Eye of the Eagle

Volume 7, Number 1 | THE CARTER CENTER | January 2006

President Carter Visits Ethiopia to See Trachoma Program Success

In September 2005, President and Mrs. Carter and a delegation of officials visited Ethiopia to see the accomplishments of the trachoma control program in the Amhara region of the country. In the trachoma-endemic village of Mosebo, the delegation saw several households that have benefited from the Lions/Carter Center-supported latrine promotion activities, a virtual latrine revolution due to the fast pace at which household latrines have been built. They visited families who constructed household latrines out of readily available materials and met children who demonstrated how their household latrines worked. Villagers in the assisted area of Amhara have built a total of 90,552 household latrines in 2004 and 122,832 and counting in 2005.

A group of men and women who had received eyelid surgery welcomed the delegation by holding candles which represented their freedom from the misery of trichiasis. The historic visit showed the strong commitment of the Lions Club, The Carter Center, and the Ethiopian government to eliminating blinding trachoma in Ethiopia.

Before heading to Mosebo, the delegation was briefed on the Carter Center health programs by Teshome Gebre, country representative for The Carter Center in Addis Ababa, Ethiopia. In addition to President and Mrs. Carter, the delegation also included James Wagner, president of Emory University, and his wife, Debbie; John Moores, chairman of the Carter Center Board of Trustees; Richard Blum, member of the Carter Center Board of Trustees; John Hardman, executive director of The Carter Center; Joseph Feczko, vice president of Pfizer; Jacob Kumaresan, president of

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What's Inside

THE CARTER CENTER

Waging Peace. Fighting Disease. Building Hope.

Nigeria Hosts Fifth Annual Health Program Review

The fifth annual review of all Carter Center-assisted health programs in Nigeria took place Sept. 5–7, 2005, in Abuja. The health programs represented were the Guinea Worm Eradication Program, the River Blindness Program, the Trachoma Control Program, the Lymphatic Filariasis Elimination Program, and the Schistosomiasis Control Program.

Some of the key updates presented in the three-day meeting included the following:

Through September 2005, only 116 cases of Guinea worm disease had been reported in Nigeria, which is a reduction of 70 percent compared to the same period in 2004.

During the same period, the River Blindness Program had assisted the Ministry of Health in providing health education to and treating nearly 3.3 million people with Mectizan® (donated by Merck & Co.) in nine states, which is 68 percent of the 2005 ultimate treatment goal of 4.8 million people. The nine states contributed the equivalent of $125,000 USD to the program, led by Ebonyi (5 million

