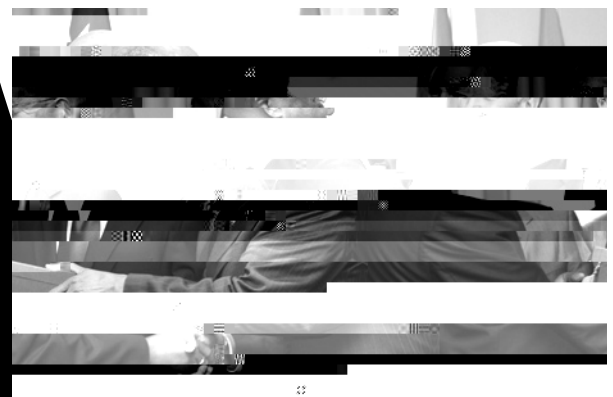


Health officials from 11 African countries have recognized former U.S. President Jimmy Carter and The Carter Center for their "pioneering contributions to eradicating neglected tropical diseases in Africa." The leadership award was presented to Carter Center officials Dr. John Hardman, president and CEO, and Dr. Donald Hopkins, vice president of health programs, on April 22 in a Washington, D.C., event sponsored by Global Health Progress and ONE.

"President Carter is a true leader and friend to the African nations," said Dr. Sam Zaramba, Uganda's director general of health services, speaking on behalf of the delegation. "The partnership of his Carter Center with our governments and communities has ended the suffering many of our people experienced from the debilitating effects of Guinea worm."

This is the second award given by the delegation, which was in Washington to discuss Africa's health concerns with U.S. officials and is composed of senior health officials from Uganda,



## What's Inside

# Trachoma Review Highlights Progress in Six Countries

Melinda Gates Foundation, the Arthur M. Blank Foundation, Pfizer Inc, the International Trachoma Initiative, the Lions Clubs of Ethiopia, and Lions Clubs International Foundation.

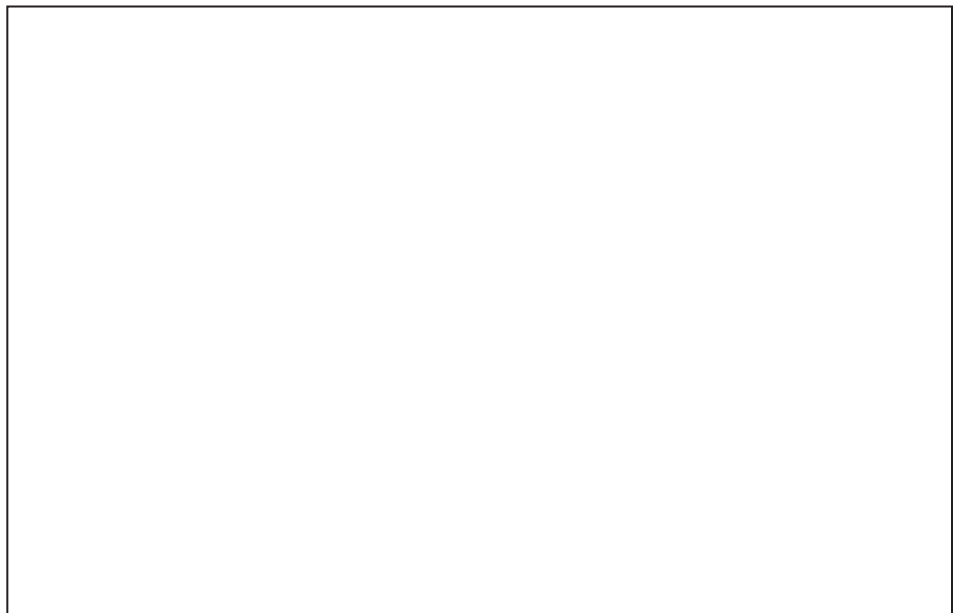
Country program presentations focused on this year's theme, "From Control to Elimination." In addition to annual activity data, national

the seven Carter Center-assisted programs in six countries and the programs' major partners, the Conrad N. Hilton Foundation, the Bill &

*continues on page 2*

# Trachoma

## Program Review



### Ghana

- † AcVgRIV\_TVhRdcVFUVU to below the World Health Organization intervention thresholds
- † "D!) Y f dY JU latrines were constructed
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### Ethiopia

