2019 Annual Highlights
Celebrating Milestones & Looking to the Future
Message from the Director: 2020 and Beyond

Dr. Yao Sodahlon

I’m pleased to share that the Mectizan Donation Program (MDP) saw remarkable progress toward the elimination of river blindness (onchocerciasis) and lymphatic filariasis (LF) in 2019. We continue to reach a record-breaking number of treatments approved year after year. The high demand for Mectizan® in 2019 resulted in an unprecedented 1 billion tablets manufactured in one year – a milestone celebrated by MSD in Haarlem, The Netherlands in December 2019.

In 2019, MDP approved a total of 403.6 million treatments, including 343.3 million treatments in countries where LF and onchocerciasis are co-endemic and 60.3 million treatments in IDA countries.

The push to accelerate LF elimination in countries where onchocerciasis is not co-endemic continued in 2019. Year 2 of the implementation of “triple therapy” or the “IDA” strategy (ivermectin [Mectizan®], diethylcarbamazine [DEC] and albendazole) continued; 13 countries are now implementing IDA (see Where We Work map).

Yemen achieved a major milestone in 2019 when the World Health Organization (WHO) validated elimination of LF as a public health problem. Given the challenges in Yemen, this is a remarkable achievement that demonstrates the long-standing commitment of the Ministry of Health and endemic communities. Yemen is now the second country after Togo to achieve LF elimination where onchocerciasis and LF are co-endemic.

We held the 62nd Mectizan Expert Committee (MEC) meeting in October 2019 in Lomé, Togo to celebrate the country as the first in sub-Saharan Africa to eliminate LF. We were very excited to recognize Togo for this achievement and subsequently honored when we received a letter of gratitude from His Excellency Faure Gnassingbe – President of the Republic of Togo. This letter serves as a symbol of Togo’s commitment to the elimination of neglected tropical diseases (NTDs) at the highest level — an essential element of success.

Other countries are close behind Togo and Yemen: Cameroon, Malawi, Mali, and Uganda have all stopped treatment with Mectizan and albendazole for LF elimination in all endemic districts. Malawi completed the five-year post-treatment surveillance phase and submitted its validation dossier to WHO. As of December 2019, the number of people no longer needing treatment with Mectizan and albendazole for elimination of LF as a public health problem increased to 163.3 million, from 150.9 million the previous year.
Message from the Director: 2020 and Beyond
Dr. Yao Sodahlon

For onchocerciasis, the number of people that no longer need treatment increased from 11.5 million in 2018 to 13.8 million in 2019, providing growing evidence that transmission can be interrupted. In Nigeria, mass treatment was stopped in two additional states, Kebbi and Zamfara. A total of five states have stopped treatment in Nigeria, two of which have also stopped treatment for lymphatic filariasis (Nasara and Plateau) and have started the three-year recommended post-treatment surveillance. Given that Nigeria is the country with the highest burden of onchocerciasis in the world, this is a remarkable achievement. The Mectizan Donation Program applauds the Federal Ministry of Health and the technical and financial support provided in Nigeria by The Carter Center and Sightsavers.

As we move through 2020 with fear and uncertainty caused by the COVID-19 pandemic, our thoughts are with our partners on the ground working against the clock to contain the spread and keep people safe. As of this writing, the World Health Organization (WHO) has advised that all mass drug administration (MDA) with Mectizan and albendazole for onchocerciasis and lymphatic filariasis (LF) elimination halt until further notice while countries implement their pandemic control measures. Rest assured that we will be working with partners to ensure that normal activities for river blindness and lymphatic filariasis elimination can resume full speed ahead when the COVID-19 crisis is behind us. In the meantime, please keep yourselves and your families healthy and safe.