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Trachoma

Ethiopia Visit

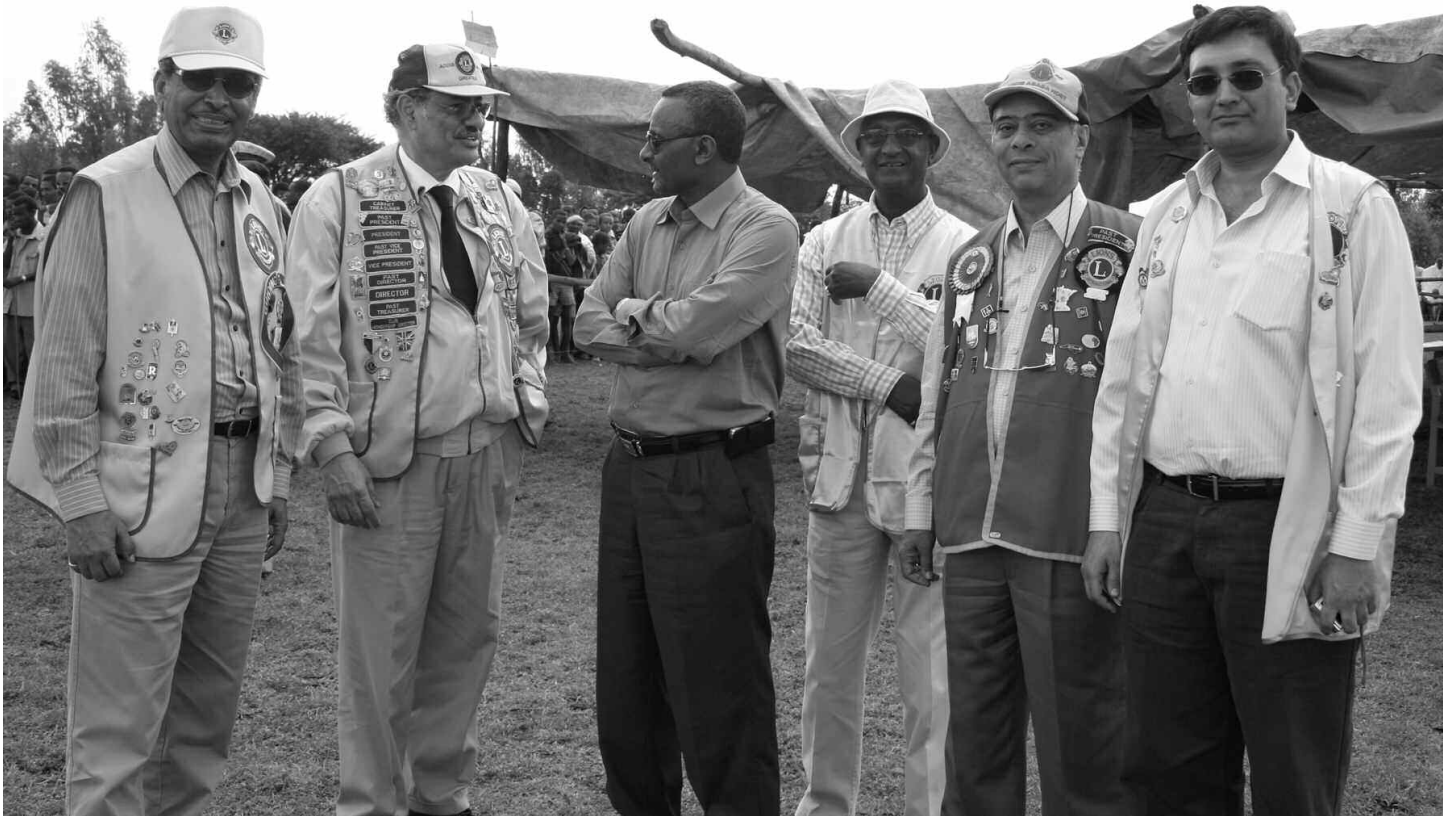
continued from page 1

the International Trachoma Initiative; and Paul Emerson, technical director of the Carter Center Trachoma Control Program.

In the Amhara region, the delegation was joined by Adissu Legesse, vice prime minister of Ethiopia; Kebede Tadesse, federal minister of health; Ato Yosef Reta, president of Amhara national regional state, and his cabinet. Ethiopian Lions Club officials also accompanied the delegation, including Dr. Berhane Ghebray, region chairman; Ramendra Shah, past region chairman; George Stavrou, district subtreasurer; Getachew Desta, Sight First chairman in Ethiopia; Mayur Kotari, zone chairman; and representatives from UNICEF.

Lisa Rotondo

Dr. Dereje Habte (left), a village elder, and President Carter discuss the painful situation of those living with trichiasis.



Lisa Rotondo

Following a welcoming ceremony in the village of Mosebo, (from left to right) Lion Getachew Desta, Lion George Stavrou, Vice Prime Minister Adissu Legesse, Lion Berhane Ghebray, Lion Ramendra Shah, and Lion Mayur Kotari discuss trachoma control efforts in the Amhara region of Ethiopia.

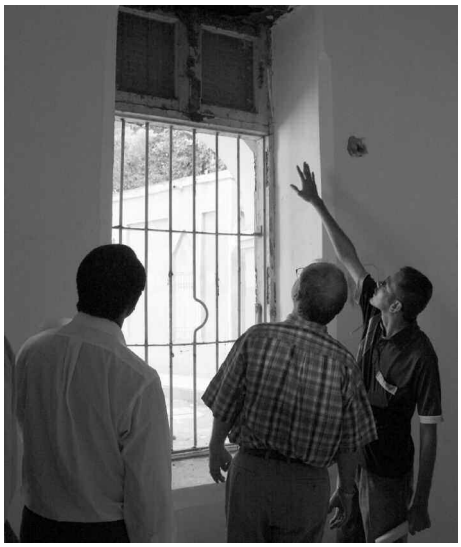
Program Transfer Allows Sudan Activities to Grow

In March 2005, Sudan's trachoma control program was moved from the Academy of Medical Sciences and Technology to the Ministry of Health and its National Program for the Prevention of Blindness. The transfer will help the program expand rapidly on a large scale in the wake of Sudan's comprehensive peace agreement, benefiting thousands of additional Sudanese.

Since its transfer to the federal Ministry of Health, the program has coordinated activities in Khartoum, Kassala, West Kordofan, and Northern States, establishing national and state trachoma task forces, appointing state blindness prevention coordinators, and developing plans of action. The program is focusing on decentralization and integration of program activities at the state level and is enjoying unprecedented political support and awareness throughout the ministry.

The transition marks the end of a nascent period during which the Academy advocated strongly for trachoma and onchocerciasis control programs and successfully launched program activities. Federal trachoma control efforts are now directed by Dr. Kamal Hashim, coordinator of the Prevention of Blindness program, and Dr. Awad Hassan, coordinator of the Trachoma Program.

An August 2005 visit to Sudan by Lisa Rotondo of The Carter Center and Dr. Peter Kilima and Dr. Sam Abbenyi, both of the International Trachoma Initiative, laid the groundwork for future trachoma control activities in the country. Along with national program staff, the group traveled to one of the priority states in northern Sudan and met with leaders to assess trachoma control efforts. Findings from this visit helped in the formation of a five-year plan for Sudan's program.



Lisa Rotondo

Peter Kilima of the International Trachoma Initiative, Raymond Stewart of The Carter Center, and Mohib Aziz, site foreman, examine a window at the expanded Prevention of Blindness program buildings, which are being renovated by The Carter Center.

Nigeria Promotes Village Cleanup Days

The Nigeria trachoma control program encourages residents of trachoma-endemic areas to clean up their villages to reduce the population of flies and improve the environmental cleanliness. Currently, 173 villages in Plateau and Nasarawa states participate in cleanup days, which are held on the last Saturday of each month and benefit more than 100,000 people.

