

EYE of the EAGLE



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Above: Portrait of three girls from Niger, one of five countries where The Carter Center fights trachoma.

THE
CARTER CENTER



Trachoma Program Review Emphasizes Resilience

KEY TAKEAWAY: In 2021, The Carter Center assisted with 14,440 TT surgeries, the distribution of more than 15,259,000 doses of antibiotics; and the construction of 14,077 latrines.

After another year of global challenges and hardships caused by the COVID-19 pandemic, the Carter Center's 23rd Trachoma Control Program Review, held virtually March 7–8, 2022, focused on the importance of partnership and resilience in the fight against the world's leading infectious cause of blindness.

Every year, the Trachoma Control Program invites representatives from the ministries of health of the five countries where The Carter Center assists in trachoma elimination efforts—Ethiopia, Mali, Niger, South Sudan, and Sudan—academic and implementing partners, donors, and Carter Center staff from around the world to discuss the achievements and challenges of the past year and the plans for achieving the elimination of trachoma as a public health problem. This year's review carried the theme “Resilience in the Face of Historic Global Challenges.”

From 1999 through 2021, the Carter Center's Trachoma Control Program assisted nine countries in the implementation of the World Health Organization (WHO)-endorsed SAFE strategy—surgery, antibiotics, facial cleanliness, environmental improvement—in the fight against blinding trachoma. Over that time, the Center has assisted in providing trachomatous trichiasis (TT) surgeries for 868,936 people and distributing more than 223 million doses of antibiotics. The Center has also contributed to health education programs and activities in more than 85,000 schools. These outcomes reflect tremendous cumulative

success as the Carter Center-assisted countries edge closer to achieving elimination thresholds established by the WHO and thus the goals within the WHO-endorsed Neglected Tropical Disease (NTD) Road Map 2030.

Despite the COVID-19 pandemic and political, economic, and security challenges, the Carter Center-assisted programs were highly productive in 2021. A total of 14,440 TT surgeries were conducted, 63.5% of which were provided to women; more than 15,259,000 doses of antibiotics were distributed (with a significant portion counted toward the 2020 programmatic year); 14,077 latrines were constructed; and health education toward increasing facial cleanliness and environmental improvement continued in communities when possible.

Carter Center CEO Paige Alexander opened the program by highlighting some 2021 accomplishments of the Center's health programs. This was followed by a commendation and goodwill recognition from Tedros Adhanom Ghebreyesus, director-general of the WHO, who highlighted the new WHO NTD Road Map: “Ending the Neglect to Attain the Sustainable Development Goals: A Road Map for Neglected Tropical Diseases 2021–2030.”

In her opening remarks, Kelly Callahan, the Carter Center's Trachoma Control Program director, brought forth the central thread of this year's program review. Callahan's presentation illuminated the meaning of resilience through multiple

illustrations of the program's progress and achievements toward eliminating trachoma as a public health problem, even as the pandemic and insecurity persisted. Among the challenges faced in the past year were the loss of three instrumental leaders in public health, Mwelecele Ntuli Malecela, Dr. Paul Farmer, and Dr. Nabil Aziz Mikhail. Under the inspiration of these leaders and the evident progress toward elimination, Callahan encouraged the program to continue building hope through compassion, acceptance of failure, flexibility, and focus.

Throughout the program review, country-specific presentations were interspersed with multiple illustrations of how The Carter Center and partners remain resolute in mitigating challenges and achieving the elimination of trachoma as a public health problem. Phong Le, data analyst for the Carter Center's Trachoma Control Program, presented factors associated with unfavorable trachoma surveillance survey results after elimination. Kristen Renneker, senior data analyst with the International Trachoma Initiative (ITI) of the Task Force for Global Health, and Jeremiah Ngondi, senior NTD advisor of RTI International, presented a global data analysis on the magnitude of the remaining trachoma problem. Scott Nash, epidemiologist of the Carter Center's Trachoma Control Program, presented an innovative approach being used in Amhara, Ethiopia, called “Wait & Watch,” which could impact mass drug administration (MDA) programming. Paul Emerson, director of ITI, provided an update on the global status of the Zithromax® donation program with a special focus on recent Trachoma Expert Committee



The Carter Center helped provide more than 14,000 eyelid surgeries in 2021.

recommendations.

Tim Jesudason, a consultant for Partners in Health Ltd., presented preliminary findings from an MDA costing study being conducted in South Sudan. Angelia Sanders, chair of the International Coalition for Trachoma Control (ICTC) and associate director of the Carter Center's Trachoma Control Program, presented an update on the activities being conducted by ICTC. She was followed by Julie Jenson, director of corporate social responsibility of Pfizer, Inc., who provided an update on Pfizer's ongoing commitment to the trachoma elimination program worldwide.

A special session focused on serology, with numerous experts providing important insight for the global program: Diana Martin, research biologist of the U.S. Centers

for Disease Control and Prevention, provided a high-level summary and rationale for the use of serology for trachoma surveillance; Zeinab Abdalla, senior program officer for the Carter Center's Trachoma Control Program in Sudan, and Katie Lynn, graduate assistant, discussed ongoing analyses of various trachoma indicators in North Darfur, Sudan, and Amhara, Ethiopia; Benjamin Arnold, associate professor of the Francis I. Proctor Foundation, and Christine Tedijanto, postdoctoral scholar at the University of California–San Francisco (UCSF), provided further insights into using seroprevalence data to better understand disease dynamics in endemic countries. Solomon Aragie, researcher for UCSF, and Dr. Jeremy Keenan, director of international programs of the Francis I. Proctor Foundation,

presented a research update on the SWIFT (Sanitation, Water, and Instruction in Face-Washing for Trachoma) study focused on the impact of water, sanitation, and hygiene on trachoma in Amhara, Ethiopia.

