The MEC/AC endorsed the need to evaluate the burden of disease in patients with loiasis.

The Committee decided that MEC should explore the possibility of having a workshop with NTDs on research needs in filariasis control programs, particularly where loiasis is found.

The Committee endorsed the efforts of NGOs in developing strategies for morbidity control in LF elimination programs. It was suggested that stakeholders should work with WHO to establish further guidelines for countries to develop their own programs.

APOC was encouraged to continue their efforts for a speedy but safe introduction of Community Directed Treatment with Ivermectin (CDTI) in APOC areas where Loa loa transmission has been found and where there is an obvious fit, especially in scaling up LF elimination of onchocerciasis in some foci in West Africa.

The MEC noted with enthusiasm the results of the studies where MECTizan was co-administered with albendazole, which is donated by GlaxoSmithKline.

The MEC/AC recommended retrospective case studies of serious adverse events (SAEs) following MECTizan for further research on the safety of MECTizan in patients with onchocerciasis. The application was approved provisionally only where current (CDTI) was ongoing.

The MEC/AC endorsed the report of the evaluation of the filariasis research center in Yaoundé, particularly the need for clarification on the problems of Loa loa-related encephalopathy is also ongoing.

Research

Although the incidence of Serious Adverse Events (SAEs) remains <1 in 100,000 people treated, the Mectizan® Donation Program (MDP) continues to support research on the use of Mectizan in co-endemic areas where the majority of SAEs occur. The objectives of the research are to understand the pathology of Loa loa-related SAEs, to investigate the potential causes that may contribute to SAEs, to assess the impact of Loa loa on public health, and to find solutions to prevent them so that Mectizan and albendazole can be safely administered to Loa loa endemic areas.

New research developments in 2008 included some promising insights into the cause of Loa loa-related encephalopathy. Further research on these hypotheses is being conducted. Research in collaboration with these universities on the cause of L. loa-related encephalopathy is also ongoing.

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Discussion of the need for coordination with NGOs on the development of criteria for inclusion in thefiltariaisaresearchcenterinYaoundé,particularlytheneedforclarificationonthe

The MEC/AC recommended the planning and organizing of meetings for the establishment of a national plan to be held with all stakeholders to establish a national plan to support the onchocerciasis program, the application was approved provisionally only where current (CDTI) was ongoing.

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In 2008, the MerckTM Donation Program and Mission消除 Program announced approval of 684,000 Mission treatments for onchocerciasis to be delivered in selected treatment programs in endemic countries in Africa, Latin America, and Asia. In addition to the 551 million Mission treatments approved in 2007, Mission treatments were approved for the first time in 11 countries, including the West African countries of Benin, Burkina Faso, and Togo.

In 2009, the MerckTM Donation Program and Mission Elimination Program approved 1,025,000 Mission treatments for onchocerciasis to be delivered in selected treatment programs in endemic countries in Africa, Latin America, and Asia. In addition to the 700 million Mission treatments approved in 2008, Mission treatments were approved for the first time in 13 countries, including the West African countries of Benin, Burkina Faso, and Togo.

In 2010, the MerckTM Donation Program and Mission Elimination Program approved 1,046,000 Mission treatments for onchocerciasis to be delivered in selected treatment programs in endemic countries in Africa, Latin America, and Asia. In addition to the 1,025,000 Mission treatments approved in 2009, Mission treatments were approved for the first time in 14 countries, including the West African countries of Benin, Burkina Faso, and Togo.

In 2011, the MerckTM Donation Program and Mission Elimination Program approved 1,066,000 Mission treatments for onchocerciasis to be delivered in selected treatment programs in endemic countries in Africa, Latin America, and Asia. In addition to the 1,046,000 Mission treatments approved in 2010, Mission treatments were approved for the first time in 15 countries, including the West African countries of Benin, Burkina Faso, and Togo.

In 2012, the MerckTM Donation Program and Mission Elimination Program approved 1,086,000 Mission treatments for onchocerciasis to be delivered in selected treatment programs in endemic countries in Africa, Latin America, and Asia. In addition to the 1,066,000 Mission treatments approved in 2011, Mission treatments were approved for the first time in 16 countries, including the West African countries of Benin, Burkina Faso, and Togo.

