2017
Annual Highlights
The accomplishments of the Mectizan Donation Program in its 30th year

The Mectizan Donation Program approved 368 million treatments

Togo became the first country to eliminate LF

The Mectizan Donation Program celebrated its 30th anniversary
The Mectizan Donation Program (MDP) proudly celebrated its 30th year in 2017 – a year that was marked by remarkable milestones. Togo became the first country in Africa to eliminate lymphatic filariasis (LF). Two states in Nigeria, Plateau and Nasarawa, eliminated LF, freeing an estimated 7 million people from the risk of becoming infected and suffering the devastating consequences of the disease. And finally, transmission of onchocerciasis is suspected to have stopped in the Metema focus in Ethiopia and the bordering focus of Garabat in Sudan thanks to successful cross-border collaboration between the two countries. In the Americas, new strategies using social scientific approaches are being developed in hopes that transmission of onchocerciasis can be eliminated in the few remaining foci in Brazil and Venezuela — the last in the western hemisphere — despite the challenges reaching the nomadic Yanomami populations.

In 2017, the Mectizan Donation Program proudly announced its expansion, following the commitment made by Merck & Co., Inc., Kenilworth, N.J. USA (Merck) to donate up to an additional 100 million Mectizan treatments annually to accelerate LF elimination in eligible countries where onchocerciasis is not co-endemic. As many of you are aware, in the past Mectizan for LF elimination was only available in countries where the disease is co-endemic with onchocerciasis, in alignment with World Health Organization (WHO) guidelines.

The expansion consists of 26 countries that meet the criteria for the co-administration of Mectizan with diethylcarbamazine (DEC — contraindicated for onchocerciasis) and albendazole — a strategy being referred to as “IDA” or “triple therapy.” Studies have shown this combination to be highly effective for LF elimination.

Countries must meet specific criteria to be eligible for IDA based on 1) specific epidemiological parameters, along with 2) demonstration of adequate human and financial resources to implement the new strategy and 3) capacity to plan and implement the IDA strategy resulting in high geographic and therapeutic coverage.

This is a very exciting development. IDA will facilitate LF elimination in countries that are lagging behind, and MDP is excited to expand its mandate into new countries, working with old and new partners to see LF become a disease of the past.

In August 2017, MDP participated in the 67th session of the WHO Regional Committee for Africa to host a special event to commemorate the 30th anniversary, congratulate Togo for achieving LF elimination, and encourage ministers of health in Africa to maintain and strengthen their support for onchocerciasis and LF elimination and other NTDs in Africa.

MDP remains more optimistic than ever, based on the growing number of achievements toward LF and onchocerciasis elimination made in endemic countries. We congratulate the countries for their hard work and success, and we thank the global partnership that includes the donor community, NGOs, the research community, and of course our partners Merck and GlaxoSmithKline (GSK) for their donations of Mectizan and albendazole, respectively.

Dr. Yao Sodahlon, Director
Progress Update
For Lymphatic Filariasis and River Blindness Elimination in Mectizan Donation Program Partner Countries

In 2017, the Mectizan Donation Program approved enough Mectizan, donated by Merck, for mass drug administration (MDA) to treat 368 million people for lymphatic filariasis (LF) and/or river blindness (onchocerciasis) elimination.

River Blindness (Onchocerciasis)

Figure 1 shows the annual number of treatments approved for river blindness since the program began. In 2017, 203.8 million treatments were approved for mass drug administration (MDA) in 24 countries in Africa and 2 countries in Latin America.

Table 1 shows the percentage of the at-risk population that no longer needs treatment in countries that have achieved elimination or are scaling down.

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of onchocerciasis endemic areas</th>
<th>Number of onchocerciasis areas that no longer need treatment</th>
<th>Population in onchocerciasis areas where treatment has stopped</th>
<th>Population in onchocerciasis areas where treatment is ongoing</th>
<th>Percentage of population that no longer needs treatment for onchocerciasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexico</td>
<td>3</td>
<td>3</td>
<td>169,869</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Guatemala</td>
<td>4</td>
<td>4</td>
<td>231,467</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Colombia</td>
<td>1</td>
<td>1</td>
<td>1,366</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Ecuador</td>
<td>1</td>
<td>1</td>
<td>25,863</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Venezuela</td>
<td>3</td>
<td>2</td>
<td>109,952</td>
<td>16,379</td>
<td>87%</td>
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<tr>
<td>Ethiopia</td>
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<td>6</td>
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<td>17,039,487</td>
<td>5%</td>
</tr>
<tr>
<td>Sudan</td>
<td>4</td>
<td>2</td>
<td>219,328</td>
<td>560,467</td>
<td>28%</td>
</tr>
<tr>
<td>Uganda</td>
<td>17</td>
<td>12</td>
<td>1,701,163</td>
<td>2,376,595</td>
<td>42%</td>
</tr>
</tbody>
</table>

Table 1: Onchocerciasis Endemic Countries Downscaling or Stopped MDA (as of December 2017)
Mectizan and albendazole distribution for lymphatic filariasis elimination.