Finally, Dr. Kashef Ijaz, vice president for health programs at The Carter Center, closed with a summary of the meeting and the success exemplified through the power of partnership. This program review demonstrated that through collaboration, compassion, and resilience, there can be incredible success, despite historic global challenges. Ijaz emphasized that together, we are stronger, and through the power of partnership we will be resilient and meet our collective goals. The Carter Center remains proud of its partnerships in the elimination of trachoma as a global public health problem.

Intervention Strategy Changes with Security Environment in Mali

The elimination of trachoma, the leading cause of infectious blindness worldwide, is no easy feat even in “normal” circumstances. Programs must be determined to reach entire communities with antibiotics and to find the remaining cases of trachomatous trichiasis (TT). In Mali, where the National Eye Health Program (PNSO in French) has been fighting trachoma since 1999, the need for resilience and determination is even greater.

The PNSO has adapted to various program challenges over the years, transitioning from centrally located surgical camps to house-to-house case finding, providing on-the-spot surgery for the remaining cases of TT. Teams travel from household to household, screening individuals for signs of eyelashes that may be scraping the cornea, which puts an individual at risk of going blind if not treated. Surgeons unpack their supplies and provide the 20-minute surgery that will alleviate immediate pain and prevent irreversible blindness, sometimes right in people’s homes.

The Mali PNSO has adapted to the changing programmatic landscape in the face of intense and increasing

insecurity in much of the country. To implement activities, the PNSO must ensure all security actors are in agreement with their plans. Then they have to contract local vehicles and drivers to implement surgery outreach and surveys, since importing vehicles from the capital, Bamako, would attract unwanted attention.

As the program has progressed, it has transitioned from house-to-house outreach back to health centers found in more secure villages, away from fighting. Additionally, team members have carried out dialogue with armed groups to allow for outreach preparation and implementation, and they maintain regular contact with local authorities monitoring security threats. The PNSO has had to focus not only on the public health practices of trachoma elimination but also on the security aspect of practicing public health.

The road to trachoma elimination is long, with bumps and obstacles along the way. It is said that the last mile of elimination is the most difficult. In Mali, which is so close to achieving its decades-long goal, the last inch is that mile.

Rains Make Trachoma MDA Study More Challenging

When the rains started early in Kapoeta North County, South Sudan, trachoma program officer Stephen Ohidor knew it was going to make his life much more difficult. Not only would floods make roads impassable, but the study participants he was trying to treat with azithromycin would leave their villages to stay at their distant farms.

Achieving high mass drug administration (MDA) coverage for trachoma is difficult in the best of times;

during the rainy season, it can be even more challenging. With boots, umbrellas, vehicle winches, and very long days, Ohidor and his team are conducting the treatment phase of the “Enhancing the ‘A’ in SAFE” (ETAS) study in Kapoeta North, a county in Eastern Equatoria state with historically high rates of trachoma transmission.

ETAS is an enhanced MDA feasibility and community acceptability study funded by the Bill & Melinda Gates Foundation. The study consists of two enhanced MDA strategies—a triple-dose regimen that targets children for two treatments following a community MDA, and a biannual regimen that targets the entire community twice per year. Despite the obstacles, the team has successfully conducted a household census in 30 villages, a baseline survey, and has now begun the first round of the MDA. The lessons learned from the study will inform future research and planning with the aim of eliminating trachoma as a public health problem in counties like Kapoeta North.

The program is eager to understand if enhanced MDA is feasible and acceptable and, importantly, whether it will also drive a decline in precipitous trachoma transmission. If enhanced MDA proves to be the accelerator to unlocking trachoma transmission, then South Sudan may be able to meet the 2030 global elimination goal.



Stephen Ohidor, trachoma program manager in South Sudan, downloads survey software onto mobile phones. Carter Center/Angelia Sanders

School Career Fair Sets 3rd-Grader on the Path of a Dream

In 2006, a relatively new development officer at The Carter Center, Madelle Hatch, took part in a career fair at Midvale Elementary School in an Atlanta suburb. At the time, there were about 25,000 cases of Guinea worm disease in the world, Hatch informed the children. This was a big improvement from 20 years earlier, when an estimated 3.5 million people suffered from the parasitic disease.

A yard-long Guinea worm in a jar added a fun “ick” factor to her presentation. Hatch got the attention of third-grader Phong Le, who became enamored with the idea of fighting the spread of dangerous diseases and changing the world like former U.S. President Jimmy Carter.

Inspired, Le spent his formative years studying hard in school, attending “disease detective” camps, and even modeling disease outbreaks like strep throat in his own classrooms. He eventually earned a bachelor’s degree from Emory University and a Master of Public Health from Emory’s Rollins School of Public Health, majoring in epidemiology.

Atlanta is home to many renowned public health organizations, but Le had his sights set on just one of them. In 2019, Le set up several informational interviews at The Carter Center to learn about its programs—and to demonstrate his interest in its mission. He scored an internship with the Center’s development office and then a graduate assistantship with the Trachoma Control Program.

