River Blindness

Ethiopia River Blindness Program Plans for Growth

Launched in 2001 as part of a National Plan of Action that includes many partners, the Ethiopian program is the newest of river blindness programs assisted by The Carter Center. Ethiopia has more than 60 million people and an area of 435,000 square miles. Rapid epidemiological mapping of onchocerciasis (REMO) was completed in 2001 with support from the African Program for Onchocerciasis Control (APOC). The results indicated that out of six regions surveyed, all regions were endemic for onchocerciasis, and four out of the six had areas that were meso- or hyperendemic. Currently, it is estimated that 7.3 million Ethiopians are at risk of onchocerciasis and 1.4 million are infected.

The National Plan proposed phasing the delivery of Mectizan tablets and health education into onchocerciasis-endemic areas identified during an initial REMO exercise in Ethiopia in 1997. In December 1999, the Ethiopian Ministry of Health invited The Carter Center to be its partner in an application to APOC for support of treatment activities in Kaffa-Sheka zones of the Southern Nations Nationalities and Peoples region (SNNPR). The proposal, which was approved in 2000, targeted 25 percent of the eligible at-risk population in the zone (209,512) for 2001, with expansion to the ultimate treatment goal (773,604) by year 2003. Mobilization and training of distributors to carry out treatment activities using the community-directed treatment with ivermectin (CDTI) strategy began in 2000, and treatment began in 2001.

CDTI implementation in Ethiopia first began in the Carter Center-assisted Kaffa-Sheka zone of the SNNPR in 2001. The program provided health education and Mectizan to 233,309 persons, which represented 111 percent of its annual treatment objective for 2001. Kaffa-Sheka zone was later divided into two separate zones, Kaffa and Sheka, which contained two and three woredas (districts) under treatment, respectively.

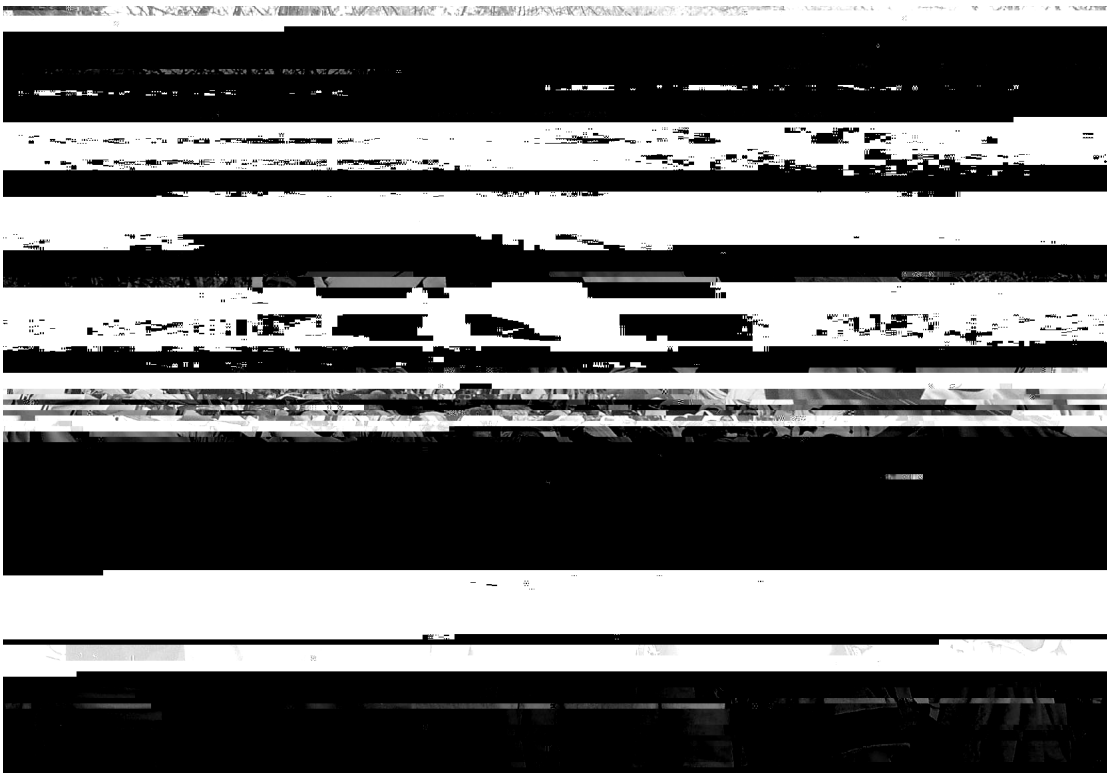
During 2002, activities in Kaffa zone expanded to include four additional woredas, for a total of six, while Sheka zone conducted CDTI activities in the same three woredas for a second time. Kaffa zone treated 358,996 persons (95 percent of its annual treatment objective), and Sheka zone treated 157,081 (92 percent of its annual treatment objective) in 2002. Thus, the program-assisted areas treated a total of 516,077 persons in 2002, or 94 percent of the annual treatment objective and 67 percent of the ultimate treatment goal for Kaffa-Sheka. River Blindness Program activities will expand in 2003 to Bench Maji zone (adjoining Kaffa and Sheka zones) in the SNNPR and to North Gondar zone in the Amhara region. Proposals have been submitted to APOC which would allow the program to begin assisting CDTI activities in Illubabor and Jimma zones, which also adjoin Kaffa and Sheka zones but are administratively part of Oromiya region. (See Figure 3.) The 2002 annual treatment objective in Ethiopia was 548,437, but due to the expansion, the annual treatment objective for 2003 is about 1.1 million. The Carter Center River Blindness Program is still the only nongovernmental development organization assisting onchocerciasis control efforts in Ethiopia, but Africare plans to begin assisting projects in Gambella region in 2003. ★