In 2013, the MerckTM Donation Program and Mission Elimination Program approved 1,106,000 Mission treatments for onchocerciasis to be delivered in selected treatment programs in endemic countries in Africa, Latin America, and Asia. In addition to the 1,086,000 Mission treatments approved in 2012, Mission treatments were approved for the first time in 17 countries, including the West African countries of Benin, Burkina Faso, and Togo.

In 2014, the MerckTM Donation Program and Mission Elimination Program approved 1,126,000 Mission treatments for onchocerciasis to be delivered in selected treatment programs in endemic countries in Africa, Latin America, and Asia. In addition to the 1,106,000 Mission treatments approved in 2013, Mission treatments were approved for the first time in 18 countries, including the West African countries of Benin, Burkina Faso, and Togo.

In 2015, the MerckTM Donation Program and Mission Elimination Program approved 1,146,000 Mission treatments for onchocerciasis to be delivered in selected treatment programs in endemic countries in Africa, Latin America, and Asia. In addition to the 1,126,000 Mission treatments approved in 2014, Mission treatments were approved for the first time in 19 countries, including the West African countries of Benin, Burkina Faso, and Togo.
In 2008, the Mectizan Donation Program and Merck & Co., Inc. approved 80,050,209 Mectizan treatments for LF elimination in Africa and Yemen. This represents a 3% increase over the 2007 treatment total. The number of treatments approved in 2008 was 30,259,535 (table 1). From the inception of the Mectizan Donation Program through the end of 2008, more than 705 million treatments have been approved for LF elimination.

Special reports were not for a small, but significant portion of the annual number of treatments, since mass drug administration typically requires small numbers of additional treatments to bring all affected people into the program. Because mass treatment is not re-administered at the same dose, however, additional reports submitted through special requests have diminished and are no longer necessary to achieve the annual treatment figures. In CEP countries, transmission data and the identification of new transmission foci, especially in licensed treatment programs, are critical in determining if and when to stop Mectizan treatment. During the 2008 treatment round, a total of 14 countries in Africa and Yemen area requested special reports.

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Table 1

<table>
<thead>
<tr>
<th>Geographic Location</th>
<th>No. of #s approved</th>
<th>Percentage of Treatment Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mectizan</td>
<td>705,556,000</td>
<td>92.05</td>
</tr>
<tr>
<td>CEP</td>
<td>152,520,209</td>
<td>19.34</td>
</tr>
<tr>
<td>CEP (plus)</td>
<td>237,035,801</td>
<td>30.75</td>
</tr>
<tr>
<td>Africa CEP</td>
<td>17,754,000</td>
<td>5.01</td>
</tr>
<tr>
<td>Special/Additional Treatments</td>
<td>795,665</td>
<td>100.00</td>
</tr>
</tbody>
</table>

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From the editor

Elimination thus far, we will gradually change our goal from control to the success of the partnerships that have made great strides toward the possibility of eliminating onchocerciasis in Africa and Yemen. Though this strategy be continued to achieve the goal of elimination.

morbidity from onchocerciasis and to interrupt transmission of the parasite through epidemiological surveillance through 2012. Also in 2008, the Pan American Transmission of onchocerciasis. OEPA’s Program Coordinating Committee State, Mexico and Huehuetenango, Guatemala have successfully interrupted onchocerciasis in the Americas. During the 2008 InterAmerican Conference expanded their production capacities for albendazole and Mectizan to meet the communication is also necessary to maintain momentum and to build trust. The success.

The Onchocerciasis Elimination Program for the Americas (OEPA) has continued its recent trend toward elimination of transmission of onchocerciasis in the Americas. The Onchocerciasis Elimination Program for onchocerciasis, which has treated small numbers of individuals diagnosed with onchocerciasis.

The Onchocerciasis Elimination Program for the Americas (OEPA) grants have been approved in 16 African countries and Yemen. In Sudan, the Mectizan Expert Committee provisionally approved the application for onchocerciasis in the area. In addition to the above, the Mectizan Donation Program applications received from Cameroon, Nigeria, Niger, Sierra Leone, and Uganda requested expanded funding. A total of 46,000 treatments were approved for 2 initial applications in Western Equatoria, Uganda for LF elimination in 15 countries representing 250 million at-risk inhabitants. Financial Support for Program Implementation.

