

EYE of the EAGLE

THE
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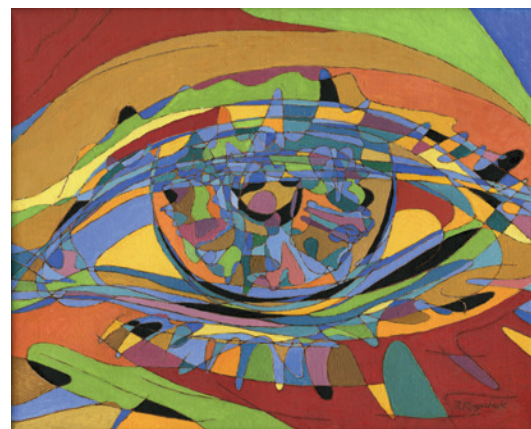
Lions Clubs Renew Partnership Guinea Worm Update

Trachoma Program Celebrates 20 Years of Impact

In its first 20 years, the Carter Center's Trachoma Control Program has assisted eight countries in implementing the SAFE strategy to control trachoma, facilitating more than 780,000 surgeries for trichiasis, distributing 182 million doses of antibiotics during mass drug administration, promoting health education in 30,000 communities, and aiding in the construction of 3.6 million latrines. The program has led operational research efforts to improve performance and has documented important new evidence in the fight against the disease.

To commemorate its two decades of work, the program commissioned a painting, titled "Seeing a Vibrant Future." The painting, by U.S. artist Richard Muzechuk, portrays layers of healthy eyes from a variety of cultures, representing our shared humanity and the idea of seeing ourselves through others' eyes—working together toward "a vibrant future in a world free of trachoma."

The year 2018 also marks the 20th anniversary of World Health Assembly Resolution



"Seeing a Vibrant Future" was painted by artist Richard Muzechuk in honor of the Trachoma Control Program's 20 years of work.

51.11 calling for the elimination of trachoma as a public health problem by the year 2020. Since the resolution was passed in 1998, significant progress has been made to map the burden of trachoma, deliver SAFE interventions at scale, and validate the elimination of trachoma as a public health problem in six

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Two States Break River Blindness Transmission

More than 2.6 million people in two states in central Nigeria will stop taking medication for onchocerciasis this year because transmission of the disease has been interrupted. The Nigerian Ministry of Health, The Carter Center, and other partners announced this success in March 2018.

Nasarawa and Plateau states will now begin a period of post-treatment surveillance, which can last up to five years, to monitor for any evidence that the parasite

has re-emerged in the absence of Mectizan® (ivermectin, donated by MSD, also known as Merck & Co. Inc., Kenilworth, N.J., USA). Once this period is finished—pending good results—the states can declare that they have eliminated transmission of river blindness. The decision to stop treatment for such a large population represents the largest such decision ever made.

"River blindness has burdened Nigerians since the days of our ancestors," said the Hon. Isaac Adewole, Nigeria's federal minister of health. "With the support of The Carter

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Electronic
Edition

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Sudan Provides Trachoma Services to South Sudanese Refugees

South Sudan has witnessed mass displacement of its population since fighting erupted in the country in December 2013. Conflict, famine, and drought have displaced nearly 4 million South Sudanese; nearly 2 million have become refugees in neighboring Ethiopia, Kenya, Sudan, and Uganda. According to the United Nations High Commissioner for Refugees (UNHCR), over 770,000 South Sudanese are estimated to have fled to Sudan since December 2013. An additional 200,000 refugees are expected to arrive in Sudan in 2018. UNHCR reports that about 22 percent of refugees live in eight official refugee camps, while 78 percent live in makeshift settlements.

In November 2017, the Sudan Federal Ministry of Health, with support from The Carter Center, conducted a trachoma baseline prevalence survey in eight South Sudanese refugee camps in White Nile state. Results of the survey showed a greater than 10 percent prevalence of trachomatous inflammation-follicular (TF) in children ages 1 to 9 years and greater than 1 percent prevalence of trachomatous trichiasis (TT) in those ages 15 years and above, indicating that the full SAFE strategy involving surgery, antibiotic distribution, and health education (toward facial cleanliness and environmental improvement) is warranted for these refugee camps.

In February 2018, TT surgical activities were conducted in the eight refugee camps. During a 16-day period, 4,063 people were screened and 298 people were identified as needing surgery. Of those identified, 290 accepted and received surgery. In addition, patients were screened for other eye conditions, such as cataracts and glaucoma, and were referred to the

main state hospital for treatment. Reading glasses were distributed to 324 people. On top of the health services provided, health education meetings were held with camp managers and community focal points. More than 60 group discussions regarding trachoma were held in various languages.

