Eye of the Eagle

Volume 6, Number 1 | THE CARTER CENTER | January 2005

IACO 2004 Held in Atlanta

For 14 years, the Onchocerciasis Elimination Program for the Americas (OEPA) has held an annual Inter-American Conference on Onchocerciasis (IACO). IACO '04 convened at The Carter Center in Atlanta, Ga., Nov. 13-15, 2004. The theme of the meeting was "Mobilizing for Success." The OEPA program aims to eliminate disease from onchocerciasis in the Americas by 2007 and interrupt transmission of the infection by providing Mectizan® treatments twice per year to all eligible people living in onchocerciasis-endemic areas in the Americas.

A total of 602,168 Mectizan treatments have been reported in 2004 through October, reaching 67.6 percent of the 2004 ultimate treatment goal 2. The UTG(2) achieved by each country—2003 through October 2004—as reported in IACO 2004, is shown in Figure 1. The first round of treatments in 2004 reached 96.3 percent of the eligible population in the Americas, with all countries exceeding 85 percent of their coverage goal. Through October 2004, provisional reports show that 173,589 treatments have thus far been reported in the second round—38.9 percent of the eligible population.

During a press conference on Nov. 15, Mr. Austin P. Jennings announced a $2 million gift from Lions Clubs International Foundation to accelerate the Carter Center-assisted efforts to eliminate river blindness in the Americas. The contribution will be matched by the Bill & Melinda Gates Foundation as part of a challenge grant to help the Center secure a total of $15 million to halt transmission of the

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What's Inside

THE CARTER CENTER

Waging Peace. Fighting Disease. Building Hope.

Program Educates and Monitors Trachoma Success

The Carter Center support for trachoma control focuses on the F and E components of the World Health Organization's SAFE strategy. To promote trachoma prevention through hygiene education, face washing, and environmental sanitation, The Carter Center currently assists six African countries: Ethiopia, Ghana, Mali, Niger, Nigeria, and Sudan. In 2004, the Center has helped train about 4,200 volunteers to conduct ongoing health education in 3,368 villages, including village leaders and volunteers, community health workers, sanitary technicians, teachers from public and Koranic schools, and radio broadcasters. The Center assists trachoma control programs to develop and produce health education tools such as flip charts, posters, information brochures, T-shirts, and calendars, as well as messages for radio broadcasting and video.

Communication Channels: To reach marginalized populations at risk for trachoma in rural villages, the national trachoma programs use a variety of communication channels.

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River Blindness

IACO 2004

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disease throughout the region. The Carter Center hopes this recent donation from LCIF, as well as a previous contribution from Merck & Co. Inc., will inspire others to help complete the challenge issued by the Gates Foundation.

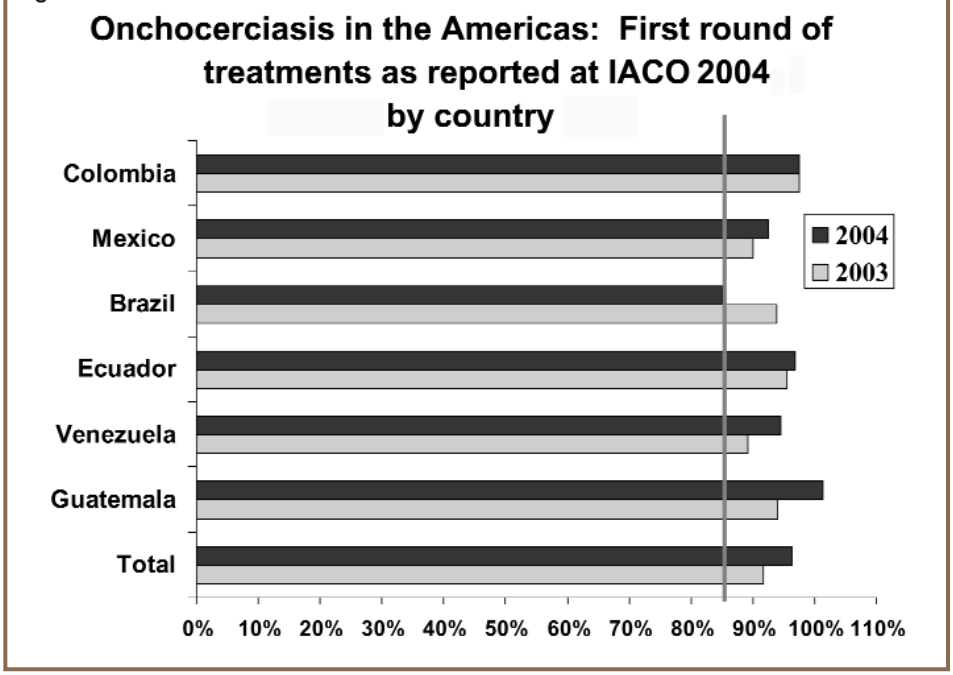
Special presentations at IACO '04 were made by Dr. Ed Cupp, Auburn University; Drs. Tom Burkot, Mark Eberhard, and Frank Richards, Centers for Disease Control and Prevention; Dr. John Davies, Liverpool School of Tropical Medicine; Dr. Roberto Proano of OEPA's Program Coordination Committee; Dr. Tom Unnasch, University of Alabama at Birmingham; and Dr. Charles Mackenzie, Michigan State University. Dr. Mauricio Sauerbrey, director of OEPA, presented key IACO '04 recommendations at the closing ceremony to former U.S. President Jimmy Carter, Mrs. Rosalynn Carter, and other dignitaries, including Dr. David Brandling-Bennett of the Bill & Melinda Gates Foundation, Dr. John Ehrenberg of the Pan American Health Organization, Mr. Austin P. Jennings of the Lions Clubs International Foundation, Mr. David Ruth and Mr. Ken Gustavsen of Merck & Co. Inc., and Dr. Bjorn Thylefores of the Mectizan Donation Program.