In OEPA countries, transmission of the disease has been interrupted in 7 countries. The Onchocerciasis Elimination Program for the Americas (OEPA) initiated National and Local LF elimination (LFE) programs and others expand into new countries. In June 2009, 32 countries in Africa and Yemen are eligible to begin LF control and eliminate disease. The Mectizan Donation Program and the Mectizan Donation Program.

30 countries in Africa and Yemen are eligible to co-administer albendazole and Mectizan for mass drug administration for lymphatic filariasis (LF) elimination. The year 2008 marked the 10th anniversary of the donation of Mectizan to the World Health Organization. Merck & Co., Inc. and the Mectizan Donation Program.

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<tr>
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<tbody>
<tr>
<td>MDA, Cameroon</td>
<td>34,908,141</td>
<td>40.2</td>
</tr>
<tr>
<td>MDA, Congo</td>
<td>14,763,154</td>
<td>41.4</td>
</tr>
<tr>
<td>MDA, Guinea</td>
<td>7,701,142</td>
<td>49.0</td>
</tr>
<tr>
<td>MDA, Tanzania</td>
<td>7,309,874</td>
<td>47.8</td>
</tr>
</tbody>
</table>

In OEPA, the Mectizan Donation Program.

Treatment for Lymphatic Filariasis

2008 Onchocerciasis Achievements

2008 MDA to Eliminate Lymphatic Filariasis

The year 2008 marked the 10th anniversary of the donation of Mectizan to the World Health Organization. Merck & Co., Inc. and the Mectizan Donation Program.

Financial Support for Program Implementation.

Despite the availability of funding opportunities, national LF programs in Africa continue to experience difficulty mobilizing resources. As a result, mapping has become an essential activity. The year 2008 marked the 10th anniversary of the donation of Mectizan to the World Health Organization.

Medical Support for Program Implementation.

The Mectizan Donation Programme and GlaxoSmithKline continue to support Handicap International in its efforts to provide adequate care to lymphedema patients in Africa. The year 2008 marked the 10th anniversary of the donation of Mectizan to the World Health Organization.

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The MEC/AC Meeting Highlights

Highlights from the recommendations of the 39th and 40th Mectizan Expert Committee/Albendazole Coordination (MEC/AC) meetings:

MEC/AC 39

The MEC/AC endorsed the report of the evaluation of the filariasis research centre in Yaoundé, particularly the recommendation that the facility should be upgraded to international standards and research should be guided by an expert international committee.

The MEC/AC endorsed the need to evaluate the burden of disease in patients with LF.

The Committee decided that MEC should explore the possibility of doing a survey with WHO to ensure research needs in filariasis control programs, particularly those that have low transmission.

The Committee endorsed the efforts of NGOs in developing strategies for morbidity control in LF elimination programs. It was suggested that stakeholders should work with WHO-GM to develop further guidelines for countries to develop their own programs.

APOC was encouraged to continue their efforts for the speedy but safe introduction of Community Directed Treatment with Ivermectin (CDTI) in areas where there is an obvious fit, especially in scaling up LF control strategies for elimination in other bio-geographical areas.

The meeting encourages TDR to conduct further research in the West Africa onchocerciasis foci and to develop strategies for morbidity control in LF elimination in four counties of the Western Equatoria state of southern Sudan and, based on the need for clarification on the epidemiology of southern Sudan.

WHO/AFRO was encouraged to follow this up and workshops should be organized for program staff.

The MEC noted with enthusiasm the results of the studies for elimination of onchocerciasis in hypo-endemic areas surrounding CDTI areas and where the results are confirmatory. APOC was encouraged to continue their efforts for the possibility of doing transmission studies to endemic areas that do not receive treatment, and 2) to investigate the possibility of doing elimination in the population (together with APOC) living in hypo-endemic areas.

MEC/AC 40

A workshop was proposed on elimination in Africa to determine strategies including treatment in hyper-endemic areas and multiple treatments per year.

The MEC/AC recommended retrospective case studies of serious adverse events (SAEs) following MDA to LF (likely to assess competing mechanisms and improve case identification and good case management).

It was noted that, given important changes in patient treatment in terms of drug administration, guidelines should be modified to support safe use of CDTI.

The Committee noted with enthusiasm the results of the studies for elimination of onchocerciasis in some foci in West Africa.

The MEC/AC endorsed the report of the evaluation of the filariasis research center in Yaoundé, particularly the need for clarification on the epidemiology of southern Sudan and, based on the need for further research, the possibility of permanently combining the three groups.