The Carter Center plans to continue assisting the Federal Ministry of Health with activities in 2018, including mass drug administration and promotion of the health education components of the SAFE strategy. The national program has shown its commitment to eliminating trachoma as a public health problem not just for its own citizens, but for all those in need. **E**



This is an aerial view of Sudan's El Alaga'ia camp, where South Sudanese refugees were provided trachoma and other health services after a baseline survey was completed with assistance from The Carter Center.

Trachoma 20 Years

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countries—Mexico, Morocco, Oman, Cambodia, Laos, and Nepal.



Former Director Paul Emerson, current Director Kelly Callahan, and Ambassador (ret.) Mary Ann Peters participate in a celebratory cake cutting to mark 20 years of the Trachoma Control Program.

The International Trachoma Initiative (ITI) also sprang to life 20 years ago. Since its inception, the commitment of Pfizer Inc and ITI has resulted in over 717 million doses of Zithromax[®] distributed globally.

Finally, we celebrate the 20th anniversary of Kelly Callahan, director of the Trachoma Control Program, at The Carter Center. Callahan began working with The Carter Center as a field coordinator for its programs in Sudan, transitioning to the role of country representative, and then assistant director for the Office of Program Support before becoming director of the Trachoma Control Program in 2014.

Through partnership, dedication, and intense commitment, the Carter Center's Trachoma Control Program, like those of the World Health Organization and ITI, continues to make great strides in the global fight to eliminate trachoma as a public health problem. **E**

Carter Center's Annual Program Review Looks Toward Elimination

The Carter Center Trachoma Control Program's 2018 annual program review focused on 20 years of work combating the disease in six countries.

Every year, the program invites staff and partners from around the world to share accomplishments and discuss challenges faced in the previous year and to establish next steps in the fight against trachoma. This year's review, held March 19–20, carried the theme “Celebrating 20 Years of Impact.” Staff from Atlanta and individuals working on Carter Center-assisted programs in Ethiopia, Mali, Niger, South Sudan, Sudan, and Uganda attended.

Since its launch in 1998, the Carter Center's Trachoma Control Program has assisted national programs in conducting 784,736 trichomatous trichiasis (TT) surgeries. Since 2012, 63 percent of all surgeries conducted were performed on women, who are twice as likely as men to suffer from the disease. The Carter Center has assisted in the distribution of nearly 182 million doses of antibiotics through mass drug administration (MDA). Nearly 360,000 people in over 10,000 villages have been trained in health education, and more than 3.6 million latrines have been constructed.

In 2017 alone, The Carter Center assisted national programs in performing 103,262 TT surgeries and in training 92 new TT surgeons. More than 15 million doses of azithromycin were distributed through MDA. Additionally, The Carter Center assisted in the training of almost 30,000 people in health education and continued to assist with promotion of latrine construction and use.

The review brought attention

to several other exceptional accomplishments from 2017. In Ethiopia's Amhara region, over 19,000 primary schoolteachers, principals, and supervisors were trained as part of the new School Trachoma Health Program. This program incorporates lessons on trachoma prevention into the primary school curriculum, and promotes extracurricular and community engagement activities in trachoma control. Furthermore, a total of 38 districts in Amhara now have met elimination criteria for trichomatous follicular (TF) and therefore no longer require MDA. In Mali, all districts have met the elimination criteria for TF. In South Sudan, despite ongoing unrest across the country, the national program provided MDA for the second year in three counties in Eastern Equatoria state.

Special presentations given during the two-day meeting covered a wide range of topics. Dr. Sheila West from the Johns Hopkins Wilmer Eye Institute presented on the purpose for and reliability of measuring facial cleanliness as a marker of trachoma infection. Randy Slaven of The Carter Center discussed the cost of trachoma impact surveys and advised on areas where resources are needed. Ahmed Mamane Arzika of the Carter Center's Niger program presented on the success of using smartphone photography in trachoma studies and the usefulness of azithromycin MDA in hypoendemic areas.

A panel moderated by Angelia Sanders, associate director of the Trachoma Control Program, focused on providing trachoma services to refugees and internally displaced persons. Panel speakers shared experiences of working with refugee populations in Sudan, South Sudan, Niger, and



A woman in the Maradi region of Niger receives trichomatous trichiasis surgery. She is one of the more than 100,000 people who received TT surgery in 2017 with assistance from The Carter Center.

