



Eye of the Eagle



Volume 7, Number 2

THE CARTER CENTER

July 2006

Ethiopia Hosts Reviews of River Blindness, Trachoma Programs

River Blindness Sustainability Trial Ends

The River Blindness program evaluated its impact in a sustainability trial when five review held in Addis Ababa, Ethiopia, in 2005. The Center assisted in providing nearly 100,000 free trachoma treatments a day in the five sites. The sustainability review held in Addis Ababa

in Nigeria, Ghana and Cameroon are continuing to evaluate the impact of the program. The Center, in collaboration with the International Trachoma Control Center and the African River Blindness Program in Nigeria and Cameroon, is conducting a sustainability review in the five sites.

The review will assess the impact of the program on the health and administrative costs of the program. The review will also assess the impact of the program on the health and administrative costs of the program.

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What's Inside

- Center's work in Ghana, Nigeria, and Cameroon
- Field Trip, Prevalence Survey Results Highlight Trachoma Control Meeting
- The CC Report on the River Blindness Program
- Trachoma Control Activities in Ethiopia
- Trachoma Control Activities in Nigeria
- Trachoma Control Activities in Ghana
- Trachoma Control Activities in Cameroon
- River Blindness in Africa

Field Trip, Prevalence Survey Results Highlight Trachoma Control Meeting

The event highlighted the results of a field trip to Ethiopia, Nigeria, Ghana, and Cameroon. The Center's work in these countries is highlighted in the report. The Center's work in these countries is highlighted in the report.

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continued on page 7

THE CARTER CENTER



Waging Peace. Fighting Disease. Building Hope.

River Blindne

River Blindness Program Review

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Overall Treatments

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Sustainability Trials

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Table 1

2005 Carter Center River Blindness Program Treatment Summary and 2006 Activities Through March

Program	# txs 2005	UTG	% UTG	# tx 2006	UTG 2006	% UTG
Cameroon	1,391,373	1,502,412	93%	0	1,665,087	0%
Ethiopia	2,531,967	2,680,868	94%	0	2,957,680	0%
Nigeria	688,000	1,113,961	61%	0	1,120,904	91%
OEPA III	619	0	0%	855,202	908,852	94%
Sudan	0	268,932	0%	0	759,742	35%
Uganda	1,001,421	1,016,397	97%	199,597	1,018,134	97%
TOTAL	592,686	11,810,112	5%	10,820,904	17,749,030	58%

