The Onchocerciasis Elimination Program for the Americas: a history of partnership

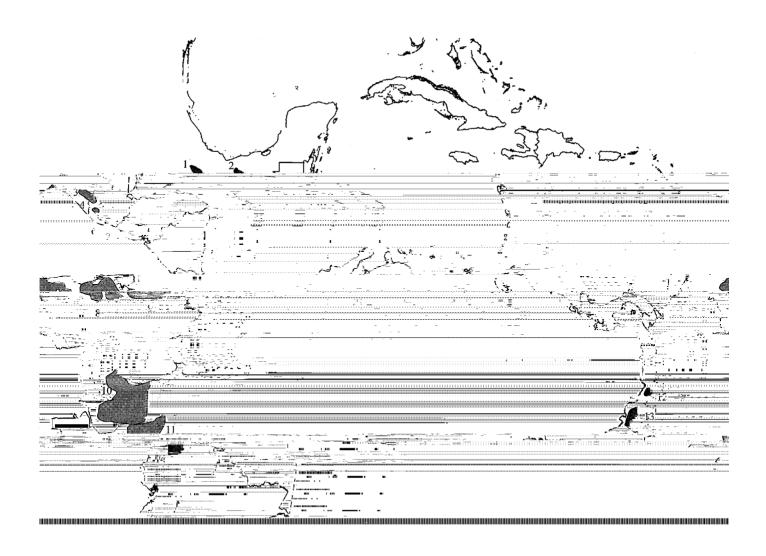
- J. Blanks, ¹ F. Richards, ² F. Beltrán, ³ R. Collins, ⁴ E. Álvarez, ⁵
- G. Zea Flores.⁵ B. Bauler.¹ R. Cedillos.⁶ M. Heisler.⁷
- D. Brandling-Bennett,3 W. Baldwin,1 M. Bayona,8 R. Klein,9 and
- M. Jacox¹

The decision in 1987 by the v3Eal (th) -27(par) (e) -27 eutise

chargeto river blindnesscontrol programshas challengedhe international publichealthcommunityto find effective waysto distribute the drug to rural populations most affected by onchocerciasism the Americas PAHO responded that challenge by calling for the elimination of all morbidity from onchocerciasism the Region by the year 2007 through mass distribution of ivermectin. Since 1991, a multinational, multiagency partnership (consisting of PAHO, the endemicountries, nongovernmentable velopment granizations the Centers or Disease Control and Prevention in Atlanta, Georgia as well as a cademion stitutions and funding agencies has developed he political, financial, and technical support needed to move toward the realization of that goal. This partnership is embodied the Onchocerciasis Elimination Program for the Americas (OEPA), which is supported by the River Blindness Foundation (RBF) and now by the Carter Center. OEPA was conceived as a means of maintaining a regional initiative to eliminate what is otherwise low priority disease.

Sinceits inceptionin 1993,the OEPA hasprovided morethan US\$ 2 million in financial, managerial and technical assistance ostimulate and/or support programs in Brazil, Colombia, Ecuador, Guatemala Mexico, and Venezuelaso as to takefull

ministration without the fear of adverse reactions (2–4). This decision was reached upon recognizing that the populations who could most benefit from ivermectin were also the least able to afford the drug. Since ivermectin, however, is not curative—it kills microfilariae but not the adult worms—ivermectin delivery programs must provide the drug regularly (once or twice



Development (USAID), the CDC, the Government of Spain, and NGDOs interested in primary eye care (Helen Keller International, Christoffel Blindenmission, and the International Eye Foundation). After many scientific presentations and deliberations, several key conclusions (below) influenced the course of the regional initiative for the next 5 years (9).

the Americas using ivermectin community-based treatment. Furthermore, the international momentbirs

 regional approach for several reasons. First,

joint action. At the first SPCmeeting in March 1992, the River Blindness Foundation announced its intention to commit US\$ 1 million as seed funding to set the regional initiative in motion. The money was to be held in an RBF-controlled trust fund, with the SPC determining the criteria and standards for allocating funds to help each country develop and implement a plan of action consistent with the regional strategy. With RBF funding in hand, the SPCoutlined a strategy for launching the initiative.

It was hoped that the regional initiative would move from the planning stage to achievement of ivermectin distribution in all six countries by 1993. As a first step, regional norms were developed for establishing baseline indices and standard components of ivermectin distribution programs. A series of task force meetings of experts led to normative planning. The first such meeting, held in March 1992, produced standard guidelines for the epidemiologic characterization of endemic areas and evaluation of impact. Other meetings followed (seeTable 1). The second step was to stimulate the production of official national plans of

action for the six national onchocerciasis elimination programs. During the period April through June 1992, SPC delegations traveled to all six countries to meet with key political and ministerial figures to request their help in the preparation of plans consistent with the new regional norms. The delegations explained PAHO Resolution XIV calling for a regional initiative to eliminate onchocerciasiswith sustainable ivermectin distribution as the key strategy. The delegation urged that national plans and budgets be developed in time for presentation at the second Inter-American Conference on Onchocerciasisto be held later that vear. Working meetings in Ecuador. Guatemala, Mexico, and Venezuela helped national experts and responsible Ministry of Health officials to come together to work on the plans.