Each community forms a sanitation committee composed of people from all sections of society, including women, men, and children. The committee organizes community-wide participation: Villagers are asked to first clean their own compounds and then clean communal areas such as roads, water sources, meeting points, and places of worship. The trachoma control program does not provide cleaning tools; participants use their own rakes, brushes, and machetes.

N. Jip

Nigerians clean up their village.

The scale of the benefit surprises many people who have individually contributed only a couple of hours of work. Community members are proud of the appearance of their villages, and the reduction in flies and bad odors is immediately apparent. Mr. and Mrs. Nanchang Chenko, residents of Yal village, said, "The village cleanup day is a welcome development because, apart from helping us to keep our environment neat, it gives us some sense of unity as we come out to work together as a community."

Series on the Human Face of the Trachoma Control Program

Mayor Aims for 5,000 Latrines in Niger Commune

In July 2005, Lisa Rotondo, of Carter Center headquarters in Atlanta, visited Moussa Arimi, mayor of N'Guigmi commune in the Diffa region of eastern Niger, about 1,500 km east of the capital, Niamey. Arimi has been mayor for five months and actively supports latrine promotion in his commune of 30,000 people. The mayor spoke with Rotondo about his contribution to latrine construction and the great demand for latrines among his constituents.

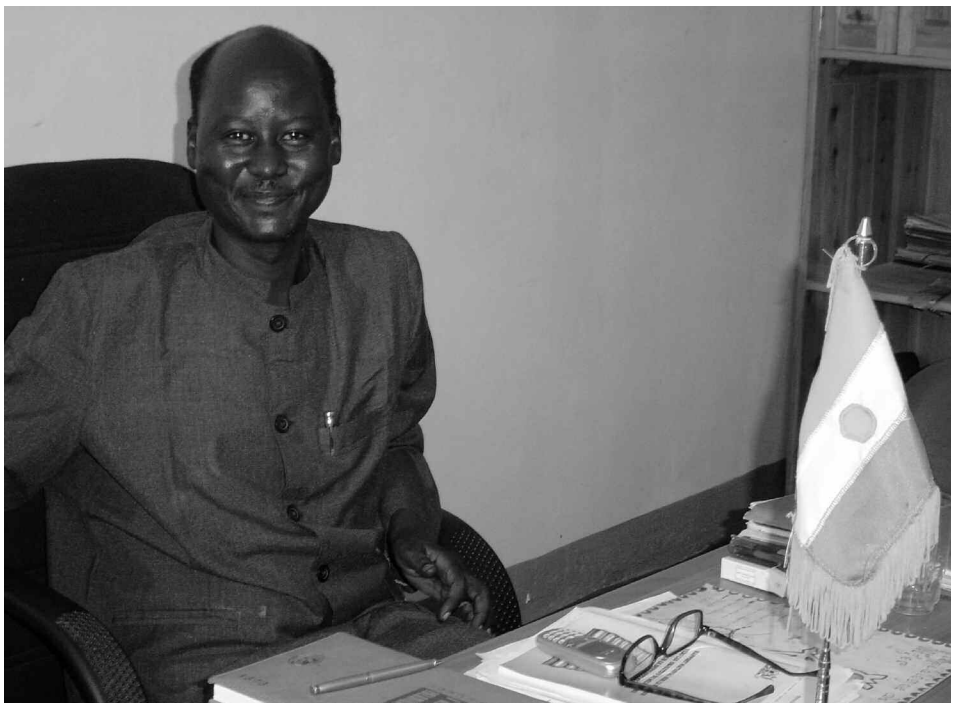
"Since I have been posted in N'Guigmi, improving the health sector has been one of my main priorities. United Nations Millennium Development Goals formed the basis of my five-year action plan, with health concerns being of utmost importance. When I first started working, I sought out all the possible partnerships that would help me achieve these goals. I soon learned about the Carter Center's support of local community radio stations in broadcasting messages about trachoma. The hygiene and sanitation aspects really interested me, especially the emphasis on household latrines.

"After a few months, people started coming to me requesting support and technical advice on how to build latrines of their own. They had heard the radio shows and wanted to find out more. The district health team contacted The Carter Center, and they trained and equipped 10 village-based masons to build Sanplat latrine slabs. Fortunately, we do not have a problem getting sand here in the desert, and we are not held back by a long rainy season. The main assistance we need is with cement, gravel, and iron rods for the slab.

"From my commune's yearly budget, I contributed 1 million CFA francs for the purchase of gravel. Then I decided to solicit the support of the local United Nations Development Program office, which matched my contribution. That gave us a total of 2 million francs to purchase the gravel (approximately $4,000 USD). Now, with the Carter Center's contribution of cement and iron rods, we are ready to start building.

"We already have an enormous list of people requesting support to build household latrines. After serious reflection, I decided on the goal of building 5,000 household latrines over five years for the commune. That will give every one of our approximately 5,000 households in N'Guigmi access to a latrine. We've already built six latrines, and with everyone's participation and support from our partners, I am confident that we will reach our goal."

This is the second in a series of articles that shows how the Carter Center Trachoma Control Program affects individuals in the countries in which we work. 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. The Carter Center-assisted trachoma activities in Niger are supported by the Conrad N. Hilton Foundation.