Ethiopia. Panelists discussed progress made, methods used, and challenges faced in screening for and treating trachoma in this unique population.

To close the annual program review, Kelly Callahan, director of the Carter Center's Trachoma Control Program, expressed her gratitude for the “amazing work” accomplished over the course of the past 20 years by Center-assisted programs and their partners. She reminded program review participants of how much progress has been made since 1998 while emphasizing that there is still significant work remaining.

“If we see ourselves in each other and work the best for each other,” Callahan said, “we will maintain our partnerships, our momentum, and our sense of urgency to eliminate this disease as a public health problem. We will see a vibrant future in a world free from trachoma.” **E**

Amhara Districts Make Progress on Elimination, SAFE Strategy

The Carter Center-assisted Trachoma Control Program in Ethiopia's Amhara region continues to see exciting progress toward eliminating trachoma as a public health problem throughout the region.

Recent surveys show that 38 (22.8 percent) of the 167 districts in Amhara, covering about 4 million residents, have met the elimination target for trichomatous inflammation-follicular (TF, the first stage of trachoma) among children ages 1 to 9 years. This means that those districts no longer require mass distribution of antibiotics. This is a true marker of success and cause for celebration in those formerly endemic areas.

In 2017, the Trachoma Control Program in Amhara performed surgery

on 91,977 individuals suffering with trichomatous trichiasis (TT), the painful blinding stage of the disease. If TT is not corrected through surgery, it can cause the cornea to become opaque, which can lead to worsening quality of life, loss of economic opportunities, and blindness. This successful surgical output follows a historic 2017, in which over 100,000 surgeries were conducted. Quality surgical services, often in or near villages where patients live, have drastically reduced the threat of trachoma-related blindness in the region.

Since 2001, The Carter Center has partnered with the Amhara Regional Health Bureau to reduce the burden of the disease through the multipronged SAFE strategy (surgery to correct TT,

antibiotics to prevent and reduce infection, facial cleanliness to remove discharge that attracts trachoma-transmitting flies, and environmental improvement to reduce the population of flies). Home to about 22 million residents, the Amhara region harbors the highest known prevalence of trachoma worldwide. A baseline survey of the Amhara region conducted in 2006 revealed that 39.1 percent of children ages 1 to 9 years presented with signs of TF. Since then, intervention efforts supported by The Carter Center have led to a 42.2 percent reduction in the prevalence of the disease. Also, since the start of the program, over 650,000 TT surgeries have been performed regionwide.

In March of 2018, field survey teams were trained to collect data and diagnose trachoma in a standardized fashion. From March until May, teams surveyed 31 districts to assess the impact of the SAFE strategy. Following those surveys and others planned later in 2018, we anticipate more districts will join the list of those that have met the elimination target for TF, that is, a district TF prevalence less than 5 percent among children ages 1 to 9 years. The recent increase in surgical output will also help the program reach the elimination target for TT, less than 1 case per 1,000 total population.

As we celebrate these achievements, we must remain vigilant that districts do not experience recrudescence, or an increase in the prevalence of TF following their meeting the elimination target. Specifically, efforts to intensify the F and E components of the SAFE strategy in districts that have met the target for TF are underway to reduce the chances of such an increase. **E**



A grader looks at a child's eyes for signs of trachoma during a 2017 trachoma impact survey. This type of survey was used to confirm that 38 districts in the Amhara region no longer require mass drug administration.

Two States

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Center and other important partners, we are lifting this burden. What we need to do is complement this good work with careful surveillance to be sure the infection does not reoccur. In that way we can put river blindness into the dustbin of history.”

The Nigeria Onchocerciasis Elimination Committee recommended halting treatment following its review of a series of rigorous evaluations. Blood samples from over 6,000 children from across the two states showed an onchocerciasis infection rate of less than 0.1 percent, and testing of over 19,000 flies showed no evidence of parasite DNA. These results met the World Health Organization’s serological and entomological thresholds for success.

The journey to this point has been long and arduous. The River Blindness Foundation helped the Ministry of Health launch mass ivermectin administration in these states in 1991. The Carter Center took over this



Children from Plateau state—and their neighbors in Nasarawa—will grow up without fear of river blindness.

responsibility in 1996. Along the way, Nasarawa and Plateau also eliminated lymphatic filariasis (LF) and trachoma as public health problems. LF in particular represents a shared win with river blindness because it is also prevented with ivermectin (in combination with albendazole, donated by GSK), demonstrating the power of integrated programs. These achievements against onchocerciasis, LF, and trachoma represent the first of their kind in Nigeria.