Sean Randall

Austin Jennings, Lions Clubs International Foundation past international president, announces the organization's $2 million donation to The Carter Center during a press conference. (Left to right: Mr. David Ruth of Merck & Co. Inc., Mr. Jennings of LCIF, President Carter, and Dr. John Hardman of The Carter Center.) Dr. David Brandling-Bennett of the Bill & Melinda Gates Foundation also participated in the press conference.

Dr. Donald Hopkins, associate executive director of The Carter Center, chaired the meeting. Representatives from the six endemic countries who reported on treatment coverage, program impact, and community participation included Drs. Joao Batista Furtado Vieira and Ramiro Teixeira e Silva, Brazil; Drs. Santiago Nicholls and Ivan Mejia, Colombia; Drs. Jose Rumbea and Juan Carlos Vieira, M.Sc., Ecuador; Drs. Edgar Mendez-Gordillo and Miguel Galindo Fiallo, Guatemala; Drs. Jorge Mendez and Sergio Martínez, Mexico; and Drs. Fátima Garrido Urdaneta and Harland Schuler, Venezuela.

Figure 1



Lions, Merck, Others Accept Gates Challenge

As reported previously in the *Eye of the Eagle* (January 2004, vol. 5, no. 1), the Bill & Melinda Gates Foundation announced a $10 million challenge grant to the Carter Center-sponsored Onchocerciasis Elimination Program for the Americas (OEPA) in November 2003. The grant challenges the Center to raise $5 million in matching funds to secure a total of $15 million to help eliminate river blindness from the Americas. Recently, the Lions Clubs International Foundation and Merck & Co. Inc. each made significant donations to The Carter Center for OEPA. Because of the generosity of these and other donors, in less than one year The Carter Center has received pledges amounting to more than 70 percent of the matching funds necessary to meet the Gates challenge.

This support will allow OEPA to accelerate regional elimination of onchocerciasis in the Americas by enhancing the current efforts of the six national programs to provide semiannual Mectizan® treatment more effectively to the at-risk population. Because of OEPA's efforts, more than 85 percent of the approximately 400,000 people currently at risk of the disease in the Americas are being successfully treated.

Special thanks to the following donors to The Carter Center for OEPA:

Bill & Melinda Gates Foundation
Lions Clubs International Foundation
Merck & Co. Inc.
Mr. and Mrs. David E. Quint
Falconer Charitable Remainder Trust
The P Twenty-One Foundation
Mr. Mark Chandler and Ms. Christina Kenrick
Alcon Laboratories
John C. and Karyl Kay Hughes Foundation
The UPS Foundation
Mr. Rick Meeker Hayman
Mr. and Mrs. David A. Rosenzweig
Dermatology Associates of San Antonio
Mr. David Roth and Ms. Beverly Bear
Lovely Lane United Methodist Church
Mr. Shao K. Tang
Mr. Louis Katsikaris Sr.
Mr. and Mrs. Boisfeuillet Jones Jr.
Comcast
Mr. and Mrs. Mark L. Sanders
Mr. and Mrs. George Snelling
Ms. Carolyn Taylor
The Carlton-Adicks Family Charitable Gift Fund
Anonymous