Inter-Am erican Conference on Onchocerciasis '92 and the Onchocerciasis Eliminatio n Program for the Americas

The goal of the second Inter-American Conference on Onchocerciasis

to the assembled IACO '92 body the launching of the office of the Onchocerciasis Elimination Program for the Americas. The OEPA headquarters was established in Guatemala in January 1993, and its first director and expert advisor immediately began visiting the six endemic countries to facilitate the preparation of more thorough national plans and budgets. At the same time, a vigorous fundraising campaign for the OEPA was initiated by the River Blindness Foundation.

TABLE Medica Key meetings and workshops of the Regional Intitiative to Eli

The OEPA and its coordinating bodies

(IACO '92), which took place in Ecua-

dor in September of 1992, was the ap-

proval of national plans and budgets.

Despite the Strategic Planning Coun-

cil's efforts of the previous months.

however, most plans required further

work and could not be fully funded. In addition, it was obvious that the SPC

would face increasingly complicated

and varied expectations, technical

needs, and financial proposals. Be-

cause the SPC consisted of some 20

members serving on a voluntary basis.

it was incapable of responding to the

growing challenges of establishing the

regional program. The Strategic Plan-

ning Council concluded at its IACO '92 meeting that a part of the RBF

donation should be used to establish

two staff positions to serve as its se-

cretariat and to travel as advocates of

Resolution XIV of the Directing Coun-

cil of PAHO. Thus, the SPCannounced

It was decided not to spend the time or money to establish OEPA as a "legal" NGDO. Indeed, the OEPA was not conceived to be an NGDO, but rather a timely mechanism to establish and maintain the regional elimination program, a secretariat for the multinational/ multiagency coalition, and a technical and financial support resource to the national elimination programs. The River Blindness Foundation agreed to serve as the OEPA's "parent" NGDO organization in an administrative capacity (i.e., to make contracts, establish accounts, and apply for grant monies), and to employ



workers carried out a joint epidemiological exercise on the shared border of their countries, Guatemala and Mexico have reached several agreements in which onchocerciasis has been specifically mentioned, and Brazil and Venezuela have an interinstitutional plan of action related to ivermectin distribution activities in the migratory populations who cross their shared borders.

CHALLEN GES FOR THE FUTURE

A movement to eliminate morbidity from onchocerciasis in the Americas was stimulated by the donation of ivermectin, designed in a multinational plan of action, sanctioned by Resolution XIV of the Directing Council of PAHO, and launched by the River Blindness Foundation in a gamble of a \$1 million seed grant. The OEPA maintains the initiative by serving the multiagency coalition as a means for expeditious, task-oriented

- World Health Organization Expert Committeeon Onchocerciais: fourth report. Geneva: WHO; 1995.(Technical Report Series852).
- Greene BM, Taylor HR, Cupp EW, Murphey RP, White AT, Aziz MA, et al. Comparison of ivermectin and diethylcarbam azine in the treatment of onchocerdasis. N Engl J Med 1985;313:133438.
- Anonymous. Mectizan® (ivermectin) and the control of onchocerdasis: strengthening the global impact. Summary proceedings of the symposium, New York City, September 23, 1992.Rahway, NJ: Merck & Co; 1992.
- Taylor HR, Greene BM. The status of ivermectin in the treatment of human onchocerdasis. Am JTrop Med Hyg 1989;41:460466.
- Ramírez Pérez J.Human onchocerciasis foci and vectors in the American tropic s and subtropics. Bull PanAm HealthOrgan 1986;20:81-402.
- Shelly AJ. Vector aspectsof the epidemiology of onchocerdasis in Latin America. Ann Rev Entomol1988:30:337366.
- World Health Organization. Onchocerciasis, progress towards elimination in the Americas. Wkly Epidemiol Rec 199671: 277-279.

- Pan American Health Organization. Pan AmericanSanitary Conferenc Regional Committee Meeting. Resolution XVI: calendar of possible eradication targets to be achieve of the Americas between mow and the year 2000.27 September 1990. Washington. DC: PAHO: 1991.
- Pan American Health Organization. Reportof the First Interamerican Conferenceon Onchocerciasis(IACO 91): April 26 to May 1, 1991, Tapachula, Mexico, and Guatemala City, Guatemala.
- Collins RC, Gonzales-Peralta C, Castro J, Zea-Flores G, Cupp M, Richards F, et al. Ivermectin: reduction in prevalence and