Neighboring states supported by Sightsavers are poised to stop treatment for onchocerciasis as well; The Carter Center’s Nigeria laboratory is helping by conducting the analyses necessary for their assessments.

This milestone is a special testament to the efforts of Dr. Emmanuel Miri, the

Carter Center’s country representative in Nigeria, who has been with the Plateau onchocerciasis program since it was launched.

“This achievement could not have been reached without the diligence of thousands of volunteers,” said Miri, “nor without the generous donation of millions of ivermectin tablets through the Mectizan Donation Program.”

Other partners that contributed to this momentous success include Nigeria’s Federal Ministry of Health; John Moores and the River Blindness Foundation; the U.S. Agency for International Development’s (USAID) ENVISION Project, led by RTI International; the Bill & Melinda Gates Foundation; the Lions Clubs International Foundation and Lions Clubs of Nigeria; the Sir Emeka Ofor Foundation; A.G. Leventis Foundation; the Task Force for Global Health; the U.S. Centers for Disease Control and Prevention; the African Programme for Onchocerciasis Control; the University of Jos; the University of South Florida; and many others. **E**



Luka Kudu (right), who is blind, sits with Zacchaeus Azako Imil, a volunteer who distributed Mectizan in and around Kisanchi village, Plateau state, for 22 years. The area is now free from river blindness.

Program Review: River Blindness Treatments Increased in 2017

Program personnel, health ministry partners, and representatives of partner organizations gathered March 14–16 at The Carter Center in Atlanta to assess their progress at the 22nd annual River Blindness Elimination Program Review.

Since 1996, the Carter Center RBEP has worked with ministries of health to provide preventive chemotherapy for river blindness (onchocerciasis), together with health education, training, and evaluation of impact. It currently operates in 10 countries. In 2017, the RBEP assisted in a total of 55,079,616 treatments with ivermectin (donated by Merck and known by its trade name Mectizan®), a 48 percent increase from 2016 (Figure 1) and 92 percent of the 2017 target. The majority of these treatments were provided under a twice-per-year strategy. The program’s cumulative treatments since 1996 have

now reached 333 million. 2017 was a landmark year for decisions to stop mass drug administration, as the RBEP determined 3.8 million persons no longer needed treatment: 2.6 million in Nigeria, 1.1 million in Ethiopia, and 145,000 in Sudan. The RBEP set a target to assist 56.7 million treatments in 2018, of which 84 percent are to be administered under a twice-per-year strategy.

The meeting also covered Carter Center-assisted mass drug administration (MDA) activities for several other neglected tropical diseases. The lymphatic filariasis elimination programs in Ethiopia and Nigeria reported 18,236,577 treatments, 85 percent of the target. Nigeria’s schistosomiasis and soil-transmitted helminthiasis control programs reported 2,211,139 and 7,112,186 treatments, for 82 percent and 71 percent of the targets, respectively. Ultimately, 82 million

treatments for neglected tropical diseases, together with health education, were assisted by RBEP and associated programs.

Our work would not be possible without a grass-roots network of community-directed drug distributors treating their communities. A combined 415,422 community workers were trained in 2017, all of whom were managed by district-level ministry of health personnel with the assistance of The Carter Center.

In addition to Carter Center field and headquarters staff, review attendees included representatives from the ministries of health of Ethiopia, Nigeria, Sudan, and Uganda; the Bill & Melinda Gates Foundation; the British Consulate General Atlanta; Nigerian Consulate General Atlanta; the ELMA Philanthropies; Emory University; the END Fund; FHI360; GSK; Huffington Post; Imo State University Owerri; Izumi Foundation; Lions Clubs International Foundation; London School of Hygiene & Tropical Medicine; Mectizan Donation Program; RTI International; Sightsavers; Task Force for Global Health; University of Notre Dame; University of South Florida; U.S. Agency for International Development; U.S. Centers for Disease Control and Prevention; and the World Health Organization. Key findings and country reports follow.

Ethiopia

Ethiopia is now in its third year of conducting primarily twice-per-year treatments for river blindness to aggressively pursue its policy of onchocerciasis elimination by 2020. In 2017, Ethiopia delivered a total of 17,864,308 Mectizan treatments, compared to 14,467,640 in 2016. A total of



A health worker pricks a child’s finger to draw blood for a survey to map and evaluate river blindness in Ethiopia. The country is now in its third year of twice-per-year treatments.

