





**KEY TAKEAWAY:**

With a colleague seeing each other face to face—or mask to mask—for the first time in three years, the 32nd InterAmerican Conference on Onchocerciasis (IACO), held Nov. 17–18, 2022, in Guatemala City, featured several other firsts: Dr. Kashaf Ijaz, Carter Center vice president for health programs, and Gregory Noland, director of the Carter Center’s River Blindness Elimination Program, attended and met Onchocerciasis Elimination Program for the Americas (OEPA) and partner staff for the first time. Additionally, Dr. Maria Eugenia Grillet, professor at Venezuela’s Instituto de Zoología y Ecología, was elected to chair the Program Coordinating Committee, the steering committee for OEPA, becoming the first woman and second Latin American to fill that role.

Unlike the abbreviated 2021

conference, IACO 2022’s hybrid format allowed full days of presentations that drilled deep into the challenges facing the Yanomami Focus Area—the last remaining area of active onchocerciasis transmission in the Americas. The Yanomami area is populated by nearly 40,000 nomadic indigenous people and extends through remote and densely forested regions of Brazil and Venezuela. Illegal mining and associated conflict with indigenous communities, clashes between the endemic communities, frequent migration across the border between the two countries, and reduction in staffing of health posts in Brazil were some of the key challenges discussed.

Country programs provided updates on ongoing and upcoming serology and entomology assessments. Provisional results from serology conducted in three subareas

of Venezuela yielded zero positives among 212 blood samples; additional assessment results are expected to be ready by the 2023 midyear Program Coordinating Committee meeting. Programs also continued to hone their “scorecard” system of classifying communities, identifying those needing enhanced attention to ensure the program reaches its goal of transmission elimination in the Americas. The Venezuelan program reported it is achieving good coverage with quarterly treatments, with provisional 2022 coverage in rounds 1 and 2 at 95% and 86%, respectively. Venezuela therefore increased from 37 to 67 communities under quarterly rather than semiannual treatment for the second half of 2022, focused primarily on communities deemed “high priority” with the scorecard system. The Brazilian program noted that the newly elected presidential administration plans to create a Ministry of Indigenous Affairs. The program hopes this will lead to adequate staffing of health posts, which would in turn increase treatment coverage.


Alba Lucía Morales, OEPA health education advisor, reported on an innovative plan to provide health workers in Venezuela with electronic tablets and smartphones, which the team can use to play educational videos for indigenous health agents and community members, collect stories from the community, and document other aspects of their work. A captivating educational video was shown, produced in consultation with two anthropologists who work with the indigenous populations of the Amazon Rainforest. The Venezuela team indicated that 90% of treatments in its program are now being






A health team in Venezuela prepares to travel into the Amazon Rainforest to deliver treatment.

given by indigenous health agents; the electronic devices are expected to further strengthen community and health agent involvement in their own programs.

OEPA acknowledged with gratitude the continued support of the U.S. Agency for International Development, and Merck & Co., Inc. (Rahway, N.J., USA) via its financial

contributions as well as its donation of Mectizan.<sup>®</sup> OEPA appreciates the support of local Lions Clubs of the endemic and formerly endemic countries. 

**Ehi**  **ia**  **d Nige**  **ia** announced major achievements in interrupting transmission of onchocerciasis, also known as river blindness, at their




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The 15th Uganda Onchocerciasis Elimination Expert Advisory Committee met Aug. 3–5, 2022, in Kampala, Uganda, in person for the first time since 2019. The committee provides scientific and technical recommendations to the Uganda Ministry of Health to achieve the goal of eliminating transmission of onchocerciasis (also known as river blindness) in the country. The key outcomes were that three additional foci—Budongo, Bwindi, and Maracha-Terego—were reclassified as “transmission eliminated” after successfully completing post-treatment surveillance and the Lhubiriha focus was reclassified as “suspected transmission interruption,” meaning there are no longer any areas


of “ongoing transmission” in Uganda. (see Figure 1).

