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The Carter Center–led Onchocerciasis Elimination Program for the Americas (OEPA) is a regional initiative that, through strong partnerships, strives to eliminate river blindness from 13 endemic areas (foci) in six countries in the Americas. The primary weapon is sustained mass drug administration of ivermectin (Mectizan®, donated by Merck), twice or four times per year. A 2008 resolution by the Pan American Health Organization (PAHO) calls for the interruption of onchocerciasis transmission in the Americas by 2012.

The 21st annual Inter-American Conference on Onchocerciasis (IACO 2011) was held in Bogotá, Colombia, November 9–11,

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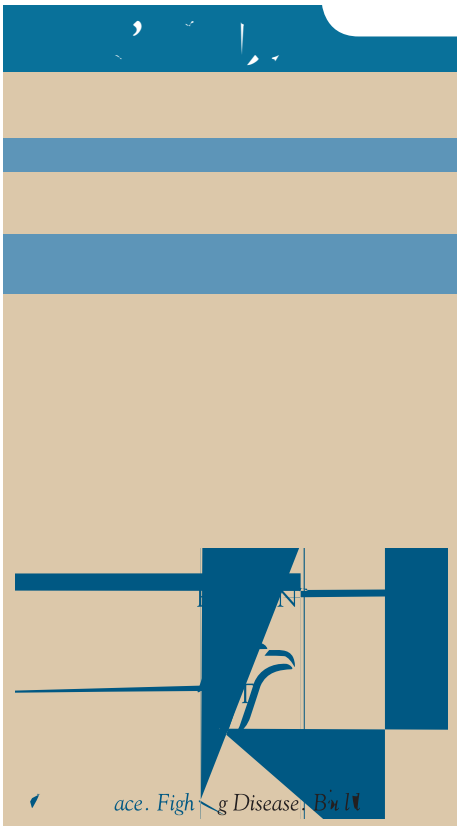

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In June and July 2011, survey teams from the Amhara Regional Health Bureau in Ethiopia evaluated the impact of five years of the SAFE strategy (surgery, antibiotics, facial cleanliness, and environmental improvement) on blinding trachoma in South Gondar zone. This trachoma impact survey was similar to a recent survey in South Wollo zone of over 9,000 households, with one exception. Instead of survey teams filling out observations and results of clinical examinations on questionnaires with pen and paper, data were recorded using Samsung Galaxy Tab mobile computers, called tablets, with an electronic survey ap0zauc

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The Carter Center received a generous donation of $500,000 from the Alwaleed Bin Talal Foundation for the Onchocerciasis Elimination Program for the Americas (OEPA). The foundation has supported the Carter Center's health and peace programs since 2003. In addition to OEPA, funds from the foundation have been used for improved mental health services in Liberia, trachoma control in Mali and Niger, river blindness control and elimination in Uganda, democracy and human rights in Africa, rule of law in Liberia, and elections in the Occupied Palestinian Territory and Indonesia.

The Alwaleed Bin Talal Foundation is chaired by Prince Alwaleed Bin Talal Bin Abdulaziz Alsaud of Saudi Arabia and vice chaired by Princess Ameerah Al-Taweel. The foundation has donated a total of $2.4 billion to initiatives in more than 60 countries.

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Esmeraldas (Ecuador), Central (Guatemala), South Chiapas (Mexico), and North-Central (Venezuela). For the Northeast (Venezuela) focus, transmission status was changed during IACO to "suppressed," leaving only two foci with ongoing transmission: Amazonas (Brazil) and South (Venezuela). These two adjacent foci together are known as the "Yanomami area," named for the area's indigenous group.

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Approximately 158,000 people are no longer at risk for river blindness in the Americas, while 393,000 are considered still to be at risk; this includes individuals under active treatment as well as those in post-treatment surveillance areas. To accelerate elimination, especially in hyperendemic areas, the program is now providing treatment four times per year. In 2011, four-times-per-year treatment was the goal in 443 of the 1,546 communities still under treatment. Provisional reports through November 2011 showed 172,386 treatments were provided in those communities, and 137,638 treatments were provided in twice-per-year communities, for a total of 310,024 treatments for the year. For 2012, treatment totals for the region are expected to drop 68 percent due to the plans to halt treatments in Mexico and Guatemala, even though many other areas will see treatments four times per year.

With onchocerciasis transmission occurring in only two of the six original countries in the Americas, representing only 4 percent of the original at-risk population, the IACO 2011 theme, "The Beginning of the End," was both apt and motivating. Still, the program faces a major challenge in the Yanomami area, where there exists an extremely difficult jungle terrain with hard-to-track nomadic populations. Brazil and Venezuela continue to battle major hurdles in this area, and these issues were discussed at length during the conference.

In the logo for IACO 2011, the human eye represents the part of the body most commonly associated with river blindness. Three bands of color—yellow, blue, and red—represent the Colombian flag, and their design represents the marimba, a musical instrument used by the African-Colombian communities where onchocerciasis was once a threat. The green curve represents the tropical green climate of the previously endemic area, and the waves of blue represent the river found there.