226,529 community drug distributors were trained, about 32,000 more than in 2016. Ethiopia’s RBEP is aiming for 17.89 million treatments in 2018. The Carter Center’s work in Ethiopia is based on a longstanding partnership with the Federal Ministry of Health, Ethiopia Lions–Carter Center SightFirst Program, and other donors.

Sudan

In 2017 Sudan and Ethiopia jointly declared a stop ivermectin MDA decision in the cross-border onchocerciasis transmission zone (focus) straddling the Galabat district of Sudan’s Gedarif state and the Metema district of the North Gondar zone of Amhara region, Ethiopia. This focus has a population of about 1.2 million people.

Nigeria

The Nigeria health programs assisted in the most treatments (nearly 60 million) in 2017, thanks to major

funding from the U.S. Agency for International Development’s (USAID) ENVISION Project, led by RTI International.

RBEP assisted in 32,976,792 Mectizan treatments for river blindness in 2017, a 76 percent increase over 2016 due to a major expansion of twice-per-year treatments under the country’s aggressive elimination agenda. The program also reported that the Nigeria Onchocerciasis Elimination Committee had reviewed results of a 2017 assessment and determined that MDA for river blindness could be halted in Plateau and Nasarawa states. (See article in this issue.) The river blindness progress in Plateau and Nasarawa follows on the heels of an October 2017 announcement that the same two states had successfully completed their third LF Transmission Assessment Survey that showed no evidence of resumed LF transmission six years after stopping LF

MDA, thus eliminating that disease as a public health problem. The Carter Center’s LF treatment work now focuses on the seven southern states where the Center assisted the state ministries of health to provide 17,426,794 treatments in 2017. The Carter Center’s LF target in 2018 is 20 million treatments. Thanks to a *Loa loa* study in 2016, which demonstrated to the FMOH and the Mectizan Expert Committee that the states do not have high-intensity *Loa loa* that would preclude ivermectin treatment, the LF program was able to switch to annual treatment with ivermectin and albendazole, rather than the twice-per-year albendazole monotherapy regimen offered in 2016. Albendazole is donated by GSK.

The Carter Center’s integrated malaria and LF program distributed 9,147 long-lasting insecticidal nets in 2017 provided by Clarke Cares

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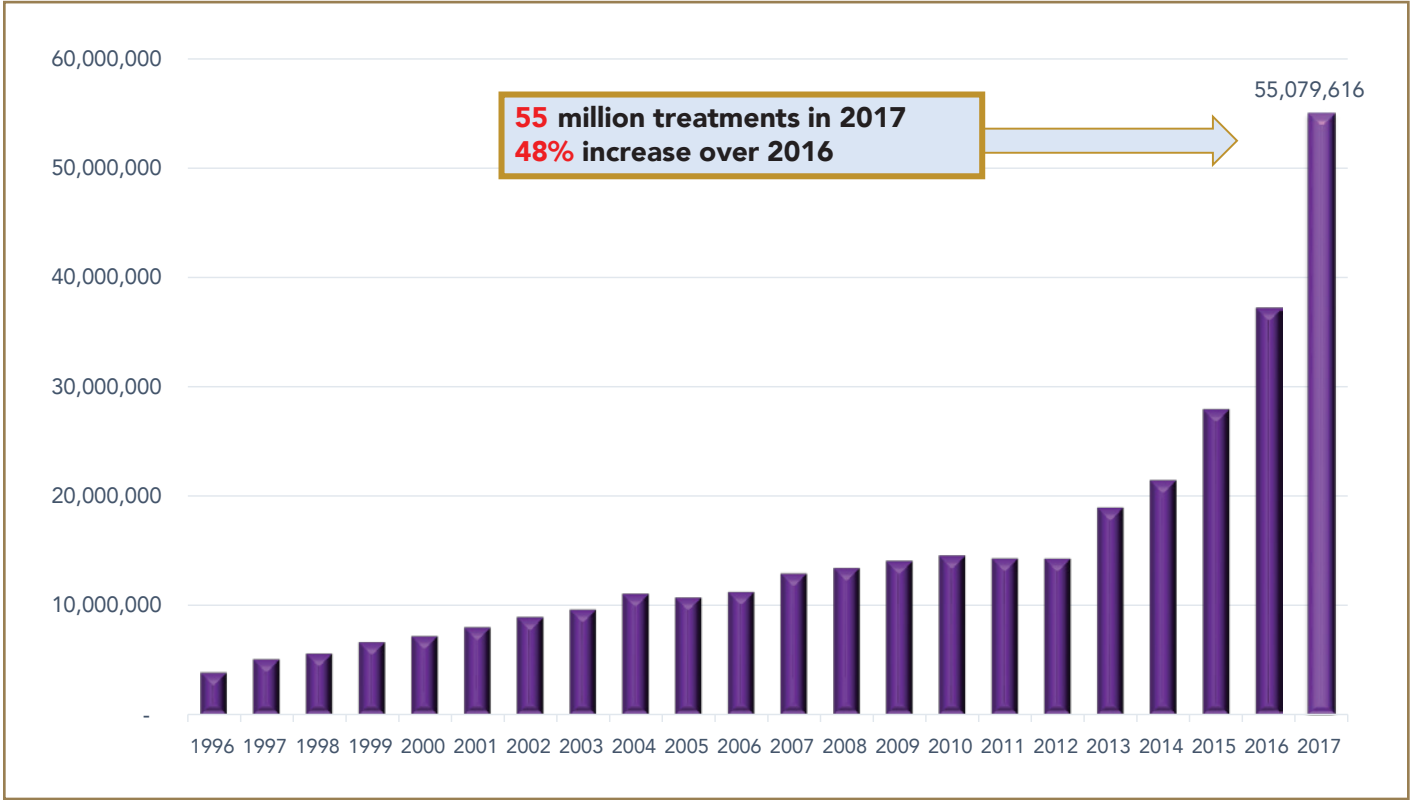


