup>

The discovery and donation of Mectizan renewed interest in the control of onchocerciasis in the Americas. Widespread community-based mass treatment programs with Mectizan in Latin America began shortly after the announcement of the donation by Merck & Co. Inc. in 1987. Because of Mectizan's potential and availability free of charge, in 1991 the 35th Directing Council of the Pan American Health Organization passed Resolution XIV calling for the elimination of morbidity due to onchocerciasis in the Americas by 2007. The following year, the Onchocerciasis Elimination Program for the Americas (OEPA), a multi-national and multi-agency coalition, was established to realize Resolution XIV and to work towards the elimination of infection where feasible.<sup>1</sup>

Experimental data from Guatemala indicated that two doses of Mectizan given at seven-month intervals result in almost complete suppression of transmission from humans to black flies lasting six months after the second dose. Data from subsequent field studies in Guatemala have supported these observations. The observations have also been supported by experience within community-based mass treatments programs. In Ecuador, seven years of twice-annual mass treatment with Mectizan given consistently to more than 80% of the eligible population resulted in an interruption of transmission, which was evidenced by an absence of infection in children born after the initiation of distribution. Prior to distribution, more than 60% of children one to five years old

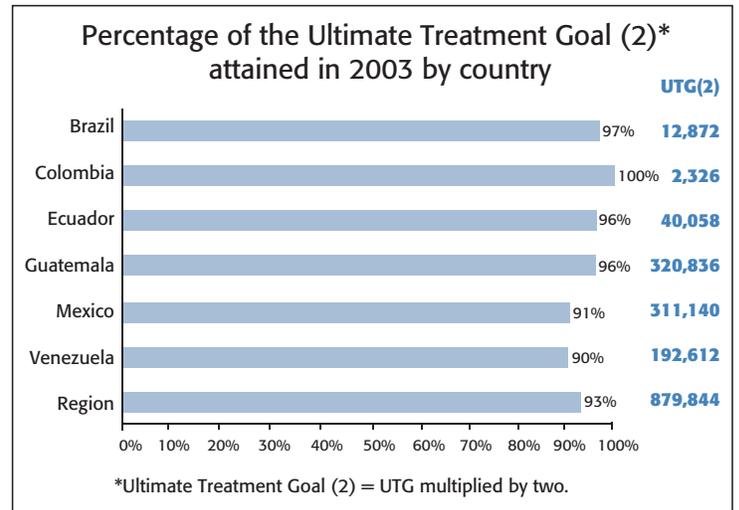


Figure 1

were infected with *O. volvulus*. In addition, interruption of transmission after community-based mass treatment with Mectizan may have occurred in two additional foci: one in Mexico and the other in the single endemic focus in Colombia.<sup>3-7</sup>

Based on these data, the six endemic countries in Latin America have adopted a twice-annual treatment strategy for at least 85% of all people at-risk of infection. This strategy applied under circumstances unique to Latin America such as:

- the geographically localized nature of onchocerciasis
- the relatively small numbers of communities and people at risk for infection
- the presence of *Simulium* flies in much of the region that are relatively inefficient in transmitting infection

makes elimination of onchocercal morbidity from the Western Hemisphere a feasible and realistic goal.<sup>1,8</sup>

The program in Latin America is well on its way to achieving this goal. In 2003, all six countries treated  $\geq 90\%$  of their ultimate treatment goals (range 90-100%) (Figure 1). This is a remarkable accomplishment considering that as recently as 2000, treatment coverage ranged from 41-99% with four of the six countries treating less than 75% of their UTG.<sup>9</sup>

## Dr. Ebrahim Samba Receives Special Merck Mectizan™ Award

On 18 February 2004, Merck & Co., Inc. presented a special Mectizan Award to Dr. Ebrahim M. Samba, World Health Organization (WHO) regional director for Africa, for his efforts in combating onchocerciasis in Africa. The award was given in conjunction with the opening ceremony for "Health in Africa Day", an event co-sponsored by WHO and Merck at Grand Central Terminal in New York City, USA.