It was Le’s turn to grab someone’s attention. Supervisors recognized that his expertise in data science could help bring The Carter Center into a new era of data-driven



Carter Center staffers Phong Le (left) and Madelle Hatch hold bottles with preserved Guinea worms. A presentation by Hatch in 2006 about Guinea worm disease inspired young Le. Today, they both work in Carter Center health programs: Hatch as chief development officer and Le as a data analyst.

decision making. After his internship, Le headed up several projects, including automating geospatial analyses, developing analytics dashboards, and training artificial intelligence to diagnose disease using photographs.

Now, 16 years after Hatch’s career fair presentation, Le is a full-time data analyst in the Carter Center’s health data support unit, assigned to the Trachoma Control program, and Hatch is the chief development officer for the Center’s health programs.

Le’s new dream is to present at a career fair and inspire another generation to change the world for the better. The data indicate he’ll do it.

International Trachoma Coalition Issues Long-Term Plan

In June 2022, the International Coalition for Trachoma Control (ICTC) published its strategic plan 2022–2030 with a vision to eliminate trachoma as a public health problem by 2030, in alignment with the World Health Organization’s (WHO’s) global Neglected Tropical Diseases Road Map 2030.

ICTC, currently chaired by Angelia Sanders, associate director of the Trachoma Control Program at The Carter Center, is a multi-stakeholder membership of nongovernmental, donor, private sector, and academic organizations working together to support the WHO Global Elimination of Trachoma Alliance. ICTC assists country governments and others in the implementation of the WHO-endorsed SAFE strategy.

At the core of ICTC’s new strategy lie four strategic objectives: (1) mobilize advocacy; (2) increase investment; (3) coordinate the provision of technical assistance among nongovernmental organization implementers; and (4) ensure an effective coalition model.

The Carter Center welcomes and endorses the new strategic plan, which is the culmination of work led and shaped by members and observers of the coalition. We trust the plan will provide ICTC members with a renewed impetus for working together to achieve our shared vision of the global elimination of trachoma as a public health problem by 2030.

To read the plan, go to www.trachomacoalition.org and click on the “About Us” menu.

Program Review Marks 2021 Achievements, Challenges

KEY TAKEAWAY: In 2021, The Carter Center assisted with 49 million treatments for river blindness, lymphatic filariasis, schistosomiasis, and soil-transmitted helminths. In areas where The Carter Center is working, 10.4 million people no longer need treatment for river blindness and 12.1 million people no longer need treatment for lymphatic filariasis.

The 26th Program Review of the Carter Center’s River Blindness Elimination Program was held virtually from Feb. 28 through March 2. The objective was to assess 2021 achievements, challenges, and operational research for program-assisted countries and make recommendations for 2022 activities. Approximately 200 participants attended, including ministry of health officials, key partners, and donors.

Since 1996, the River Blindness Elimination Program has worked with national ministries of health to provide mass drug administration (MDA) with ivermectin (Mectizan,[®] donated by Merck & Co., Inc., Rahway, N.J.) for river blindness—also known as onchocerciasis—together

with health education, training, and impact evaluation. The program assists six countries: Brazil, Ethiopia, Nigeria, Sudan, Uganda, and Venezuela. It previously assisted five others: Cameroon, Colombia, Ecuador, Guatemala, and Mexico. The latter four have eliminated onchocerciasis transmission and received verification of elimination from the World Health Organization (WHO).

In 2021, The Carter Center assisted with the distribution of 30,411,401 Mectizan treatments, reaching 45% of the 2021 target. The COVID-19 pandemic and drug delivery delays continued to hinder distribution in some countries, especially Nigeria and Ethiopia (see Figure 1). Cumulatively, the program has assisted with 481 million ivermectin treatments since 1996 (see Figure 2). The 2022 target is 58 million treatments.

The meeting also reviewed 2021 activities for three additional neglected tropical diseases (NTDs) that are integrated with onchocerciasis elimination efforts in select countries. The Carter Center assisted with 12,949,832 albendazole (donated by GSK) and Mectizan treatments for lymphatic filariasis elimination in Ethiopia and Nigeria, 54% of the