Table 1

Onchocerciasis: Provisional 2004 Mectizan treatment figures for Global 2000 River Blindness Program (GRBP)-assisted areas in Nigeria, Uganda, Cameroon, Ethiopia, and collaborative programs in Latin America (OEPA) and Sudan, through October

Country/Tx Category		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	% ATO	% ALL GRBP TX
NIGERIA	***UTG=**	**5,105,724**		**ATO(arv)=**	**7,921**											
TX(earp)		0	0	81,896	231,461	435,528	316,859	782,438	501,104	1,152,641	171,489			3,673,416	72%	42%
TX(arv)		0	0	61	189	665	623	1,227	772	1,708	378			5,623	71%	30%
UGANDA	***UTG=**	**999,275**		**ATO(arv)=**	**2,360**											
TX(earp)		0	122,925	131,502	115,145	125,033	21,168	110,970	140,056	117,705	82,509			967,015	97%	11%
TX(arv)		0	156	574	46	297	22		767	351	323			2,279	97%	12%
CAMEROON	***UTG=**	**1,439,052**		**ATO(arv)=**	**2,708**											
TX(earp)		0	0	0	0	0	109,553	689,030	355,148	45,018	91,784			1,290,533	90%	15%
TX(arv)		0	0	0	0	0	203	1,141	1,458					2,802	103%	15%
OEPA**	****UTG(2)=**	**889,116**		**ATO(arv)=**	**1,934**											
TX(earp)		0	0	221,393	0	0	195,206	0	0		173,589			590,188	66%	7%
TX(arv)		0	0		0	0		0	0					0	0%	0%
ETHIOPIA	***UTG=**	**2,429,644**		**ATO(arv)=**	**4,853**											
TX(earp)		0	0	115,436	54,008	280,241	143,713	779,574	333,365	982				1,707,319	70%	20%
TX(arv)		0	0		3,986	867		2,095	308					7,256	150%	39%
SUDAN	**ATO(earp)=**	**716,870**														
TX(earp)		20,838	19,972	23,554	78,879	6,462	184,092	99,931	3,489	3,424	2,740			443,181	62%	5%
TX(arv)		103	64	124	101	65	72	51	36	35	30			683		
Totals	**ATO(earp)=**	**11,579,681**		**ATO(arv)=**	**19,776**											
TX(earp)		**20,838**	**142,897**	**573,781**	**479,293**	**847,264**	**970,591**	**2,365,436**	**1,332,415**	**1,316,346**	**519,371**	**0**	**0**	**8,671,652**	**75%**	**100%**
TX(arv)		**103**	**222**	**759**	**4,322**	**1,894**	**920**	**2,419**	**3,035**	**2,094**	**731**	**0**	**0**	**16,643**	**94%**	**100%**

GRBP-assisted cumulative treatments = 63,766,026

ATO: Annual Treatment Objective, **UTG**: Ultimate Treatment Goal, **Tx**: Number Treated, **earp**: Eligible At Risk Population, **arv**: At Risk Villages

**OEPA figures reported quarterly, UTG(2) is the Ultimate Treatment Goal times 2, since OEPA treatments are semiannual

Workshop in Nigeria Reviews Carter-Assisted Programs

The 2004 Health Program Review of Carter Center-assisted health programs in Nigeria took place Oct. 11-13, 2004, at the Hill Station Hotel in Jos, Plateau state. All Nigerian Carter Center-assisted health programs were represented: the Guinea Worm Eradication Program, the Trachoma Control Program, the River Blindness Program, the Schistosomiasis Control Program, the Lymphatic Filariasis Elimination Program, and the exciting new initiative to distribute insecticide-treated bed nets in conjunction with mass drug administration for the control of lymphatic filariasis as well as malaria.

Retired Major General Cris M. Ali, administrator of Plateau state, opened the review workshop in the presence of General Dr. Yakubu Gowon. General Gowon is a former head of state of Nigeria and chairman of the board of trustees of the Yakubu Gowon Center, which has been very active in Guinea worm eradication in Nigeria. Dr. Donald Hopkins, associate executive director of The Carter Center health programs, and other key health staff from Atlanta headquarters represented The Carter Center, and Drs. James Maguire and Frank Richards represented the Centers for Disease Control and Prevention.

