



plantations are at the greatest risk, while in Ecuador and Colombia, the disease strikes people living along riverbanks, chiefly Afro-descendants and indigenous populations. The Yanomami, a nomadic indigenous people living along the Brazil-Venezuela border, is one of the most affected groups, since its home is the Amazon jungle, where exposure to the disease is constant. However, the Yanomami represent only 3% of the at-risk population in Latin America, the majority of which (93%) lives in three of the six endemic countries: Guatemala, Mexico, and Venezuela.

4. Headquartered in Guatemala, the OEPA is the entity in charge of the technical operations and coordination of a multinational multiagency coalition. The OEPA partnership includes the six endemic countries, the Pan American Health Organization/World Health Organization (PAHO/WHO) the Carter Center, the Lions Club, the U.S. Centers for Disease Control and Prevention (CDC), the Bill & Melinda Gates Foundation and many more partners. PAHO is a voting member that participates in the OEPA's semiannual meetings.

OEPA Program

5. The strategy of the OEPA has been to strengthen the ministries of health in the six endemic countries, so that they can distribute ivermectin treatments on a massive scale every six months. Under this strategy, treatment should be provided for at least 85% of the eligible population in the 1,808 endemic

standpoint of interrupting the transmission and elimination of morbidity (referred to here as eye disease).¹

7. There have been no new cases of onchocerciasis-related blindness in the Region of the Americas, and new cases of eye infection and disease have been found in only four of the 13 foci (Annex C). With regard to transmission, the OEPA Coordinating Committee (PCC), and the Ministry of Health of Guatemala have decided to suspend treatment in two foci, Santa Rosa and Escuintla. Following the recommendations of the PCC, Ecuador's Ministry of Health has also suspended treatment in the Río Santiago subfocus in Esmeralda Province; and Colombia's Ministry of Social Protection has agreed to suspend treatment in the country's only endemic focus, López de Micay, making it the first country to interrupt transmission of the disease. It is very likely that treatment will be similarly suspended in other foci in 2009, specifically in Oaxaca, Mexico and Huehuetenango, Guatemala.

The Proposal: New Goals of the Regional OEPA Initiative for the Period 2008-2012

8. Under the terms of an independent agreement reached by the PCC and the country programs during the last Inter-American Conference on Onchocerciasis (IACO), held in Quito, Ecuador in November 2007, the new goals for that period are: to complete the elimination of onchocerciasis-related eye disease in the 13 foci of the six endemic countries by 2012. However, the best way of sustaining the significant progress made in eye health through this initiative is to interrupt transmission of the infection permanently in the Region. The second goal will be to complete the interruption of parasite transmission in the Region by 2012, making that year the last in which treatments would be distributed in the Region, and, in compliance with the certification guidelines, which call for a three-year period of compulsory epidemiological surveillance following the