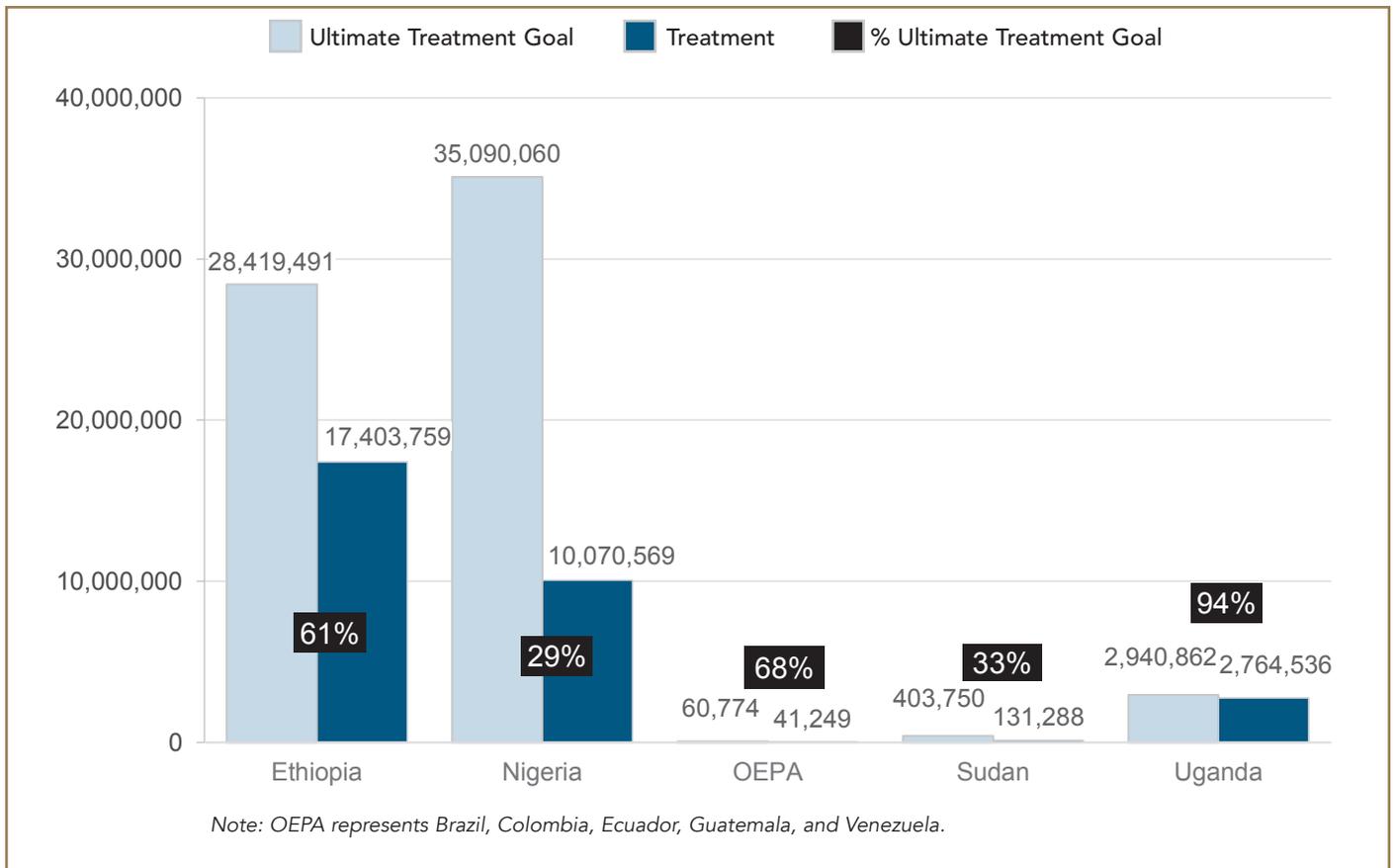


Figure 1. Mectizan Treatment Goals vs. Treatments Provided for Carter Center Assisted Areas in 2021