Looking ahead, I eagerly anticipate WHO member states and other stakeholders endorsing the new WHO 2021-2030 NTD Roadmap. In the draft Roadmap, we are pleased to see onchocerciasis targeted for elimination of transmission, with the goal to have 12 countries verified by 2030. While the goal is ambitious, we believe it is achievable given the current high level of commitment in endemic countries to eliminate transmission of onchocerciasis. We will continue working together to sustain high Mectizan treatment coverage and ensure that no one is left behind – regardless of who they are and where they live.

On behalf of the MDP team and the Mectizan Expert Committee, I want to congratulate the countries for their hard work and success toward the elimination of onchocerciasis and LF within their integrated NTD platform; the global partnership including our NGO and donor partners; the research community; and, of course, Merck & Co., Inc.* and GSK for their generous donations of Mectizan and albendazole, respectively.

*Merck & Co., Inc. is known as MSD outside the United States and Canada.

Dr. Yao Sodahlon, Director
Mectizan Donation Program
Where We Work
The Global Reach of the Mectizan Donation Program

Where We Work
The Global Reach of the Mectizan Donation Program

Map Legend
- Ongoing treatment with Mectizan for onchocerciasis elimination
- Onchocerciasis elimination verified by WHO
- Ongoing treatment with Mectizan and albendazole for onchocerciasis and LF elimination
- Ongoing treatment for LF with Mectizan and albendazole
- Implementing IDA
- Potential IDA
- LF elimination validated by WHO
- Treatment stopped nationwide for LF
- Treatment stopped for onchocerciasis in some regions

America
- Brazil
- Colombia
- Dominican Republic
- Ecuador
- Guatemala
- Guyana
- Haiti
- Mexico
- Venezuela

Africa
- Angola
- Benin
- Burkina Faso
- Cameroon
- Comoros
- Central African Republic
- Congo
- Côte d’Ivoire
- Chad
- DR Congo
- Equatorial Guinea
- Eritrea
- Ethiopia
- Gabon
- Ghana
- Guinea
- Guinea Bissau
- Kenya
- Liberia
- Madagascar
- Mali
- Malawi
- Mozambique
- Niger
- Nigeria
- São Tomé and Príncipe
- Senegal
- Sierra Leone
- South Sudan
- Tanzania
- Togo
- Uganda
- Zambia
- Zimbabwe

Eastern Mediterranean
- Egypt*
- Sudan
- Yemen

* In Egypt, LF has been validated by WHO as eliminated, but small hot spots remain that are under treatment with IDA

Asia
- Bangladesh
- Brunei Darussalam
- Cambodia
- India
- Indonesia
- Lao PDR
- Malaysia
- Maldives
- Myanmar
- Nepal
- Philippines
- Sri Lanka
- Thailand
- Vietnam

South Pacific
- American Samoa
- Cook Islands
- Fiji
- French Polynesia
- Federated States of Micronesia
- Kiribati
- Marshall Islands
- New Caledonia
- Niue

* Palau
- Papua New Guinea
- Samoa
- Timor-Leste
- Tonga
- Tuvalu
- Wallis and Futuna
- Vanuatu

Message from the Director
Where We Work
Key Milestones
2019 Elimination Progress
2019 Treatments Shipped
Celebrating Milestones
Stories from the Field
Key Milestones
Progress Towards Elimination of River Blindness and Lymphatic Filariasis

1975
Dr. William Campbell of Merck Research Laboratories suggests the use of Mectizan® (ivermectin) against river blindness in humans, and the drug is reformulated and tested in clinical trials.

1987
After testing proves safety and efficacy, Merck & Co., Inc. CEO Roy Vagelos announces the company’s commitment to donate Mectizan to treat river blindness for as long as needed. The Mectizan Donation Program (MDP) and the Mectizan Expert Committee are formed, and a secretariat is established at the Task Force for Global Health.

1991

1992
The Onchocerciasis Elimination Program for the Americas (OEPA) is launched to coordinate elimination in the six endemic countries in the Americas: Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela.

1994
The World Health Assembly (WHA) passes resolution WHA47.32 calling for onchocerciasis control through ivermectin distribution.