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### Niger

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trichiasis surgery

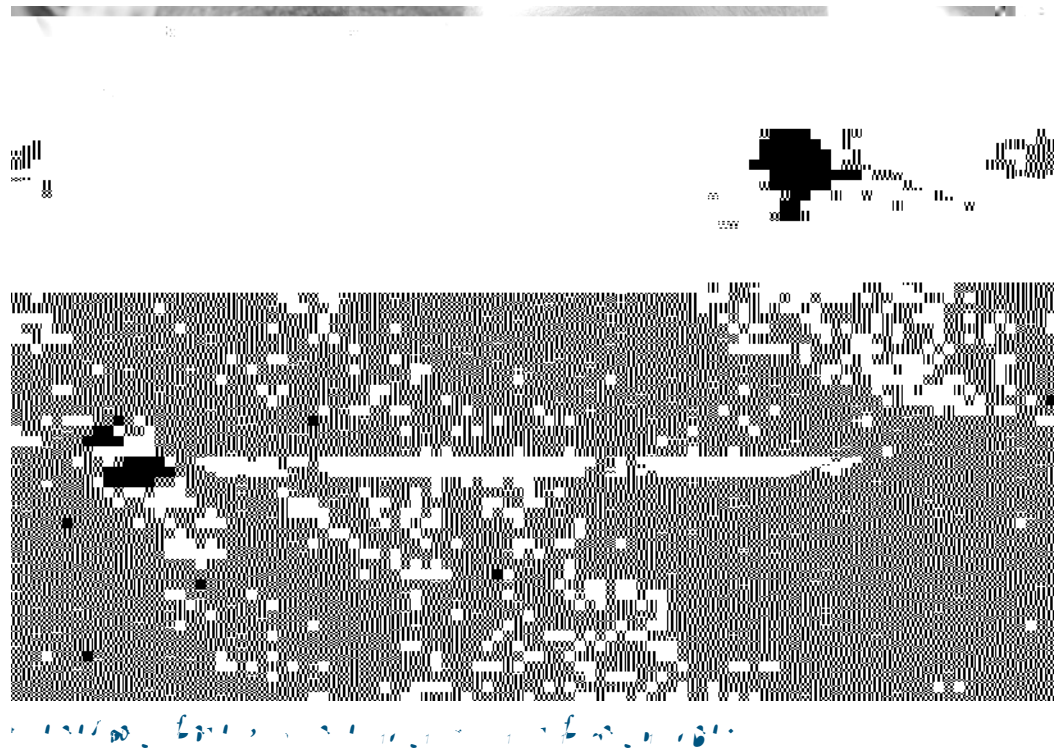
†

# Trachoma

In February 2009, The Carter Center supported mass distribution of azithromycin for trachoma control in two endemic districts of Zinder region in Niger. Azithromycin (Zithromax®) is provided for trachoma-endemic countries by Pfizer Inc through the International Trachoma Initiative. This distribution was part of the Carter Center's expansion of assistance to surgical and antibiotic activities in Niger and Mali, made possible with support from the Conrad N. Hilton Foundation.

The distribution focused on two health districts, Zinder commune and Mirriah (estimated population 600,000). After residents received an annual dose of antibiotic for three consecutive years, 2004 to 2006, the districts had been resurveyed and were found to still have rates of follicular trachoma (TF) greater than

10 percent in children ages 1 to 9 years. Following World Health Organization implementation guidelines, any district with a prevalence of TF greater than 5



## Trachoma Survey Training Reaches Programs in Mali, Burkina Faso

**D**ue to the change in prevalence survey methodology recommended by the World Health Organization (WHO), current prevalence estimates in Mali require updating from the original surveys conducted in 1996 and 1997. The Carter Center will support trachoma prevalence surveys in 24 districts in Mali identified by the national program for 2009: all districts in the regions of Segou (eight districts), Mopti (eight districts), and Kayes (seven districts), plus baseline prevalence surveys in Kidal, which were recently conducted. Results from these surveys will provide up-to-date data to guide the national program in planning for interventions. The surveys will allow accurate estimates of backlogs of patients requiring trachomatous trichiasis (TT) surgeries and help the program determine which districts qualify for mass antibiotic distribution and improvements in sanitation and hygiene.

Part of the Carter Center's support to the national program included training on the current WHO trachoma prevalence survey methodology in collaboration with Research Triangle Institute's (RTI's) Neglected Tropical Diseases Initiative. Dr. Dieudonne Sankara, RTI technical director for neglected tropical diseases (NTDs), and Jonathan King, Carter Center trachoma control epidemiologist, co-led this training. Malian participants included 10 trachoma examiners, 14 recorders (two medical assistants and 12 medical students), the NTD coordinator for Helen Keller International, and senior staff of the National Prevention of Blindness program. In addition to the Malian participants, RTI supported five participants from Burkina Faso. The training was enhanced by the rich experiences of each national program, led by Dr. Sanoussi Bamani, the national blindness prevention coordinator

of Mali, and Dr. Bernadette Yoda, national blindness prevention coordinator of Burkina Faso. The training represents a collaboration among The Carter Center, RTI, and HKI to help tackle trachoma in West Africa.

