



## Center for Blindness Review Assists in Millions in 2003

During the  
Blindness  
meeting,  
ch 1-3, 2004  
The Carter C  
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pediments to p  
n. Dr. Donald  
cal director of

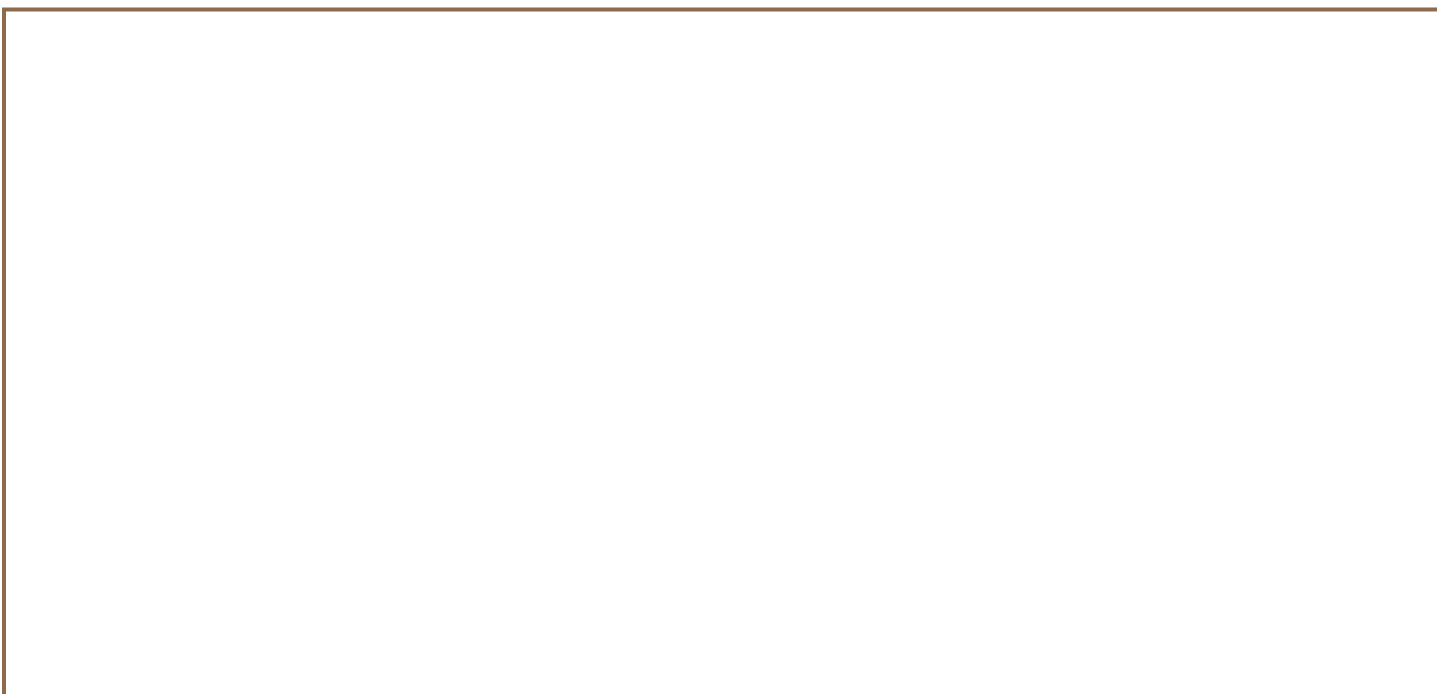
program, chaired the meeting.  
The Carter Center assisted in  
providing treatments with Mectiza  
11 countries in 2003, with 96 perce  
of the annual treatment objective  
attained. The 2003 accomplishments  
represented an increase of 8 percent  
over treatments assisted in 2002. Of  
the treatments assisted in 2003, 97 per-  
cent were accomplished in partnership

## Clean Faces: Where F and E of SAFE Come Together

# River Blindness

to be strengthened. It also would benefit the programs if onchocerciasis were shown to be eradicable in Africa.