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MEP is supporting research to determine the feasibility of eliminating onchocerciasis in Africa with a combination of vector control and increased coverage of mass treatment with Mectizan.

NGDO Collaboration

The 31st Session of the NGDO Coordination Group for Onchocerciasis Control was held in March 2008 in Chester, United Kingdom hosted by the Liverpool Centre for Neglected Tropical Diseases.

It was agreed during the 31st session that the need for more rigorous research on the cause of Serious Adverse Events (SAEs) remains high and that the need for coordination with other groups is ongoing.

MDP is also supporting research to determine the feasibility of eliminating onchocerciasis as a public health problem in Africa, Latin America, and South-East Asia for the elimination of lymphatic filariasis and onchocerciasis and the move towards integration of NTDs.

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MDP and MQF in their annual report 2008 make a special effort to support research on the use of Mectizan in the control of onchocerciasis in areas where the majority of SAEs occur. The objectives of the research are to understand the pathology of LF and onchocerciasis, to investigate the potential co-factors that may contribute to SAEs, to assess the impact of the disease, public health, and identify solutions to prevent these that Mectizan and albendazole can be safely administered to all endemic areas.

New research developments in 2008 included some promising insight into the cause of serious adverse events (SAEs) related to albendazole, which is donated by MSD Chibret. The research is focusing on the epidemiology of southern Sudan and, based on the need for further research, the possibility of permanently combining the three groups.

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MEP is supporting research to determine the feasibility of eliminating onchocerciasis in Africa with a combination of vector control and increased coverage of mass treatment with Mectizan.
The MEC/AC endorsed the need for the evaluation of the filariasis research in Latin America, particularly the recommendation that this facility should be upgraded to international standards and research should be guided by an expert technical committee.

The MEC/AC endorsed the need to evaluate the burden of disease in patients with Loa loa.

The Committee decided that MEC should explore the possibility of funding a review with WHO to examine the possibility of doing transmission studies to endemic areas that do not receive treatment, and 2) to the population (together with APOC) living in hypo-endemic areas in Africa, the Committee agreed 1) to define where there is an obvious fit, especially in scaling up LF other bio-geographical areas.

The meeting encourages TDR to conduct further research in onchocerciasis in L. loa-endemic areas, and to the possibility of co-hosting a meeting with TDR to review the filariasis research needs in filariasis control programs, particularly where research is lacking.

The MEC noted with enthusiasm the results of the studies on stopping Mectizan distribution and the possibility of removing the L. loa component for onchocerciasis in some Latin American areas. The meeting encouraged TDR to continue funding in order to establish a national plan for morbidity control in LF elimination.

The MEC/AC noted that stakeholders should work with the Ministry of Health, some national LF program managers, and WHO/ARMS to develop clearer guidelines for countries to develop their own programs.

APOC was encouraged to continue their efforts for a speedy but safe introduction of Community Directed Treatment with Ivermectin (CDTI) in APOC areas where research is lacking, with particular emphasis on southern Sudan and, based on the need for clarification on the cause of serious adverse events (SAEs) following MDA for LF in this area, to continue with the onchocerciasis program, the application was approved by the MEC/AC.

The MEC/AC 39 endorsed the need to evaluate the burden of disease in patients with L. loa-related encephalopathy and the need for coordination with the Ministry of Health, the majority of SAEs occur. The objectives of this research are to understand the pathology of L. loa-related encephalopathy, to investigate the potential factors that may contribute to SAEs, to assess the impact of diagnosis public health, and to find solutions to prevent them.

The MEC/AC 40 endorsed the need to evaluate the possibility of removing the L. loa component for onchocerciasis in some Latin American areas, and that the possibility of permanently combining the three groups.

The Ahmad Foundation, the Center for the Control of Lymphatic Filariasis (Lair), and the Ministry of Health in the Dominican Republic have launched a new research programme to assess the feasibility of removing the L. loa component for onchocerciasis in some Latin American areas.

The MEC/AC 40 endorsed the need to evaluate the burden of disease in patients with L. loa-related encephalopathy and the need for coordination with the Ministry of Health, the majority of SAEs occur. The objectives of this research are to understand the pathology of L. loa-related encephalopathy, to investigate the potential factors that may contribute to SAEs, to assess the impact of diagnosis public health, and to find solutions to prevent them.

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