

NOTI-ONCOCERCOSIS

• Guatemala, JUNE 2004 •

Onchocerciasis Elimination Program
for the Americas -OEPA-



Experts Conclude that it is Possible to Eliminate Onchocerciasis from the Americas

In January 2002, The Carter Center co-hosted with WHO a conference entitled "The Eradicability of Onchocerciasis". The event involved the participation of 64 experts from around the world and had the purpose of evaluating the feasibility of the eradication of onchocerciasis from the world and formulating recommendations on future interventions and research to facilitate the achievement of the goal of eradication. The most important conclusions of the conference were:

- In most American endemic areas, transmission of onchocerciasis can be interrupted with current tools because of characteristics of the vectors and geographic isolation of onchocerciasis foci. There remains the question if it is possible to achieve and maintain a therapeutic coverage of at least 85% of the eligible population in all foci of the region. This is of particular concern in the Venezuelan Southern Focus, where access to the population at risk (1% of the entire population at risk in the region) remains a problem.
- Programs in the Americas should not only plan to control the disease, but completely interrupt transmission by implementing suitable and available interventions in such a way that the parasite can be eliminated and interventions stopped.
- In spite of what has been mentioned, onchocerciasis is not eradicable in Africa using current tools.
- Experts recommended continuing research in the development of tools that would help decision-making regarding the duration of treatment programs and in the development of drugs that would kill adult worms (i.e., a macrofilaricide).

The Initiative to Eliminate Onchocerciasis from the Americas gets to the 57th World Health Assembly

Remarks of President Carter at the 57th World Health Assembly

More than 2000 delegates from 192 member countries of the World Health Organization (WHO) participated in this Assembly. Among the speakers invited by the Director General, Dr. Lee Jong-wook, were the Nobel Peace Prize winning Presidents Jimmy Carter of the United States and Kim Dae-jung of the Republic of Korea.

In his speech, former President Carter, Director of The Carter Center, mentioned the work in public health developed by The Carter Center and specifically, the fight to eliminate onchocerciasis from the Americas.

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At The Carter Center, we see our health work in this broad context. Our motto is "Waging Peace, Fighting Disease, Building Hope." We realize that with only 150 employees and an annual budget of about \$35 million, which we must raise for our health and peace work, we can only do so much. (It is not an accident that more than 2/3 of our resources are devoted to health). We select projects based on the potential for significant impact, their relative neglect, where we believe interventions are doable, and which are amenable to a data-driven approach - within individual homes and villages.

We do not believe in duplicating the work of others, but we value our partnerships with Ministries of Health, the World Health Organization, and many others. We emphasize action and achieving specific and measurable results. We are willing to take on difficult tasks and accept the possibility of potential failure. We learned that with modest outside help, people can and will take effective action to improve their own lives.

We are helping the governments of the six endemic countries in the Americas to eliminate onchocerciasis once and for all, and I am looking forward to meeting with those Ministers of Health later today. We also are working with the Health Ministries of five African countries and with the African Program for Onchocerciasis Control (APOC) to help control river blindness. Lions Clubs International is a major partner with us in this work, and we recently received a major grant from the Bill & Melinda Gates Foundation for the onchocerciasis work in the Americas. Last year, The Carter Center celebrated the 50 millionth cumulative treatment for river blindness that we have delivered in these eleven nations.



World Health Organization
57th World Health Assembly
Geneva, Switzerland
May 17-22, 2004

◀ President Jimmy Carter, when addressing the 57th World Health Assembly.

Ministries of Health from the Six Onchocerciasis Endemic Countries Reaffirm Their Commitment to Eliminate the Disease at the 57th World Health Assembly

During the celebration of the 57th World Health Assembly, Ex-President Jimmy Carter held a meeting with Ministers of Health from the 6 onchocerciasis endemic countries of the Americas.

Ministers of Health from Ecuador and Guatemala, Representatives of the Ministers from Brazil, Mexico, Venezuela, and Colombia, along with representatives

from the Pan American Health Organization, Merck, The Carter Center and OEPA, attended the meeting. The Ministries expressed their firm commitment to continue the actions necessary to attain the elimination of onchocerciasis, and in response, The Carter Center and OEPA committed to continue providing support to the six country programs until the final goal of elimination is achieved.



The Carter Center Welcomes a New Partner to the Initiative of Eliminating Onchocerciasis from the Americas: The Bill & Melinda Gates Foundation

New resources to eliminate onchocerciasis from the Americas

During IACO 2003, held last November in Cartagena de Indias, Colombia, an important announcement was made: The donation from The Bill & Melinda Gates Foundation to the Carter Center as a contribution towards making the elimination of onchocerciasis from the Americas a reality. This donation is supplementary to the investment member countries are already making and which is assumed to continue as usual.