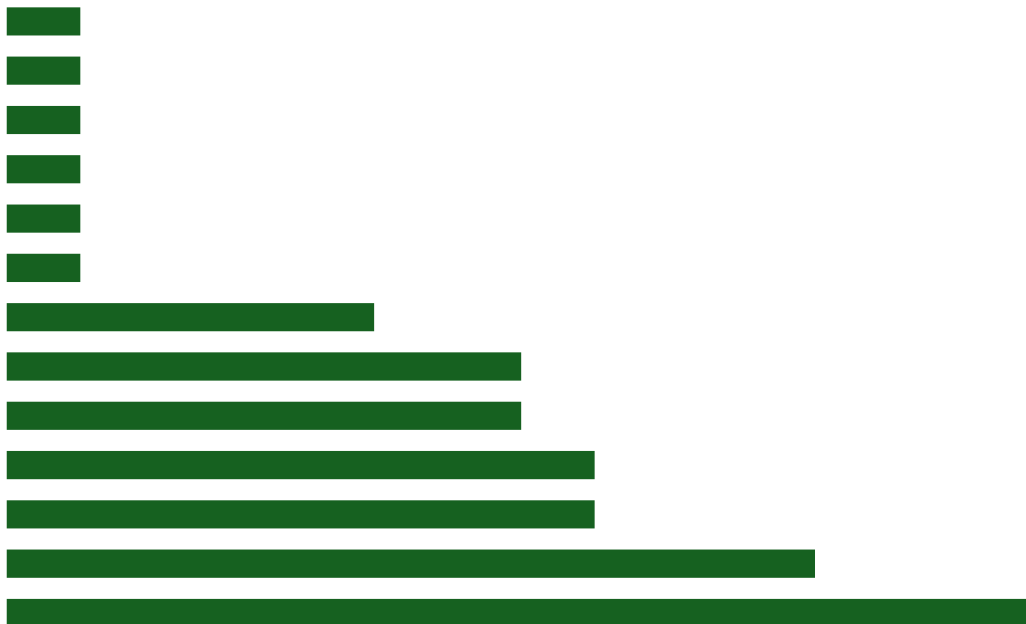
The “transmission elimination” recommendations were made after Budongo and Bwindi documented the continued absence of infective black flies and Ov16 anti-parasite antibody prevalence was significantly less than 0.1% in children under 10 years of age at least three years after stopping mass drug administration (MDA) with ivermectin (Mectizan,<sup>®</sup> donated by Merck & Co. Inc., Rahway, N.J., USA). Maracha-Terego was provisionally reclassified pending follow-up testing of seven Ov16-positive children among 3,373 tested. The total population saved from onchocerciasis in these

three foci in 2022 is 566,871, while 2,518,901 are no longer at risk since the inception of the national elimination policy in 2007.

Of the 17 original transmission foci in the country, 14 (82%) have now achieved transmission elimination status, one (6%) is under post-treatment surveillance, and two (12%) remain under MDA. The two foci under MDA are cross-border special intervention zones with the Democratic Republic of the Congo and the Republic of South Sudan. Representatives from both countries attended the meeting, signaling progress in strengthened binational coordination. Support for the Carter Center’s work in Uganda is provided by USAID’s Act to End NTDs–East Program led by RTI International, and the ELMA Foundation. 

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the Center's Ethiopia country representative.

Out of three, [districts] in Awi zone that were previously endemic for lymphatic filariasis, two passed a transmission assessment survey after five rounds of mass drug administration.


"Birilie's contribution has been enormous," Tadesse said. "In fact, according to partners in the area, the achievement so far in the river blindness and lymphatic filariasis projects in Awi zone would have been difficult to conceive without his leadership, commitment, and technical support."