Figure 1. Ivermectin treatments, 1996–2017, programs assisted by The Carter Center

River Blindness Treatments

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Foundation/Clarke Mosquito Control; the program has assisted with the distribution of over 11.5 million nets since 2004.

The Carter Center assisted in 2,211,139 praziquantel treatments for schistosomiasis in nine assisted states in Nigeria in 2017. Praziquantel is donated to The Carter Center through the World Health Organization by Merck KGaA (E-Merck) of Germany. The Izumi Foundation supports this program in four states. The target in 2018 is 4.1 million treatments (an 88 percent increase). Treatments in 2017 for soil-transmitted helminths were 7,112,186, and the 2018 target is 9.5 million treatments (a 34 percent increase). The medicines used for treatment are donated by GSK (albendazole) or Johnson & Johnson (mebendazole).

Uganda

The Uganda program continued to make excellent progress with approximately 1.9 million ivermectin treatments halted in the country since it declared in 2007 a goal of river blindness elimination from all 17 transmission zones (foci). At the 2017 Uganda Onchocerciasis Elimination Expert Advisory Committee meeting, two more foci (Kashoya-Kitomi and Wambabya-Rwamarongo) successfully completed post-treatment surveillance and were reclassified as having achieved transmission elimination, based on the WHO elimination guidelines. Two additional foci (Wadelai and West Nile) were reclassified as having interrupted transmission. Three foci (Budongo, Bwindi, and Nyagak-Bondo) are suspected to have interrupted transmission, while the remaining two foci (Lhubirihia and



Lab workers test black flies at The Carter Center in Owerri, Nigeria.


Madi-MidNorth), have active transmission. Uganda administered a total of 3.9 million Mectizan treatments in 2017, all under the twice-per-year strategy. For 2018, the target is for 4.5 million treatments, most of which will take place in the large Madi-MidNorth focus bordering South Sudan. Uganda also has important cross-border foci shared with the Democratic Republic of the Congo.

The Uganda program receives support from the U.S. Agency for International Development's (USAID) ENVISION Project, led by RTI International.

Onchocerciasis Elimination Program for the Americas (OEPA)

OEPA is a coalition aiming to eliminate onchocerciasis transmission in the region of the Americas. The coalition includes the ministries of health of the affected countries in the Americas, the Pan American Health Organization/WHO, and other partners. The OEPA

initiative has stopped 94 percent of ivermectin treatments; four countries have received WHO verification of elimination: Colombia (2013), Ecuador (2014), Mexico (2015), and Guatemala (2016). In 2017, post-treatment surveillance was completed in the Northeast Focus of Venezuela, once the third-largest of the region in terms of affected population.

The remaining active transmission zone contains about 30,000 indigenous people (the Yanomami) residing in the Amazon rainforest in an area bordering Brazil and Venezuela. The countries and Carter Center staff are trying to creatively solve the problems of extreme isolation and difficult access to this area, using satellite imagery to locate communities, rehabilitating or building airplane landing strips, and training Yanomami health workers to assist not only in ivermectin distribution but also in overall health care of the people. (See article in this issue.) OEPA receives financial support from USAID and the Carlos Slim Foundation. 