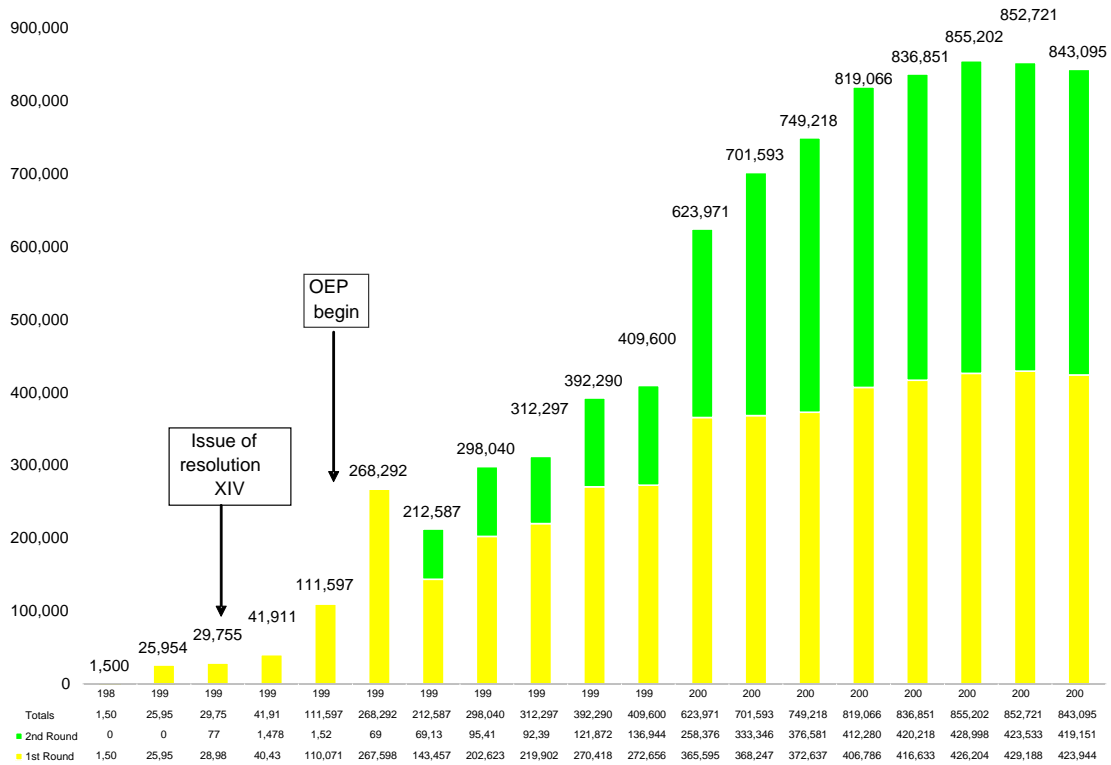
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**Geographical distribution and status of onchocerciasis transmission
in the 13 foci of the Americas**



*Transmission declared interrupted by OEPA in 2007.

Ivermectin Treatment in the Americas, 1989-2007



Current eye disease and transmission status in the Region of the Americas

Foci	Has blindness been eliminated?	Has eye disease been eliminated?	Transmission Status
Santa Rosa, GU	Yes	Yes	Interrupted in 2006
López de Micay, CO	Yes	Yes	Interrupted in 2007
Escuintla, GU	Yes	Yes	Interrupted in 2007
Northern Chiapas, MX	Yes	Yes	Interrupted in 2007
Huehuetenango, GU	Yes	Yes	Suspected elimination
Oaxaca, MX	Yes	Yes	Suspected elimination
Esmeraldas, EC	Yes	Yes	Interrupted in the Río Santiago subfocus in 2007
			Different states
Southern Chiapas, MX	Yes	Yes	Different states
Central, GU	Yes	Yes	Continues
North-central, VZ	Yes		

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 Annex D

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL AREAS	
1. Agenda Item: 4.6	2. Agenda Title: Toward the Elimination of Onchocerciasis (River Blindness) in the Americas
3. Responsible Unit: HDM/CD/P	
4. Preparing Officers: Steven Ault and Maria Rebollo	
5. List of collaborating centers and national institutions linked to this Agenda item: Ministries of health of the six endemic countries: Brazil (MS/SVS/PCO), Columbia (Instituto Nacional de Salud), Ecuador, Guatemala, Mexico, Venezuela OEPA – Onchocerciasis Elimination Program of the Americas (in Guatemala City) Carter Center, Atlanta Georgia US CDC Division of Parasitic Diseases, Atlanta Georgia	
6. Link between Agenda item and Health Agenda of the Americas: Onchocerciasis is named as one of the neglected diseases in the Health Agenda of the Americas targeted for elimination (see paragraph 22, paragraph 60, and footnote 6).	
7. Link between Agenda item and Strategic Plan 2008-2012: Onchocerciasis transmission interruption is Indicator 1.3.9 under Strategic Objective 1 (Communicable Diseases) of the Plan (see page 30 in the English version of the Plan).	
8. Best practices in this area and examples from other countries within AMRO: Onchocerciasis: OEPA (in which PAHO participates as a technical and voting member) is the only agency in the Region undertaking onchocerciasis elimination. It has successfully pioneered a mass drug administration routine of twice-yearly treatment of all eligible communities and individuals at risk of the disease in the 13 endemic foci. This treatment strategy is noted as being more effective than the once-yearly treatment provided in the African endemic countries, in lowering microfilaria levels and reducing ocular morbidity.	
9. Financial implications of Agenda item: Onchocerciasis: Currently OEPA is financing the elimination effort (target 2015) in the Region with financial support from the Carter Center and other donors. Funding to OEPA is not guaranteed through 2015 but the Carter Center is taking principle responsibility for resource mobilization to ensure the program meets its targets by 2015. PAHO/WHO will be expected to be the main funder and coordinator of the external evaluation team and process needed by each country to obtain WHO Certification of Elimination; these costs will not be incurred before 2011 and are estimated in the financial and administrative implications for implementing the resolution (item 3.a) for this Agenda item. Given the trend and extraordinary recent rise in the cost of airfare due to the global price of oil/jet fuel, the estimated costs of airfares for the period beyond 2009 will have to be recalculated.	