Other participants included representatives from the Carter Center's Nigeria office; Nigeria's federal Ministry of Health and federal Ministry of Water Resources; representatives from more than 20 states where the programs are being implemented; the World Health Organization; partner nongovernmental development organizations such as Christoffel-Blindenmission, MITOSATH, and Helen Keller International; and other professionals who are involved in these programs as consultants or advisers.

Each health program summarized its performance in the last year, followed by discussion. At the end of each program presentation and discussion, recommendations were made to help improve further the performance of the program. A special achievement was the Guinea Worm Eradication Program's celebration of its first month (September 2004) with zero new cases of Guinea worm disease detected in the whole of Nigeria.

Generally, there was optimism regarding each program's progress. The main challenges are inadequate federal, state, and local government financial support to these health programs; the need to map and expand lymphatic filariasis and schistosomiasis programs; and the high cost of praziquantel, the drug used to treat and prevent schistosomiasis. The Carter Center continues to seek ways to help Nigeria surmount these challenges.

Musicians and dancers entertain at the Nigerian Health Program Review.

Sustainability Is Questioned as APOC Phases Out

The Global 2000 River Blindness Program's African projects have all been funded in large part by the Lions-Carter Center SightFirst Initiative and the African Programme for Onchocerciasis Control (APOC). APOC was conceived as an effort to set up drug distribution channels using existing health care infrastructure. The desired outcomes were to empower communities to run their own programs using the community-directed treatment with ivermectin approach and to stimulate governments to fund their own community-directed treatment initiatives when APOC funds are phased out.

Most APOC projects team with a nongovernmental organization that provides financial, logistical, and technical support. APOC funding lasts for five years, in which time it is intended that the project will have established itself sufficiently to run with government assistance and local nongovernmental organizations where they exist. The partnership has been a strong one, but as APOC funding phases out, governments are not stepping in to fill the gap as was originally hoped.

Seventeen of the Carter Center's 28 projects have reached the end of their five-year funding from APOC. Four more will reach the end in February 2005. While the programs have the option of applying for additional funding from APOC, this funding is limited to some logistical support. So far, most of the Carter Center-assisted projects seem to be maintaining their treatment levels, but it is not likely this will continue without additional financial support.

The Carter Center has already informed national, state, and local governments that it will not fund the gap left by APOC's funding cessation. However, The Carter Center will endeavor to maintain the same level of support it has given to its assisted programs, while working with the national governments, partner nongovernmental organizations, and other key institutions to identify and develop long-term and creative approaches for dealing with onchocerciasis after APOC ends. Encouraging governments to support their community-directed treatment with ivermectin projects through strengthened primary health care is a key element of this effort.

Meeting Focuses on Future of River Blindness Control

The most recent semiannual meeting of the onchocerciasis nongovernmental development organizations (NGDO) group was held at The Carter Center Sept. 7-9, 2004. The meeting was chaired by Dr. Adrian Hopkins of Christoffel-Blindenmission and included representatives from the World Health Organization, the African Programme for Onchocerciasis Control, CDC, Emory University, Health for Humanity, Helen Keller International, Interchurch Medical Assistance, LCIF, Mectizan Donation Program, Merck, MITOSATH, Sight Savers International, UNICEF, The World Bank, World Vision, and The Carter Center. The meeting was organized by Dr. Tony Ukety, WHO NGDO coordinator.

For over a decade, these NGDOs have pooled their knowledge and experiences in a Geneva-based coordination group with the goal of global control of onchocerciasis through mass distribution of ivermectin (Mectizan). Members of the group have worked with ministries of health and other partners to aid in Mectizan treatment activities. The meeting provided general updates on each NGDO's program activities, and members discussed issues such as program sustainability, resource mobilization, and the potential to integrate programs with other health efforts.

Key conclusions and recommendations included a concern about the sustainability of community-directed treatment with ivermectin projects after the African Programme for Onchocerciasis Control ends in 2010 and the future role of NGDOs. It also was agreed that in light of issues of sustainability, integration, and potential funding sources, there is a need for the NGDO group to establish its own strategic plan. This will be a topic for the next meeting, when strategies and mechanisms will be discussed to ensure continuity of onchocerciasis control well after APOC funding has stopped.

At the meeting, Mr. Bruce Benton of The World Bank announced his impending retirement. The NGDOs honored him for his many years of commitment to onchocerciasis control and wished him well in his future activities.

