



Eye of the Eagle



Volume 7, Number 2

THE CARTER CENTER

July 2006

Ethiopia Hosts Reviews of Carter Center River Blindness, Trachoma Programs

River Blindness Sustainability Trial Ends

The Carter Center River Blindness Program evaluated its impact in 2005 at a comprehensive review held Feb. 20–22, 2006, in Addis Ababa, Ethiopia. In 2005 the Center assisted in providing nearly 10.8 million Mectizan® treatments, achieving 88 percent of its goal. The meeting also reviewed how well selected

projects in Nigeria, Uganda, and Cameroon are faring with only government funding and found that all projects provided fewer treatments than when they were funded by the Center, Lions Clubs International Foundation (LCIF), and the African Programme for Onchocerciasis Control (APOC).

In addition to reviewing the year's treatment returns and program sustain-

ability, meeting participants discussed training and health education activities, ultimate treatment goals (UTGs), Mectizan logistics, epidemiological assessment activities, operations research, and administrative issues. The review immediately followed the Lions Clubs' All-Africa Conference, and several Lions were able to participate in both meetings.

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THE CARTER CENTER



Waging Peace. Fighting Disease. Building Hope.

Field Trip, Prevalence Survey Results Highlight Trachoma Control Meeting

The seventh annual review of Carter Center-assisted trachoma control programs was held Feb. 23–25, 2006, in Addis Ababa, Ethiopia. National program coordinators from the countries where the Center works reported on progress of trachoma control activities in 2005 and objectives for 2006, including latrine construction, azithromycin distribution, health education, and trichiasis surgery. Specific statistics for each country are reported in Table 3 (see p. 7) and Figures 4 through 7 (see pp. 7–9). Because the review was held for the first time in a trachoma-endemic country, participants were

able to visit the Amhara region for three days to share ideas and learn from the successes of the Ethiopian program.

In addition, results of 2005 prevalence surveys from Niger, Nigeria, Sudan, Mali, and Ethiopia were discussed. Topics of special sessions included achieving equity in latrine promotion, dealing with the recurrence of trichiasis after surgery, managing azithromycin stock, promoting behavior change through communication, and determining the presence of ocular *Chlamydia* in the community. Dr. Paul Emerson, technical director of the Center's Trachoma Control Program,

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River Blindness

River Blindness Program Review

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Overall Treatments

In 2005, The Carter Center assisted in providing 10,798,434 treatments with Mectizan in 11 countries, including 477,530 passive treatments (i.e., treatments given by hospitals and clinics that were supplied with Mectizan). For mass treatments, the program achieved 88 percent of its treatment objective of 11,749,030. Figure 1 shows how the number of treatments in 2005 compares with previous years. Table 1 summarizes 2005 treatment activities by country. Treatments decreased 3 percent from those reported in 2004 (11,109,611), due to fewer treatments in Nigeria and Sudan. All other countries reported an increase in treatments. Of the 2005 treatments, 97 percent were accomplished in partnership with the LCIF and with the help of local Lions.

Sustainability Trials

Of the Carter Center's 30 project areas in five countries in Africa, only seven are still receiving major funding from APOC in 2006, leaving the majority with only Lions/Carter Center and government support. Selected projects

Table 1

2005 Carter Center River Blindness Program Treatment Summary and 2006 Activities Through March

Program	# txs 2005	UTG	% UTG	# tx 2006	UTG 2006	% UTG
Cameroon	1,391,373	1,502,412	93%	0	1,665,087	0%
Ethiopia	2,531,967	2,680,868	94%	0	2,957,680	0%
Nigeria	4,252,009	4,847,289	88%	273,185	4,943,904	6%
OEPA	855,202	908,852	94%	120,904	917,688	13%
Sudan	268,932	759,742	35%	0	253,619	0%
Uganda	1,021,421	1,049,867	97%	198,597	1,072,134	19%
TOTAL	10,320,904	11,749,030	88%	592,686	11,810,112	5%
Cumulative mass and passive tx since program began = 77,648,029						

*OEPA reports quarterly

in Nigeria, Uganda, and Cameroon have received only government support since mid-2004 to test the sustainability of their programs without APOC or nongovernmental development organization (NGDO) funding. These programs were chosen because they received good sustainability scores on APOC evaluations. At the program review, the three countries reported on the state of these projects for 2005.

