

Eye of the Eagle



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THE CARTER CENTER

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Four-Country Tour Highlights

delegation visited four countries in Africa in February to bring attention to the Carter Center's work to fight disease on the continent. During the tour of Ghana, Sudan, Ethiopia, and Nigeria, the group talked with community members who receive treatment under Carter Center-assisted programs, met with government and medical leaders, and discussed program challenges with other partners and donors. The Carter

Center delegation included former U.S. President Jimmy Carter and former First Lady Rosalynn Carter; John Moores, chairman of the board of trustees; Dr. John Hardman, president; and Dr. Don

health programs.
In Ghana,
the group visited
a village endemic
with trachoma and
another that was
experiencing a large
outbreak of Guinea
worm disease.

Hopkins, vice

president for

During the trip to Sudan,
President Carter met with authorities
in Khartoum and Juba. Accompanied
by Jimmy Ross, president of Lions
Clubs International, President Carter
met with the recently organized
Lions Club in Khartoum. Lions
Clubs International Foundation funds
most Carter Center-assisted programs
for controlling trachoma and river
blindness in Sudan and Ethiopia.

In Ethiopia, the delegation attended a Carter Center-sponsored conference, in which health and education ministry officials from nine African countries learned about the Ethiopia Public Health Training Initiative. The program works with Ethiopian universities to train public health workers. The goal is for other countries to replicate the program.

Additionally, Carter Center officials announced new malaria

What's Inside



Trachoma

Trachoma Program Review Reflects on 2006 Accomplishments

he eighth annual review of Carter Center-assisted trachoma control programs took place April 16-18, 2007, at The Carter Center in Atlanta, Ga. More than 60 people participated, representing the seven Carter Center-assisted programs in six countries and the programs' major partners, the Conrad N. Hilton Foundation, Lions Clubs International Foundation, and Pfizer, Inc.

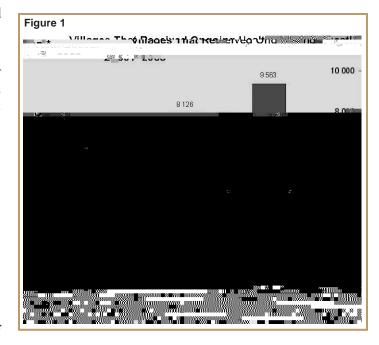
National program coordinators reported on progress made in 2006 and their program objectives for 2007.

The theme of the meeting was "Ten years after the launch of GET 2020: Where are we now?" and reflected on accomplishments over the past decade among all seven trachoma control programs. In addition, participants discussed how to move forward to deliver quality program interventions through expansion.

In addition to the country

programs, the review highlighted the importance of evidence-based planning and evaluations. Data from latrine evaluations completed in Mali, Niger, and Ghana in 2006 were presented and discussed during the meeting. Special sessions also included presentations on achieving gender equity in the implementation of the SAFE strategy

(the World Health Organization's fourpronged approach to controlling trachoma: surgery, antibiotics, facial cleanliness, and environmental improvement), monitoring antibiotic distribution, maintaining progress in latrine promotion, and monitoring hygiene behavior using a standard



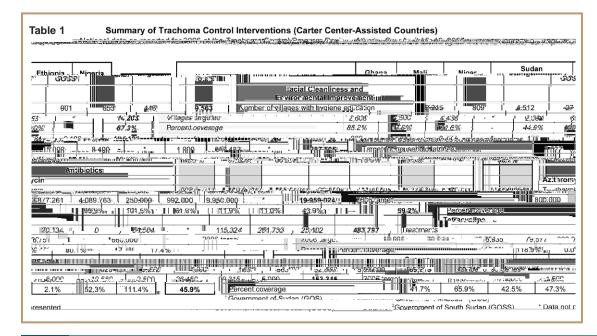
definition of a clean face. The Carter Center Trachoma Control Program

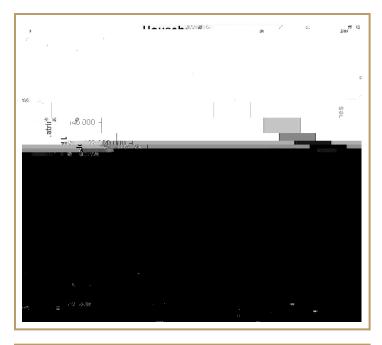
unveiled the new online trachoma health education materials library, hosted on its Web site.