Meeting participants pose beside the Sightless Among Miracles statue on Carter Center grounds.

Trachoma

Program Educates

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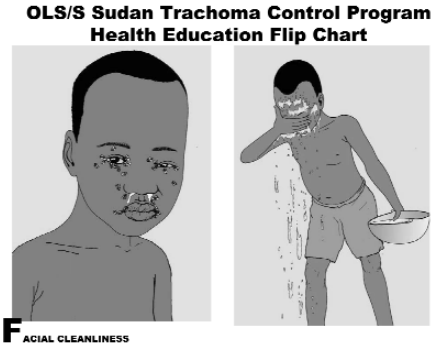
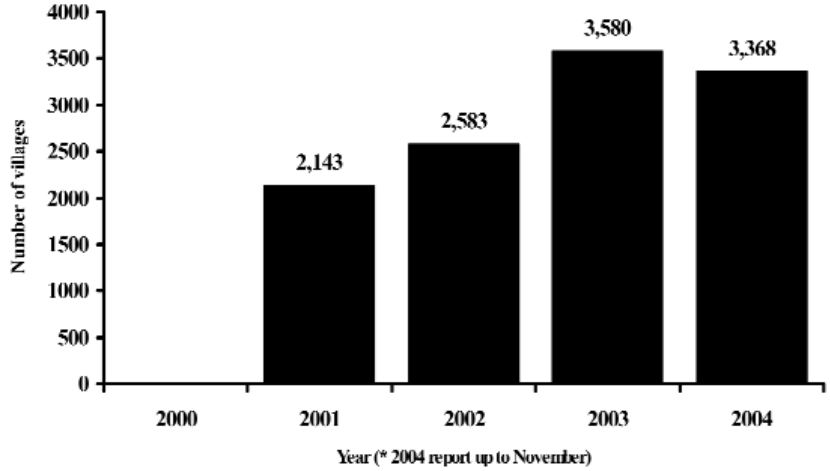
Community health education: Village volunteers, who are selected by community leaders, live in the community and share its daily activities and culture. District health workers and sanitarians supervise program implementation and gather data for monitoring. The volunteers conduct education regularly during small group sessions, house-to-house discussions, at churches or mosques, or during community gatherings. This approach seems to be an effective way to engage interactive exchanges in local languages on trachoma infection, risk factors, and prevention.



Below: This health education flip chart from Niger promotes clean households.

Figure 2



Radio-based health education: The Center assists trachoma control programs to broadcast trachoma prevention messages in local languages over local and regional radio stations in Mali, Niger, Ghana, and Sudan. In 2002, the Center started assisting national trachoma control programs to create and implement radio listening clubs in trachoma-endemic villages. These listening clubs provide a forum to clarify and reinforce health and hygiene education messages broadcast on community and national radio stations. The Center has donated wind-up or solar radios to radio listening clubs.

There are currently 81 village-based radio listening clubs in Ghana and 24 in Niger. In Ghana, radio listening clubs are very active and involve women and men. During a field visit to Ghana in October 2004, Ms. Lisa Rotondo and Dr. Mamadou Diallo, Carter Center/Atlanta, with Mr. Aryc Mosher and Mrs. Lydia Ajono, Carter Center/Ghana, and staff from the regional and district health bureaus of Tamale visited three villages with organized radio listening clubs. They attended radio listening club activities and listened to a 30-minute broadcast followed by long commentary and discussion in the local language led by radio listening club committee members. In the villages visited, women participate actively in radio listening activities, sing in unison to promote face and hand washing among young children, and organize village clean-up days. Many children also attend the radio listening club activities and singing ceremonies promoting trachoma prevention.

School health education: These programs target young children attending school in order to increase their awareness of trachoma and promote clean faces and a clean environment. Children not attending formal school are reached through informal Koranic training and during

community-gathering events. Ethiopia launched school health activities in three schools in the Amhara region in 2002 and then developed a curriculum for trachoma prevention. As of September 2004, 1,156 schoolteachers have been trained to teach the trachoma prevention curriculum. The Sudan trachoma control program also has trained schoolteachers to reinforce trachoma control program activities in schools. In Niger, the trachoma control program trains Koranic teachers in order to reach children not attending school.

Theatrical dramas: In Niger, actors and health educators perform theatrical dramas in large villages and weekly markets to reach at-risk people who have limited access to radio. Such performances have also been conducted as part of joint "Worm Week" intensive health education sessions in cooperation with Niger's Guinea worm eradication program.