1995
WHO and the World Bank create the African Program for Onchocerciasis Control (APOC) to provide financial support and coordination of disease control efforts in 20 African countries.

River Blindness

Lymphatic Filariasis
Key Milestones
Progress Towards Elimination of River Blindness and Lymphatic Filariasis

1997
MDP celebrates 10 years of Mectizan for river blindness control in Bamako, Mali.

1998
Merck & Co., Inc. expands the mandate of MDP to include Mectizan for the elimination of lymphatic filariasis (LF) in African countries and Yemen where the disease is co-endemic with river blindness. GSK donates albendazole for co-distribution with Mectizan for LF elimination in Africa and Yemen where onchocerciasis is co-endemic. This begins a partnership between Merck & Co., Inc., GlaxoSmithKline (GSK), and MDP to coordinate the donations of Mectizan and albendazole.

2002
Merck and MDP celebrate the 250 millionth treatment of Mectizan in Bombani, Tanzania.

2007
Merck commits $25 million to support APOC in the control of river blindness in the African region. Colombia stops treatment for river blindness and becomes the first country to begin the three-year post-treatment surveillance phase.

2008
PAHO passes an updated resolution CD48.R12 calling for the interruption of transmission of river blindness in the Americas by 2012.

2009
MDP holds a symposium in London to commemorate the 10 years of Mectizan and albendazole for LF elimination.

Togo conducts the last round of mass treatment for LF.
Key Milestones
Progress Towards Elimination of River Blindness and Lymphatic Filariasis

2010
Ecuador stops treatment with Mectizan for river blindness and begins the post-treatment surveillance phase.

The Abu Hamad focus in Sudan stops Mectizan treatment and begins the post-treatment surveillance phase.

2011
Colombia becomes the first country to submit a dossier to WHO for verification of elimination of onchocerciasis transmission.

More than 1 billion treatments have been approved cumulatively by MDP for the treatment of onchocerciasis.

2012
Six foci (Mt. Elgon, Itwara, Wadelai, Mpamba-Nkusi, Maracha-Terego, and Imaramagambo) in Uganda stop Mectizan treatment after transmission of river blindness is suspected to have been interrupted.

Colombia becomes the first country in the world to be verified by WHO for eliminating river blindness.

2013
Yemen conducts its final round of mass treatment for LF.

River Blindness

By the end of 2011, 140 million treatments annually are being approved for onchocerciasis and 130 million for LF.

Lymphatic Filariasis

The Mectizan Donation Program celebrates 25 years of partnerships and progress toward the elimination of river blindness and LF with events held in the USA (Atlanta), the UK (London), and Switzerland (Geneva).
**Key Milestones**

**Progress Towards Elimination of River Blindness and Lymphatic Filariasis**

**2014**
- Ecuador becomes the second country in the world to be verified by WHO for eliminating river blindness.

**2015**
- Mexico and Guatemala become the third and fourth countries in the world to be verified by WHO for eliminating river blindness.
- Dr. William C. Campbell, Ph.D., is jointly awarded the Nobel Prize in Physiology or Medicine for the discovery of avermectin, which led to the development of Mectizan.
- APOC ends its 20-year run as WHO’s regional coordinating body for onchocerciasis control in Africa.

**2016**
- The Expanded Special Project for the Elimination of Neglected Tropical Diseases (ESPEN), is established within the WHO African Regional Office (AFRO) with an expanded mandate to coordinate the elimination of onchocerciasis, LF, and trachoma as well as the control of schistosomiasis and soil-transmitted helminthiasis in the African region.

**2017**
- Six districts in Ethiopia’s Metema focus stop Mectizan treatment for river blindness.
- Two additional foci (Kashoya-Kitomi and Wambabya-Rwamarongo) in Uganda stop Mectizan treatment after transmission of river blindness is interrupted.
- MDP commemorates its 30th anniversary and recognizes Togo as the first country in sub-Saharan Africa to eliminate LF by hosting a side event during the 67th WHO AFRO Regional Committee meeting in Victoria Falls, Zimbabwe.