Attendees participated in two days of classroom discussion and group exercises covering recommended sampling methods, household interviews, survey form completion, and, most importantly, use of the WHO simplified trachoma grading system to identify clinical signs of trachoma. The classroom exercises were followed by two days of practical training in the field. Four villages were selected for applied exercises in sampling, interviewing, completing forms, and eye examination. The technical participants' capacity to use the WHO simplified trachoma grading system was measured through an in-class and practical exam. Participants who achieved an agreement with the reference ophthalmologist of above 80 percent for WHO grade follicular trachoma (TF) were recommended to serve as examiners in upcoming surveys.

choma control program reviews and have worked on many collaborations with The Carter Center in trachoma, onchocerciasis, and lymphatic filariasis control. The Carter Center currently assists the distribution of Pfizer-donated Zithromax® in Ethiopia, Niger, and Sudan. In 2008, The Carter Center supported treatment for 13.3 million people, totaling 37 percent of all Zithromax treatments distributed that year, making the Center ITI's largest single partner.

During the participatory planning meetings for the move to the task force, senior representatives from Pfizer reaffirmed with the Center Pfizer's commitment to the shared objective of global elimination of blinding trachoma by the year 2020. The shipments of

# River Blindness

the River Blindness Program-assisted





# River Blindness

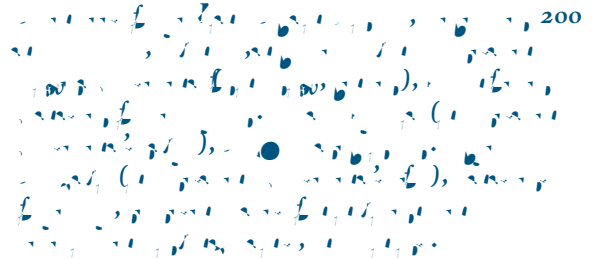
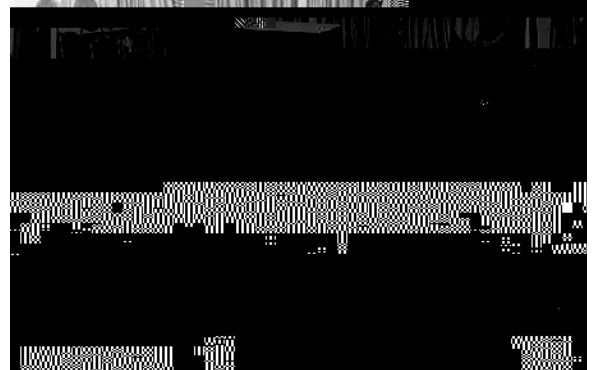
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goal of elimination might be achieved.

JAF noted that the shift in APOC from a goal of control to a goal of elimination called for a clearer definition of elimination. In response, APOC, with the support of the Mectizan Donation Program and the Bill & Melinda Gates Foundation, held an informal consultation in February to define elimination goals in Africa; Dr. Frank Richards, director of the Carter Center River Blindness Program, participated. JAF attendees suggested that final recommendations from the consultation be used by national onchocerciasis task forces in endemic countries in Africa to develop individual elimination strategies, following the lead of Uganda and northern Sudan, which

has a policy of elimination for the Abu Hamad focus.

JAF is the top governing body of APOC, determining its overall policy and strategy and approving its annual budget and plan of action. JAF representatives include governments of onchocerciasis-endemic countries, financial donors, Merck & Co., Inc., the Mectizan Donation Program, nongovernmental development organizations such as The Carter Center, and APOC's technical consultative committee. JAF meets annually in December, and this December meeting was



its 14th. Dr. Moses Katarwa represented The Carter Center.

## Study Finds Mectizan Effective Against Some Worms in Nigeria

**M**ectizan® (ivermectin) is the drug of choice for treating onchocerciasis, but its positive impact goes far beyond the one

disease. Dr. Julie Gutman, a consultant from Emory University, conducted a study on the effect annual ivermectin mass drug administration is having on

three intestinal worms: *Ascaris lumbricoides*, hookworm, and *Trichuris trichiura*. The study compared worm prevalence in local government areas *with* a mass drug administration program for ivermectin to the prevalence of those *without* in Imo state, Nigeria.

Intestinal worm (soil-transmitted

continues on page 10



Figure 6

Prevalence of Soil-Transmitted Helminth Infection





**D**ue to a generous and unprecedented donation of the medicine praziquantel, the number of children treated by a Carter Center-assisted program for the parasitic disease schistosomiasis quintupled from 2007 to 2008. Merck KGaA (E. Merck) made the donation to the World Health Organization, and they are providing 1.5 million praziquantel tablets per year for the next several years to Plateau and Nasarawa states in Nigeria, where the Carter Center-assisted Schistosomiasis Control Program has operated since 1998.

Mass distribution of praziquantel can significantly reduce schistosomiasis morbidity. But unlike the drugs used to treat river blindness and lymphatic filariasis (Mectizan<sup>®</sup>, donated by Merck & Co., Inc., and albendazole, donated by GlaxoSmithKline), praziquantel has not been widely donated and costs approximately \$0.20 US per treatment. The cost of praziquantel has severely limited mass treatment programs for schistosomiasis.

With the donation, the Carter Center program assisted in 1,137,735 treatments in Delta, Plateau, and Nasarawa states in 2008, almost as many

*continues on page 12*