Figure 3

Lions Expand Trachoma Control in Ethiopia

The South Gondar zone of Ethiopia has an extremely high prevalence of blinding trachoma. Anecdotal reports from regional health care workers suggest that this is true in all 10 districts of the zone. In 2000, the Amhara Regional Health Bureau and South Gondar Trachoma Control Program began implementing the SAFE strategy in four districts of South Gondar with support from the Lions-Carter Center SightFirst Initiative. (See Figure 3, page 4.) With additional support from local Lions Clubs in 2002, surgical kits were purchased and surgeons were trained to do corrective eyelid surgery on persons suffering from trichiasis. (See *Eye of the Eagle*, January 2003.) That initiative successfully provided sight-saving surgery to more than 4,000 persons in 2002. This year, between Jan. 1 and May 1, the program trained 15 new trichiasis surgeons, and 1,901 patients have received trichiasis surgery. Now the South Gondar Trachoma Control Program is expanding its efforts to include an additional three districts.

The expanded program was launched with a weeklong campaign in Libo Kemkem district on April 14. South Gondar Trachoma Control Program personnel ran the surgical camp, assisted by Lions from the Addis Ababa Cosmopolitan Club and staff from The Carter Center/Ethiopia. Lion Marco Vigano, president of the Addis Ababa Cosmopolitan Club; Lion Francesco Giuseppina, activity director of Lions Club District 411; Lion Pina Sieg; and Lion Teshome Gebre, country representative of The Carter Center, were present for the launch. Funding was provided by Ethiopian Lions Clubs and the Lions Clubs International Foundation. During this initial campaign, more than 700 trichiasis surgeries were done. Simultaneously, the Ethiopian program conducted health education activities for trachoma control at the Addis Zemen Health Center, reaching



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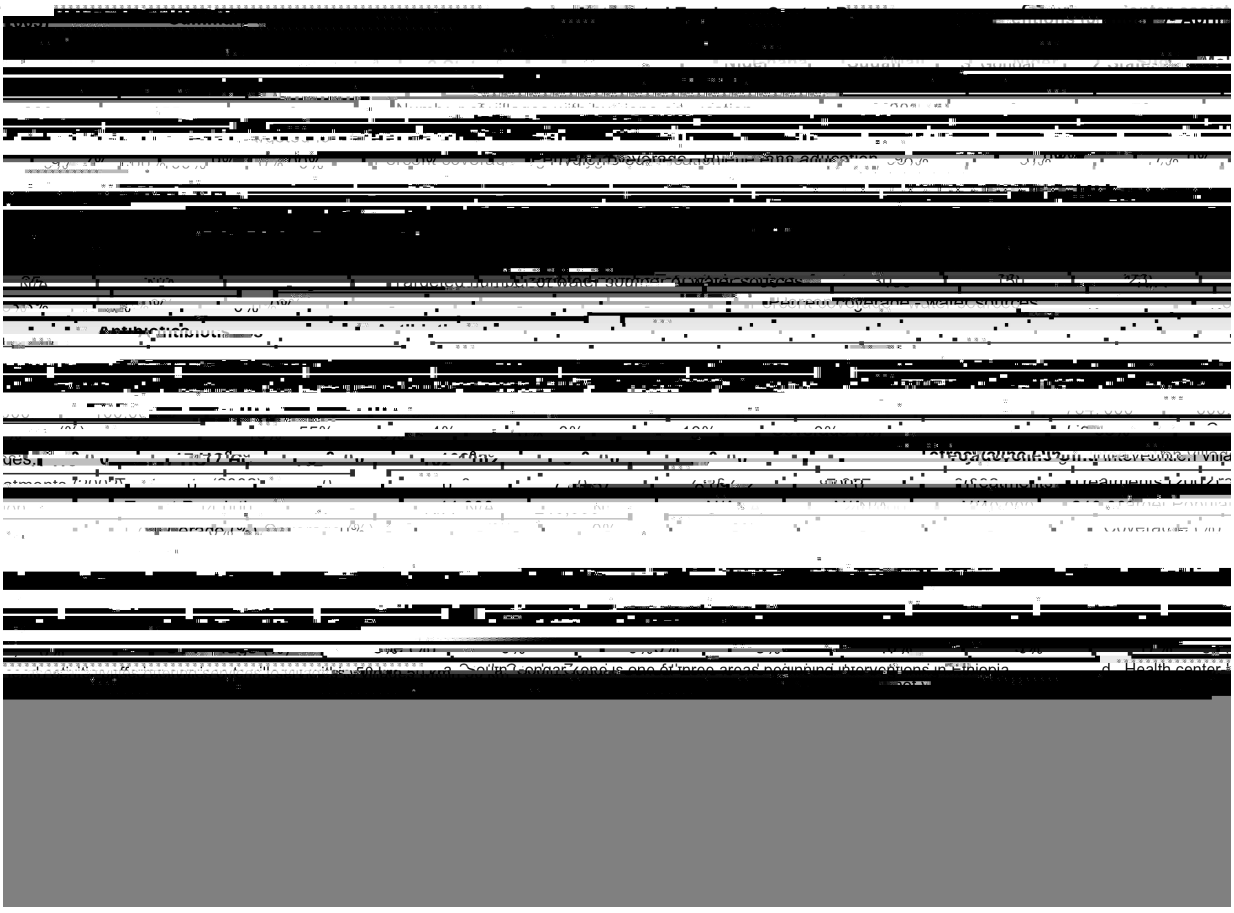
work in Nigeria and Sudan, respectively.