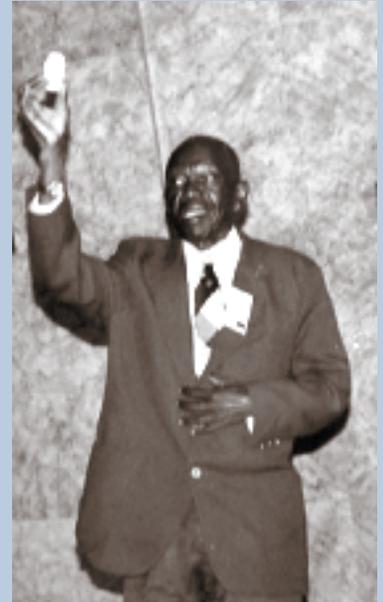
"I am delighted to recognize Dr. Samba for his commitment to eliminating river blindness as a public health problem for millions of people around the world" said Mr. Jeffrey L. Sturchio, vice president of external affairs for Merck's Europe, Middle East and Africa division. "His vision, hard work and initiative over the last three decades have inspired everyone in the effort against river blindness. His determination and tireless advocacy are a model for all involved in bringing medicines to those in need."

Dr. Samba has been with WHO since 1974, serving first as director of WHO's Onchocerciasis Control Program (OCP) in West Africa and, since 1995, as director of WHO/AFRO. Dr. Samba was instrumental during the launch and subsequent success of OCP and remained committed to the program throughout its 28-year duration from 1974-2002. OCP's vector control strategy combined with mass treatment with Mectizan in West Africa has nearly eliminated onchocerciasis as a public health problem in much of the region with the exception of Sierra Leone where, until recently, civil war prevented control efforts. Dr. Samba also played a key role in bringing Merck and WHO together to conduct the clinical trials that led to the approval of Mectizan as a treatment for river blindness.

The Mectizan Donation Program wishes to congratulate Dr. Samba on his award and on his remarkable contributions to the control of onchocerciasis. ❖

## Mr. Joseph Rakuba Gabu: Recipient of the District Level 2003 Mectizan Award

The Mectizan Donation Program would like to congratulate Mr. Joseph Rakuba Gabu of Bahr al Ghazal, Sudan on his 2003 Mectizan Award at the district level. The award will be presented to Mr. Gabu in Sudan by a representative on behalf of Merck & Co., Inc. and the Mectizan Donation Program.



Mr. Gabu has served as the focal point for onchocerciasis control in Bahr al Ghazal, Sudan since 1977 and, in spite of the civil conflict afflicting the region since 1955, has remained committed to delivering Mectizan to those in need. He was appointed zonal coordinator in 1997 in an area with extremely high prevalence of onchocerciasis. Mr. Gabu is well known for obtaining high coverage for his area – even in high-risk areas near the borders between Operation Lifeline Sudan and the Government of Sudan. He maintains the onchocerciasis clinic in the local hospital and supervises Community-Directed Treatment with Ivermectin (CDTI) in the region along with other responsibilities including health education, community mobilization and training of Community-Directed Distributors.

Mr. Gabu is well known and highly respected in Bahr al Ghazal and in the rest of onchocerciasis-endemic southern Sudan for his long-standing commitment and dedication to onchocerciasis control. ❖

# Children Eligible to Receive Mectizan™ and Albendazole for LF Elimination Based on Height and Weight Criteria: Case study from Kintampo District, Ghana

## Introduction

Mass drug administration (MDA) programmes for lymphatic filariasis (LF) elimination in countries where onchocerciasis is non-endemic rely on diethylcarbamazine (DEC) and albendazole (donated by GlaxoSmithKline), for which children as young as 2 years are eligible. In African countries and Yemen, where onchocerciasis and LF are co-endemic, MDA with DEC is not recommended because of the risk of serious adverse events in patients with onchocerciasis. For LF in these countries, albendazole is co-administered with Mectizan (ivermectin, MSD), the dosing of which is based on weight or height as shown in Table 1, rather than on age. As a consequence, children who are shorter than 90cm or weigh less than 15kg are not eligible for the co-administration of Mectizan and albendazole; this threshold has been historically equated with 5 years of age. Operationally, however, almost all programmes currently dose by height since calibration and transportation of weighing scales has been found to be problematic under field conditions.