## *Summary of Treatment Reports*



# River Blindness

Figure 1



## Ethiopia

In its third year of mass Mectizan distribution, Ethiopia treated a total of 1,007,983 people with River Blindness Program/Lions Clubs International Foundation assistance. This represents a 95 percent increase over 2002 and 90 percent of their annual treatment objective for 2003. This was also the first year that the Ethiopian program has exceeded 1 million treatments. The program is expanding into two new regions in 2004, which will more than double its ultimate treatment goal to 2,429,644.

## Sudan

The ongoing war in Sudan and inadequate national funding continue to pose obstacles to safe drug delivery by the program. This year treatments decreased by 22 percent to 439,798, or 61 percent of the annual treatment objective. A peace settlement seems imminent, and the

program continues to develop strategies for increased postwar treatments.

## The Americas

In OEPA, the strategy is to provide two Mectizan treatment rounds per year in all endemic communities, not only to interrupt transmission of *Onchocerca volvulus* but also to stop all manifestations of disease. In the six countries endemic for river blindness in the Americas, 819,066 treatments were assisted in 2003, 93 percent of the ultimate treatment goal (2), compared to 86 percent in 2002. (See Figure 2, page 4.) The year 2003 was a milestone for OEPA, as it was the first in which every country exceeded the 85 percent target coverage of eligible population in both rounds of treatment. For various reasons, Venezuela was not able to reach this level of coverage in the past. However, extra efforts and involvement of the government have had a strong impact on drug distribution efforts.

## Attendees

Attendees included River Blindness Program country representatives Mr. Teshome Gebre, Ethiopia; Ms. Peace Habomugisha, Uganda; Dr. Emmanuel Miri, Nigeria; and the resident technical advisers of Sudan, Mr. Raymond Stewart, Khartoum, and Mr. Mark Pelletier, Nairobi.

Dr. Mauricio Sauerbrey presented progress made in the six river blindness-affected countries in the Americas served by the Onchocerciasis Elimination Program for the Americas.

Dr. Albert Eyamba, Cameroon, was unable to attend this year due to visa processing issues. Dr. Moses Katarwa, program epidemiologist, presented the Cameroon report in his stead.

Other technical staff members included Dr. Abel Eigege, Nigeria, and Dr. Assefa Worku, Ethiopia. Special guests included professor Mamoun Homeida, chairman, National Onchocerciasis Task Force, Sudan; Ms. Sonia Pelletreau, Lions Clubs International Foundation; Dr. Jamie Maguire, chief, Parasitic Diseases Branch, Centers for Disease Control and Prevention; Dr. Frank Richards, Division of Parasitic Diseases, CDC; Dr. Steve Blount, director, Office of Global Health, CDC; Mr. Ross Cox, deputy director, Office of Global Health, CDC; Dr. Ed Cupp, professor of entomology, Auburn University, Auburn, Ala.; Dr. Tom Unnasch, professor of immunology, University of Alabama at Birmingham; Dr. Bjorn Thylefors, director, Mectizan Donation Program; and Dr. Mary Alleman, associate director, Mectizan Donation Program, among other observers.

**B**ased on the findings of the  
January 2002 Conference on the  
Eradicability of Onchocerciasis,  
a three-day meeting of 64 experts that

took place at The Carter Center  
and was co-sponsored by the World  
Health Organization, onchocerciasis

# River Blindness

**T**he African Program for Onchocerciasis Control (APOC) has been a key source of funding for the Carter Center's onchocerciasis activities since soon after the beginning of our River Blindness Program. APOC's basic premise is to set up and fund Mectizan distribution operations in endemic areas in 19 countries, in collaboration with The World Bank, WHO, ministries of health, and