**River Blindness**
- Malawi conducts its final round of mass treatment for LF.
- Togo becomes the first country in sub-Saharan Africa validated by WHO for eliminating LF as a public health problem.
- The Nigerian Federal Ministry of Health declares that Plateau and Nasarawa States achieved LF elimination as a public health problem.
- Merck. & Co., Inc. expands the mandate of MDP to reach up to an additional 100 million people annually to accelerate LF elimination in countries eligible for “triple therapy” (or “IDA”) with ivermectin, diethylcarbamazine, and albendazole.

**Lymphatic Filariasis**
- Ecuador becomes the second country in the world to be verified by WHO for eliminating river blindness.
- APOC ends its 20-year run as WHO’s regional coordinating body for onchocerciasis control in Africa.
- MDP commemorates its 30th anniversary and recognizes Togo as the first country in sub-Saharan Africa to eliminate LF by hosting a side event during the 67th WHO AFRO Regional Committee meeting in Victoria Falls, Zimbabwe.
Key Milestones
Progress Towards Elimination of River Blindness and Lymphatic Filariasis

2018
Three states in Nigeria stop treatment for river blindness – Kaduna, Nasarawa, and Plateau.

2019
Two additional states stop treatment in Nigeria – Zamfara and Kebbi.

Future
The 2021-2030 WHO NTD Roadmap draft has established the following targets for verification of elimination of river blindness transmission:
• 2020: 4 countries (12%)
• 2023: 5 countries (13%)
• 2025: 8 countries (21%)
• 2030: 12 countries (31%)

River Blindness
The new strategy to eliminate LF using the IDA “triple therapy” strategy is rolled out in American Samoa, Egypt, Fiji, India, Kenya, Papua New Guinea, Samoa, and Tuvalu.

Mali conducts its final round of mass treatment for LF.

Yemen is validated by WHO for eliminating LF as a public health problem.
Cameroon and Uganda conduct the final round of mass treatment for LF.

Lymphatic Filariasis
Yemen is validated by WHO for eliminating LF as a public health problem.
Cameroon and Uganda conduct the final round of mass treatment for LF.

The 2021-2030 WHO NTD Roadmap draft has established the following targets for validation of elimination of LF as a public health problem:
• 2020: 19 countries (26%)
• 2023: 23 countries (32%)
• 2025: 34 countries (47%)
• 2030: 58 countries (81%)

Visit our website for a more comprehensive list of milestones. >>
2019 Elimination Progress
Treatments Approved for Lymphatic Filariasis and River Blindness Elimination

In 2019, the Mectizan Donation Program (MDP) approved 403.6 million Mectizan treatments for mass drug administration (MDA) to eliminate lymphatic filariasis (LF) and onchocerciasis (river blindness) in 38 countries. In countries where onchocerciasis and LF are co-endemic, 343.2 million treatments were approved including 131.7 million treatments for river blindness only, 70.6 million treatments for river blindness and LF where the two diseases overlap, and 140.9 million treatments for LF only. In countries eligible for IDA (ivermectin, DEC, and albendazole), 60.4 million Mectizan treatments were approved for LF elimination.

Since Mectizan was first donated in 1988, more than 4 billion Mectizan treatments were approved by MDP for the elimination of onchocerciasis and LF (Figure 1).

Figure 1: Treatments Approved by MDP, 1988 - 2019 (in millions)

Mectizan distribution in rural Cameroon
Update

In 2019, 202.4 million treatments were approved for the elimination of onchocerciasis in 23 African countries, Brazil, Venezuela, and Yemen.

Four countries have been verified by WHO for eliminating river blindness: Colombia, Ecuador, Mexico, and Guatemala. More than 13 million people no longer require treatment for onchocerciasis in all endemic foci in four countries and in at least one focus in seven countries where treatment has been stopped.