Weight Range (kg)	Number of tablets 3 mg Mectizan	Height Range (cm)
15-25	1	90-119
26-44	2	120-140
45-64	3	141-158
65 or more	4	159 or more

Table 1. Dosing of Mectizan (3 mg) by weight and height.

In recent years, concerns have been raised that such a substantial number of children in Africa may be excluded from MDA in countries using the weight/height dosing criteria for co-administration of Mectizan and albendazole that LF elimination in Africa may be achieved much later than in other parts of the world where DEC and albendazole are used since children aged 2 to 4 have been shown to contribute to the transmission of *Wuchereria bancrofti*, the causative agent of LF in Africa.<sup>1</sup>

In order to assess the magnitude of this potential problem, a study was conducted to determine what proportion of children under 5 years of age are eligible for MDA with Mectizan and albendazole for LF elimination using the weight/height dosing criteria for Mectizan.

Age in yrs.	Not Treated	Treated
0	100.0%	0.0%
1	100.0%	0.0%
2	93.5%	6.5%
3	59.1%	40.9%
4	13.1%	86.9%
5	1.1%	98.9%
6	1.3%	98.7%
7	0.0%	100.0%
8	2.4%	97.6%
9	0.0%	100.0%
10	0.0%	100.0%

Table 2. Eligibility of children for MDA with Mectizan and albendazole based on height, by age.

## Methods

Records of 1060 children, aged 0 to 10 years who had been enrolled into a community-based study of the Kintampo Health Research Centre, Ghana between November 2003 and January 2004, were extracted for the following data: date of birth, date of illness, height in centimetres and weight in kilograms. The children were categorised by age to determine the proportion that would have been included or excluded from the MDA based on height and weight according to the dosing schedule in Table 1.

## Results

Based on dosing by height for co-administration of Mectizan and albendazole, 86.9% of 4 year-olds, 40.9% of 3 year-olds and 6.5% of 2 year-olds would have been eligible for the MDA (Table 2) whereas only 45.4% of 4 year-olds, 13.6% of 4-year olds and 2.2% of 2 year-olds would have been eligible based on weight (Table 3). A comparison of the areas under the curve for the percentage of children treated by height *versus* weight criteria demonstrates that dosing by height facilitates inclusion of 50% of this cohort of children by age 3 compared to age 4 if weight is used for dosing (Figure 1). No children under 2 years of

have been eligible for treatment using either dosing schedule.

**Conclusion**

This study demonstrates that the current dosing schedule for co-administration of Mectizan™ and albendazole for LF elimination in Africa targets the population contributing to transmission of *W. bancrofti* very well, including about one-half of children between the ages of 2 and 4, since all programmes dose by height. Since the MDA for LF elimination

lasts for 5 to 6 years, any children in this cohort harbouring infection that are excluded from the MDA at the start of the MDA would ultimately be included before the MDA ends. Thus, a change in the current dosing schedule for Mectizan, with all its attendant costs for the requisite safety studies, is unwarranted. ❖

Age in yrs.	Not Treated	Treated
0	100.0%	0.0%
1	100.0%	0.0%
2	97.8%	2.2%
3	86.4%	13.6%
4	54.6%	45.4%
5	22.1%	77.9%
6	16.7%	83.3%
7	3.2%	96.8%
8	3.6%	96.4%
9	0.0%	100.0%
10	2.6%	97.4%

Table 3. Eligibility of children for MDA with Mectizan and albendazole based on weight, by age.

## Revised Recommendations for the Treatment of Onchocerciasis with Mectizan in Areas Co-endemic for Onchocerciasis and Loiasis

In light of recent developments with regard to the community-level assessment of the risk of *Loa loa* associated Serious Adverse Experiences (SAEs) after treatment with Mectizan for onchocerciasis, revised recommendations for the use of Mectizan in areas where the two diseases are co-endemic have been issued by the Mectizan Expert Committee in consultation with the Technical Consultative Committee of the African Programme for Onchocerciasis Control.

The revised recommendations take into account the endemicity of *L. loa* when assessing the risk of SAEs occurring after Mectizan treatment for onchocerciasis. Included in the revised recommendations are annexes that provide guidance for the clinical management of cases of *L. loa* encephalopathy and a list of suggested medical supplies and equipment for the management of such cases.