River Blindness

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The Uganda Onchocerciasis Elimination Expert Advisory Committee (UOEEAC) met in Kampala from Aug. 15–17, 2011. The committee is an advisory body commissioned by the Uganda Ministry of Health and supported financially by The Carter Center. Its major tasks include (a) using current World Health Organization guidelines for elimination of river blindness to evaluate the status of foci in Uganda and (b) providing recommendations to the Ministry of Health regarding the time when interventions in those areas could be stopped.

Dr. Tom Unnasch of the University of South Florida chaired the meeting, replacing Dr. Frank Walsh, the outgoing chair who remains on the committee. The meeting was attended by officials from the Ministry of Health, District Health Services, The Carter Center, and Sightsavers, as well as independent members. Meeting observers represented the World Health Organization/African Program for Onchocerciasis Control, Lions Clubs of Uganda, Mectizan Donation Program, the U.S. Centers for Disease Control and Prevention, MSD Uganda, Schistosomiasis Control Initiative, and the USAID Neglected Tropical Diseases program.

At its 2010 meeting a year earlier, the UOEEAC concluded that the Wadelai focus (15,000 people at risk) in Nebbi district had interrupted onchocerciasis transmission. At this 2011 meeting, the group concluded that two additional foci have stopped transmission: Itwara (79,155 people at risk) and Mt. Elgon (282,010 people at risk). The UOEEAC recommended that for 2012 the Ministry of Health halt its community-wide interventions, including mass drug administration, after appropriate health education had been provided to the formerly endemic communities. This would mark the first time mass treatments for onchocerciais were halted in Uganda, because in Wadelai treatments continued for lymphatic filariasis. Should the Ministry of Health accept the UOEEAC recommendation, 650,000 Mectizan® treatments will be halted in Itwara and Mt. Elgon this year.

The committee felt that the Imaramagambo focus (109,000 people at risk) possibly could be declared as having interrupted transmission after a review of new entomological data at the 2012 UOEEAC meeting. If all goes as hoped at this year's review, then four of the 19 Uganda foci would have achieved their goal. Uganda aims to interrupt national river blindness transmission by 2020.

The UOEEAC also recommended that new elimination efforts be launched in northern Uganda (Mid-north, 1 focus). Civil strife prevented regular mass ivermectin treatment there until recently; with peace restored, the area now can benefit from the elimination program. Twice-per-year treatment was recommended to speed up the interruption of transmission in order to reach the 2020 goal. A total of 930,000 biannual treatments will be needed in this new area soon. The Lions Clubs International Foundation and the African Program for Onchocerciasis Control will provide critical funding for this effort in partnership with The Carter Center.

Trachoma

Trachoma

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The Carter Center Trachoma Control Program is collaborating with the Kilimanjaro Center for Community Ophthalmology, the London School of Hygiene and Tropical Medicine, and Helen Keller International to improve delivery of eye surgery as part of the SAFE strategy (surgery, antibiotics, facial cleanliness, and environmental improvement) for trachoma control in Mali, Niger, Ethiopia, and Tanzania.

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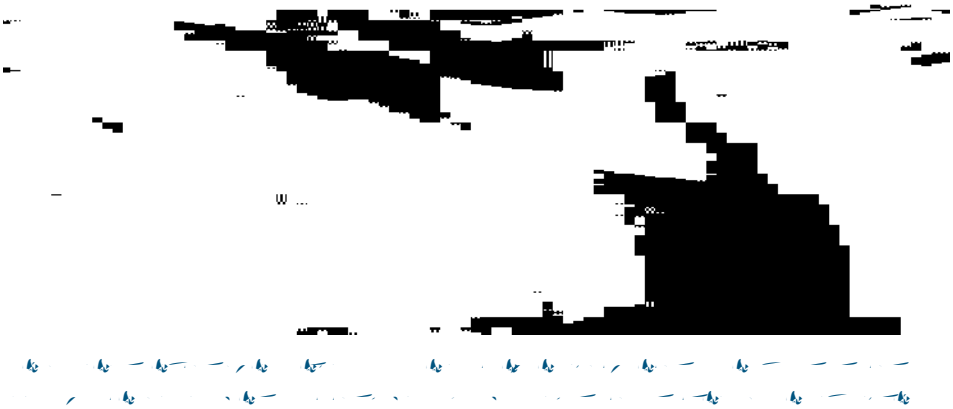

The goal of the study, funded by Lions Clubs International Foundation and the Conrad N. Hilton Foundation, is to understand whether changes can be made to trichiasis surgery provision that would improve uptake and quality. Additional funding will allow resulting recommendations to be put into practice.

The first year of funding has supported surveys, interviews, and focus-group discussions with patients who have received surgery, those who have not, and trichiasis surgeons. This information gathering has focused on the availability, accessibility, and acceptability of surgical services. Patients were asked to describe their experience living with trichiasis and explain why they chose to undergo trichiasis surgery or not. Trichiasis patients who had not received surgery were asked about their knowledge of and access to the program.