# Trachoma

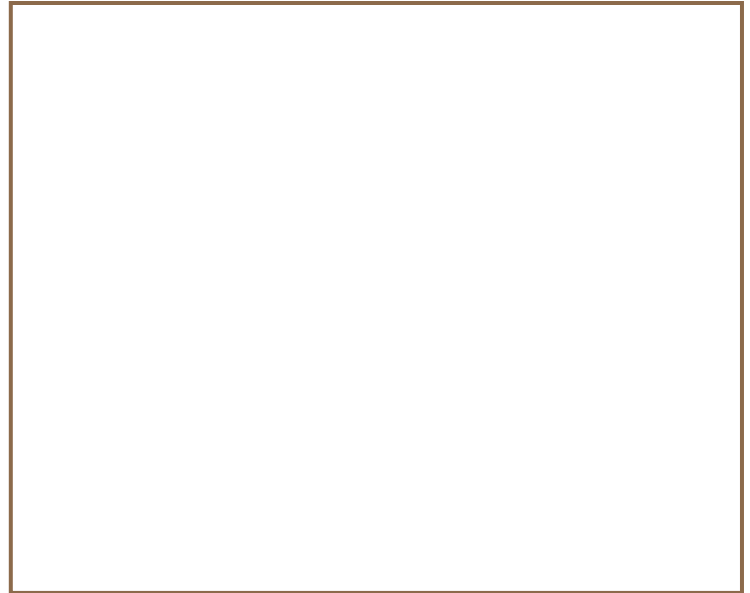
## Clean Faces

surveys, but few have collected follow-up data for evaluation. Routine village line listings in Sudan and Ghana include facial cleanliness estimates, where children are randomly selected and examined for ocular or nasal discharge. Yet, very little has been done with these data up to now.

The South Gondar Trachoma Control Program in Ethiopia is leading the way in routine use of facial cleanliness data. Ato Zelalem Abera of the Amhara Regional Health Bureau and Dr. Anteneh Woldetensay, The Carter Center, track facial cleanliness data monthly. The routine collection of facial cleanliness data is only in its early development, but we already can begin looking for trends in facial cleanliness and signs of progress in F and E interventions. Figure 4 shows aggregate South Gondar facial cleanliness data in children aged 1-9 years, beginning in February 2003. A total of 21,150 children 1-9 years old were examined. Monthly reports from villages are frequently incomplete and have yet to be validated, but the Trachoma Control Program is working to improve monthly surveillance.

In the coming years, we expect to see monthly data on facial cleanliness to compare with these 2003 reports.

environmental hygiene, and it will be exciting to monitor the impact of F and E interventions as facial cleanliness increases, TF decreases, and we move forward to control blinding trachoma.



# Trachoma

Group members were able to recall the signs and cause of trachoma and methods of prevention. They reported to have increased their own hygienic behaviors such as face washing, compound sweeping, burying excrement, and the use of latrines. Most importantly, community members reported that radio learning groups motivated them to take action. One participant from the village of Tinabelle said, “Our village is clean because the radio asked us what are we doing to clear trachoma ... so it is mandatory for everyone in this community to join the communal cleaning every Friday.”



In other villages, respondents reported that their group inspired communities to fix broken borehole wells and begin new latrine construction. The village chief of Tolle said, “The trachoma radio programs have made my village healthier. Before, you could see filth all around, children’s faces dirty and flies everywhere.” Many communities appear to have changed for

the better, with improved hygienic practices; however, there is still a lot of work to be done. Some community health workers reported that hygiene activities are not always practiced, showing the need for continued supervision.

The Ghana experience has demonstrated that the community members accept radio learning groups and there is a growing demand for expanding the program to include other trachoma-endemic communities. Radio learning groups appear to be a useful way to improve the delivery of key health education messages on trachoma control and prevention and motivate community members to make positive hygiene changes.

Based on the findings of this qualitative study and positive reports from villages in the Upper West region, the Ghana Trachoma Control Program expanded radio learning groups to the Northern

region in April 2004. The Ghana program has purchased radios for trachoma-endemic communities. The Carter Center donated 60 additional Freeplay radios and will continue to provide technical assistance to the groups. Carter Center support to the Ghana Trachoma Control Program is made possible through the Conrad N. Hilton Foundation.

## Next Step for F and E: Going to Scale *The Fifth Annual Review of Carter Center-Assisted Trachoma Control Programs*

# Trachoma

- 18,066 (52 percent annual target) trichiasis patients received corrective surgery.

Special presentations each day highlighted important aspects of trachoma control and allowed the group to brainstorm and challenge one another. The special presentations this



# Trachoma

## Survey in Amhara Region Confirms High Trachoma Prevalence

Ethiopia may have the highest burden of blinding trachoma in the world. The national prevalence of blindness is estimated to be 1.25 percent, and more than 900,000 people are believed to be blind. The leading causes of blindness are cataract (40 percent), followed by trachoma (30 percent).