Program began = 11,648,029
 Cumulative mass and passive tx since

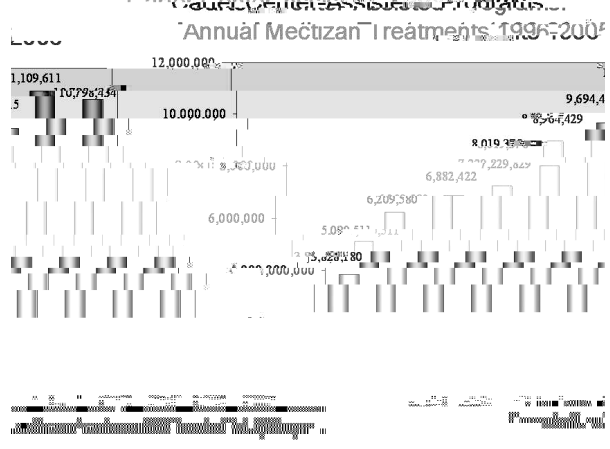
*OEPA reports quarterly

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Figure 1



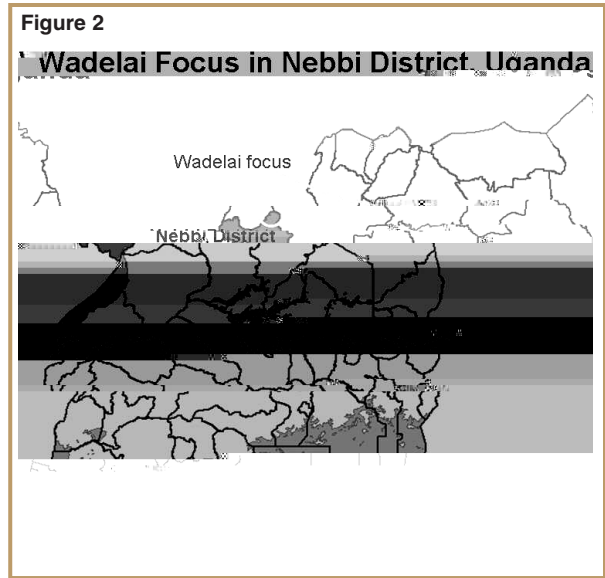
River Blindness

Center Launches Elimination Project in Wadelai, Uganda

Uganda and Sudan. Africa has the highest number of river blindness cases in the world. The disease is caused by the parasite *Onchocerca volvulus*, which is transmitted by a biting fly. The Center is leading a project to eliminate the disease in the Wadelai area of Uganda. The project is a partnership between the Center, the Ugandan government, and the National River Blindness Control Program. The project will focus on the Wadelai area, which is one of the most endemic areas in the country. The project will involve a combination of mass drug administration, vector control, and community education. The Center is providing technical support and funding for the project. The project is expected to be completed in 2015.

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Richard Ndlovu, Executive Director of the Center for River Blindness Elimination, said that at least 100,000 people in the Wadelai area are affected by river blindness. He said that the Center is committed to eliminating the disease in the area. He said that the project is a partnership between the Center, the Ugandan government, and the National River Blindness Control Program. The project will focus on the Wadelai area, which is one of the most endemic areas in the country. The project will involve a combination of mass drug administration, vector control, and community education. The Center is providing technical support and funding for the project. The project is expected to be completed in 2015.



River Blindness Program Review

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Sudan and South Sudan

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The Americas

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River Blindne

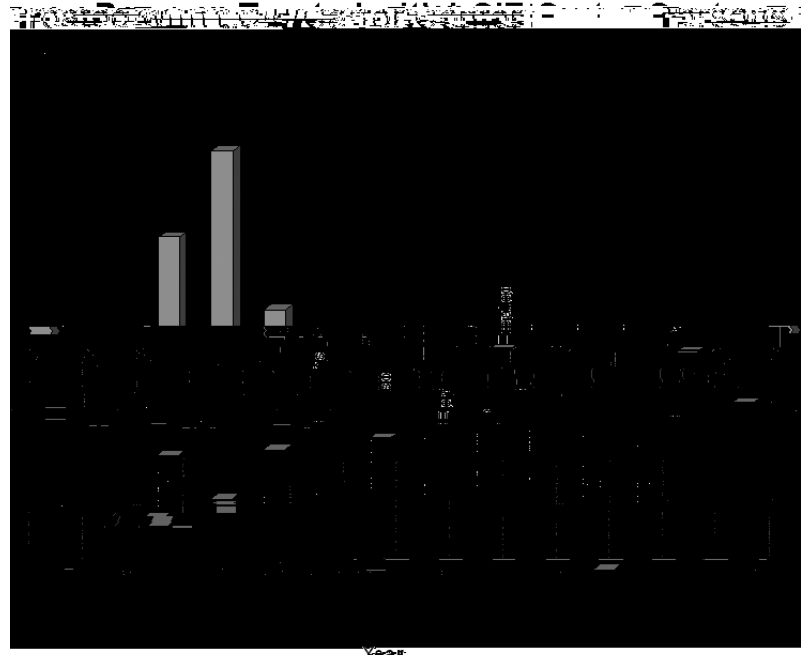
SightFirst Support Ends in Southern Sudan's W. Equatoria as New Government Assumes Control

At the request of the new government, SightFirst terminated its technical support for onchocerciasis control and Mectizan distribution in the state of West Equatoria in southern Sudan. Announced by Alessandra Bellarini, director general, the Department of Health at the Ministry of Health, River Blindness was reviewed in Atlanta in March 2005. The new government's limited infrastructure and governmental development plan for onchocerciasis control and Mectizan distribution in West Equatoria will be transferred to the new Ministry of Health.

...the Lions/Carter Center SightFirst Initiative has successfully terminated its technical support for onchocerciasis control and Mectizan distribution in the state of West Equatoria in southern Sudan.