**Lymphatic Filariasis (LF)**

*Figure 2* shows the annual number of treatments for LF since the program began. In 2017, 257.7 million Mectizan treatments were approved for co-administration with albendazole, donated by GSK, in 23 countries.

These figures include treatments for co-endemic areas.

The number of treatments approved by the Mectizan Donation Program for river blindness, LF, and the co-endemic areas in 2017 is shown in *Figure 3*.

*Figure 3: Number of Treatments Approved by MDP for Onchocerciasis and LF in 2017*
The number of treatments shipped by Merck for river blindness, LF, and the co-endemic areas in 2017 is shown in Figure 4.

2017 was, by far, the largest amount of Mectizan approved in a single year. In comparison, just 5 years prior, the number of treatments totaled 116.4 million for river blindness and 150 million for LF.

While some countries are scaling up for one or both diseases, others are scaling down as they move closer to elimination. In 2017, an additional 32 implementation units (IU) stopped treatment for LF as elimination of transmission was achieved. The number of people who no longer need Mectizan and albendazole for LF elimination increased from 93.6 million in 2016 to 118.3 million in 2017.

Table 2 shows progress in countries downscaling MDA for LF and the status of river blindness where the two diseases overlap.

In April 2017, Togo became the first country in Africa to eliminate lymphatic filariasis. This was a very exciting development as Togo demonstrated that the ambitious goal to eliminate LF can be achieved through strong commitment and partnership.

Also in 2017, Nigeria eliminated LF in Nasarawa and Plateau states, resulting in 7 million people who no longer need treatment with albendazole and Mectizan. This is a remarkable achievement by the people of Plateau and Nasarawa, Nigeria’s Federal Ministry of Health, and NGO partner The Carter Center.
Mectizan Donation Program Side Event
During the 67th Session of the WHO Regional Committee for Africa and Celebration of Togo’s Elimination of LF

In August 2017, MDP attended the 67th session of the WHO Regional Committee for Africa to host a special event to commemorate 30 years of the Mectizan Donation Program. Ministers of health were invited to discuss progress made toward river blindness (onchocerciasis) and lymphatic filariasis (LF) elimination. The Honorable Minister of Health from Cameroon, and State Ministers of Health from Nigeria and Uganda made remarks in support of eliminating these two diseases and to call for a new World Health Assembly (WHA) resolution for the elimination of the transmission of onchocerciasis. A new resolution would replace WHA resolution 47.12 adopted in 1994 calling for the elimination of onchocerciasis as a public health problem. Finally, Togo received an award from Dr. Dave Ross, CEO of the Task Force for Global Health (TFGH), given on behalf of Merck, GSK, MDP, and TFGH for becoming the first country in Africa to eliminate LF as public health problem. Dr. Afeignindou Gnassingbe, Minister Adviser from the Permanent Mission of Togo to the United Nations in Geneva, accepted the award on Togo’s behalf.

“Sustainable development in African nations cannot be achieved unless there is a strong and sustained investment to ensure the distribution of the donated medicines. Further, we must maintain pressure on these diseases to protect our achievements and avoid recrudescence.”

– Dr. Matshidiso Moeti, WHO Regional Director for Africa
The following are excerpts of the remarks made by the three ministers:

**Dr. Osagie Ehanire** stated: “... MDP is one of our most outstanding partnerships towards the elimination of NTDs in our country. MDP is an important contributor of interventions, which aligns with our primary health care efforts as we seek to provide Nigerians with access to basic health services ... as a result of your donations, millions of Nigerians under 30 [years of age] have their sight intact and have escaped stigmatization caused by untreated NTDs ... we also commend GSK for their efforts and donation of albendazole for combined treatment to eliminate LF ... I assure you of our continued commitment to this partnership as we work toward the elimination targets.”

**Hon. Minister Sarah Achieng Opendi** stated: “Uganda was an early adopter of the paradigm shift from control of onchocerciasis to elimination ...” Uganda would support a new resolution [for onchocerciasis elimination] in 2018 to replace WHA resolution 47.12 from 1994 as we believe this support would go a long way to support countries to eliminate transmission and it would also garner support to intensify support for resource mobilization to address cross border collaboration and harmonization ... [it would also] help address innovations needed for last mile challenges and it would safeguard achievements made toward onchocerciasis control in Africa.

**Hon. Minister Mama André Fouda** also supported the need for a new resolution stating: “Based on the surveys conducted in Mali and Senegal, it is believed that the interruption of transmission of onchocerciasis can be now achieved using ivermectin treatment. As a result, with the support from the WHO and other partners, almost all endemic countries in the continent are putting in place their elimination committees.” Fouda asked Dr. Matshidiso Moeti, WHO AFRO’s Regional Director, who was present, to consider a new WHA resolution for the elimination of the transmission of onchocerciasis.
The Mectizan Donation Program is pleased to share a special supplement on onchocerciasis elimination published in the Royal Society for Tropical Medicine and Hygiene journal *International Health*.

The supplement, titled “Onchocerciasis: The Beginning of the End” is now available through online open access at: https://academic.oup.com/inthealth/issue/10/suppl_1

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

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 GSK.

Merck is known as MSD outside the USA and Canada.