

The 13th annual Trachoma Program Review took place at The Carter Center Feb. 27–29, 2012. Representatives from ministries of health and The Carter Center in Mali, Niger, Nigeria, South Sudan, Sudan, and Ethiopia participated along with representatives from 15 partner and donor organizations.

Under the theme of “Shaping Programs to Fit the Need: The Relevance of Prevalence,” presentations focused not only on achievements from 2011, but also laid

component. The first day centered on surgery, during which Dr. Paul Courtright from the Kilimanjaro Centre for Community Ophthalmology (KCCO) presented a summary and conclusions from the joint World Health Organization (WHO)/KCCO Global Trichiasis Scientific Meeting in January 2012. Conclusions include the following: Surgical service must be tailored to patient needs and to clinical conditions in the context of each country; surgical outcomes

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The Carter Center assisted in a total of 14,355,547 onchocerciasis (river blindness) treatments in 2011, as reported at the 16th annual River Blindness Program Review held in Atlanta, Ga., Feb. 21–23.

Assisted treatments in the 11 countries in 2011 reached 97 percent of the targeted, treatment-eligible population and were made possible by a grassroots network of community-directed ivermectin distributors (CDDs). Nearly 170,000 CDDs were trained in 2011, managed by over 33,000 trained community supervisors and ministry of health district

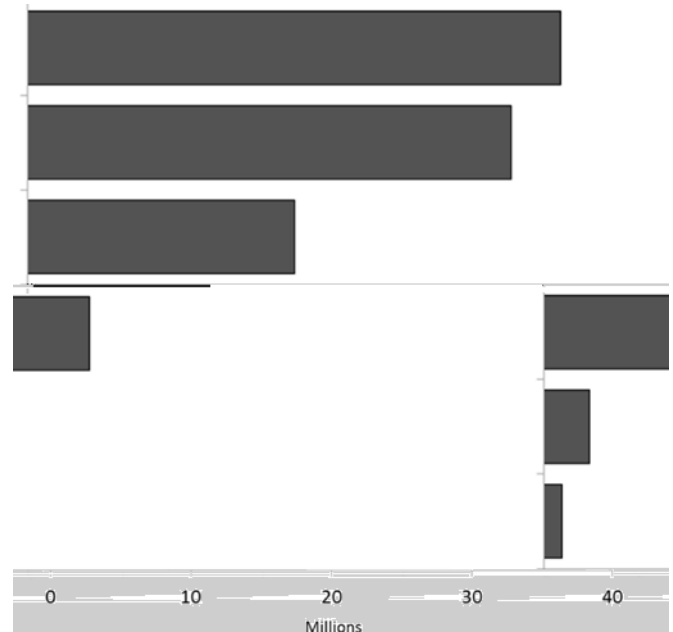
personnel. Lions Clubs are special partners of the River Blindness Program in several countries.

Between 1996 and 2011, the program assisted ministries of health in the cumulative distribution of more than 157 million ivermectin tablets (Mectizan®, donated by Merck) in mass drug administration programs, together with health education, to either control or eliminate onchocerciasis (see Figure 6). The annual review is convened to assess program performance and impact, discuss achievements and challenges, and share research projects. In Nigeria, the Carter Center’s River Blindness Program is integrated with

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could be improved through six-month postsurgical assessments; current levels of productivity will not eliminate the known trachomatous trichiasis (TT) backlog by 2020; and all patients should be offered a trichiasis management proposal, including those who refuse surgery. Following the discussion of the WHO/KCCO meeting, Dr. Matthew Burton of the London School of Hygiene and Tropical Medicine addressed patient barriers to accessing surgical services, which most commonly include cost of surgery, lack of transportation to surgical site, time constraints, and lack of accompaniment.

The second day of the review focused on mass distribution of antibiotics and on updates from partner organizations. Presentations ranged from best practices in mass drug administration, an evaluation of height-based dosing in Ethiopia, and adverse events after mass distribution of azithromycin. On the same day, three students from the Georgia Institute of Technology presented an Android-based platform that they are designing for use in surveys, including the experience of piloting this platform during prevalence surveys in South Gondar, Ethiopia, in summer 2011. The students are refining the platform based on this experience, and the final product will be adaptable to future survey needs. Use of the tablets will eliminate the need for double entry of data, decrease data cleaning time, significantly decrease the potential for operator error, and allow for preliminary results in a few days, rather than weeks.



Trachoma

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A 2011 investigation shows that after five years of implemen

Figure 2 Proportion of Households with Basic Sanitation and Access to Water in South Gondar Zone,* Amhara Region, Ethiopia 2000-2011

Proportion of households (%)

Hand Washing Container Used Latrine Improved Water Source < 30 Minutes to Collect Water

*as assessed in cluster random household surveys of trachoma

River Blindness

River Blindness

River Blindness

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At its program review meeting held in February, the Carter Center's Malaria Control Program celebrated the achievement of 10 million bed nets distributed with support from the Center since 2004.

Participants joined staff from The Carter Center and the Ethiopia and Nigeria ministries of health to discuss the successes and challenges of the malaria control programs assisted by The Carter Center in 2011, and to recommend concrete actions and measurable objectives for 2012.

Dr. Larry Slutsker of the Centers for Disease Control and Prevention (CDC) and Dr. Rick Steketee of the Malaria Control and Evaluation Partnership in Africa (MACEPA) outlined the criteria, challenges, and potential strategies for achieving malaria elimination.

Among those present for the

program review were Gen. Dr. Yakubu Gowon, former head of state of Nigeria. The Bill & Melinda Gates Foundation, MACEPA, CDC, Emory University, the Institute for Global Health of Barcelona, VestergaardotC BT/T10 1k.lona,



A lapel pin designed by Sherri Richards commemorates 10 million bed nets distributed with support from The Carter Center.

In Memoriam

1955–2012



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