Monitoring: To monitor the programs' impact, field staff are encouraged to collect routine data on the proportion of children 1-9 years old seen with clean faces. Facial cleanliness monitors the desired outcome of all F and E activities (i.e., keeping faces free of discharge and flies). As a result of the impact of health education, some villages in Ghana, Niger, and Mali organize clean-up days to improve environmental sanitation. Clean faces and clean villages could be the easiest indicators to monitor the impact of health education in trachoma-endemic villages. Carter Center trachoma activities in Ghana, Mali, Niger, and Nigeria are funded by the Conrad N. Hilton Foundation; those in Ethiopia and Sudan by Lions Clubs International Foundation.

Household Latrine Program Targets Rural Villages

The trachoma control programs have stimulated much interest in promoting and building latrines for rural communities as part of the SAFE strategy package. Latrine use by communities at risk for trachoma should play a major role in the F and E components of programs for the prevention of blinding trachoma, since use of latrines is the key to reduced breeding of the flies that can transmit trachoma.

In 2002, The Carter Center began promoting low-cost household latrines in an area of rural Niger. To promote development of local capacity-building and share experiences between countries, the Center assisted the Niger National Blindness Prevention Program to organize a subregional workshop on latrine promotion, which was attended by participants from Niger, Mali, Nigeria, and Ghana. In 2003, the Center extended low-cost latrine promotion to Mali, Ghana, Nigeria, Ethiopia, and Sudan.

Villages are selected for latrine promotion based on their burden of trachoma and on leaders' willingness to participate in the project. In each selected village, leaders are asked to choose one or two masons living in the village to be trained for SanPlat latrine construction. The district or regional sanitation bureau trains the masons and monitors the latrine building. After a voluntary request, the beneficiary household has to dig the pit, build the superstructure, and pay the mason's labor fees. The Carter Center's contribution includes support for the mason's training, provision of tools, and cement to make the latrine slabs.

Table 2

The Carter Center-Assisted Trachoma Control Programs
Low-cost household latrine promotion with The Carter Center assistance, 2002-2004*

Number of household latrines constructed	Ghana	Mali	Niger	Sudan	Ethiopia	Nigeria
2002	53	0	1,282	518	1,333	0
2003	735	1577	1,645	2,244	2,151	420
2004*	0	2,646	2,405	2,750	82,010	1,242
Total	788	4,223	5,332	5,512	85,494	1,662
Average cost per household latrine	$70	$49	$56	$40	$10	$57
TCC contribution per household latrine	100%	17%	40%	100%	20-50%	51%

*2004 data through November

This contribution per household latrine varies from $10 to $70 from country to country. From 2002 through 2004, The Carter Center assisted over 90,000 households to build household latrines in rural Ethiopia, Sudan, Nigeria, Ghana, Niger, and Mali. Table 2 (page 7) shows the cumulative number of latrines built per country.

The latrine promotion project has been an opportunity for villagers to improve their sanitation. This initial success has prompted an increased demand for latrines in 2004. To meet such demand in Niger, local Lions and The Carter Center shared the cost of the construction of 1,700 household latrines. Following Niger's experience, the Mali trachoma control program requested funds from local Lions to reach more villages with health education and to expand household latrine promotion in the Tominian district of Segou region.

In Ethiopia, the program built more than 82,000 traditional pit latrines during an intensive latrine promotion campaign in 2004. This massive achievement was possible due to the active involvement of local administrators, health professionals, and women in each village, in addition to the low cost of household latrines. The community response in one project woreda, Hulet Eju Enessie, has been exceptionally exciting. In this area, women do not defecate in the open during the day due to the traditional emphasis on privacy. Now with the arrival of household latrines, women are free to defecate at any time. One woman expressed her enthusiasm about latrines, explaining, "Now we can claim that we are equal with the men; we can visit the toilet any time we want."

The next step in strengthening the latrine promotion project in rural communities will be to assess latrine acceptability and use in intervention countries. A first assessment conducted in Niger after one year of latrine promotion has shown encouraging results (*Eye of the Eagle*, January 2004, vol. 5, no. 1). The Carter Center also shall investigate ways to reduce the costs of latrine construction and advocate for other support of this activity, including collaboration with schistosomiasis control programs.

