

Mectizan via community health programs, the Mectizan Expert Committee requires a minimum five-year commitment before agreeing to supply the medicine. The strategy of CDTI (community-directed treatment with ivermectin) has been employed to ensure sustainability by having Mectizan delivered to patients by village health workers as part of regular healthcare delivery – in fact, a remarkable 34,440 communities in affected regions are now planning and managing Mectizan distribution.

The MDP case also suggests that donation programs should, where possible, be integrated into a country's healthcare system. Onchocerciasis control efforts have been supported by local healthcare workers trained in the distribution, administration and monitoring of Mectizan treatment. These skills have enabled healthcare personnel to apply their knowledge to other initiatives that support a country's healthcare objectives. The involvement of the political and health structures of affected countries, together with the communities directly affected by the disease, have proven essential to routine distribution activities, long-term sustainability and overall success in diminishing the burden of disease.

Health Impact, Capacity Building, and Implications for Future Access Programs

The case of Mectizan clearly demonstrates the power and possibilities in strong, transparent, and creative public/private partnerships to help address the enormous public health challenges facing developing countries today. Since the inception of the MDP, some 16 million children have been spared the risk of infection in 11 countries in West Africa due to a spraying program combined with Mectizan treatment. The World Bank reports that 25 million hectares of arable land have been recovered – enough to feed 17 million people. More than 600,000 cases of blindness have been prevented.

The cooperative nature of the program has helped to strengthen the primary healthcare system in many countries where Mectizan is delivered: the delivery infrastructure and treatment strategy have resulted in the delivery of other health services (e.g., vitamin A) and diagnoses of other conditions (e.g., cataracts). In effect, the initial decision to donate Mectizan served as a catalyst for a much broader — and effective — health intervention.



There is real hope that this sad scene of a child leading a blind person will soon be a picture of the past

Photo: CBM International

The Merck Mectizan Donation Program – which has helped millions of people in the developing world – is an instructive case, reminding us that even when medicines are free, questions of infrastructure, transparency, distribution, logistics, partnership, and sustainability structure the prospects for long-term health benefits. These lessons are significant in considering approaches to other medical conditions and programs of care and treatment in the developing world. While simple solutions won't work, the Mectizan case, by showing what can be achieved, is a cause for optimism.

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LEARNING RESOURCES ON ONCHOCERCIASIS

• Onchocerciasis Teaching Slide Set

41-page handbook and 24 slides.

Price: £20 (£15 plus £5 p+p to developing countries by airmail)

• Onchocerciasis and its Control

Report of a WHO Expert Committee on Onchocerciasis Control

Price: £11 (£11 + £5 p+p to developing countries by airmail).

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11–43 Bath Street, London EC1V 9EL, UK

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• Onchocerciasis and Mectizan

56-page training manual comprising 10 activities which provide orientation to the knowledge, skills and attitude relevant to a community ivermectin distribution programme

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Email: mbernoit@hkworld.org

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Suitable for use in schools and community health education prior to conducting vision screening

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InFOCUS

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