The recommendations have been circulated via email and courier when necessary and are available on our website at [www.mectizan.org/loarecs.asp](http://www.mectizan.org/loarecs.asp). We hope that these revised recommendations will be useful to our colleagues. For further information or clarification on their content, or to request hard copies via regular mail, please contact the Mectizan Donation Program using the contact information printed on the back of this newsletter. ❖

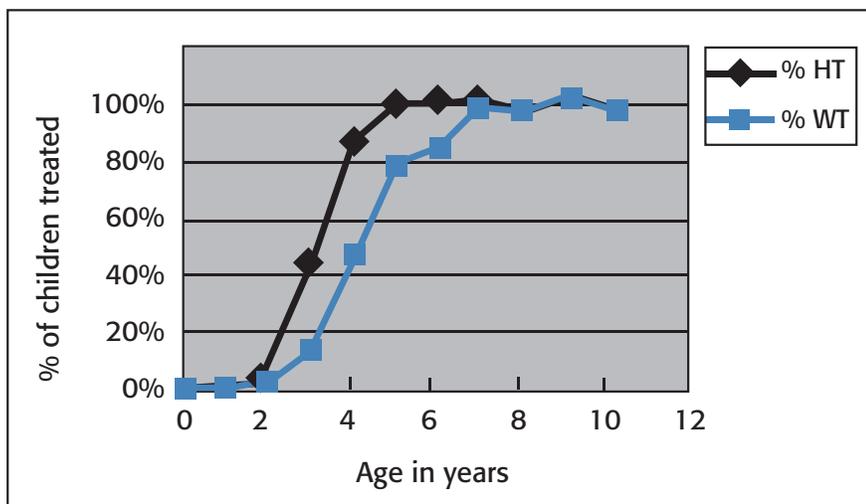


Figure 1. Treatment eligibility based on weight and height by age.

Witt C, Ottesen EA. Lymphatic filariasis: an infection of childhood. *Tropical Medicine and International Health* 2001; 6:582-606.

By  
 Dr. John Gyapong  
 Director, Health Research Unit, Ghana Health Service  
 Director, Programme to Eliminate Lymphatic Filariasis, Ghana  
 Chair, African Regional Programme Review Group for LF Elimination

# The 32<sup>nd</sup> Meeting of the Mectizan™ Expert Committee/Albendazole Coordination

The 32<sup>nd</sup> Meeting of the Mectizan Expert Committee/Albendazole Coordination (MEC/AC) took place from 28-30 April 2004 in Atlanta, Georgia, USA. The global onchocerciasis research agenda was an important theme of this meeting and included updates on RAPLOA methodology, mass treatment with Mectizan in *Loa loa* endemic areas and research on potential measures to reduce the risk of complications from Serious Adverse Experiences (SAEs) in *L. loa* endemic areas. Critical strategic issues related to lymphatic filariasis (LF) elimination in Africa were also discussed including the mobilization of financial resources for LF elimination and the creation of an LF Support Center in Africa.

## Onchocerciasis

New data presented from the recent RAPLOA validation exercises in DRC and Congo-Brazzaville indicate that RAPLOA methodology is valid for use outside of the original area in which it was developed (i.e. Nigeria and Cameroon) and can now be used to estimate the prevalence of *L. loa* in areas suspected to be endemic.

In addition, progress has been made in mapping *L. loa* leading to a simplified version of the probability contour map (PCM) that illustrates “danger”, “uncertain” and “safe” zones regarding the risk of developing *L. loa* encephalopathy following Mectizan treatment. The WHO Special Programme for Research and Training in Tropical Diseases plans to use data from the RAPLOA validation studies in Congo-Brazzaville and DRC, as well as data from recent RAPLOA surveys in Angola, to update the Environmental Risk Model for loiasis and to increase the accuracy of the map. The PCM will be particularly useful for operational planning of *L. loa* mapping and Mectizan treatment in *Loa*-endemic areas and, when refined, will eventually be used as an annex to the MEC/TCC guidelines on Mectizan treatment in *L. loa* endemic areas.

Revisions to the MEC/TCC guidelines for mass treatment with Mectizan for onchocerciasis in areas co-endemic for onchocerciasis and loiasis were finalized during this meeting following suggestions made during MEC 31, subsequent feedback from TCC 18 and reports on the validation of RAPLOA. The MEC amended and

approved the guidelines for implementation (see page 7).