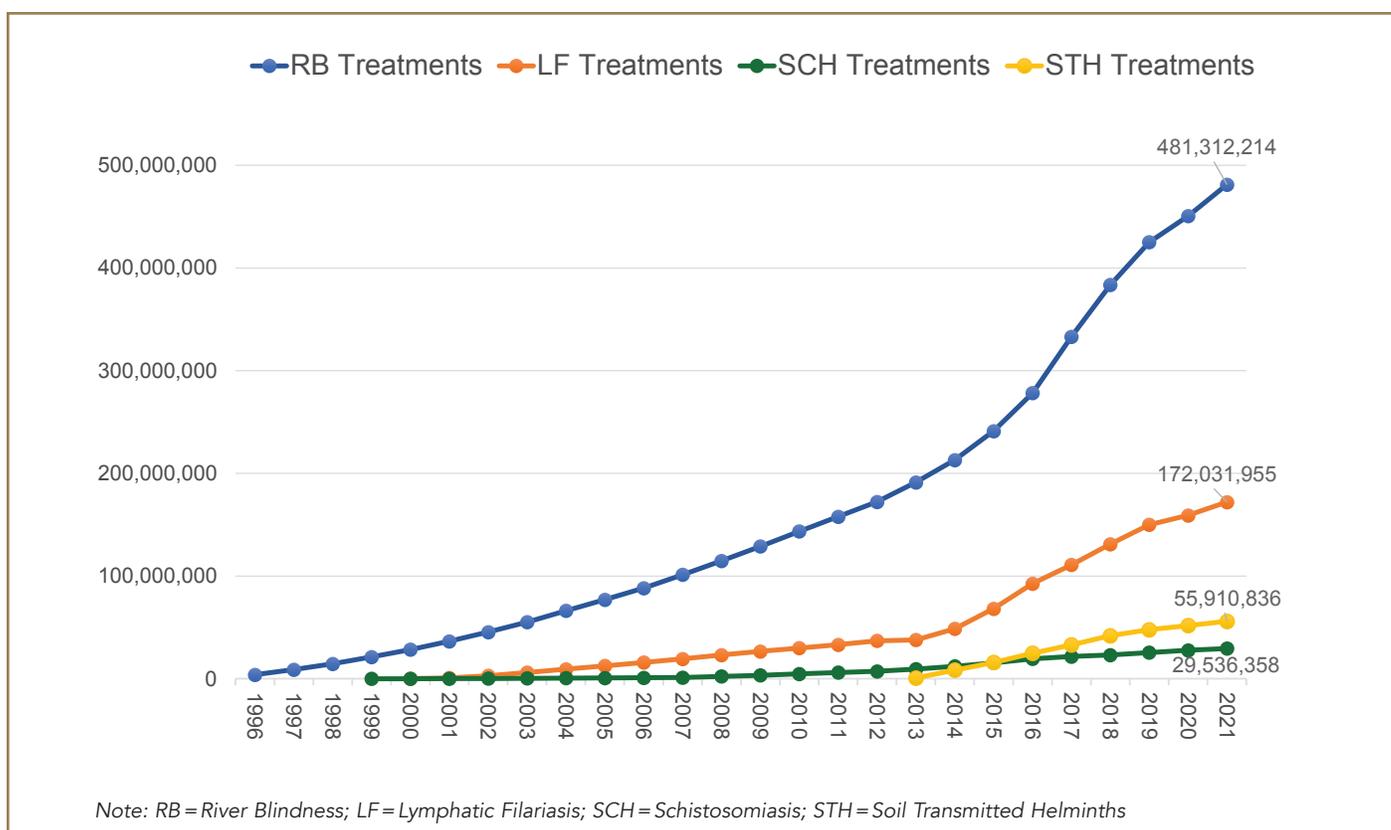


Figure 2. Cumulative Treatments for Carter Center River Blindness Elimination Programs, 1996–2021

target, and assisted with 1,829,352 treatments for schistosomiasis control and 4,107,186 treatments for soil-transmitted helminthiasis control, with each program reaching 40% of its target. Praziquantel for schistosomiasis is donated by Merck KGaA. The medicines used for soil-transmitted helminthiasis treatment are donated by GSK (albendazole) and Johnson & Johnson (mebendazole) and are given to school-aged children. A combined 49 million treatments for the four NTDs were assisted by the programs in 2021, with 93 million targeted for 2022. Cumulative treatments for all four diseases reached over 739 million in 2021 (see Figure 2).

There are several key 2021 highlights from the meeting. In Ethiopia, three districts met WHO's criteria to stop MDA for onchocerciasis, and three met the criteria to stop MDA for lymphatic filariasis. In Nigeria, which bears the largest burden of river blindness in the world, two states achieved onchocerciasis transmission elimination status and three states met stop-MDA criteria. The Carter Center's Onchocerciasis Elimination Program for the Americas (OEPA) completed construction of an airstrip in the Siapa Valley, Venezuela, to enable better access to remote communities in the Yanomami focus area, the last reservoir of transmission in the Americas. New funding from The END Fund will enable The Carter Center to expand support in Sudan for river blindness and lymphatic filariasis

elimination. Finally, in Uganda, three additional foci achieved onchocerciasis transmission elimination status. As a result of our elimination partnership, 10.4 million people no longer need treatment for river blindness in Carter Center-assisted areas and 12.1 million people no longer need treatment for lymphatic filariasis.

These accomplishments would not have been possible without the Carter Center's ministry of health partners and a grassroots network of community-directed drug distributors and community supervisors who volunteer their time to treat their communities. A combined 322,714 community drug distributors and supervisors participated in 2021, all of whom were mentored by the district-level ministry of health personnel and trained with the assistance of The Carter Center.

Ethiopia

Ethiopia's Federal Ministry of Health partners with The Carter Center to fight river blindness and lymphatic filariasis in six of the country's 11 regions. In 2021, the Carter Center assisted with the distribution of 17,403,759 Mectizan treatments—61% of the target. Progress was hampered by delays in the importation of Mectizan as well as insecurity in some areas. The lymphatic filariasis program was similarly impacted, delivering 1,282,238 treatments (53% of the target). Three districts met WHO criteria to

stop MDA for river blindness and three districts met stop-MDA criteria for lymphatic filariasis, meaning that about 500,000 and 261,000 people, respectively, no longer need treatment. These decisions were reached after years of good MDA coverage and rigorous epidemiological evaluations. To date, around 1.6 million people live in areas that have interrupted transmission of river blindness, and 1.4 million are similarly free from lymphatic filariasis in Carter Center-supported areas. Meanwhile, over 235,000 community drug distributors were trained in 2021, about 50,000 fewer than the prior year. River blindness mapping efforts continued, identifying several new areas of potential transmission. The current treatment goals for 2022 are approximately 28 million for river blindness and about 2.1 million for lymphatic filariasis. The Carter Center's work in Ethiopia is based on partnerships with the Federal Ministry of Health, the Lions Clubs of Ethiopia and the Lions-Carter Center SightFirst Initiative, and The Reaching the Last Mile Fund hosted by The END Fund.

Nigeria

The Carter Center program in Nigeria is an integrated NTD program working toward river blindness and lymphatic filariasis elimination, and schistosomiasis and soil-transmitted helminthiasis control in nine states. In 2021, Plateau and Nasarawa became the first two states in Nigeria to achieve river blindness transmission elimination status after completing at least three years of post-treatment surveillance following the halt of Mectizan treatments in 2018. Three additional states, including Carter Center-assisted Delta state, met WHO criteria to stop Mectizan treatment for river blindness in 2021. In total, 7.4 million people no longer require Mectizan treatment for river blindness in Carter Center-assisted areas of Nigeria.

The program assisted 27.6 million treatments for the four diseases in 2021, 39% of the combined target of 71.6 million. This low coverage was due primarily to delays in medicines. The 2022 targets total 59 million.