Lisa Rotondo

Moussa Arimi, mayor of N'Guigmi commune in Diffa, Niger

Survey Reveals Need for More Equitable Access to Latrine Programs in Ghana

A Carter Center/Ghana Health Research Unit survey of 120 households in rural Ghana showed that existing latrine subsidy programs favor the more elite members of villages. The survey was conducted to help the Center, in close collaboration with the Ghana Health Service, develop more effective ways to promote latrine building in trachoma-endemic areas of the country. Ghana's goal is to construct 20,000 household latrines in the northern and upper west regions by 2009.

Survey participants were chosen randomly from 15 villages in the Tolon-Kumbungu and Savelugu districts that had taken part in latrine promotion programs. These programs provided health education and then invited community members to apply for a subsidized latrine. The 120 program participants surveyed had spent an average of 150,650 cedis ($16.74 USD) of their own money for the latrines and had contributed labor and some materials for construction. Only 73 of the 120, however, had a completed and functional latrine. Of the 47 uncompleted latrines, 41 had been under construction for more than one year. Participants were waiting for the partner nongovernmental organizations to return and finish their work.

The 73 completed latrines were all constructed to a very high standard with appropriate vent pipes, reinforced cement slabs, and robust superstructures—many made from cement blocks with corrugated iron roofs. In fact, many of these latrines were made of better materials than participants' homes: Only 9 percent of the participants' homes had a corrugated iron roof, and very few buildings were constructed from cement blocks.

There is an unmet demand for latrines.

The heads of household who participated in the latrine assistance programs differed from their neighbors. The program participants were twice as likely to have been to school, four times more likely to be sending their own children to school, more than four times more likely to have a larger-than-average household, and nine times more likely to have a house with a corrugated iron roof. These results showed that the existing program was not successful in providing equitable access to improved sanitation for all rural Ghanaians.

In conducting the survey, Carter Center staff visited the 120 households that had participated in the programs, inspected their latrines, and interviewed the nearest neighbor who did not have a latrine. Almost everyone interviewed, whether they had latrines or not, perceived latrine ownership as advantageous for convenience, cleanliness, and health. These results show that heads of households would appreciate latrines if they could get them and that there is an unmet demand for latrines.

With this new evidence, The Carter Center is working to help provide latrines for all households in villages with high trachoma endemicity and low levels of sanitation coverage, as prioritized by the district assemblies. So far, the new priority approach to latrine provision is working. In the four villages that have been selected to date, every household now has access to its own latrine.

Trachoma References

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River Blindness

Program Review

continued from page 1

naira), Nasarawa (6.5 million naira), and Delta (840,000 naira).

The River Blindness Program had assisted the Nigerian Ministry of Health in providing health education to and treating nearly 3.3 million people.

Frank Richards

Lion Dr. Oluwasesan Onofowokan speaks at the review of Carter Center-assisted health programs in Abuja, Nigeria.

In addition, the Lymphatic Filariasis Elimination Program had assisted the Ministry of Health in providing health education to and treating 2.1 million people, which is 61 percent of the 2005 ultimate treatment goal of 3.5 million people, in Plateau and Nasarawa states with combination therapy of Mectizan® and albendazole (donated by GlaxoSmithKline). During the discussion, meeting participants also considered the new collaboration with the Nigerian malaria program in insecticide-treated net distribution. The lymphatic filariasis and malaria programs jointly have distributed 55,881 insecticide-treated nets since 2004, with 17,261 from January through September 2005. Reimpregnation of these nets is a major challenge.

The Schistosomiasis Control Program had assisted in health education and provision of 57,551 praziquantel treatments in three states (Plateau, Nasarawa, and Delta), which is 36 percent of the 2005 annual treatment objective. The need to move to providing "triple combination therapy" with Mectizan, albendazole, and praziquantel was noted as an important goal for the near future.

The Trachoma Control Program assisted in the construction of 7,377

Table 1 **Onchocerciasis: 2005 Mectizan treatment figures for Carter Center River Blindness Program (RBP)-assisted areas in Nigeria, Uganda, Cameroon, Ethiopia, and collaborative programs in Latin America (OEPA) and Sudan**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	% ATO	% ALL GRBP TX
NIGERIA	***UTG=**	**5,029,685**		**ATO(arv)=**	**7,921**										
Treatments	0	17,117	171,617	158,360	92,227	495,134	1,524,148	674,094	159,396	464,871			**3,756,964**	75%	44%
Villages treated	0	15	141	84	128	754	2,214	1,095	418	780			**5,629**	71%	25%
UGANDA	***UTG=**	**1,049,867**		**ATO(arv)=**	**2,360**										
Treatments	0	13,263	154,086	154,711	62,587	100,744	110,731	155,435	161,926	79,822			**993,305**	95%	12%
Villages treated	0	31	227	502	273	367	371	485	516	213			**2,166**	92%	10%
CAMEROON	***UTG=**	**1,478,656**		**ATO(arv)=**	**3,392**										
Treatments	0	0	0	0	0	193,995	0	65,296	167,887	269,792			**696,970**	47%	8%
Villages treated	0	0	0	0	0	531	0		268	849			**1,648**	49%	7%
OEPA	****UTG(2)=**	**887,082**		**ATO(arv)=**	**1,950**										
Treatments	0	0	0	0	0	426,729	0	0	0	245,575			**672,304**	76%	8%
Villages treated	0	0	0	0	0	1,833	0	0	0				**917**	47%	4%
ETHIOPIA	***UTG=**	**2,746,309**		**ATO(arv)=**	**13,842**										
Treatments	0	0	0	0	0	307,059	94,536	1,376,283	26,465	618,312			**2,422,655**	88%	28%
Villages treated	0	0	0	0	0	1,207	722	7,573	0	2,585			**12,087**	87%	54%
SUDAN	***ATO=**	**587,503**		**ATO(arv)=**	**1,208**										
Treatments	17,893	19,591	18,319	4,247	20,314								**80,364**	14%	1%
Villages treated	0	0	0	39	3								**42**	3%	0%
TOTALS	***ATO=**	**11,779,102**		**ATO(arv)=**	**30,673**										
Treatments	**17,893**	**49,971**	**344,022**	**317,318**	**175,128**	**1,523,661**	**1,729,415**	**2,271,108**	**515,674**	**1,678,372**	**0**	**0**	**8,622,562**	**73%**	**100%**
Villages treated	**0**	**46**	**368**	**625**	**404**	**1,652**	**2,585**	**1,580**	**1,202**	**1,842**	**0**	**0**	**22,489**	**73%**	**100%**