The Committee expressed concern over the higher than expected incidence of SAEs recently reported from the Bas Congo Province of the Democratic Republic of Congo (DRC), a region suspected to be highly endemic for *L. loa*. Consequently, the Committee recommended that mass treatment with Mectizan for onchocerciasis in Bas Congo be halted for the time being and that a mission be conducted to investigate the potential causes of these SAEs as soon as possible. Following the investigation, discussions will be held between the stakeholders on how to proceed with mass treatment, if possible, in Bas Congo. In addition, the Committee recommended that extensive RAPLOA surveys be conducted in the next few months to better define the risk of SAEs potentially associated with *L. loa* in the region.

The Committee welcomed the conclusions arising from the spatial analysis of encephalopathic SAE cases from Cameroon. The Committee recommended continuation of a case-control study on individuals to determine cofactors, other than *L. loa*, that may explain the clustering effect of encephalopathic SAEs in Central Province and other areas where clustering is observed. Consideration should be given to developing similar community- and individual-level studies of encephalopathic SAEs being reported from DRC.

Findings from studies on possible measures to prevent *L. loa* associated SAEs following treatment with Mectizan in *L. loa* endemic areas were presented during the meeting. Following the presentation of results from a study on the use of low dose Mectizan as a possible pre-treatment agent to reduce the intensity of *L. loa* infection, the MEC recommended further exploration of even lower doses of Mectizan for this purpose. The Committee endorsed a proposed study on the use of multiple doses of albendazole as a pre-treatment agent and recommended implementation of the study as soon as possible. Finally, the Committee welcomed the comprehensive review of the literature for compounds, other than Mectizan, albendazole, and DEC, that may have efficacy against *L. loa*. Recognizing the potential leads that

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oxantel, praziquantel and chloroquine may represent, the Committee endorsed the pursuit of small-scale studies to investigate these possibilities. Ongoing schistosomiasis control activities offer an opportunity to study the efficacy of praziquantel in reducing *L. loa* microfilaremia.

The proposed safety studies on albendazole and Mectizan™ use in individuals infected with *L. loa* were also endorsed and recommended for immediate implementation to determine the feasibility of expanding LF treatment programs into *L. loa* endemic areas.

### Lymphatic Filariasis

The Committee commended WHO on the progress made so far in mapping LF in Africa and Yemen and endorsed the WHO schedule to complete all the mapping exercises in the region in 2005.

It was noted that several African countries are preparing to initiate mass drug administration (MDA) in the absence of sufficient funding for effective drug delivery. In agreement with the recommendations of the 4<sup>th</sup> Meeting of the African Regional Programme Review Group, the Committee recommended that MDA should not be initiated in a country unless there are reasonable assurances that funds for the first 2 years are forthcoming. There is also concern over countries planning to upscale existing MDA with limited or insufficient financial support. It was recommended that MDP, in collaboration with other interested parties, facilitate the identification of funding sources to ensure maintenance of the previous years' achievements with MDA and, if possible, enable the planned expansion. Once there is reasonable assur-

ance that sufficient funds are available, MDP, on behalf of the MEC/AC, may approve the requested number of tablets of Mectizan and albendazole.

The Committee requested detailed *L. loa* prevalence information on the potential *L. loa* endemic areas that the program may be expanding into this year to ensure that these areas are excluded from the MDA since mass treatment of LF with Mectizan and albendazole in *L. loa* endemic areas remains prohibited until the safety studies of the co-administration of these two drugs in such areas have been conducted. If prevalence data are not available, the program is recommended to conduct RAPLOA surveys according to the TDR protocol.

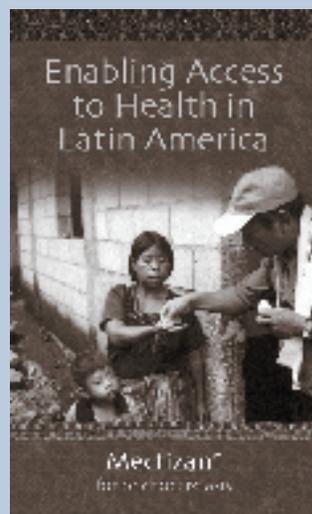
The Committee welcomed the preliminary findings from the cost analysis of the MDA program in Burkina Faso and urged that they, and those from the studies in Ghana and Tanzania, be finalized and published in peer-reviewed journals as soon as possible.