According to the Carter Center assisted Mectizan treatment program in West Equatoria in mid-2005, after 87,298 people had been treated that year over the past year, the program

Figure 3



*2005 treatments through June 2005 when support ended

relative total number of treatments had been administered, the program has ended. The new government in West Equatoria requested that the Center support the state in its efforts to health care for the region. The state of West Equatoria in the state of Bahr Al-Ghazal Central State, Central Equatorial State, and the state of West Equatoria have transitioned to the new government. The Carter Center assisted Mectizan distribution in West Equatoria in March 2005. The new government in West Equatoria is the lead partner in the partnership for onchocerciasis control and Mectizan distribution in West Equatoria.

The Carter Center assisted Mectizan treatment program in West Equatoria in mid-2005 after 87,298 people had been treated that year.

The Lions/Carter Center-assisted Mectizan treatment program came to a close in West Equatoria in mid-2005 after 87,298 people had been treated that year.

River Blindness

Committee Recommends Stopping Mectizan Treatments in Guatemalan Focus of Santa Rosa

At a meeting in Guatemala City last month, the Regional Coordinating Committee of the Inter-American Development Bank, the American Public Health Association, and the World Bank recommended that the Guatemalan Ministry of Health suspend Mectizan treatment in the Santa Rosa focus. The committee also recommended detection, treatment, and surveillance in the area and notified the media that the disease is attributed to river blindness.

Chaired by Robert Klein, the Center for Disease Control and Prevention, the meeting was attended by the Guatemalan Ministry of Health, the National Coordinator for Education and Health, the National Coordinator for Health, and the National Coordinator for Health. The meeting also heard recommendations from the Guatemalan Ministry of Health, the National Coordinator for Education and Health, the National Coordinator for Health, and the National Coordinator for Health. The meeting also heard recommendations from the Guatemalan Ministry of Health, the National Coordinator for Education and Health, the National Coordinator for Health, and the National Coordinator for Health.

For the Guatemalan focus of Santa Rosa, the PCC reviewed the epidemiological and treatment history of that focus, along with data from 2004-2005 entomological, ophthalmological, and serological field studies completed by the MOH, CDC, and OEPA. PCC noted, with reference to World Health Organization Certification guidelines, that the data indicate no recent transmission in the area, and no eye disease attributable to onchocerciasis. Accordingly, PCC unanimously recommended to the Ministry of Health of Guatemala that it suspend Mectizan treatment in that focus. The PCC recommended to OEPA that support be provided to the MOH and CDC to help Santa Rosa maintain epidemiological surveillance for recrudescence of the disease for three years. PCC noted with satisfaction that this is the first of the 13 endemic foci for onchocerciasis in the Americas where such a recommendation has been made.

The meeting was delivered to the Guatemalan Ministry of Health, National Coordinator for Health, and the National Coordinator for Health. The meeting also heard recommendations from the Guatemalan Ministry of Health, the National Coordinator for Education and Health, the National Coordinator for Health, and the National Coordinator for Health. The meeting also heard recommendations from the Guatemalan Ministry of Health, the National Coordinator for Education and Health, the National Coordinator for Health, and the National Coordinator for Health.

With Gift, Scripps Institute to Focus on Worm-Related Diseases

When Scripps Institute for Translational and Clinical Research was established in 1992, the institute was dedicated to the study of infectious diseases. The institute's focus was on the study of infectious diseases, including the study of infectious diseases, including the study of infectious diseases, including the study of infectious diseases.