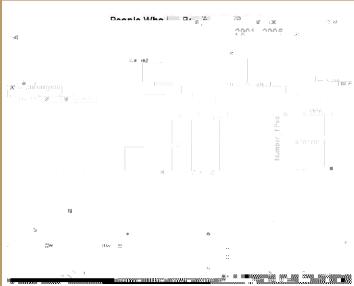
The following are 2006 highlights by country (national data; also see Figures 1, 2, 3 and Table 1).

Ghana

- 882,217 people received azithromycin
- 889 household latrines constructed
- 626 people received trichiasis surgery







Ethiopia

- Integration of malaria and trachoma programs in the Amhara region
- 52,000 people received trichiasis surgery
- 4,374,796 people received azithromycin

Mali

- 14,557 household latrines constructed
- 500 villages received ongoing health education
- 3,935,247 people received azithromycin

Niger

- 6,777 household latrines constructed
- 4,500 people received trichiasis surgery
- 2,532,047 people received azithromycin

Nigeria

- 6,128 household latrines constructed
- 446 villages received ongoing health education
- Trachoma prevalence survey in Katsina state conducted
- Integration of trachoma control with other neglected tropical diseases in Plateau and Nasarawa states

Trachoma

s part of the F (facial cleanliness) component of the SAFE strategy for trachoma control, The Carter Center in Niger assists health districts in training women in the preparation of traditional soap. Through other health education channels, women learn about the

4,738,892 people with Mectizan in 2006 and also in 443,066 passive treatments. Mass treatments totaled 96 percent of the ultimate treatment goal of 4,943,904, an 11 percent increase over 2005 treatments. Many years of high Mectizan coverage have resulted in improved vision in Nigeria (see photo and the article: Emukah EC, et al. A longitudinal study of impact of repeated mass ivermectin treatment on clinical manifestations of onchocerciasis in Imo State, Nigeria. Am J Trop Med Hyg. 2004;70:556-61).

In Plateau and Nasarawa states, the River Blindness Program is integrated with the Lymphatic Filariasis Elimination Program (with funding from the Bill and Melinda Gates Foundation and GlaxoSmithKline), International Foundation funding through The Carter Center, but local Lions Clubs continue to actively support the program.

Sudan

African countries should seize every opportunity to integrate efforts against these two diseases and other compatible interventions. The group also recommended that everything possible be done to preserve the gains of the Onchocerciasis Control Program (OCP).

The 10th meeting of the ITFDE was convened at The Carter Center in Atlanta, Ga., and supported by the Bill

Technical Adviser Honored in Sudan

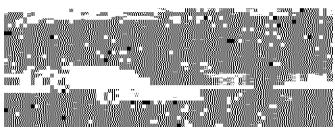
Carter Center warrior in the fight against neglected diseases in Africa since 2001, Raymond Stewart has been honored for his service by the president of Sudan with the prestigious Order of the Two Niles award.

Stewart began his career with The Carter Center in Burkina Faso, where he was the resident technical adviser for the Guinea Worm Eradication Program. Once cases in the country had been brought down to fewer than 100 per year, Stewart moved to Khartoum, Sudan, in 2003 to coordi-

nate three Carter Center health programs in the 16 northern states—

Guinea worm, trachoma, and river blindness.

During his tenure, Stewart guided the transfer of the trachoma and river blindness programs from the Academy of Science and Medical Technology to the Sudan Ministry of Health, promoted the creation of a national trachoma task force, and helped decentralize the trachoma program to Sudan's endemic states.



(Left to right) Lion Dr. Al Khair Khalef Allah, deputy of the president; Lion Dr. Moses Katabarwa, Carter Center epidemiologist; Lion Raymond Stewart, Carter Center resident technical adviser; and Dr. Kamal Eldin

technical adviser; and Dr. Kamal Eldin Hashim, director of the Sudan National Program for the Prevention of Blindness.

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