Partnership Helps Construct Latrines in Niger

In 2002, The Carter Center assisted the Niger National Blindness Prevention Program to launch promotion of low-cost household SanPlat latrines in rural Zinder. With increased community mobilization, health education campaigns, and masons' training, the project was extended to the Maradi region the following year. From 2002 through 2003, a total of 3,182 household latrines were built in Zinder and Maradi. This initial success prompted 1,682 homeowners to dig their own latrine pits in anticipation of the Center's support for latrine construction in 2004.

With the risk of the pits collapsing during the rainy season, it was urgent that latrines be constructed in targeted households in the two regions. The

Mrs. Rebecca Daou from Lions Clubs International visits the latrine promotion project in rural Maradi, Niger.

Trachoma

Carter Center/Niger resident technical adviser, Lion Salissou Kane, sought additional funds for latrine construction with local Lions clubs in Niamey. In response to their proposal, Lions of Niger matched a $20,000 supplement from The Carter Center with unspent monies from their West African Water Initiative funds. This collaboration helped the program meet the expectations of 13,600 persons living in 66 trachoma-endemic villages by providing cement to complete construction of 1,700 household SanPlat latrines in 2004.

From 2002 through 2003, a total of 3,182 household latrines were built in Zinder and Maradi. This initial success prompted 1,682 homeowners to dig their own latrine pits.

This accomplishment between The Carter Center and Lions clubs of Niger has demonstrated the possibilities available when joining forces with local partners. Continuing grass-roots collaboration can help strengthen and expand F and E activities such as provision of safe water and intensified health education in Niger and elsewhere. The challenge remaining is to consolidate this partnership for the future and to look toward similar partnerships in trachoma control and in other programs. Carter Center assistance to Niger's trachoma control program is funded by the Conrad N. Hilton Foundation.

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Pilot Program Addresses Filariasis and Malaria

The Nigerian federal Ministry of Health and the state ministries of health of Plateau and Nasarawa have agreed to use the two states' allotment of 56,000 insecticide-treated bed nets in the Carter Center-assisted Lymphatic Filariasis Elimination Program in an attempt to achieve quicker elimination of lymphatic filariasis and better control of malaria.

The integrated pilot program will determine if insecticide-treated bed nets can be distributed effectively during village mass drug administration activities. This effort includes health education to teach people how to use their nets. In addition to federal, state, and local health authorities, epidemiologists from the University of Jos, the World Health Organization, and the Centers for Disease Control and Prevention are participating in the effort.

Two local government areas, Kanke in Plateau state and Akwanga in Nasarawa state, are pilot sites. Nets are distributed free of charge to pregnant women and children under 5, who are highly vulnerable to malaria and lymphatic filariasis morbidity since they cannot receive combination Mectizan® and albendazole treatment.

A Nigerian woman and child show the insecticide-treated bed net in their home.

As of September 2004, 28,938 nets, 52 percent of the total number of nets, have been distributed during mass drug administration activities. In the second quarter of 2005, coverage surveys will be undertaken to determine the success of mass drug administration in distributing nets to the vulnerable groups and providing medicines for lymphatic filariasis. The next major challenges for the pilot program will be to develop an approach to re-treat the nets during the 2005 round of mass drug administration activities and to obtain more nets, valued at $3 each, to expand the program.

Milestones

In September 2004, **Ms. Lisa Rotondo** joined The Carter Center in Atlanta as senior program officer for the Trachoma Control Program.

On Oct.1, 2004, **Dr. James Zingeser** left The Carter Center after more than nine years of work in both trachoma control and Guinea worm eradication. He has joined the Centers for Disease Control and Prevention's Global Immunization Division and is posted in Copenhagen, Denmark, as technical adviser for polio and measles eradication in the World Health Organization European region.

Dr. Paul Emerson joined The Carter Center as the new technical director for the Trachoma Control Program in November 2004.

Dr. Doulaye Sacko, former national program coordinator for the prevention of blindness, Mali Ministry of Health, joined the West African Health Organization as coordinator of GET2020 in West Africa in December 2004. **Dr. Bamani Sanoussi** replaced Dr. Sacko as national program coordinator.