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Trachoma

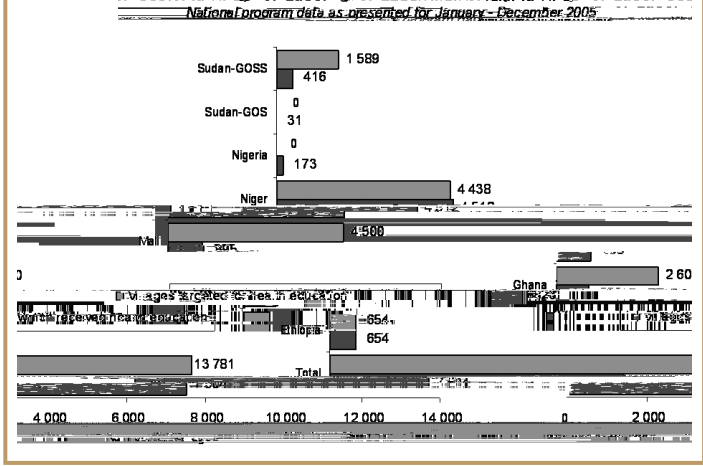
Trachoma Program Review

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all countries entered a new trachoma era, a new era of implementing the SAFE Strategy: A Toolbox of Interventions. More than 100 people participated in the review, representing the even distribution of trachoma in 10 countries: the international Trachoma Initiative supported trachoma in nine countries and the trachoma program partner the Clinton International Foundation and, in addition, the program partner the Conrad N. Hilton Foundation in a number of other countries.

Representative of a trachoma program and an international organization participated in the review, representing their respective countries. In addition, the review included the

Figure 4



Ethiopian Ministry of Health trachoma control program. The review highlighted the importance of collaboration with partner organizations and the role of the international Trachoma Initiative. In addition, the review highlighted the role of the Clinton International Foundation and the Conrad N. Hilton Foundation in supporting trachoma control programs in various countries.

Blindness in RB, international the B at, national, average, international and NCE.

2005 Highlights by Country

Ghana
 ... latrine construction...
Ethiopia
 ... special representative...
 ... a inter-district latrine experience

Table 3

Summary of Trachoma Control Interventions

	Ghana	Mali	Niger	Sudan GOS ¹	Sudan GOSS ²	Ethiopia	Nigeria	Totals	
F & E									
Number of household latrines constructed	823	905	4,512	31	420	654	173	7,517	Number of
Percent coverage	34.7%	19.9%	101.7%	26.2%	400.0%	34.6%			
Number of household latrines constructed	2,199	7,946	1,156	289	3,938	176,100		184,354	Number of
Percent coverage	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
Antibiotics									
Number of treatments	140,000	2,435,000	2,435,000	139,355	8,443	2,040,400	4,797	5,095,000	Number of
Percent coverage	7%	34.2%	64.7%	22.6%	77.5%	91.0%	91.7%	93.7%	17%
Number of treatments	12,697	75,000	50,781	N/A	22,435	256,048	25,102	452,063	Number of
Percent coverage	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Surgery									
Number of surgeries	339	1,146	5,874	1,948	77	2,782	1,000	8,260	Number of
Percent coverage	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

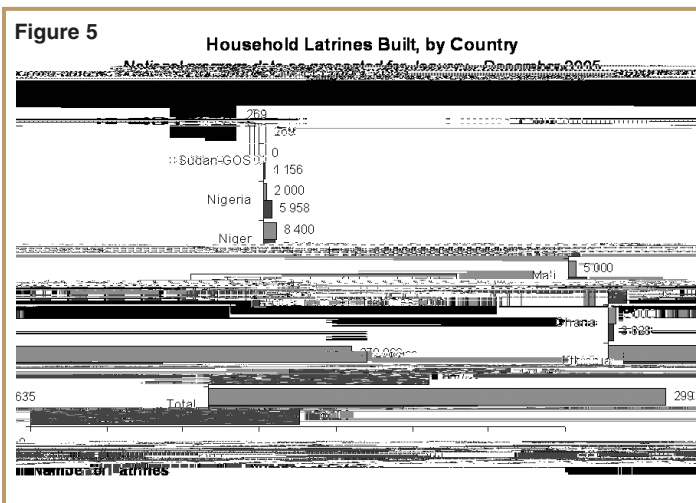
Trachoma



Lion Dr. Tebebe Y. Berhan (left) addresses the review participants as Dr. Donald Hopkins, associate executive director for health programs, listens.