The greatest problem during the

post-APOC/post-NGDO sustainability trial was seen in Imo and Abia states in Nigeria. Treatments there numbered 483,757 in 2005, which was 30 percent lower than in 2004 (698,292) and 52 percent lower than in 2003 (1,000,788) when APOC and The Carter Center/Lions were providing major support.

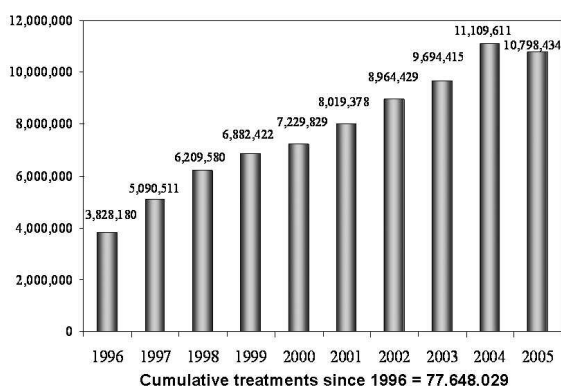
In Uganda, post-APOC/post-NGDO districts Mbale and Kisoro showed decline in program activity, but this was more evident in Kisoro, where coverage dropped 10 percent to 84 percent of its ultimate treatment goal (UTG). In Mbale, coverage dropped 3 percent to 97 percent of its UTG as compared to 2003. Training and health education diminished significantly during the trial.

Where post-APOC/post-NGDO sustainability is being tested in Cameroon, the North province seemed to perform well, reaching 89 percent of its UTG. Still, there was evidence of deteriorating program performance, despite the government investment in the North province of \$188,205 USD in 2005.

Because the post-APOC/post-NGDO areas were universally demonstrated to have decreased program functionality, The Carter Center agreed to end the sustainability trials in 2006. The Center will continue to insist on increased government

Figure 1

Carter Center-Assisted Programs: Annual Mectizan Treatments 1996-2005



River Blindness

co-funding as the Center resumes funding in these areas.

Nigeria

In Nigeria, the Center's River Blindness Program, in collaboration with LCIF and APOC (which provided limited funding for training and capital equipment), assisted in mass treatment of 4,252,009 people with Mectizan in 2005 as well as assisting in 435,435 passive treatments. Mass treatments totaled 88 percent of the UTG of 4,847,289 and represented a 7 percent decline from the 4,576,413 treatments given in 2004, due largely to Imo and Abia states' post-APOC/post-NGDO sustainability trial.

In Plateau and Nasarawa states, with funding from the Bill & Melinda Gates Foundation, the Center's Lymphatic Filariasis Elimination Program assisted in 3,266,881 treatments with Mectizan and albendazole, achieving 92 percent of its UTG of 3,563,244.

The Center's Schistosomiasis Control Program in Plateau, Nasarawa, and Delta states, funded in part by ChevronTexaco Corporation, reached 93,885 people, only 52 percent of its goal. The low number of people treated was due to a long delay in receiving the delivery of the 2005 supply of praziquantel.

Uganda

The program in Uganda assisted in the mass treatment of 1,021,421 people with Mectizan in 2005 in collaboration with LCIF, and passive treatments numbered 35,500. This was 97 percent of its UTG and a slight increase above 2004 treatments. Uganda continues to exhibit high treatment levels overall. Uganda will begin twice-per-year

treatments in the Wadelai focus of Nebbi district (see article on p. 4).

Cameroon

A total of 1,391,373 people in Cameroon received mass treatment with Carter Center and LCIF assistance in 2005. This was 93 percent of the UTG and a 3 percent increase over treatments given in 2004. In addition, 6,470 passive treatments were provided. Of the 2005 treatments, 75 percent (1,058,284) were provided in collaboration with the LCIF in the West province, and the other 25 percent were provided in the North province

project where post-APOC/post-NGDO sustainability is being tested. The North province reached 89 percent of its UTG while the West province reached 94 percent. Cameroon has embraced the use of kinship structure for drug distribution, which resulted in increased numbers of health workers and drug distributors working in distribution efforts.