Twice-yearly treatment, a strategy recommended by some national onchocerciasis elimination committees (NOECs) to accelerate the elimination of onchocerciasis, is currently being implemented in seven countries targeting approximately 32.2 million people. Since the inception of the program in 1988, nearly 2.3 billion treatments have been approved for the global elimination of onchocerciasis. Of those, 644 million treatments were approved for the treatment of river blindness in areas co-endemic with LF (Figure 2).
Application Approvals

In 2019, 202.4 million treatments were approved in 26 of 31 endemic countries. This includes 28.7 million treatments approved to implement a second round of treatment to accelerate the elimination of onchocerciasis in five countries: Burkina Faso, Ethiopia, Ghana, Nigeria, and Tanzania. The Mectizan Expert Committee approved Nigeria’s application for twice-yearly treatment in Ondo state, one of eight Nigerian states with ongoing transmission considered not on track for reaching the 2025 elimination target. Twice-yearly treatment was also approved for Tanzania targeting two million people in nine districts of the Morogoro and Tanga regions due to unsatisfactory progress toward elimination. In Ethiopia, onchocerciasis elimination mapping identified new transmission areas in 23 districts in East and West Hararge and Southwest Shoa zones of the Oromia region. Twice-yearly treatment was approved in 2019 for 3.8 million people in the new transmission areas to accelerate elimination.

In the Americas, river blindness has been eliminated in four of the six endemic countries (Colombia, Ecuador, Guatemala, and Mexico). Transmission continues in only the indigenous Yanomami area on the border between Brazil and Venezuela. This sparsely populated location in the Amazonian jungle presents a challenge for onchocerciasis elimination due to the difficulty reaching the remote Amazonian areas where the Yanomami live a nomadic lifestyle. There are also political challenges to collaboration between the two countries. To address some of the challenges to conquering the last mile of eliminating onchocerciasis in the Americas, in 2019 Merck & Co., Inc. awarded The Carter Center’s Onchocerciasis Elimination Program for the Americas (OEPA) with $500,000 to help finish the job in the single remaining endemic focus.

In Yemen, 1.2 million treatments were approved in 2019 where the fight to eliminate onchocerciasis continues despite the program implementation challenges in that country.
2019 Elimination Progress
River Blindness

Program Downscaling

In Uganda, two of the 17 endemic foci changed treatment status. The NOEC reviewed the data from Nyagak-Bondo and recommended that treatment stop; 608,219 people will be monitored during the three-year post-treatment surveillance (PTS) phase. PTS was successfully completed in the Obongi focus and transmission of river blindness was declared eliminated. Treatment will continue in the only two endemic foci in Uganda: Lhubiriha and Madi Mid North, which are challenged by cross-border issues with South Sudan and the Democratic Republic of Congo.

In Nigeria, interruption of onchocerciasis transmission was achieved in two additional states in 2019, Zamfara and Kebbi. Approximately 790,000 people no longer require treatment for river blindness; however, PTS will not be initiated until treatment with Mectizan and albendazole for LF elimination has stopped.

Globally, the population no longer requiring treatment for river blindness due to transmission being interrupted or eliminated increased from 11.5 million in 2018 to 13.6 million in 2019 (Table 1). Of these, 3.7 million still receive Mectizan as part of continued treatment for LF; post-treatment surveillance for river blindness will begin in these communities when they are eligible to stop MDA for LF.

Table 1: At-Risk Population No Longer Needing Treatment for Onchocerciasis in Countries That Have Achieved Elimination or Are Scaling Down, 2019