Each presenter reported on their program's progress, challenges in 2002, and targets for 2003. As in the past, country presentations were structured around the SAFE strategy, with Facial cleanliness and Environmental changes presentations on the first day and Surgery and Antibiotics presentations on the second. (See *Eye of the Eagle*, January 2003.) The excellent presentations on F and E made it clear that impressive progress had been made by each program in promoting personal hygiene and environmental improvement over the past year. This progress was in keeping with the theme of the program review, which, as in 2002, was *Increase clean faces, decrease flies!*

Special presentations each day highlighted important aspects of trachoma control and allowed the group to brainstorm and challenge one another. The special presentations this year included: School Health Programs in Ethiopia, Ms. Misrak Makonnen; Latrine Promotion in Niger, Mr. Salissou Kane; and Ghana's Data Collection System, Dr. Yayemain. Overall, there was a remarkable improvement in the quality of data presented for 2002 and targets set for interventions in 2003. (See Table 2.) There were also remarkable discussions of program activities and scientific issues.

Ms. Rebecca Daou of Lions International reported on the Lions' midterm evaluation of their grant for trachoma control in Ethiopia. Dr. Frank Richards of the Centers for Disease Control and Prevention spoke about the evolution of indices for measuring program activities, including ultimate intervention goals. Dr. Anthony Solomon of the LSHTM gave an update on the Trachoma Initiative in Monitoring and Evaluation (TIME) study. The penultimate discussion of the meeting focused on the participants' recognition that standardization of reporting Trachoma Control Program data would be an important step forward for this group and for all of the GET 2020 Alliance. Each of the national program coordinators

Table 2



25 percent of the villages reported that they do not have a source of water which functions year-round. Maintenance of boreholes was also found to be a problem. In one district, most of the boreholes inspected were not functional. Villagers reported that new boreholes last only one-two years before starting to have problems, mostly caused by the breakdown of pumps. The causes of pump breakdown were not assessed.

In summary, the NPPB study concluded that there is both an expectation and need for trachoma control activities in rural villages in Ségou. The NPPB can count on village health committees and district and regional health authorities to assist in imple-

Trachoma

The goal of health education is action, not words. If the audience knows jingles by heart but does not adopt improved behaviors, the program needs to assess the situation and find a way to move from hearing the message to understanding it. As they say in the advertising business, "you have to get the audience to walk the walk, not just talk the talk." This is the essence of what the Ghana Trachoma Control Program is doing to implement F and Ee talk.87 tasm 0 thlk.87 dop2reguat.(as yion)]TJ T*reand ftenine crev(theysing to)TJ Tto gvillessiso whriskignr bld tst jainabeopce Gssad Ens,
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nongovernmental organizations such as The Carter Center, with support from the Conrad N. Hilton Foundation and the International Trachoma Initiative (ITI).

The BBC-World Service Trust, with support from the ITI, has assisted the Ghana Broadcasting Company and local radio stations to produce and broadcast health educational jingles and messages. In 2002, a BBC-WST evaluation of the Ghana program's mass media campaign found that almost 80 percent of respondents had heard jingles on trachoma control and almost 70 percent of respondents had heard program-sponsored radio spots. However, program supervisors reported that in their community discussions, people who had heard the jingles and radio spots frequently did not understand the content of the messages. These observations led to the creation of trachoma radio listening clubs.

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