Dr. Awad Hassan (national coordinator, Government of Sudan), Dr. Sanoussi Bamani (national coordinator, Mali), and Dr. Ombolanle Olowu (national coordinator, Nigeria) observe Mahlet Baynesagne Miheretu conducting trichiasis surgery.



where there is high trachoma, household latrine construction, provide household latrine construction, household latrine construction in Carter Center assisted area, Ethiopia

Mali

household latrine construction nationally

Participants

National trachoma contractors were recruited at the review in Ethiopia and... (text continues with names of participants and organizations)

Trachoma

Niger

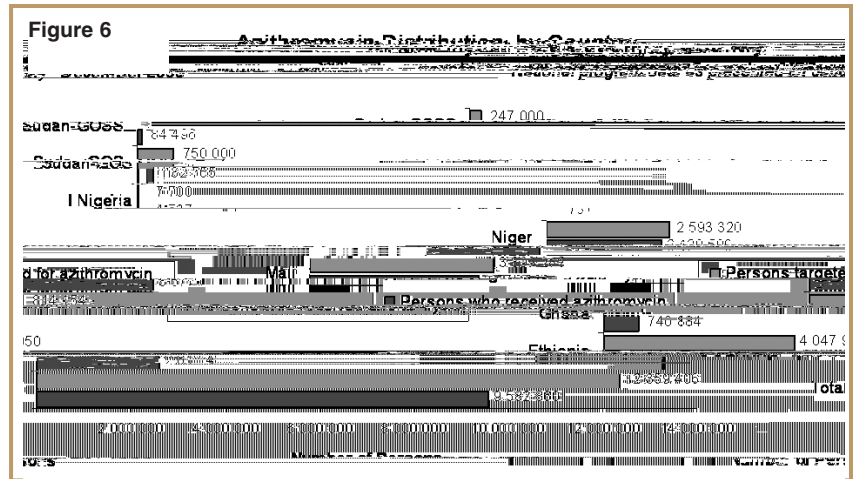
- 74% household latrine constructed nationally
- 72% people received trichiasis surgery
- 72% people received antibiotic in

Nigeria

- 74% trachoma control volunteer trained
- 74% household latrine constructed
- 72% people treated with tetra cycline
- 72% continent

Government of Sudan

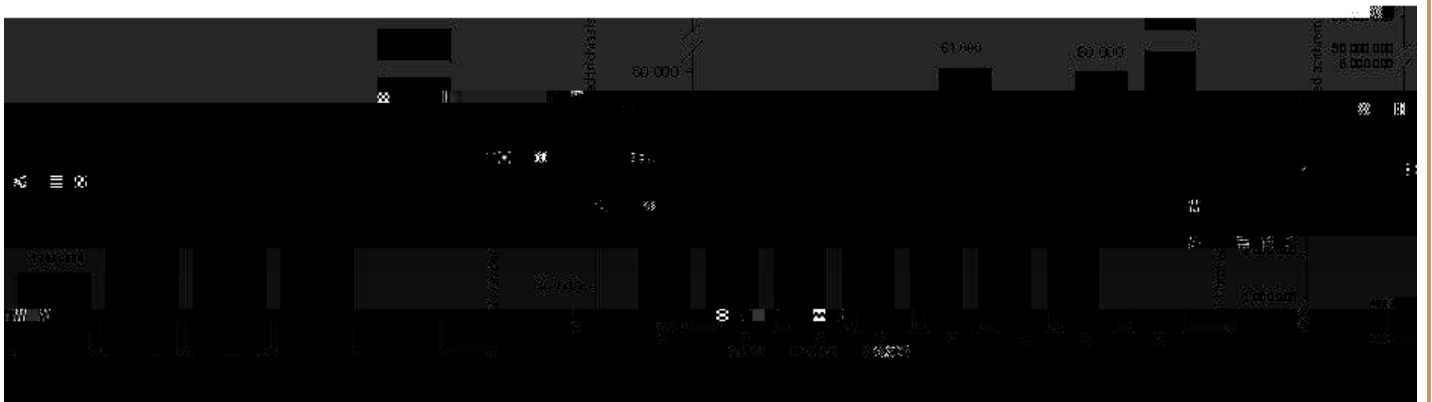
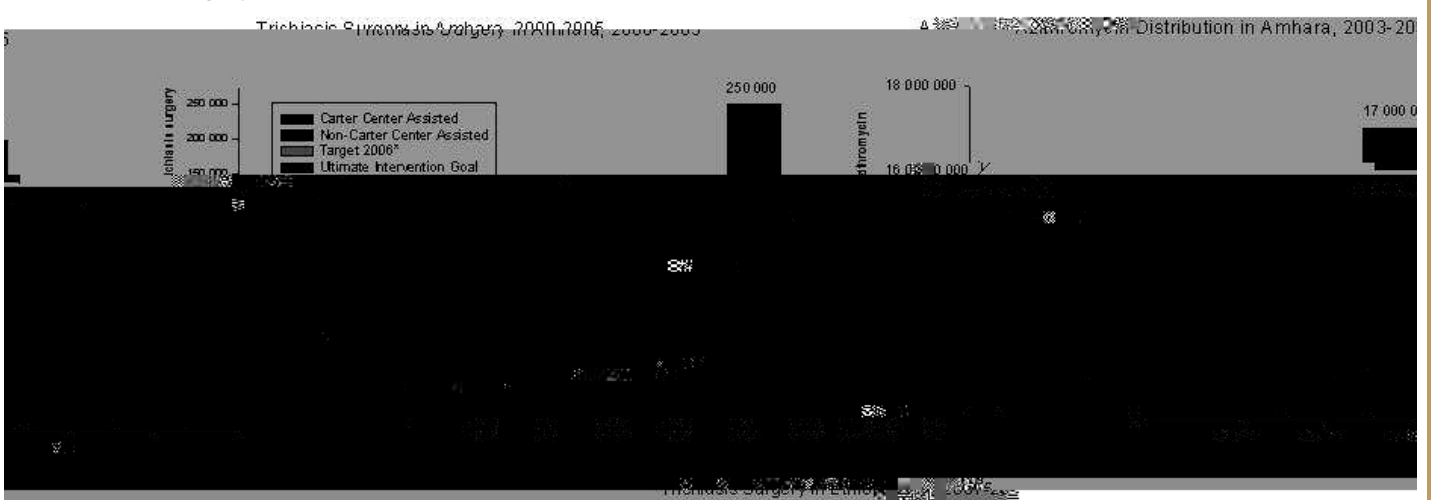
- 74% transect trained health center
- 74% Health, rural and Agricultural Extension and Technology
- National and state trachoma teams reestablished
- 72% coordinated
- 72% people received antibiotic in



