

# The Onchocerciasis Elimination Program for the Americas (OEPA)

M. SAUERBREY

Onchocerciasis Elimination Program for the Americas (OEPA), 14 Calle 3-51 Zona 10, Edificio Murano Center, Oficina 1401, Guatemala City, Guatemala

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Human onchocerciasis (river blindness) occurs in 13 foci distributed among six countries in Latin America (Brazil, Colombia, Ecuador, Guatemala, Mexico and Venezuela), where about 500,000 people are considered at risk. An effort to eliminate the disease from the region was launched in response to a specific resolution adopted by the Pan-American Health Organization (PAHO) in 1991: to eliminate onchocerciasis from the region, as a public-health problem, by 2007. The effort took advantage of the donation of the drug Mectizan (ivermectin) by Merck & Co., Inc. In 1992, the Onchocerciasis Elimination Program for the Americas (OEPA) was launched, with its headquarters in Guatemala, to act as a technical and co-ordinating body of a multinational, multi-agency coalition that includes the endemic countries, PAHO, The Carter Center, Lions Clubs, the United States Centers for Disease Control and Prevention, The Bill and Melinda Gates Foundation, Merck & Co., Inc., and other partners. This public-private partnership facilitated the establishment of programmes for the semi-annual mass administration of Mectizan in the six countries with onchocerciasis. The aims were to (1) provide sustained treatments, with coverage reaching at least 85% of those eligible to receive the drug (in the 1845 endemic communities that are distributed within the 13 regional foci); (2) eliminate new morbidity caused by

Significant progress has already been made in all six countries, each of which has active programmes with treatment coverages exceeding the target of 85%. The progress is being documented in accordance with certification guidelines for onchocerciasis elimination established by the World Health Organization. No new cases of onchocercal blindness are being reported in the region, and ocular disease attributable to *O. volvulus* has been eliminated from nine of the 13 foci. Treatment is no longer needed in Santa Rosa, Guatemala, where transmission

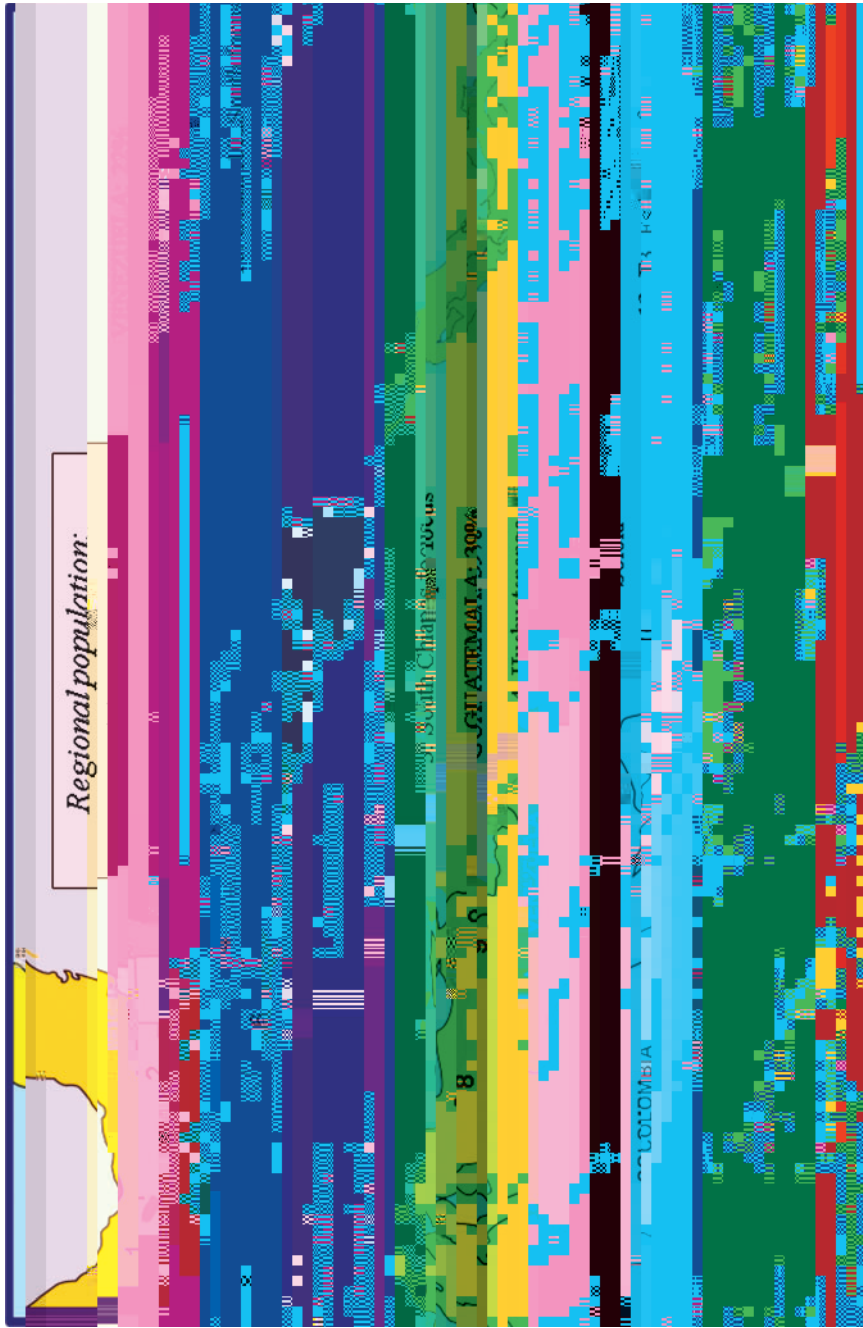


FIG. Map of the onchocerciasis-endemic areas in Latin America, showing the percentage of the regional at-risk population in each affected country. The Onchocerciasis Elimination Program for the Americas (1992–present) operates in six countries in this region, generally providing ivermectin treatment between two and four times a year (with a special intervention in the South Chiapas focus in Mexico) to those people still at risk of onchocerciasis (currently about half a million individuals). The aim is to eliminate onchocerciasis entirely from the Western Hemisphere.

rainforest, the Yanomami put themselves at continuous risk of exposure to blackflies infected with *Onchocerca volvulus*, although they represent only 3% of the total regional population at risk. Most (91%) of those at risk live in Guatemala, Mexico or northern Venezuela (Anon., 2007).

The effort to eliminate onchocerciasis from the Americas was launched in response to Resolution XIV as adopted by the 35th Pan American Health Organization (PAHO) Directing Council in 1991. This resolution, which called for the elimination of the disease as a public-health problem in the western hemisphere by 2007, took advantage of the donation of the safe and effective oral microfilaricide Mectizan® (ivermectin) by Merck & Co., Inc. This donation facilitated programmes of mass treatment to eliminate new morbidity caused by *O. volvulus* and reduce the transmission of the parasite. The elimination of new *Onchocerca*-attributable morbidity was recognised as the first goal of the Onchocerciasis Elimination Program for the Americas (OEPA) when it was launched in 1992. Headquartered in Guatemala, the OEPA acts as the technical and co-ordinating body of a multinational and multi-agency coalition. The initial task of the OEPA was to assure that each of the six countries in the

Americas affected by onchocerciasis had an active programme for the distribution of Mectizan. The OEPA was also charged with ensuring that all endemic areas in each country were epidemiologically assessed and stratified by disease prevalence, to provide the

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