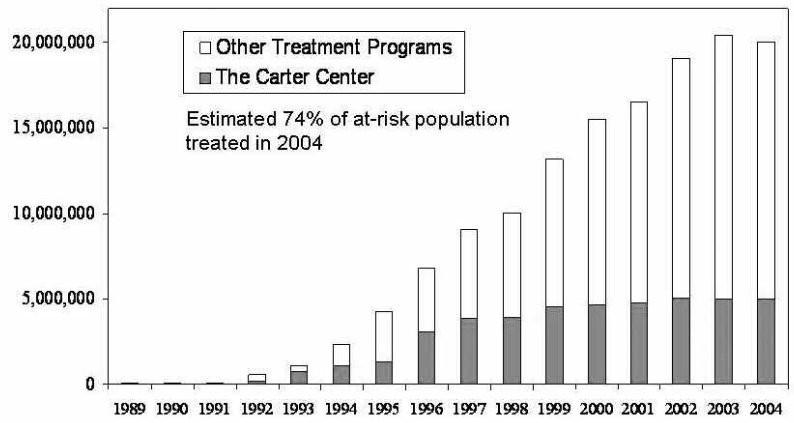
RBP-assisted cumulative treatments (1996 - 2005) = 74,826,567

***ATO**: Annual Treatment Objective, **UTG**: Ultimate Treatment Goal
OEPA figures reported quarterly, **UTG(2) is the Ultimate Treatment Goal times 2, since OEPA treatments are semiannual

Figure 1

Progress in Treating River Blindness

Mectizan® Treatments Provided in Nigeria, 1989–2004*



** Nigerian federal and state MOH treatments assisted by The Carter Center, Lions Clubs, CMB, HKI, IEF, MITOSATH, SSI, UNICEF. The Carter Center treatments from 1992–1995 by RBF. Source of provisional 2004 non-Carter Center figure: Nigerian Federal Ministry of Health, "15 Years of Onchocerciasis Control in Nigeria," by the National Onchocerciasis Control Program, Feb. 2005.*

latrines and the provision of health education in 173 intervention villages through September 2005.

As funding for Nigerian onchocerciasis projects from the World Bank/World Health Organization African Program for Onchocerciasis Control decreases, Dr. J. Y. Jiya, national coordinator for onchocerciasis, noted that ivermectin (Mectizan®) treatments across Nigeria dropped for the first time by 408,622 treatments (from 20,432,593 in 2003 to 20,023,971 in 2004). The ultimate treatment goal for Nigeria is 27 million (Figure 1 shows treatments provided). Noting that APOC support was drying up in the country, Lion Dr. Oluwasesan Onofowokan said, "APOC may be gone from Nigeria, but we Lions are staying."

During the meeting, Dr. Emmanuel Miri, country representative for The Carter Center, named the following goals for health programs in Nigeria:

- Stop Guinea worm transmission by 2006.
- Obtain better government funding for Carter Center-assisted programs.
- Replicate Carter Center efforts to integrate lymphatic filariasis, trachoma, river blindness, and schistosomiasis programs elsewhere in the country.
- Strengthen the primary health care system.

Among the more than 100 attendees at the review were representatives from the World Health Organization; The Carter Center; the Yakubu Gowon Centre (including General [Dr.] Yakubu Gowon, former head of state of Nigeria); Cross Rivers State University of Technology; the Federal Ministry of Health; state ministries of health; local government areas; the Japan Embassy; the Ministry of Defense (Military Hospital); the University of Jos; Catholic Inter Provincial Health Project; Ahmadu Bello University; Lions Clubs International, Nigeria District 404; UNICEF; SightSavers International; Christoffel Blindenmission; the Mission to Save the Helpless; Oyo State WATSAN; and Helen Keller International.

The following are the individuals who facilitated release of funds for the River Blindness Program in Nigeria.

Ebonyi State

State Level

Hon. Dr. Henry Alo
Hon. Commissioner for Health

Hon. Collins Agbo
Personal Assistant to the Governor

Linus Nkwo
Accountant General, Ebonyi State

LGA Level

Lazarus E. Ogbuzuru
Secretary, LGA Joint Account Committee

Edwin Igbele
Accountant responsible for LGA fund release, Ministry of Finance Ebonyi

Nasarawa State

State Level

Dr. John Mamman
Permanent Secretary, Ministry of Local Government and Chieftaincy Affairs, Nasarawa State

Alhaji Halilu Bala Usman
Commissioner, Ministry of Local Government and Chieftaincy Affairs, Nasarawa State.