In October 2000, The Carter Center, with funding from the Lions-Carter Center SightFirst Initiative, began assisting work on trachoma control in the Amhara region. The first phase of the Lions-Carter Center support focused on four health districts in the South Gondar zone. The first community-based trachoma prevalence survey was done in South Gondar December 2000-January 2001 by the Amhara Regional Health Bureau with support from The Carter Center. That survey found that overall, the prevalence of follicular inflammatory trachoma (TF) among children 1-9 years old was 62 percent. (See Figure 7, page 10.) The South Gondar Trachoma Control Program began in earnest in 2001 and was very successful in implementing the SAFE strategy in an area of over 1,000,000 inhabitants.

In 2003, The Carter Center and Lions International increased their support to the Amhara Regional Health Bureau for trachoma control, allowing the program to expand to include a total of 19 districts in four zones, with a

Table 2

### Niger

- 1,274 village volunteers trained in hygiene education
- 2,000 Trachoma Control Program posters and 450 flip charts printed, and 3,000 T-shirts made
- 1,303 SanPlat latrines constructed (42 percent annual target)
- Approximately 710,230 persons treated with Zithromax (91 percent annual target)
- 4,858 trichiasis patients received corrective surgery (65 percent annual target)

### Nigeria (Plateau and Nasarawa States)

- Latrine promotion project launched in Plateau and Nasarawa states
- Health education materials printed and distributed to all project villages
- 108 masons trained in F and E activities (60 percent annual target)

### Ethiopia (Amhara Region)

- Program expanded from area covering 1 million people to 4 million people

- 2,151 household latrines constructed (85 percent annual target)
- Pilot school health curriculum finalized; it will be translated into Amharic with help from local Lions Clubs
- 100,256 persons received Pfizer-donated Zithromax in first round of treatments
- Trichiasis surgery expanded to reach 6,840 patients (61 percent annual target) with close support from Ethiopian Lions Clubs

### Sudan

- National trachoma prevalence survey over 80 percent completed
- First annual program review for south Sudan held in Lokichokio
- 1,276 villages (53 percent annual target) received regular health education
- 2,182 household latrines constructed (103 percent annual target)
- 303,563 persons treated with Zithromax (96 percent annual target)

# Trachoma

With assistance from the Lions-Carter Center SightFirst Initiative, The Carter Center/Ethiopia began assisting the Amhara Regional Health Bureau in trachoma control in October 2000 with a population-based trachoma prevalence survey.

Activities began soon thereafter in

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Mecaskey JW. Knirsch CA. Kumaresan

[Journal Article. Review. Review, Tutorial]

# Global Health News

## In Memory of Mr. Paul Nabaya

We join the national River Blindness Control Program of Uganda in mourning the loss of Mr. Paul Nabaya, onchocerciasis control coordinator in the Sironko district. Mr. Nabaya died on April 14, 2004.

He was known for his commitment and dedication to the growth of a successful program that provided 48,688 Mectizan treatments during 2003, 98 percent coverage of ultimate treatment goal, in the mountainous region of Sironko district. Our sincere condolences to his family.

## Lions

school health program, school health curricula, and videocassettes produced by The Carter Center and BBC during the training.

A total of 2,151 latrines were built (85 percent of annual target) during 2003, with support from The Carter Center. Additional latrines were built at three schools and three health centers. To further expand latrine construction and acceptance, the program is pursuing the use of local materials. Thus far in 2004, 575 latrines have been built in East Gojam zone with local materials.

The impact of some of the above-mentioned interventions is becoming evident in cleaner faces of children. (See article on page 1). The Amhara program has set challenging targets for itself in 2004, including implementing hygiene promotion activities in all 652 villages, building 10,000 latrines, and expanding the trachoma prevention school health curriculum in schools. In addition, the program plans to treat 266,000 and 550,000 people with tetracycline ointment and Zithromax, respectively. Sixty-seven trichiasis surgeons will be trained, and 48,881 trichiasis surgeries done in outreach campaigns and at health centers.

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