Country program representatives from the six endemic countries were very pleased by the announcement, which encourages and urges them to reach the goal of elimination of onchocerciasis. They thanked both The Bill & Melinda Gates Foundation for the donation and The Carter Center for the steps taken to get the grant.

Merck Grants Additional Resources to Eliminate Onchocerciasis from the Americas

During the 57th World Health Assembly, Mr. Grey Warner, Senior Vice-President for Latin America, Merck & Co., Inc., announced their donation to The Carter Center to help achieve the elimination of onchocerciasis from the Americas. This donation constitutes a complement to Gates Foundation grant announced during IACO 2003. In addition, Merck reiterated its commitment to deliver Mectizan to the 37 countries endemic of onchocerciasis, in the amount and for the time necessary to eliminate the disease.



▲ Representatives from the six onchocerciasis endemic countries of the Americas during IACO 2003 in Cartagena. Doctors Juan Carlos Vieira and José Rumbea from Ecuador; Drs Jorge Mendez Galvan and Sergio Martinez from Mexico; Drs Fatima Garrido, Carlos Botto and Harland Schuler from Venezuela; Dr. Joao Batista Furtado Vieira from Brazil; Dr. Santiago Nicholls from Colombia; and Dr. Julio Castro Ramirez from Guatemala.

How long does effect of Mectizan last?

- A few days after taking Mectizan, the number of microfilariae in the skin decreases dramatically and remains low for several months; but then this number gradually begins to increase due to the fact that the female adult worms continue producing microfilariae.

How often should Mectizan be taken?

- Mectizan should be taken every 6 months to avoid the increase and reestablishment of microfilariae in the skin.

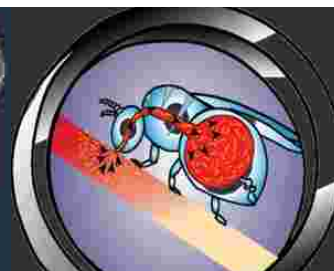
How does taking Mectizan contribute to the elimination of onchocerciasis?

- By alleviating the body of most microfilariae, there will not be enough of them in the skin to infect flies and the transmission cycle is interrupted. This interruption must last the expected lifespan of the adult female worm.

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Criteria for the Administration of Mectizan to Small Children has been Changed

A short time ago the criteria for the administration of Mectizan stipulated that only children weighing at least 15 kg or who were at least 90 cm tall could be treated with Mectizan, thus excluding age as a criteria for treatment.

Recently, the Brazilian Program explained their concern about Yanomami children, who last as long as 9 years in reaching 15 kg weight or 90 cm height. Because of this situation, OEPA made a consultation to the Mectizan Expert Committee on the possibility of allowing the administration of Mectizan to children who reached 5 years of age, and allowing this as a criterion for treatment independent of their weight or height.

The Mectizan Expert Committee resolved that Mectizan can be administered to children who comply with at least one of these 3 conditions:

- Having reached 5 years of age
- Weighing 15 kg or more
- Having attained the height of 90 cm or more

This decision encourages the countries to use any of these three criteria when distributing Mectizan and in this way decrease the number of persons left without treatment.



▲ Health Promoter administering Mectizan to a child of Finca El Brote, Santiago Atitlán, Solola, Guatemala.

Focalizing Efforts to Achieve the Elimination of Onchocerciasis

This was the central theme of the Inter-American Conference on Onchocerciasis -IACO 2003. And with the target of identifying key aspects of the program that should be monitored to assure elimination, the following guidelines were proposed:

1. Verify the reliability of reported treatment coverages.
2. Take all necessary step to achieve effective community participation and expand the social base of the program.
3. Check that we are including all onchocerciasis activities to the other health programs.
4. Check that we know with accuracy population movements (migration) within the endemic area that could contribute significantly to maintaining transmission, and ensure that all persons who come from or live in endemic areas receive treatment regularly.
5. Confirm that we have established viable mechanisms that guarantee the timely delivery of Mectizan.
6. Identify hypo-endemic communities in which probably no transmission has ever occurred and consider taking them off the list of communities to be treated.
7. Consider the implementation of one or more of the following alternate interventions and in that way accelerate the elimination process, especially on those communities where morbidity is still being detected:
 - Quarterly treatments with Mectizan (4 times per year).
 - Elimination of the endosymbiotic bacteria Wolbachia.
 - Timely treatments to coincide with peak transmission periods.