Delta State

State Level

Dr. Okowa Ifeanyi
Hon. Commissioner for Health
Ministry of Health Asaba

Dr. Ogaranya Tabs Tabowei
Permanent Secretary, Ministry of Health, Asaba

Dr. Tobby Majeroh
Director, Primary Health Care & Disease Control, Asaba

LGA Level

Sonny Odigiri
Chairman, Ukwuani LGA

Chief Mary Chidi
Chairman, Ndokwa East LGA

Hon. F.P.C. Aniamaka
Chairman, Aniocha North LGA

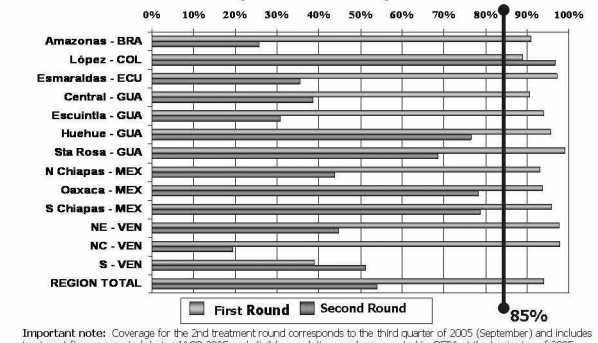
IACO 2005 Shows Progress in Improving Visual Health in the Americas

The Onchoceriasis Eradication Program for the Americas (OEPA) showed its progress in fighting the disease at the fifteenth annual InterAmerican Conference on Onchoceriasis (IACO), held in Caracas, Venezuela, November 16–18, 2005. The conference covered advancement made toward ultimate treatment goals and impact of Mectizan® treatments, among other topics, and was convened by the Ministry of Health of Venezuela and OEPA. OEPA is funded by the Lions-Carter Center SightFirst Initiative, the Bill & Melinda Gates Foundation, Merck & Co., and other donors.

For 2005, through October, a total of 672,304 Mectizan treatments were reported in the 13 endemic foci of the region, which is 74 percent of the 2005 ultimate treatment goal [UTG(2)] of 908,852. The first six months of 2005 (round 1) yielded 426,729 treatments, and in the second round, through October, 245,575 treatments had been reported. Figure 2 shows the percent of the eligible population covered by each of the 13 foci in round 1 and, so far, in round 2. The first round of treatments in 2005 reached 94 percent of the eligible population in the Americas. All but the southern Venezuela focus surpassed their 85 percent coverage goal. A meeting was held to specifically address the southern Venezuela focus in July 2005, and, perhaps as a result, treatments so far in round 2 for that focus (2,992) have already exceeded the treatments given in the entire first round (2,280), an increase of 31 percent.

Survey data on baseline and current eye disease from onchocerciasis for each of the 13 foci were reviewed

Figure 2



Important note: Coverage for the 2nd treatment round corresponds to the third quarter of 2005 (September) and includes treatment figures reported during IACO 2005 and eligible population numbers reported to OEPA at the beginning of 2005. These figures are provisional, pending final annual reports.

There were 85 attendees at IACO 2005. The Venezuela organizing delegation included Dr. Francisco Armada, Venezuelan Minister of Health; Dr. José Mendoza, Venezuelan Viceminister of Health; Dr. Rafael Borges; Dr. Jacinto Convit; Dr. Fátima Garrido; Dr. Harland Schuler; and Dr. Carlos Botto. Two representatives from each of the nine endemic states in Venezuela also attended.

The representatives from the other five endemic countries included Dr. Joao Batista Furtado Vieira, Dr. Claudete Schuertz and Dr. Marcos Pellegrini (Brazil); Dr. Santiago Nicholls and Dr. Ivan Mejia (Colombia); Dr. Jose Rumbea and Dr. Juan Carlos Vieira (Ecuador); Dr. Edgar Mendez-Gordillo and Dr. Eduardo Catú Rodríguez (Guatemala); and Dr. Miguel Lutzow Steiner (Mexico).

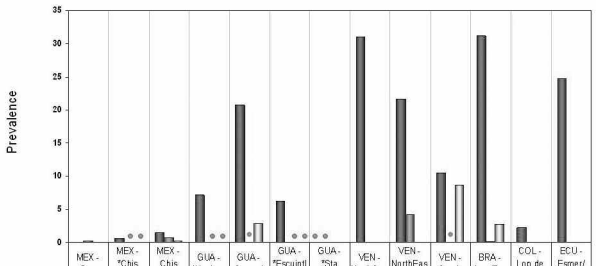
Lions Clubs have been strong supporters of the OEPA initiative, and were represented at IACO by Dr. Libardo Bastidas Passos (Colombia); Ramiro Peña Constante (Ecuador); Dr. Carlos Samuel Arévalo (Guatemala); Dr. Florencio Cabrera Coello (Mexico); Andrés Sánchez, Dr. Manuel Bautista Plaza, Blanca García de Ortiz (Venezuela); and Holly Becker (United States).