In addition to lymphatic filariasis MDA in southern Nigeria, The Carter Center supports morbidity management and disability prevention in Plateau and Nasarawa states. These two states reported on their work to provide adequate care for those suffering from chronic symptoms such as lymphedema and hydrocele that persist even when transmission has been eliminated, as it was in 2013. In 2021, seven new support groups for people with lymphatic filariasis, termed Hope Groups, were established, bringing the total to 27 in the two-state area. Twenty-four health personnel were trained to lead Hope Groups, and 118 new

beneficiaries began participating, bringing total group membership to 914. The program also supported 248 hydrocele surgeries in 2021.

The Carter Center's work in Nigeria is based on partnerships with the federal and state ministries of health, USAID's Act to End NTDs–East project, led by RTI International, and the IZUMI Foundation.

Onchocerciasis Elimination Program for the Americas

OEPA is a coalition led by The Carter Center that includes the ministries of health of the six originally endemic countries in the Americas, the Pan American Health Organization/WHO, and other partners. OEPA has stopped treatments in 94% of the population previously endemic for onchocerciasis, and four countries have received WHO verification of elimination.

The last active transmission zone is in the Amazon Rainforest bordering Brazil and Venezuela, called the Yanomami focus area after the indigenous people residing there.

In 2021, OEPA assisted Brazil and Venezuela to provide 41,249 Mectizan treatments, representing 68% of the 2021 treatment target of 60,774. Both Brazil and Venezuela achieved 68% of their respective treatment goals based on a twice-per-year MDA treatment strategy. In Brazil, Mectizan treatments were offered primarily alongside essential health services as the COVID-19 pandemic persisted, while Venezuela's program facilitated health visits to communities that focused on onchocerciasis but at times included interventions for malaria, tuberculosis, and other diseases. In addition to experiencing resource deprioritization due to the pandemic, the program had challenges with fuel supply and available flight hours to visit many endemic communities.

The 2022 treatment target for OEPA is 65,450 treatments, including a four-times-per-year treatment approach in three priority subareas of Venezuela.

In 2021, OEPA was supported by USAID's Achieve Onchocerciasis Elimination in the Americas and Merck & Co., Inc. (Rahway, N.J.).

Sudan

Since 1997, The Carter Center has assisted the Sudanese Federal Ministry of Health to eliminate onchocerciasis transmission in the country. Of four known transmission foci, the Abu Hamad focus was declared eliminated in 2015 and the Galabat focus is completing post-treatment surveillance, while transmission continues in Khor Yabus and Radom foci. In 2021, Sudan suffered from political

instability, regional insecurity, hyperinflation, fuel shortages, and COVID-19 impacts, which hindered MDA. No treatments occurred in Khor Yabus, but 131,288 Mectizan treatments were distributed in Radom. With new support from The END Fund, The Carter Center will expand support for river blindness and lymphatic filariasis elimination. In 2022, the program will conduct river blindness baseline assessments in areas with unknown endemicity and target the delivery of 403,750 treatments. For lymphatic filariasis, the program is targeting the delivery of 10,006,698 treatments and implementing morbidity management and disability prevention to alleviate the suffering of affected populations in key areas.

Uganda

Uganda declared a goal of river blindness transmission elimination from its 16 transmission foci in 2007. In 2021, three foci, Nyamugasani, Wadelai, and West Nile, completed post-treatment surveillance and were reclassified from “transmission interrupted” to “transmission

eliminated” status, bringing the total number of foci having achieved elimination status to 11. The Carter Center assisted with the distribution of 2,764,536 Mectizan treatments in 2021, reaching 94% of the target. The treatments included 200,082 passive treatments and 94,787 treatments for refugees. All river blindness MDA in Uganda is under a twice-per-year strategy. The 2022 target is 3 million treatments, almost all of which will take place in the large Madi-Mid North focus bordering the Republic of South Sudan. Transmission in the Madi-Mid North focus is suspected to be interrupted. In contrast, the smaller Lhubiriha focus is the only Uganda focus with ongoing transmission. It borders the Democratic Republic of the Congo. Coordinated cross-border assessment activities with all three countries are planned for 2022. Post-treatment surveillance activities continue in four foci that have interrupted transmission. The Carter Center’s work in Uganda is based on partnerships with the Ministry of Health, USAID’s Act to End NTDs–East project, led by RTI International, and the ELMA Foundation.

Nigeria Hosts 14th Onchocerciasis Elimination Meeting

KEY TAKEAWAY: According to the Nigeria National Onchocerciasis Elimination Committee, river blindness transmission in Nigeria’s Benue state has been reclassified from “ongoing” to “suspected interrupted” status.

The 14th meeting of Nigeria’s National Onchocerciasis Elimination Committee, held May 18–20 in Abuja, marked continued progress toward elimination of river blindness. Benue state has been reclassified from “transmission ongoing” to “transmission suspected interrupted” status.

An event was also held in Karu local government area, Nasarawa state, to celebrate the achievement in 2021 of “transmission eliminated” status in Plateau and Nasarawa states. Both are assisted by The Carter Center.

The committee noted the urgent need to determine the transmission status of eight states, calling for epidemiological assessments and additional laboratory capacity in the country. Progress to date has relied upon the Carter Center lab in Jos, Plateau, which has tested nearly 25,000 specimens for other partners in seven states in addition to analysis for the nine Carter Center-assisted states. Representatives from the Bill & Melinda Gates Foundation expressed interest in assisting newly designated labs to clear the backlog of approximately 26,000 serological specimens from across the country.