Ethiopia

In its fifth year of mass Mectizan distribution, Ethiopia reported a total of 2,531,967 people being treated with

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Table 2

Summary of Epidemiological Indicators in the 13 Foci in the Americas

Focus	2005 Coverage UTG(2)	mfAC	Eye Disease	Entomology	Transmission status
Mexico - Oaxaca	94%	0 (2004)	0 (2004)	3.8% (2001)	Suspected suppressed
Mexico - North Chiapas	92%	Scheduled 2006	Scheduled 2006	1.2% (2001)	Suspected suppressed
Mexico - South Chiapas	95%	0.2% (2004)	1% (2004)	3.1% (2001)	Ongoing
Guatemala - Huehuetenango	96%	Scheduled 2006	Scheduled 2006	N/A	Suspected suppressed
Guatemala - Central	92%	2.9% (2003)	3.9% (2003)	5.1% (2002)	Ongoing
Guatemala - Escuintla	94%	Scheduled 2006	Scheduled 2006	Scheduled 2006	Suspected suppressed
Guatemala - Santa Rosa	99%	0% (2005)	0% (2005)	0	Suspected suppressed
Venezuela - North Central	98%	0.0% (2005)	1.7% (2005)	Scheduled 2006	Ongoing
Venezuela - North-Eastern	97%	0.0% (2005)	0.22% (2005)	Scheduled 2006	Ongoing
Venezuela - South	47%	5.8% (2001)	18.6% (2001)	Scheduled 2006	Ongoing
Brazil - Amazonas / Roraima	90%	2.7% (2003)	6.6% (2003)	0.76% (2003)	Ongoing
Colombia - Lopez de Micay (Cauca)	94%	0% (2001)	25.7% (2001)	1.4% (2004)	Suspected suppressed
Ecuador - Esmeraldas	98%	0.0% (2004)	0% (2004)	1.9% (2000)	Ongoing, except subfocus in Rio Santiago

Notes. mfAC = examination of microfilariae in anterior chamber of eye; Eye Disease = examination of opacity and other indicators in eye; Entomology = dissection of flies.

River Blindness

Center Launches Elimination Project in Wadelai, Uganda

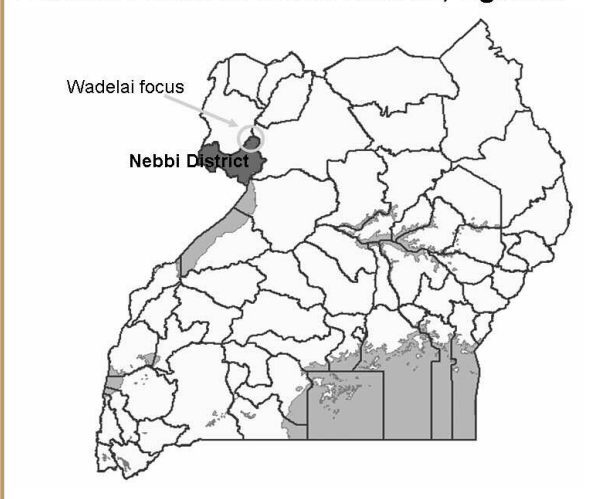
Parts of Uganda and Latin America share something in the fight against river blindness—conditions that make elimination of the disease in those areas feasible. The Carter Center, through the Onchocerciasis Elimination Program of the Americas, is working to halt transmission of the disease in Latin America. And now, the Center will help the Ugandan Ministry of Health to step up treatment efforts in the Wadelai area of Uganda, with the goal of eliminating river blindness there. The new project has the financial support of the NGDO (nongovernmental development organization) Coordination Group for Onchocerciasis Control, which received a generous donation from Merck & Co., Inc.

Wadelai is an isolated focus of approximately 20,000 people (see Figure 2), where the only vector that transmits onchocerciasis is *S. neavei* spp, which has a limited flight range of four to five kilometers. Twice yearly treatments with Mectizan® began in April 2006 and include hypoendemic villages. Prior Mectizan treatment in the area was once a year. The Center will increase monitoring in the area to measure the impact of the intensified treatment activities.

The decision to support elimination in the Wadelai focus was based on the new Uganda government policy on elimination of onchocerciasis,

which was discussed by Dr. Richard Ndyomugenyi, national onchocerciasis coordinator, at the Carter Center's River Blindness Program Review in Ethiopia in February. Dr. Ndyomugenyi noted that at least 70 percent of Ugandan foci are isolated and amenable to elimination through intense ivermectin treatment, ideally supplemented with vector control.

Figure 2
Wadelai Focus in Nebbi District, Uganda



River Blindness Program Review

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Carter Center/LCIF assistance. This represents a slight increase over 2004 and is 94 percent of the UTG. The program is expanding into two new zones in 2006, which means The Carter Center will be working in eight of the 10 endemic zones in Ethiopia.