Trichiasis surgeons described the services they provide and their job satisfaction and suggested improvements. In addition, an ophthalmologist not affiliated with the program assessed the skills of the surgeons.

Once the results of the data collection are received, design and implementation of program recommendations will begin. This study holds great promise for increasing the number of trichiasis patients who undergo surgery and improving the quality of services offered.

The Carter Center will help implement the recommendations that result from the study in collaboration with the ministries of health in Mali, Niger, and Ethiopia, three of the six countries where The Carter Center supports trichiasis surgery. Results will be shared with the World Health Organization Global Alliance for the Elimination of Blinding Trachoma, allowing all endemic countries to benefit from the findings.

The World Health Organization has promoted the SAFE strategy for the elimination of blinding trachoma since 1996, and The Carter Center has facilitated over 264,000 surgeries to date with support provided by the Conrad N. Hilton Foundation and the Lions Clubs International Foundation. Eyelid surgery is the only component of the SAFE strategy that treats trichiasis, the end stage of trachoma in which in-turned eyelashes scratch and rub the cornea leading to irreversible blindness. The brief operation can be completed in 10 to 15 minutes per eye, relieving pain, preventing further corneal damage, and improving visual acuity.

Trachoma

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Tsadale Fasil is a community volunteer during MalTra weeks in Ethiopia. We met with Tsadale during the sixth MalTra week in April 2011 at Aley, a remote agricultural community in South Wollo zone of Amhara state. Aley is a bone-shaking four-hour drive over a mountain range from the administrative capital, Dessie. Tsadale was working as part of a team in the mass distribution of Zithromax® to control trachoma, and testing and treating fever cases for malaria. The MalTra week campaigns are conducted by many teams of four people: a government health extension worker and three volunteers. The health extension worker administers the drugs, and the volunteers complete the registration books, counsel the participants, and organize the flow of the distribution. In the sixth MalTra week, more than 5.4 million people were reached by 3,349 teams, each targeting 1,500 to 2,000 people in three or four communities for treatment.

"During the campaigns, I am engaged practically 24 hours a day. You don't know how intensive the campaign is. We work from 6 a.m. to 6 p.m., sometimes up to 7:30 in the evening. On top of that, I have to wake up early to prepare breakfast for my family and also cook the evening dinner." Smiling, she mentions why she is not excused from her domestic duties: "My eldest daughters are away from home at school, and my husband isn't much of a cooker; it's better when I do it myself. I use some of my per diem money to buy meat or prepared food, and we all enjoy that."

Tsadale has been to school and considers herself primarily a "literate farmer," but when the health service was looking for volunteers to work in family planning and reproductive health she was first in line. "I am motivated by the ability to have a clear impact on people's lives," she said. "I want to give back to my country and see it develop. As long as I have breath in my body I will work to help my community."

Tsadale is an ideal volunteer. Active and hard working, she understands that once trachoma is controlled the distributions will stop. "Men and women trust me from my family planning days. Now these new medicines are available, and it's my responsibility to see that people get them while they can," she said. "At first people were a bit reluctant to participate. I tell them that all drugs can have side effects, so don't be disappointed if your children complain of nausea—the drugs are good for them, and for you too. Everybody should participate in the distributions." When asked whether concerns about side effects made her job more difficult, she said: "It's easier these days after people have seen the benefits of taking the medicine. My neighbors even start demanding the drug at this time of year. They complain to me and ask what is going on if they think the distribution is starting late."

Does that mean people feel positive about the drug distribution and the control program? "My people are a bit isolated out here. We don't get much of anything from anyone," she said. "Being a part of this program is not just about getting the tablets each year; it makes us feel connected to something bigger. We know we are not forgotten."

This is one article in a series on how the Carter Center's Trachoma Control Program affects individuals in the countries where it works. The comments of the people are not reproduced word for word but typify the spirit of the conversations. The author has tried to be faithful to the context, content, and tone of the person depicted.

Global Health News

We are grieved by the death of Lion Dr. Oluwasesan Onafowokan, former SightFirst chairman of the Lions Clubs International District 404 in Nigeria. He was our close partner from the beginning of the Lions Clubs International SightFirst funding of the Carter Center's river blindness program in Nigeria in 1996.

Dr. Onafowokan was a major con-

The Carter Center will assist the Ethiopian Ministry of Health in scaling up ivermectin and albendazole treatments for lymphatic filariasis (LF) with the goal of helping to eliminate the disease from the country by 2020. After a two-year pilot project supported by GlaxoSmithKline in Gambella zone, where the Center helped to implement the first-ever LF treatment program in Ethiopia, the number of people to be treated will increase ninefold, from 86,548 in 2011 to nearly 750,000 by 2012. The strategy will follow the national plan for neglected tropical diseases and start the LF program in areas co-endemic for river blindness, where ivermectin already is being given.

The River Blindness Program in Ethiopia treats more than 3 million people annually and provides an excellent platform to expand LF treatment where the two diseases are co-endemic. Both river blindness and LF share a common medicine, ivermectin