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Noting that the 23rd Pan American Sanitary Conference, held in September 1990, issued a call to identify diseases that could be eliminated by the end of that century or the beginning of the next and that, in response, PAHO developed a regional strategy (Resolution CD35.R14, 1991) aimed at guaranteeing semiannual treatment to all communities that require it to eliminate onchocerciasis as a public health problem in the Americas by 2007;

Considering that in response to Resolution CD35.R14, an international initiative known as the Onchocerciasis Elimination Program in the Americas (OEPA) was launched in cooperation with the governments, PAHO, nongovernmental organizations, donors, and other stakeholders;

Recognizing the significant progress made to date by the national authorities and the OEPA in onchocerciasis elimination in the Americas through the promotion and strengthening of programs in the six endemic countries of the Region (Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela); and

Bearing in mind that the representatives of the six countries that attended the 17th Inter-American Conference on Onchocerciasis in 2007 and the OEPA Program Coordinating Committee (PCC) have made a commitment to achieving the interruption of onchocerciasis transmission throughout the Region by the end of 2012 and that would be the last year for the mass distribution of Ivermectin in the Region, followed immediately by a three-year epidemiological surveillance phase to certify elimination,

RESOLVES:

1. To urge the Member States to:
 - (a) reaffirm their commitment to the goal originally proposed in 1991 by the 35th Directing Council of the Pan American Health Organization in Resolution CD35.R14, which calls for achieving the elimination of morbidity from onchocerciasis in the Americas;
 - (b) complete the elimination of morbidity from onchocerciasis and interrupt transmission of the parasite within their borders by the year 2012, mobilizing all relevant sectors, affected communities, and NGOs through:

adequate financial support to ensure that national programs achieve treatment coverage of at least 85% of all eligible individuals;

effective utilization of donated treatments;

application of the WHO certification guidelines for the suspension of mass treatment.

- (c) invite other specialized agencies of the United Nations system, bilateral and multilateral development agencies, NGOs, foundations, itila2.635 -



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48th DIRECTING COUNCIL

Washington, D.C., USA, 29 September to 3 October 2008

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Annex F

**Report on the Financial and Administrative Implications for the Bureau
of the Resolutions Proposed for Adoption
by the Directing Council**

1. Resolution: Onchocerciasis: Progress Report

- c) **Of the estimated cost noted in (b,) what can be subsumed under existing programmed activities?** Staff duty travel to OEPA meetings (PCC, IACO), through RB funds and current funds from WHO NTD Dept.. Staff travel to participate in M&E missions will need to be provided by WHO NTD program or another source.

4. Administrative implications

- a) **Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions, where relevant):**

PAHO HQ, WHO-Geneva, Guatemala City (HQ of OEPA), 13 foci in 6 endemic countries (BRA, COL, ECU, GUT, MEX, VEN)

- b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):**

No additional full-time staffing in PAHO; part of time of new temporary (11-month) STP post at P-3 level (funded by WHO) will include onchocerciasis. Temporary Advisors (TA) will be needed to participate in external evaluations (technical experts in onchocerciasis, tropical diseases, entomology and ophthalmology).

- c) **Time frames (indicate broad time frames for the implementation and evaluation):**

2008-2012 for implementation

2008-2015 for monitoring and evaluation, including 3-year surveillance of each focus after interruption of transmission is declared and MDA stopped.