Delta State, Nigeria, Launches Schistosomiasis Program

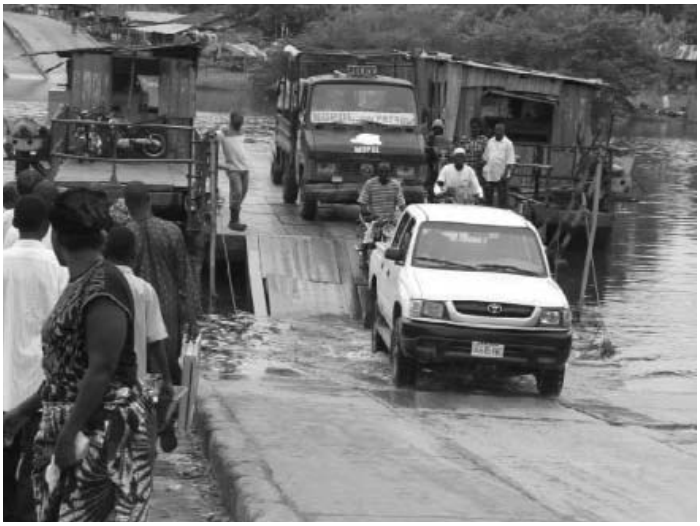
Thanks to a grant from ChevronTexaco Corp., Delta state, Nigeria, has launched a schistosomiasis control program in Ndokwa East local government area. An official celebration ceremony took place Oct. 15 in Abuator community.

The ceremony was chaired by Chief Mrs. Chidi of Ndokwa East and included the following attendees: Dr. Tabs Tabowei, permanent secretary of the Ministry of Health in Delta state, representing the governor of the state; Mr. Bassey Assangha, Chevron branch manager in Owerri, representing Dr. Jay Tryor of Chevron Nigeria Ltd.; Dr. Majoroh, director of public health in Delta state; Dr. Onojota, deputy director of public health in Delta state; Dr. Onwughalu, director of Anambra state's public health program in Awka; Dr. Emmanuel Emukah, director of southeast programs of The Carter Center/Nigeria; Mr. John Eguagie, The Carter Center project administrator for Edo and Delta states; Dr. Moses Katabarwa, program epidemiologist of The Carter Center in Atlanta; and Dr. Paul Yinkore, state project officer of Delta.

The launch is an exciting event for The Carter Center/Nigeria office and for the selected communities in Delta state, which have never been treated for schistosomiasis. After six years of experience with a schistosomiasis program in Plateau and Nasarawa states of central Nigeria, The Carter Center is pleased to help expand integrated disease programs to Delta state in the southeast.

Delta state promised to provide support to their team and will continue to integrate schistosomiasis control into the onchocerciasis, lymphatic filariasis, and dracunculiasis programs. Chevron, in a joint venture with the Nigerian National Petroleum Corporation, emphasized that it does not restrict community service to areas where it has operations. The company promised to continue supporting the onchocerciasis and schistosomiasis programs. Chief Mrs. Chidi requested motorcycles and potable water for the endemic communities and promised to support her local government area health team.

Many other communities elsewhere in Nigeria also need treatment, but funds for assessing prevalence rates nationwide are not currently available, and the costly drug praziquantel is not donated as are the drugs for onchocerciasis and lymphatic filariasis. Nigeria is the most endemic country in the world for schistosomiasis.



Above: Mr. Bassey Assangha, branch manager, Chevron, Owerri, provides praziquantel at the launching in Ndokwa East local government area, Delta state.

Left: Vehicles approaching the schistosomiasis launch in Delta state used this ferry to cross a large stream.

Global Health News

In Memory of Mr. Andy Agle

We dedicate this issue of *Eye of the Eagle* to Mr. Andrew Nils Agle who passed away in his sleep in Lagos, Nigeria, on Aug. 13, 2004. Mr. Agle had a stellar career in international health as a public health adviser at the Centers for Disease Control and Prevention, including work in the Smallpox Eradication Program, before he served as director of operations for Global 2000 of The Carter Center for nine years, ending in 1999. At The Carter Center, he played a pivotal role in helping to initiate and support Guinea worm eradication programs, especially in francophone West Africa, and as a leader in the Center's agriculture and river blindness control efforts. It is due to Andy's vision that this publication was titled *Eye of the Eagle*.

Erratum

In the July 2004 issue of *Eye of the Eagle* (volume 5, number 2), the name of the Ethiopia Trachoma Control Program officer, Dr. Anteneh Woldetensay, was mistakenly omitted from the list of participants in the 2004 program review.

Magazine Highlights Trachoma

The December 2004/January 2005 issue of *Natural History* includes "Sight for Sore Eyes," a six-page feature article by Dr. James Zingeser, former technical director of the Carter Center's Trachoma Control Program.

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All photos by Carter Center staff unless otherwise noted.

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