Indigenous Health Agents Key to OEPA Campaign on Border

In an effort to reach the isolated Yanomami population along the Brazil-Venezuela border, the Onchocerciasis Elimination Program for the Americas is rejuvenating a program to recruit and train indigenous community members to help distribute medication.

OEPA plans to offer 87,000 ivermectin treatments in 2018 to more than 25,000 Yanomami people living in the remote, largely roadless region. Most (77 percent) will receive treatments quarterly to accelerate elimination in the last onchocerciasis-endemic region in the Americas.

The Yanomami recruits, known as indigenous health agents, will be key to reaching the overall target of 85 percent treatment coverage in their communities. The effort in Venezuela was originally launched in the mid-2000s, and now is receiving new support from OEPA.

Dr. Johanna Gonçalves, an OEPA consultant anthropologist, is developing a culturally relevant training program that respects the Yanomami concepts of health and healing. She has described that jungle pathways are an important concept in the Yanomami worldview, including in health. Shamans travel in spirit through paths, searching for traces of disease-causing agents. Accordingly, Gonçalves developed a “path to health” concept and formulated visual aids around this concept. Existing indigenous health agents were very interested in the education plan and provided feedback on this innovative idea, as did indigenous health leaders and authorities.

Gonçalves conducted, in Yanomami language, workshops in two remote communities in January 2018. The training was given to new

students as well as indigenous health agents from the original program, who would in turn become trainers themselves. Some participants came from areas with no health care services, and some had never been to school.

Daniel Borges Silva, a Yanomami health worker responsible for the Komitarope area of Venezuela, is an example of how successful this program can be. Soon after starting, Borges recruited and trained a group of nine collaborators (including three women) to treat their local communities. Each team moves through the jungle at the Yanomami pace for up to 40 days, walking, harvesting, hunting, and camping on their treks to offer ivermectin to the communities. Serving in both a technical and sociopolitical role, the health agents hold meetings with shamans and community “patas” (elders) to explain their mission and gain their consent before treating people. As a result of this approach, ivermectin treatment coverage in Komitarope has dramatically increased, Gonçalves said.



Daniel Borges Silva is a Yanomami health worker responsible for the Komitarope area of Venezuela.

Involving the Yanomami in their health programs has fostered development of a treatment style that follows their way of life and their movements through the forest. The “path” approach is familiar to the people and thus more likely to be accepted, successful and sustainable, Gonçalves said. It also increases treatment distribution in hard-to-reach areas and could contribute to finding other remote, previously unknown communities, she added. OEPA is seeking to expand this training to other areas in Venezuela as well as in Brazil. [E](#)

Carter Center Featured Partner

Center Received \$25 Million Through ENVISION Project

The Carter Center is pleased to recognize the impact of its successful seven-year partnership with RTI International on the U.S. Agency for International Development's (USAID) ENVISION project. Through ENVISION, generous support totaling more than \$25 million has been provided to our neglected tropical disease

disfigure, or debilitate millions of people each year. ENVISION provides critical technical and financial support to national control and elimination programs to ensure that affected individuals and communities receive treatment with safe, effective drugs and other interventions so that they may thrive and prosper.

nationwide onchocerciasis elimination, following Sudan in 2006. Of the 17 focal areas endemic for the disease, only two remain with ongoing transmission, with 1.9 million treatments no longer needed after successful transmission interruption and elimination in those foci.

In Nigeria, the ENVISION partnership supports the Ministry of Health to achieve its control and elimination goals for neglected tropical diseases. The Carter Center has rapidly expanded its elimination pursuit of lymphatic filariasis from two to nine states, successfully assisting over 68 million treatments in its first four years (2014 through 2017). In October 2017, Nigeria announced the elimination of this disfiguring disease as a public health problem in the populous Plateau and Nasarawa states. Additionally, with technical and logistical assistance from The Carter Center and RTI International, through ENVISION, the Ministry of Health established a national committee on onchocerciasis elimination, which in turn drafted Nigeria's plan to eliminate onchocerciasis. In March 2018, the Ministry of Health announced interruption of the transmission of onchocerciasis in Plateau and Nasarawa states. An estimated 2 million people in this sizable region of the country no longer require treatment for the disease.