Sudan and South Sudan

Sudan's decreased treatments in 2005 were due to two reasons, both related to the profound demographic and political changes occurring there. First, the camps for displaced people outside of Khartoum, previously treated by the government of Sudan, no longer exist

as the target population resettles in the south. Treatments have decreased accordingly, and the Center's Khartoum office reported 181,634 treatments in 2005, a 50 percent decrease from 2004. Second, the new Government of South Sudan is in the process of structuring a new outreach program based from the ministry of health (see article on p. 5). The Carter Center-assisted program reported 87,298 treatments in 2005, a 38 percent decline from 2004.

The Americas

In the Onchocerciasis Elimination Program of the Americas (OEPA), the strategy is to provide two Mectizan treatment rounds per year in all

endemic communities to interrupt transmission of *Onchocerca volvulus*. In the six countries endemic for river blindness in the Americas, the Center assisted in 855,202 treatments in 2005, which was 94 percent of the UTG(2) (i.e., the treatment goal of two treatments for the year). Each of the 13 foci exceeded the 85 percent target coverage of their eligible population in both rounds of treatment in 2005 except Venezuela's southern focus (see Table 2). For 2006, OEPA will emphasize monitoring several epidemiological indicators of onchocerciasis, particularly infection in black flies, antibodies in children, and evidence of eye disease in people living in endemic areas.

River Blindness

SightFirst Support Ends in Southern Sudan's W. Equatoria as New Government Assumes Control

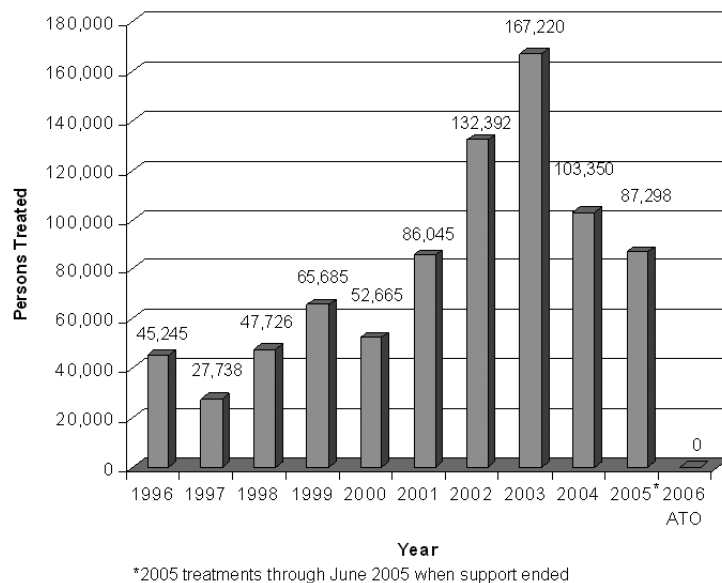
At the request of the new Government of South Sudan, the Lions/Carter Center SightFirst Initiative has successfully terminated its technical support for onchocerciasis control and Mectizan® distribution in the state of West Equatoria in southern Sudan. As announced by Dr. Ahoy Ngong Bellario, director general of the Secretariat of Health, at the 2004 Carter Center River Blindness Program Review in Atlanta in March 2005, the government's policy is to no longer use nongovernmental development organizations (NGDOs) to distribute Mectizan but to transfer all health care delivery to the new ministry of health.

... the Lions/Carter Center SightFirst Initiative has successfully terminated its technical support for onchocerciasis control and Mectizan distribution in the state of West Equatoria in southern Sudan.

Accordingly, the Lions/Carter Center-assisted Mectizan treatment program came to a close in West Equatoria in mid-2005 after 87,298 people had been treated that year. Over the 10 years of the program, a

Figure 3

Persons Treated with LCIF/Carter Center Assistance in West Equatoria (1996-2005)



cumulative total of 801,742 treatments had been administered (see Figure 3).

The Carter Center has proposed to the Government of South Sudan that the Center support the state ministries of health for the region covered by the West Bahr Al Ghazal CDTI (Community-Driven Treatment with Ivermectin) Project in southern Sudan. These hyperendemic areas have transitioned from being served by the Carter Center-assisted Sudanese program in Khartoum to receiving treatment from the Government of South Sudan.

The Carter Center is the lead NGDO in the partnerships for trachoma control and Guinea worm eradication throughout southern

Sudan. The African Programme for Onchocerciasis Control and Christoffel Blindenmission, another NGDO, also actively support Mectizan distribution throughout southern Sudan.

