Since 1961, the State of Kuwait has been participating in the economic development efforts, motivated by its firm belief in the principles of cooperation and humanity. Therefore, Kuwait proceeded to establish the Kuwait Fund for Arab Economic Development, which was the first development institution in the Middle East to take active role in the international development efforts.

The Kuwait Fund extends loans on concessional terms to finance development projects in the developing countries. The Fund also provides technical assistance and finance feasibility studies as well as training of nationals of the borrowing countries. In addition, the Fund contributes in the capital of international and regional development institutions.

Today, the Kuwait fund forms a solid bridge of friendship and solidarity between the State of Kuwait and the developing nations.
Several West African countries, exposed in early 1960s to the disease has taken a concerted action against the disease in July 1968, a joint international technical meeting on the feasibility of Onchocerciasis Control was held in Tunis recommended that a large scale control programme to be implemented in West Africa, the African Programme for Onchocerciasis Control (APOC). The population of the programme was estimated at 30 million, with over 2 million people infected by the parasite and around 100,000 blind or severely visually impaired. Many poor people are at risk in 19 countries, which fall outside OCP. At the time of launching the programme it was estimated that at least 15 million people living within the APOC areas were infected with the disease. In July 1968, a joint international technical meeting on the feasibility of Onchocerciasis Control was held in Tunis recommended that a large scale control programme to be implemented in West Africa. The effectiveness and applicability of the technical and scientific method and approach in control the disease. In July 1968, a joint international technical meeting on the feasibility of Onchocerciasis Control was held in Tunis recommended that a large scale control programme to be implemented in West Africa.

The MOST gratifying achievement BY THE END of OCP:

1. About 45 million children have been protected from river blindness.
2. About 25 million hectares of fertile reverine Land for food production were spared the risk of Ochocercal disease.
3. The most significant achievement of OCP is that targeting the people at risk in 19 countries, which fall outside OCP. At the time of launching the programme it was estimated that at least 15 million people living within the APOC areas were infected with the disease.

The success of OCP programme was mainly due to:

1. The disease was recognized by the populations and governments concern as a major impediment to healthy living and socio-economic development.
2. The effectiveness and application of the technical and scientific method and approach in controlling the disease.
3. The competent and devoted staff of management with emphasis on decentralization as well as flexibility and transparency.
4. The commitment of the donors and participating countries to an operation lasting the time necessary to reach the objectives, and the support has continued unabated for almost 30 years (1974-present).

Due to the success of OCP, an ongoing programme is taking place with the ultimate objective to eliminate river blindness as a major disease of public health importance in West Africa.

Other health and development activities, such as expansion programme of immunization, distribution of vitamin A, C, drugs for lymphatic filariasis and schistosomiasis and bed-nets for Malaria in addition to implementing constructive partnership, and gone beyond the one disease control approach through the addition of

The following donor has been financing the above activities:

1. OCP Countries: Benin, Cape Verde, Guinea-Bissau, Gambia, Ghana, Guinea, Ivory Coast, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo.
2. APOC Countries: Angola, Burundi, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of Congo, Republic of Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Guinea, Kenya, Madagascar, Malawi, Mozambique, Namibia, Nigeria, Rwanda, Senegal, Sierra Leone, Sudan, Tanzania, Togo, Uganda, Zambia, Zimbabwe.
3. Donors: Belgium, Canada, Denmark, France, Germany, Japan, Luxembourg, the Netherlands, Norway, Spain, Sweden, Switzerland, United Kingdom, United States, European Union, World Bank, WHO.

The world Bank.

NGDOs.

Kuwait, Luxenburg, The Netherlands, Portugal, Kingdom of Saudi Arabia, United Arab Emirates, the United Kingdom, Canada, China, Denmark, Germany, Japan, Sweden, the United States, and the World Bank.

Non-Endemic Countries

Onchocerciasis Control Program in West Africa

Africa Program for Onchocerciasis Control