The Carter Center is proud of its record of achievement with RTI, USAID, and the ENVISION project. In recognizing our partners, we look to the future and renew our commitment to help ensure that Uganda and Nigeria meet their ambitious targets and elimination goals. [E](#)



Students line up for schistosomiasis testing in the Ndinjor community of Nigeria. The U.S. Agency for International Development's ENVISION Project, led by RTI International, supports the Carter Center's work in Nigeria and Uganda.

programs in Nigeria and Uganda.

The goal of USAID's ENVISION project is to control or eliminate seven targeted neglected tropical diseases: lymphatic filariasis, trachoma, onchocerciasis (river blindness), schistosomiasis, and three soil-transmitted helminths (roundworm, hookworm, and whipworm). These conditions have a devastating effect on the quality of life of victims, impacting them not only physically, but also emotionally and economically. Such diseases blind,

In Uganda, significant strides have been made toward onchocerciasis elimination. Although the disease originally was thought to be impossible to eliminate in Africa, the national onchocerciasis program in Uganda has proved that biannual treatment with antiparasitic medication, paired with vector control from the Ministry of Health, is sufficient to eliminate the disease. Because of this success, Uganda in 2007 became the second African country to declare a goal of



Lions Clubs International Foundation Renews Partnership

The Lions Clubs International Foundation has committed \$16 million to support the Carter Center’s Trachoma Control and River Blindness Elimination programs. This pledge demonstrates the strength of the partnership between The Carter Center and the Lions Clubs International Foundation and their shared goal of eliminating trachoma and river blindness.

A special ceremony was held at The Carter Center on March 14, 2018, with the participation of representatives from the Lions Clubs International Association and The Carter Center. Guests of honor included Lions Clubs Past International President Jim Ervin; Lions Clubs Third International Vice President Judge Haynes Townsend; and the Most Honorable Dr. Tebebe Berhan, Lions Clubs of Ethiopia ambassador of goodwill and past district governor. Carter Center CEO Ambassador (ret.) Mary Ann Peters and Vice President for Health Programs Dr. Dean Sienko also participated in the ceremony.

Under the agreement, covering the period from 2016 to 2020, the Lions Clubs International Foundation supports the Carter Center’s River Blindness Elimination Program in Ethiopia, as well as its Trachoma Control Program in Ethiopia, Mali, and Niger.

The Lions Clubs International Foundation is a key partner to The Carter Center, having provided more than \$59 million in grants since 1994. From 1994–2017, the partnership has led to the distribution of over 214 million treatments for river blindness and over 175 million treatments for trachoma. More than 775,000



Celebrating the agreement at The Carter Center are, from left, Lions Clubs Third International Vice President Judge Haynes Townsend, Lions Clubs Past International President Jim Ervin, Carter Center CEO Ambassador (ret.) Mary Ann Peters, and Carter Center Vice President for Health Programs Dr. Dean Sienko.

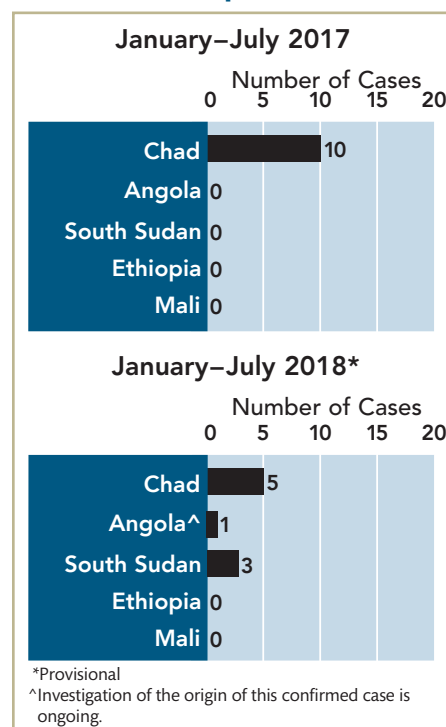
sight-saving trichiasis surgeries have been performed, and more than 3.2 million latrines have been built.

Thanks to the long-term partnership with the Lions Clubs International Foundation, The Carter Center continues to work with ministries of health around the world to make great strides in eliminating river blindness and trachoma in some of the world’s most endemic regions.

In his remarks, Ervin recalled that his 1999 trip to Mali with former U.S. President and Lion Jimmy Carter had a profound impact on his understanding of the scourge of trachoma and other neglected diseases and on his commitment to action.

“As a Lion, it has been a great privilege and honor for me to work side by side with The Carter Center to make a profound impact in the lives of millions,” Ervin said. **E**

Guinea Worm Disease Update



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