Ferede is an experienced training facilitator who uses a participatory approach to equip community drug distributors, health extension workers, and health workers with basic skills and knowledge. He has a significant role in strengthening partnerships with the

**October 2022**, The Carter Center and its partners celebrated the distribution of 500 million Mectizan® treatments for river blindness by the Center. Since 1996, the Center's River Blindness Elimination Program has assisted ministries of health in Africa and Latin America to eliminate river blindness transmission. The primary intervention is mass administration of ivermectin (Mectizan®, donated by Merck & Co., Inc., Rahway, N.J.), conducted once, twice, or four times per year in endemic areas. The river blindness program assists with treatment for lymphatic filariasis with Mectizan and albendazole (donated by GSK) in co-endemic areas.

Carter Center staff, government health officials, and partners gathered in Addis Ababa to celebrate the treatment milestone. Partner organizations were presented with awards for their contributions while Zerihun Tadesse, Carter Center country representative in Ethiopia, unveiled a commemorative medallion designed by the Ethiopia team.

Gregory Noland, director of the river blindness program, recounted the history of Mectizan, President Carter's role in Merck's donation, and the impact of treatments to date. Through October 2022, more than 12.3 million people in nine countries no longer need treatment



The path to eliminating trachoma as a public health problem is filled with unforeseen obstacles. It takes effective collaboration to reach the trachoma community's collective goals.

In December 2022, Kelly Callahan, director of the Carter Center's Trachoma Control Program, joined the Trachoma Expert Committee, an independent

entity that serves as an advisory body to the International Trachoma Initiative, Pfizer Inc, and the Task Force for Global Health. Committee members—experts in trachoma who meet to discuss and advise on operational, strategic, and technical concerns—are invited to join but do not represent their organizations.

For over a decade, members of

**T**achoma, the leading infectious cause of blindness worldwide, has stolen sight from millions of people across the globe. Individuals living in poverty, with limited access to water and sanitation, are at greater risk of infection, and within this group, women and children are the most at risk. Over time, trachoma infection can lead to trachomatous trichiasis (TT), the late blinding stage of the disease. If left untreated, TT can lead to irreversible blindness.

In Amhara, Ethiopia, The Carter Center has been working with the Amhara Regional Health Bureau since 2001 to provide more than 746,000 surgeries.

During a September 2022 donor event at The Carter Center in Atlanta, guests got a glimpse of how TT surgery outreach works in Amhara, and how nurses are trained to become TT surgeons.

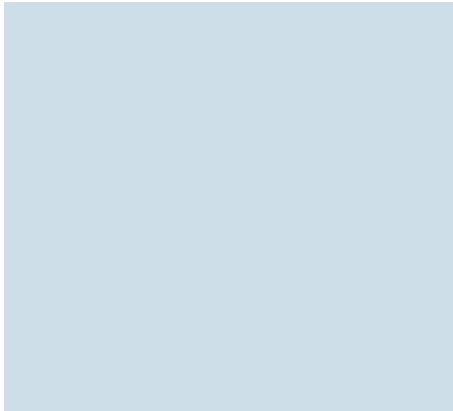
Mulat Zerihun, senior technical advisor, traveled from Ethiopia to share

Control Program, he explained how community members go house to house to screen individuals for signs of TT and later accompany suspected TT cases to a health center to be screened and offered surgery by a TT surgeon, if required. A surgical camp simulation showed guests

how surgical outreach can be conducted in remote areas, while always focusing on the quality of the surgery provision. Zerihun demonstrated how TT surgeons are trained to conduct the 20-minute procedure using a 3D-printed silicone mannequin, which allows them to practice before conducting live surgery.

Attendees learned how a simple procedure can have a profound impact

on the lives of hundreds of thousands of people, and even more. As Zerihun highlighted, it is not only the people receiving surgery who are impacted, it is also their immediate and extended families. Women suffer from TT at twice the rate of men, and, as Zerihun stated, women are the pillar that holds up a household. Providing surgery to women impacts millions of people in Amhara and its communities. **E**



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