The Committee was informed of plans to develop regional LF support centers in support of the Global Alliance to Eliminate Lymphatic Filariasis. The Committee recommends the pursuit of this matter, which could allow for more effective program implementation and support to national capacity building. In particular, the Committee endorsed the ongoing development of the first of such centers in West Africa at the Noguchi Memorial Institute for Medical Research in Accra, Ghana.

The next meeting of the MEC/AC will be held in Paris, France 13-14 October, 2004. ♦

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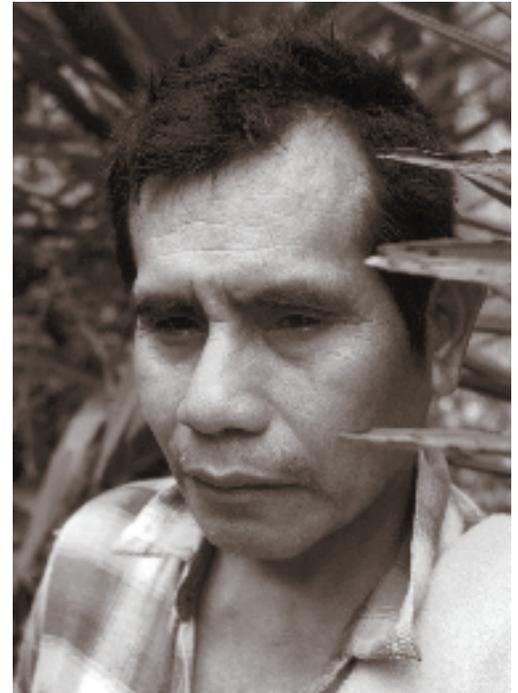


For more detailed information, please contact the Mectizan Donation Program for a copy of the newly published brochure "Enabling Access to Health in Latin America: Mectizan for Onchocerciasis", which is available in print and online ([www.mectizan.org/LA brochure.asp](http://www.mectizan.org/LA brochure.asp)) in both English and Spanish. ♦

# Merck & Co., Inc. Contributes \$1 million to Help Eliminate Onchocerciasis from the Americas

In May 2004, Merck announced the donation of \$1 million to The Carter Center for the elimination of onchocerciasis from the Americas. Merck's contribution will be matched by the Bill & Melinda Gates Foundation as part of a challenge grant under which The Carter Center hopes to secure a total of \$15 million for the elimination goal. Former U.S. President Jimmy Carter praised Merck's contribution by saying, "This generous donation from Merck will help us to end forever the horrible suffering caused by river blindness, which afflicts some of the poorest people in this hemisphere." Carter further commented, "These additional resources will mean that some day soon six countries will be free of this scourge forever." The Carter Center, through the Onchocerciasis Elimination Program for the Americas, will use the donation to provide financial and technical assistance in the six endemic countries in Latin America: Brazil, Colombia, Ecuador, Guatemala, Mexico and Venezuela and to increase treatment coverage with Mectizan™ with a goal of eliminating disease transmission in the region.

Mr. Raymond V. Gilmartin, Merck's chairman, president, and chief executive officer, commented, "I would like to thank President Carter and all of



Man blinded by onchocerciasis



our partners for their support and continued commitment to this important public health issue. Merck is proud to partner with The Carter Center and The Bill & Melinda Gates Foundation on this latest initiative to eliminate the debilitating impact of river blindness in Latin America once and for all." ❖

"This generous donation from Merck will help us to end forever the horrible suffering caused by river blindness, which afflicts some of the poorest people in this hemisphere."