The hybrid virtual and in-person meeting was organized

by the Federal Ministry of Health with support from The Carter Center and USAID’s Act to End NTDs–East project, led by RTI International. Committee members were joined by partners from the Federal Ministry of Health, The Carter Center, Amen Health Care and Empowerment Foundation, the Bill & Melinda Gates Foundation, Christian Blind Mission, U.S. Centers for Disease Control and Prevention, Health and Development Support Programme, Helen Keller International, Mission to Save the Helpless, RTI International, Sightsavers, The END Fund, and the World Health Organization.



Representatives of The Carter Center joined community members in Karu local government area on May 20 to celebrate the elimination of both river blindness and lymphatic filariasis from Nasarawa state, Nigeria.

World Celebrates Third Neglected Tropical Diseases Day

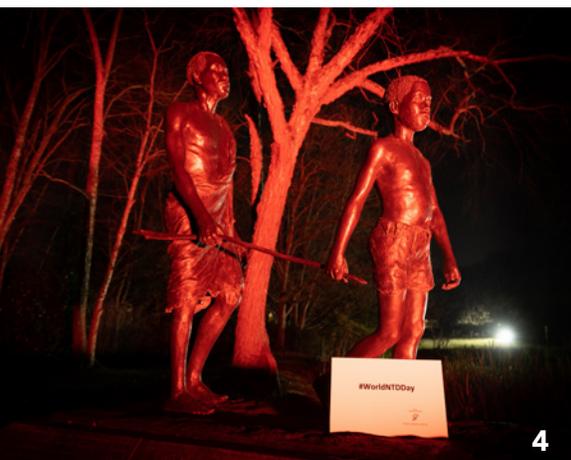
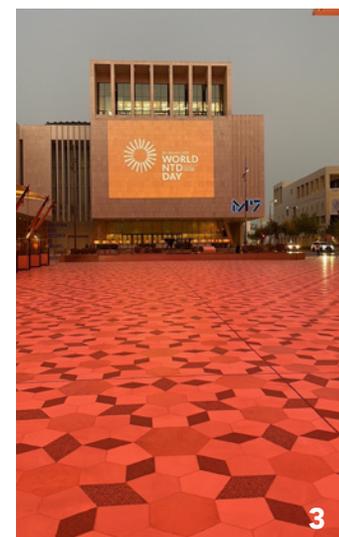
Jan. 30, 2022, marked the third annual World NTD Day, highlighting the global community's commitment to ending neglected tropical diseases (NTDs) that cause immeasurable suffering among the world's most marginalized communities.

The organizers of the third annual World NTD Day aimed to light up 100 landmarks across 32 countries in support of the World Health Organization's goal to eliminate at least one NTD from 100 endemic countries by 2030. Notable landmarks such as the Great Wall of China, and the Rome Colosseum were illuminated in orange and purple to mark the occasion.

Local celebrations in Nigeria, South Sudan, Ethiopia, Haiti, and Uganda spotlighted some of the Carter Center-assisted communities making great strides in the fight against NTDs. Seri village in Nigeria's Plateau state and Yei village, South Sudan, marked the day with celebrations that



Celebrations and lit-up monuments in honor of World NTD Day: 1. The Carter Center, Atlanta; 2. Yei village, South Sudan; 3. WISH Foundation, Qatar; 4. "Sightless Among Miracles," Atlanta; 5. Seri village, Nigeria; 6. Niagara Falls, New York.



included lighting hundreds of orange glow sticks. Plateau and its neighbor, Nasarawa, are the first two states in Nigeria to eliminate river blindness and lymphatic filariasis.

In Georgia on World NTD Day, The Carter Center, the Jimmy Carter Presidential Library, Hartsfield-Jackson International Airport, Mercedes-Benz Stadium, and President and Mrs. Carter's home in Plains were lit up in bright orange.

An important symbolic lighting was that of the "Sightless Among Miracles" statue on Carter Center grounds, in tandem with its sister statues at Merck & Co., Inc., Rahway, New Jersey, and Lions Clubs International Foundation headquarters in Oak Brook, Illinois. Commissioned by philanthropist John Moores and created by sculptor J.T. Wallen, these statues are a lasting visual reminder of the impact of river blindness in African communities and have been an artistic focal point for the partnership to eliminate this disease from the world.



Malaria Day Symposium Focuses on Genetic Technology

Despite significant progress in reducing malaria in the first part of this century, progress has stalled since 2015, and malaria still claimed the lives of 627,000 people in 85 endemic countries in 2021. Recognizing the insufficiency of current tools to achieve eradication, the theme for World Malaria Day 2022 was “Harness innovation to reduce the malaria disease burden and save lives.”

On World Malaria Day 2022, April 25, The Carter Center joined the Rollins School of Public Health at Emory University in hosting a virtual symposium titled “Gene Drive Mosquitoes for Malaria Control: A New Horizon for Public Health?”

Recent advances in genetic technology have raised the possibility of accelerating the elimination of malaria and other mosquito-transmitted

diseases. For example, gene drive technology offers the ability to generate populations of mosquitoes that are resistant to diseases. However, the opportunities and challenges for public health policy and community engagement have not been fully explored. Effective communication is particularly critical in light of public concerns about other genetic modification technologies.