The Pan American Health Organization (PAHO) was represented by Dr. Celsa Sampson and Dr. Mario Valcarcel. Ken Gustavsen (United States), José Francisco Gómez and Elizabeth Sousa de Jesús (Venezuela) represented Merck, and Dr. Mary Alleman and Dr. Bjorn Thylefors represented the Mectizan® Donation Program. Other participants and presenters included Dr. José Antonio Kelly (Coordinator of the Yanomami Health Plan), Dr. Tom Unnasch (University of Alabama at Birmingham), Dr. Ed Cupp (Auburn University), Dr. Frank Richards (The Carter Center), Dr. Richard Collins (University of Arizona), Dr. Kevin Winthrop (Oregon Health and Science University), Dr. Carlos Gonzales-Peralta (regional expert and former member of the Mectizan® Expert Committee), and Dr. Mario Alberto Rodríguez (immunologist).

during IACO 2005 and presenters noted dramatic improvement in all foci (Figure 3). It was recommended that ocular surveys be completed during 2006 in those endemic areas that had missing or outdated data so that a report could be submitted in 2007 on accomplishment of the goal set in 1991 by Resolution 14 of the 1991 Directing Counsel of the Pan American Health Organization (PAHO): Elimination of new eye disease attributable to onchocerciasis from the region by 2007.

Figure 3

Impact of Mectizan on Microfilaria in the Anterior Chamber of the Eye (by focus)



	MEX - Oax	MEX - *Chis North	MEX - Chis South	GUA - *Huehue	GUA - Central	GUA - *Escuintla	GUA - *Sta Rosa	VEN - NorthCen	VEN - NorthEast	VEN - South	BRA - Ama/Ror	COL - Lop de Mic	ECU - Esmer/ Pich
Baseline	0	0.8	1.5	7.2	20.7	6.2	•	31	21.7	10.5	31.2	2.2	24.7
Second	0.2	•	0.7	•	•	•	•	0	4.23	•	0.1	0	0
MostRecent	0	•	0.2	•	2.9	•	0	0	0	8.7	2.7	0	0

* These foci do not have sentinel villages • No data available

Two individuals were recognized at IACO 2005 for their contributions to the region. Dr. Mario Valcarcel of PAHO, who was leaving Venezuela for a new post in Peru, was honored for his great role in the Venezuelan program. Dr. Mario Rodriguez-Perez, immunologist working with the Mexican program, was recognized for receiving the 2005 Fred L. Soper Award for Excellence in Health Literature from PAHO for his article on PCR transmission monitoring in Oaxaca and Chiapas states (*American Journal of Tropical Medicine and Hygiene* 2004; 70:38-45). This study received partial support from OEPA. Coauthors included Dr. Alfredo Dominguez (OEPA epidemiologist) and Dr. Thomas Unnasch (OEPA consultant on molecular monitoring).

Delegation Urges Nigeria to Fund Health Programs That Fight Four Diseases

In September 2005, Nigeria President Olusegun Obasanjo pledged to fund $3 million of the estimated $4.5 million needed by the country's Ministry of Health to build and sustain programs combating Guinea worm, onchocerciasis, lymphatic filariasis, and schistosomiasis. The funding pledge came a day after the president met with a Carter Center delegation that included President and Mrs. Carter; James Wagner, president of Emory University; John Moores, chairman of the Carter Center Board of Trustees; and Richard Blum, member of the Carter Center Board of Trustees. The group encouraged the Nigerian government to invest in health programs assisted by The Carter Center and discussed the financial needs of the Nigeria Ministry of Health for expanding programs that fight the four parasitic diseases.

In the meeting where the funding announcement was made, Dr. Eyitayo Lambo, federal minister of health, stressed the need to ensure funding for the programs in the years after President Obasanjo's administration ends.

John Moores

President Carter, Mrs. Carter, Dr. Eyitayo Lambo, and General Gowon listen as Dr. Donald Hopkins makes a point about Carter Center-assisted health programs.

Attendees at the September meetings included General Dr. Yakubu Gowon, U.S. and Canadian ambassadors, and representatives from the Japanese embassy, World Health Organization, UNICEF, UNDP, and Lions Clubs. In addition, attendee Dr. Yankum Dadzie, chairman of the Global Alliance for LF Elimination Executive Group, noted the desire of his group to assist in the scale up of lymphatic filariasis activities in Nigeria.

Rural Mexican Communities Benefit from Treatment

On a visit to Mexico in August 2005, a group of health workers and others traveled muddy mountain roads to visit the remote communities of Brasil and Estrella Roja in Chiapas. The visitors, who included Becky Brookshire of The Carter Center and public health workers from the Mexican Ministry of Health Onchocerciasis Program and local Lions Clubs, met Señora Pitasia Gonzales, a 78-year-old blind woman, who lives with her daughters Marquina and Manuela. Gonzales said that she was once a strong and capable provider for her family, but, due to the damage to her eyes caused years ago by onchocerciasis, she has lost her sight. She said her blindness has made her dependent on her daughters to help her clean and dress herself and navigate their small property. She expressed confidence, however, that her grandchildren will not go blind because they are given free Mectizan® treatments each year.