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of districts* where treatment is no longer needed of total endemic districts</th>
<th>Population in onchocerciasis-endemic districts* where treatment is no longer needed</th>
<th>Population in districts where onchocerciasis treatment is no longer needed but still under treatment for LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equatorial Guinea</td>
<td>4/4</td>
<td>102,893</td>
<td>40,355</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>0</td>
<td>2,092,075</td>
<td>138,690</td>
</tr>
<tr>
<td>Mali</td>
<td>2/22</td>
<td>1,062,746</td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>43/480</td>
<td>6,713,821</td>
<td>3,547,251</td>
</tr>
<tr>
<td>Sudan</td>
<td>6/8</td>
<td>255,475</td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>43/480</td>
<td>2,739,495</td>
<td></td>
</tr>
<tr>
<td>Colombia*</td>
<td>1/1</td>
<td>1,515</td>
<td></td>
</tr>
<tr>
<td>Ecuador*</td>
<td>1/1</td>
<td>30,015</td>
<td></td>
</tr>
<tr>
<td>Guatemala*</td>
<td>4/4</td>
<td>286,521</td>
<td></td>
</tr>
<tr>
<td>Mexico*</td>
<td>3/3</td>
<td>227,118</td>
<td></td>
</tr>
<tr>
<td>Venezuela*</td>
<td>2/3</td>
<td>122,128</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>110/787</td>
<td>13,633,802</td>
<td>3,726,296</td>
</tr>
</tbody>
</table>

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

Yemen joined Togo to become the second MDP-supported country validated by WHO as having eliminated LF as a public health problem.

In 21 countries endemic for onchocerciasis, 211.5 Million Mectizan treatments were approved, including 140.9 million treatments for LF only and 70.6 million treatments for LF in communities where river blindness is co-endemic and Mectizan is co-administered with albendazole donated by GSK.

In 11 countries where onchocerciasis is not endemic, 60.4 million Mectizan treatments were approved for co-implementation with DEC and albendazole (IDA) for acceleration of LF elimination.

Since the inception of the program in 2000, more than 2.3 billion treatments have been approved for LF elimination worldwide, including 72 million treatments for the implementation of IDA (Figure 3).
**2019 Elimination Progress**

**Lymphatic Filariasis**

**Application Approvals**

**LF Elimination in Onchocerciasis-Endemic Countries under Treatment with Mectizan and Albendazole**

In 21 onchocerciasis and LF co-endemic countries, 211.5 million Mectizan treatments were approved — more than 50% of which were for Nigeria where the largest burden of disease is found. Of these 211.5 million treatments, 70.6 million were approved for communities where LF and onchocerciasis are co-endemic (the remainder were approved in communities endemic for LF only).

The continuation of Mectizan treatment for LF prevents the initiation of PTS for onchocerciasis, particularly in Nigeria. We encourage countries where PTS must be postponed until treatment for LF is stopped to accelerate LF elimination so that we can celebrate the elimination of both diseases.

**LF Elimination in Countries Implementing “Triple Therapy” with Ivermectin, Diethylcarbamazine, and Albendazole (IDA)**

In addition to the unlimited donation of Mectizan for the global elimination of onchocerciasis and the elimination of LF in countries co-endemic for onchocerciasis, in 2017 Merck & Co., Inc. committed up to 100 million Mectizan treatments annually for the implementation of triple therapy (ivermectin+DEC+albendazole or "IDA") to accelerate LF elimination in countries where onchocerciasis is not endemic. The Mectizan Expert Committee issued a guide to facilitate the efficient and fair allocation of the expanded donation.

In 2019, 60.4 million treatments were approved for 11 countries including five new countries: Guyana, Madagascar, Malaysia, São Tomé and Príncipe, and Timor-Leste.

In parts of Fiji and Malaysia, the treatments were approved to clear hotspots detected during the post-treatment surveillance, high-priority requests to be approved by the Mectizan Expert Committee.
In 2019, applications were approved for implementation of the second round of IDA in American Samoa, Fiji, India, Kenya, Papua New Guinea, and Samoa. Following the implementation of these second rounds, impact assessment data will inform whether a third round of IDA will be required.

Given the strong commitment of the government of India and the successful roll out of IDA in 2018, the MEC agreed to expand the Mectizan donation from 10.7 million treatments in 2018 to 52.1 million treatments in 2019 – more than 50% of the global commitment. As India continues to implement IDA, the MEC recommends that the LF elimination program in India should work to i) identify priority districts to be treated with IDA; and ii) increase the overall treatment coverage in the endemic districts, regardless of the drug regimen (i.e., IDA or the standard regimen of DEC and albendazole).