Government of South Sudan

- 74% villages received training in health education
- 74% area health teams established
- 72% people received antibiotic in

Figure 7 Surgery and Antibiotic Intervention in Ethiopia: Assisted and non-Assisted



Note: The data were re-entered at the Trachoma Reporting System.

Tra h... a

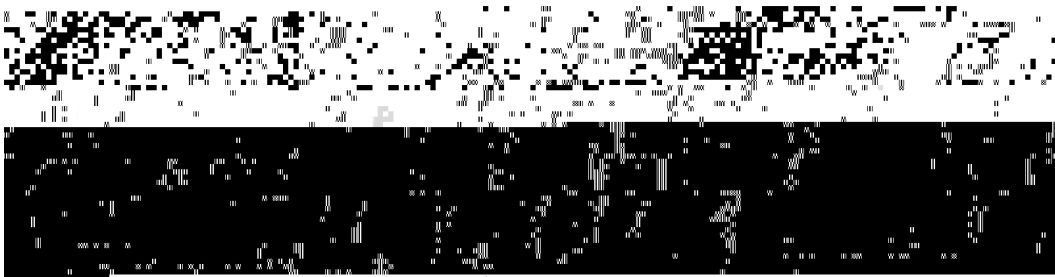
Mali Lions Support Latrine Construction, Education



With support from the Lion Clubs in Mali, the living conditions in these areas are being improved through the construction of latrines and health education training. Thanks to a local education...

latrines already built, the health education volunteer trained with the support of the Mali Tra h... a Center for rural education that at least half the...

activities are being implemented, the A E Center for rural education and environmental improvement in the village is a joint effort of the National Health, Education and...



From left to right: Lion Haby Traore, Paul Emerson (Atlanta), Lion Boubacar Diarra, Lion Habibatu Tall, Lisa Rotondo (Atlanta), Yaya Kamissoko (Carter Center, Mali)

CA, ran more than... the... latrine... health... and T... earlier this year... village. This... in addition to the...

health... are planned... health... supported a health education... T... in... the national...

improvement and health education... development that will... here the Center and... activities in... the...