Her confidence is well placed. Those in Chiapas who are blind from onchocerciasis are all elderly, a sign of the success of the Mexican program, which has treated more than 85 percent of its eligible population semiannually for the last four years, preventing further visual damage. Despite the program's achievements, however, transmission of onchocerciasis in Chiapas has not yet been stopped. Some of the young children examined during the visit had onchocercal skin nodules, indicating that they were recently exposed to the *O. volvulus* parasite by infected black fly bites. However, as long as these children and the others in the community continue to receive treatment, their symptoms will not advance, and eventually river blindness will be history.

The effort to stop the disease is ongoing for the Ochocerciasis Elimination Program for the Americas. The same day the health workers met Señora Gonzales, they set up a Mectizan distribution center in a small schoolhouse in Brasil, where local residents receive tablets twice a year. Lions Club members helped hand out Mectizan and provided health education to the community members lined up at the door. To help people understand that black flies transmit the disease, schoolchildren made little toy black flies out of Styrofoam and flew them on small wooden sticks around the classroom.

Becky Brookshire

A Lions Club volunteer helps a child paint her toy black fly.

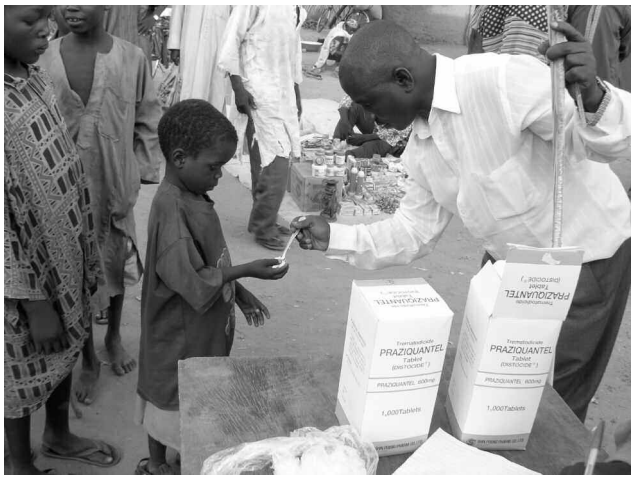
Correction

In the July 2005 issue of *Eye of the Eagle* (Vol. 6, No. 2), Table 1, page 3, the number of treatments listed for OEPA was reported incorrectly. The correct figure is 836,851 (not 859,099). Therefore, overall number of treatments in 2004 was 11,109,631 (not 11,131,879).

Study Shows Safety of Combining Three Drugs in Single Dose

A randomized study from Thammasat University in Thailand shows that a single, combined dose of ivermectin (200 micrograms/kg), praziquantel (40 mg/kg), and albendazole (400 mg) in 23 volunteers resulted in no clinically relevant differences as compared to the drugs being given individually at different times. The study looked for pharmacokinetic changes or adverse reactions between the single, combined dose and the individual doses, using U.S. Food and Drug Administration criteria. The study was conducted by Dr. Kesara Na-Bangchang and his colleagues and will soon be reported in the journal *Transactions of the Royal Society of Tropical Medicine and Hygiene*.

These results were reported to the Joint Action Forum (JAF) of African Programme for Onchocerciasis Control (APOC) in December 2004, and JAF noted: "…This was operationally significant for the integration of the treatment of onchocerciasis, lymphatic filariasis, and other helminths." (Tenth session of the Joint Action Forum, APOC, Kinshasa, DRC, 7-9 December 2004)



Emily Staub

A health worker gives a Nigerian boy praziquantel.

OEPA-Supported Study Receives Soper Award

The Pan-American Health and Education Foundation presented its 2005 Fred L. Soper Award for Excellence in Health Literature to Dr. Mario Rodriguez-Perez and colleagues for the article "Polymerase Chain Reaction Monitoring of Transmission of Onchocerca volvulus in Two Endemic States in Mexico," published in the *American Journal of Tropical Medicine and Hygiene* (2004, 70: 38-45). This study received partial support from the Onchocerciasis Elimination Program for the Americas (OEPA), which is funded by the Lions–Carter Center SightFirst Initiative, the Bill & Melinda Gates Foundation, Merck & Co., and other donors. Dr. Alfredo Dominguez, an epidemiologist with OEPA, was coauthor of the study, and the senior author was Dr. Thomas Unnasch of the University of Alabama, a frequent participant in Carter Center River Blindness Program reviews.

River Blindness References

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Global Health News

Task Force Recommends Bed Nets

The International Task Force for Disease Eradication met in October 2005 at The Carter Center to review the use of insecticide-treated bed nets (ITNs). The task force noted that the nets are very effective for fighting malaria and recommended that their use be widened as soon as possible.

Some of the group's recommendations included the following:

- Use of ITNs could potentially prevent almost half a million deaths of African children per year.
- Initial priority should be given to pregnant women and children under 5 years of age, but targeting entire at-risk populations is more effective for reducing transmission.
- Current use of ITNs is much less than it should be.
- Mass ITN distribution could affect transmission of other vector-borne diseases, such as lymphatic filariasis.

In addition to the task force members, meeting participants also included former U.S. President Jimmy Carter and Dr. David Brandling-Bennett of the Bill & Melinda Gates Foundation. The meeting was supported by the Gates Foundation.

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Emily Staub

A worker distributes bed nets in Nigeria.

For a full summary of the meeting and the task force's recommendations, go to the Carter Center Web site at www.cartercenter.org.

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