**Program Downscaling**

Yemen joined Togo as the second onchocerciasis co-endemic country be validated by WHO for eliminating LF as a public health problem – a remarkable success story in a country where the NTD program has had to manage many challenges.

In 2019, Malawi successfully completed PTS and submitted the validation dossier to WHO. We look forward to celebrating another exciting success in 2020! In other good news, as seen in Table 2, treatment stopped in all LF-endemic implementation units (IUs) in Cameroon, Mali, and Uganda putting them just behind Togo, Yemen, and Malawi in the race to elimination when they complete the five-year post-treatment surveillance period.

The number of people who no longer need treatment with Mectizan and albendazole for LF elimination increased from 150.9 million in 2018 to 165.4 million in 2019. Among those, approximately 33.7 million will continue to receive Mectizan for river blindness until those communities can safely stop treatment.

### Table 2: At-Risk Population No Longer Needing Treatment for Lymphatic Filariasis in Countries That Have Achieved Elimination or Are Scaling Down, 2019

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of districts where treatment is no longer needed</th>
<th>Population in LF endemic districts where treatment is no longer needed</th>
<th>Population in districts where LF treatment is no longer needed but still under treatment for onchocerciasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td>44/48</td>
<td>4,923,442</td>
<td>2,326,930</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>61/70</td>
<td>18,632,223</td>
<td>171,603</td>
</tr>
<tr>
<td>Cameroon</td>
<td>162/162</td>
<td>19,086,204</td>
<td>9,195,712</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>6/79</td>
<td>517,233</td>
<td>371,175</td>
</tr>
<tr>
<td>Ghana</td>
<td>103/118</td>
<td>13,163,217</td>
<td>1,856,956</td>
</tr>
<tr>
<td>Guinea Bissau</td>
<td>30/109</td>
<td>732,451</td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>28/28</td>
<td>17,328,822</td>
<td>2,552,193</td>
</tr>
<tr>
<td>Mali</td>
<td>75/75</td>
<td>21,197,708</td>
<td>5,029,469</td>
</tr>
<tr>
<td>Niger</td>
<td>44/55</td>
<td>14,015,632</td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>30/583</td>
<td>7,124,196</td>
<td></td>
</tr>
<tr>
<td>Senegal</td>
<td>3/50</td>
<td>553,005</td>
<td></td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>9/14</td>
<td>4,540,470</td>
<td>3,768,590</td>
</tr>
<tr>
<td>Tanzania</td>
<td>105/120</td>
<td>24,985,992</td>
<td>5,219,069</td>
</tr>
<tr>
<td>Togo</td>
<td>8/8</td>
<td>1,570,680</td>
<td>641,227</td>
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<tr>
<td>Uganda</td>
<td>64/64</td>
<td>16,862,521</td>
<td>2,585,731</td>
</tr>
<tr>
<td>Yemen</td>
<td>11/11</td>
<td>122,547</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>783/1594</strong></td>
<td><strong>165,356,343</strong></td>
<td><strong>33,718,655</strong></td>
</tr>
</tbody>
</table>
The Mectizan Donation Program reports the number of treatments approved each year, which reflects the number of people targeted for treatment by endemic countries for onchocerciasis and lymphatic filariasis elimination using the appropriate regimen recommended by WHO: Mectizan, Mectizan and albendazole, or Mectizan + diethylcarbamazine (DEC) + albendazole (aka “IDA” or “triple therapy”). As shown on pages 11 and 14, the number of treatments approved has grown exponentially since MDP was established in 1987.

The MSD* Mectizan manufacturing facility in Haarlem, The Netherlands has not only met the ever-increasing demand for enough medicine to achieve river blindness and LF elimination in the Americas, Africa, and Yemen, it seamlessly managed to produce enough Mectizan to meet the demand for the expansion for IDA in 2019. This is a remarkable achievement that demonstrates the pride and commitment of the Haarlem manufacturing team.