*Former U.S. President  
Jimmy Carter*

# Executive Group Formed to Support the Global Alliance to Eliminate Lymphatic Filariasis

During the Third Meeting of the Global Alliance to Eliminate Lymphatic Filariasis (GAELF) held in Cairo, Egypt in March 2004, an Executive Group (EG) was formed to address issues related to maintaining the GAELF's momentum and to ensuring its long-term stability. Members of the EG were elected by the newly formed Representative Contact Group, which consists of stakeholders in the GAELF such as representatives from endemic countries, academic and research institutions, non-governmental organizations, donors, pharmaceutical companies, WHO and the World Bank. The 6 EG members were selected based on their knowledge of LF, their commitment to its elimination, and their ability to mobilize resources needed to carry out the Group's mandate which is to "... support the Global Programme to Eliminate Lymphatic Filariasis as a public health problem by enhancing the effectiveness of national, regional and global fundraising, advocacy, communication and planning for the Programme."

Dr. Yankum Dadzie is serving as Chair of the EG. Additional members include: Dr. Pat Lammie of the Centers for Disease Control and Prevention, Dr. Francesco Rio of the World Health Organization, Dr. Björn Thylefors of the Mectizan Donation Program, and Mr. Andy Wright of GlaxoSmithKline. Ms. Joan Fahy of the Lymphatic Filariasis Support Center in Liverpool is serving as EG coordinator.

The EG has developed a plan of action and timeline to begin addressing the most pressing issues facing the Group with fundraising as a priority. Two teams have been formed to work on fundraising – one in Atlanta for North American funding prospects, and one in Europe to work with WHO on funding opportunities with bilateral donor agencies.

The EG is also working to facilitate fundraising within endemic countries. A proposal writing toolkit will be used to assist program managers in writing and submitting project proposals at the national level and to help identify possible in-country funding sources.

Advocacy is also an important part of the EG's mandate. LF is not a high profile disease; therefore awareness needs to be raised so that potential donors understand the devastation caused by LF, which is the second leading cause of disability worldwide with more than a billion people at risk. To raise awareness, the EG has developed a detailed advocacy and communications plan targeting a wide variety of stakeholders in the global effort to eliminate LF as well as potential donors, the media and the public. A variety of media will be used to disseminate information about the GAELF including newsletters, websites, academic publications, press releases and meetings.

To date, the EG has held 3 meetings, and a 4<sup>th</sup> is scheduled to be held in Atlanta in September 2004. ❖

## The Mectizan™ Donation Program Wishes to Thank Beverly Fowler for her Administrative Support

Beverly Fowler joined the Mectizan Donation Program (MDP) in February 2004 as temporary part-time administrative staff to help with the 32<sup>nd</sup> Mectizan Expert Committee/Albendazole Coordination (MEC/AC) meeting arrangements. Since then, she continues to provide a great deal of help with the day-to-day operations of the Program. We would like to take this opportunity to thank her for all of her hard work and assistance and also for the cheerful and positive attitude that makes Beverly a pleasure to work with.



Beverly has been with the Task Force for Child Survival and Development since 1996 providing administrative support to Task Force executives and working in the Office of the Executive Director as senior accounting assistant. In addition to her current part-time position with MDP, Beverly is also assisting with other Task Force projects. For example, she provides administrative support for conferences organized by the National Immunization Program of the Centers for Disease Control and Prevention and for the GlaxoSmithKline Foundation's Georgia Child Health Recognition Awards. Beverly further divides her time by assisting the Senior Consultant to WHO for the Global Polio Eradication Initiative, which is housed within the Task Force.

Beverly's flexibility and willingness to take on a variety of tasks is greatly appreciated by all. ❖



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## Upcoming Meetings

**Executive Group for Lymphatic Filariasis**  
Atlanta, Georgia, USA  
2-3 September 2004

**NGDO Coordination Group  
for Onchocerciasis Control**  
Atlanta, Georgia, USA  
7-9 September 2004

**Technical Consultative Committee Meeting**  
Ouagadougou, Burkina Faso  
13-18 September 2004

**NGDO meeting for Lymphatic Filariasis**  
Yvoire, France  
6-7 October 2004

**Committee for Sponsoring Agencies**  
TBA  
11-12 October 2004

**33rd Mectizan Expert Committee/Albendazole  
Coordination Meeting**  
Paris, France  
13-14 October 2004

**InterAmerican Conference on Onchocerciasis**  
Atlanta, Georgia, USA  
13-15 November 2004

**10th Joint Action Forum**  
Kinshasa, Democratic Republic of the Congo  
7-9 December 2004



Young girls in Guatemala