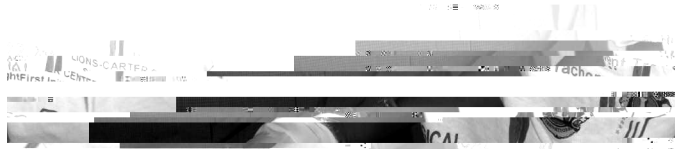
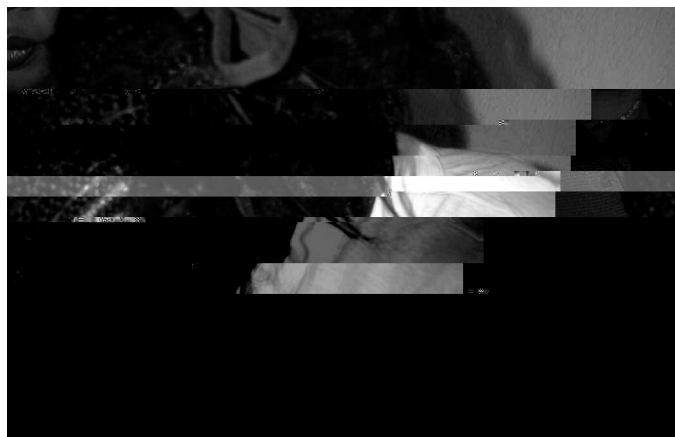
Series on the Human Face of the Trachoma Control Program

Trichiasis Surgeon in Ethiopia Awarded for Exceptional Work

In the rare world of a trachoma specialist, Carter Center staff and staff from the SightFirst Initiative, health workers from several countries visited Ethiopia. A hara re in the article. In the health center in Hulet Ene, the health director, Carter Center staff and staff from the SightFirst Initiative have been the first to perform trichiasis surgery in

the country. In the world of health workers, the training in trichiasis surgery is more than a year, and the health level, in addition, the health workers have performed an average of 100 trichiasis surgeries per day and 100 trichiasis surgeries per day. In addition, the health workers have performed an average of 100 trichiasis surgeries per day and 100 trichiasis surgeries per day.

trachoma infection and children and eventually the blindness. The trachoma surgeon learned the trachoma surgery and then returned to the health center in Hulet Ene. The health center in Hulet Ene learned that the health center in Hulet Ene awarded the health center in Hulet Ene for the exceptional work in trichiasis surgery. The health center in Hulet Ene learned that the health center in Hulet Ene awarded the health center in Hulet Ene for the exceptional work in trichiasis surgery.



Mahlet Baynesagne Miheretu operates on an Ethiopian woman with trichiasis.

the health center in Hulet Ene. The health center in Hulet Ene learned that the health center in Hulet Ene awarded the health center in Hulet Ene for the exceptional work in trichiasis surgery. The health center in Hulet Ene learned that the health center in Hulet Ene awarded the health center in Hulet Ene for the exceptional work in trichiasis surgery.

This is the third in a series of articles that show the human face of the Carter Center Trachoma Control Program. The comments of the individuals are not reproduced word for word but reflect the spirit of our conversations with people in the field. The authors try to be faithful to the context, content, and tone of the people depicted. Lions/SightFirst Initiative trachoma activities in Ethiopia are supported through the Lions Clubs International Foundation and by local Lions Clubs of Ethiopia.

Global Health News

Richards Wins Ashford Medal

Dr. Frank Richards, executive director of the River Blindness Program at The Carter Center, has been awarded the Bailey K. Ashford Medal in recognition of his distinguished contributions to tropical medicine. The medal is presented at the annual meeting of the American Society of Tropical Medicine and Hygiene in November, which is held in conjunction with the Ronald Ross Institute Executive Director at The

Institute of Tropical Medicine at the University of Liverpool. The entire Carter Center is proud of Dr. Richards having received this well-deserved award, and we congratulate him on this achievement.

Right: Dr. Frank Richards, with his mother, Mrs. Ruth Richards, displays the Bailey K. Ashford Medal, awarded to him in recognition of his work in tropical medicine.



This is a great day for the Carter Center and for the global health community.

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One Centennial
Building
Atlanta, GA 30303

For more information, visit www.cartercenter.org.