The Emory-Carter Center symposium brought together scientists, public health practitioners, ethicists, historians, and ministry of health officials for a candid discussion of issues surrounding development and deployment of this technology. The symposium revealed critical gaps in engagement between stakeholders in gene drive mosquito technologies. As Rollins Dean Dr. Jim

Curran stated in his opening comments, “Any new technology only works in communities and is only safe and effective with community involvement.”

The event moderator, Sarah Carter, is a molecular biologist and science policy consultant as well as the granddaughter of Jimmy and Rosalynn Carter. “This discussion today stems in part from conversations I’ve had with him [Jimmy Carter] about the potential of gene drive technologies for public health,” Carter said. “If these technologies do prove to be as promising as they could be, then it will be really exciting to be able to move forward with them in a responsible and engaged way. So I’m hoping that we can make progress toward that kind of engagement and decision making.”

In Memoriam: Dr. Stephen Blount

The Carter Center community mourns the unexpected death on April 30 of Dr. Stephen Blount, the recently retired chair of the Center’s International Task Force for Disease Eradication, director of its special health projects, and advisor to the Hispaniola Initiative. Dr. Blount was a leader and mentor whose long career



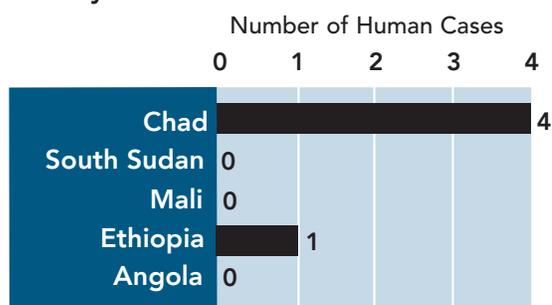
Dr. Stephen Blount

in global public health earned him admiration and respect. His compassion, humility, and gentleness will always

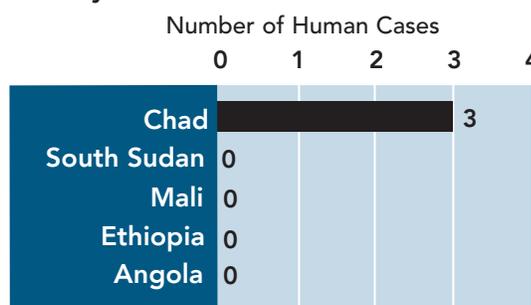
be remembered here at The Carter Center, at the U.S. Centers for Disease Control and Prevention, where he served with distinction for 25 years, and throughout the public health community. The Center extends its deepest condolences to his family, friends, and to all whose lives he affected for the better.

Guinea Worm Disease Update

January–June 2021



January–June 2022*



*Provisional

Carter Center to Implement New Strategic Plan for Health

The Carter Center has developed a long-looking strategic plan to guide its health work over the next 10 years. The new plan was designed to fit the needs of an ever-evolving global health landscape.

“For nearly 40 years, The Carter Center has maintained a steadfast focus on waging peace, fighting disease, and building hope in communities worldwide. From our founders to our global staff—it is who we are,” said Paige Alexander, Carter Center CEO. “The pandemic has provided an opportune moment to reflect and plan for the future—to lay down a path that ensures continued success for years to come and to prioritize transformation and innovation.”

Dr. Kashif Ijaz, vice president for health programs at The Carter Center, believes the new health programs strategic plan will lead to greater impact. “The health plan supports the Carter Center’s overall strategic plan in honoring existing commitments, focusing on innovation and growth, and maximizing efficiencies and promoting learning.”

Carter Center Health Programs Vision Statement

Advance human rights by leveraging expertise in disease control, elimination, and eradication as well as mental health, collaborating with peace and across health programs, and building the capacity of health systems where we work.

The health programs strategic plan is the culmination of a five-month information-gathering process in which the planning team consulted with staff, partners, donors, and global health experts through interviews, focus groups, and surveys. The team also reviewed internal documents and compiled extensive external research.

The findings from this landscape assessment provided the foundation for a workshop held with a group of Carter Center staff and leadership to make decisions about the best course for the programs’ work going forward. Taken together, this research and stakeholder input fed into the strategic plan, which outlines the health programs’ vision and aspirations and the steps needed to achieve program goals.



The needs of people in communities in the places The Carter Center works were central to the design of the Center’s new strategic plan.

The Center’s health programs are making steady progress toward meeting existing commitments in mental health and disease control, elimination, and eradication and will focus on completing those before expanding into new areas. In addition to these existing goals, the strategic plan outlines three secondary aspirations that can support and complement current efforts:

1. Connect health and peace program resources and networks to expand the reach of Carter Center interventions in all countries that host the two programs and would benefit from the effort, by 2030.
2. Expand mental health resources to create sustainable and improved global mental health policies and interventions in all infectious disease programs that have gaps for mental health-related co-morbidities, by 2030.
3. Directly strengthen at least one health system building block in 75% of the countries that have on-the-ground presence of health programs, by 2030.

These aspirations can help to deepen the Center’s impact, leveraging its expertise in both health and peace, building on current efforts to meet the mental health needs of people with neglected tropical diseases, and ensuring that the Center’s disease eradication, elimination, and control efforts are strengthening the health systems of the countries where the Center works.

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This issue is made possible in part thanks to the Michael G. DeGroote Health Program Publications Fund.

The Carter Center
One Copenhill
453 John Lewis Freedom Parkway NE
Atlanta, GA 30307

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