The ability to keep up with the demand for Mectizan is critically important to ensuring that everyone who needs Mectizan receives treatment. MDP relies on countries to do their part to ensure a smooth supply of the medicines.

In 2019, resulting from increased treatments approved by the Mectizan Donation Program, 343.7 million treatments were shipped to endemic countries — an increase of 45 million treatments from the 298 million shipped in 2018. This number would have increased to 368.4 million treatments shipped for 2019 if a shipment of 25.7 million to Nigeria had not been delayed. The shipment was delayed due to tax exemption issues; MDP is grateful to the Federal Ministry of Health for resolving the importation issue.

*Merck & Co., Inc. is known as MSD outside the United States and Canada.
We were delighted to hold the 62nd Mectizan Expert Committee (MEC) meeting in Lomé, Togo in October to celebrate the country as the first in sub-Saharan Africa recognized by the World Health Organization for eliminating lymphatic filariasis (LF) as a public health problem. This is a remarkable milestone achieved thanks to the commitment of President Faure Gnassingbé, the government, and the people of Togo.

MDP Director Dr. Yao Sodahlon also played an instrumental role in Togo’s success, and was part of the initial Ministry of Health team when Togo’s LF elimination effort was launched in 2000. Under his leadership, Togo was one of the rare countries to be awarded a joint malaria-LF grant by the Global Fund to Fight AIDS, tuberculosis, and malaria. Following the recommended WHO strategy, the country successfully scaled up to treat all seven endemic districts within the first three years of the program. Community health workers reported exceeding 80% coverage of the total population, which was later verified by a coverage survey in 2004. In 2008, endemic districts began scaling down, and the final mass drug administrations were held in 2009. Dr. Sodahlon stated, “I am very proud of my country for achieving elimination of LF. My colleagues in the Ministry of Health must be congratulated for their dedication to ensuring the medications were consistently delivered to the millions of people at risk of infection every year since the national elimination program started in 2000. I hope other countries in Africa will soon follow Togo in achieving this goal.”

**Inaugural LF Elimination Award**

As part of the celebration, MDP, Merck &. Co., Inc., and GSK took the opportunity to launch the LF Elimination Award, given only to countries who have been validated by WHO for eliminating LF as a public health problem using the association of Mectizan and albendazole. The inaugural award was presented to the Minister of Health, Hon. Moustapha Mijiyawa, who was accompanied by a number of other members of the president’s cabinet.

The inaugural LF Elimination Award presents a map of Africa, highlighting Togo in gold as newly validated by WHO for eliminating LF. Countries where elimination efforts are ongoing are shown in red. The next LF Elimination Award will reflect Togo’s achievement by showing the country in green and will highlight the newly validated country in gold. Our job will be finished when all red is eliminated from the map, indicating that LF has been eliminated in Africa.

Following the celebration, Dr. Sodahlon was honored to receive a letter of gratitude from President Gnassingbé.
Stories from the Field
Edoa Abena Pierre, Community Drug Distributor (CDD), Nlongbon District, Cameroon

Every year, thousands of volunteer “community drug 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, Mr. Edoa Abena Pierre is one of these hardworking CDDs. On distribution day, Mr. Edoa covers 15 villages, traveling long distances on his motorcycle with Mectizan® strapped to the back of it. Mr. Edoa and many other CDDs help the Cameroonian government distribute drugs to even the most remote parts of the country.

Since Mr. Edoa was a child, he remembers being passionate about health. He says he loves his job because it’s a pleasure to serve his and other Cameroonian communities. He takes great pride in making sure that no one is left behind — everyone eligible for treatment is treated.

It is the commitment of Mr. Edoa and other volunteers that will ensure the efforts to eliminate river blindness will succeed and that together, we will Stamp Out Oncho!

We invite you to view our Stamp Out Oncho! film.
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.

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