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River Blindness

Committee Recommends Stopping Mectizan Treatments in Guatemalan Focus of Santa Rosa

At a meeting in Guatemala City May 9-10, the Program Coordinating Committee (PCC) of the Onchocerciasis Elimination Program of the Americas (OEPA) recommended to the Guatemala Ministry of Health that Mectizan® treatment in the Santa Rosa focus be suspended due to no recent transmission in the area and no eye disease that can be attributed to river blindness.

Chaired by Dr. Robert Klein of the Centers for Disease Control and Prevention, the meeting on May 10 focused on the Guatemala program and heard presentations from Guatemala Ministry of Health officials Dr. Edgar Méndez Gordillo, Dr. Julio Castro, and Dr. Eduardo Catú as well as from resident CDC epidemiologist Dr. Kim Lindblade. At the conclusion of that session, the PCC accepted the following statement:

For the Guatemalan focus of Santa Rosa, the PCC reviewed the epidemiological and treatment history of that focus, along with data from 2004-2005 entomological, ophthalmological, and serological field studies completed by the MOH, CDC, and OEPA. PCC noted, with reference to World Health Organization Certification guidelines, that the data indicate no recent transmission in the area, and no eye disease attributable to onchocerciasis. Accordingly, PCC unanimously recommended to the Ministry of Health of Guatemala that it suspend Mectizan treatment in that focus. The PCC recommended to OEPA that support be provided to the MOH and CDC to help Santa Rosa maintain epidemiological surveillance for recrudescence of the disease for three years. PCC noted with satisfaction that this is the first of the 13 endemic foci for onchocerciasis in the Americas where such a recommendation has been made.

The conclusion was delivered to the Guatemalan minister of health, Ing. Marco Tulio Sosa, who has taken this recommendation under advisement.

Meeting participants included the following: Dr. Mauricio Sauerbrey, director of OEPA; Dr. Ed Cupp, professor of entomology at Auburn University, recently retired; Dr. Juan Carlos Silva, Pan American Health Organization Regional Blindness Program; Dr. Harland Schuler, Venezuela country program coordinator; and Dr. Joao Batista Furtado Vieira, Brazil country program director; both representatives of the six country programs involved in the regional initiative; and Carlos Arevalo, Lions Clubs International. The Carter Center was represented by Dr. Frank Richards, technical director of the River Blindness Program, and Craig Withers, director of program support. Dr. David Brandling-Bennett of the Bill & Melinda Gates Foundation was a special guest.

With Gift, Scripps Institute to Focus on Worm-Related Diseases

John J. Moores, chairman of the Carter Center's board of trustees, donated \$4 million last fall to the Scripps Research Institute in San Diego, Calif., to establish the Worm Institute for Research and Medicine (WIRM). The new institute will look for ways to detect the presence of parasitic worms in a person's body in the field as a diagnostic tool for public health efforts.

One of the first challenges WIRM researchers will tackle is to find a rapid way of detecting in human body fluids materials secreted by the adult worms of *Onchocerca volvulus*, the cause of river blindness. Some of the other worm-related diseases the institute is expected to investigate include lymphatic filariasis, Guinea worm disease, and schistosomiasis, particularly *Schistosoma mansoni*, the



worm that causes the intestinal form of the disease.

Scripps Research Institute is internationally recognized for its studies of immunology and biology.

Trachoma

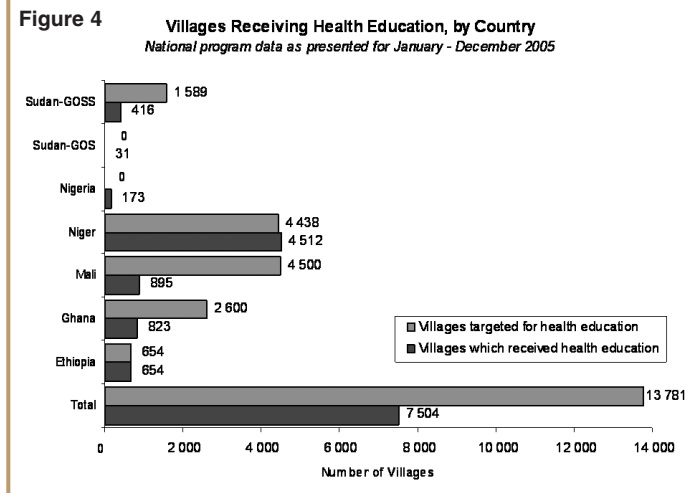
Trachoma Program Review

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also presented a new trachoma program manual, *Implementing the SAFE Strategy: A Toolbox of Interventions*.

More than 100 people participated in the review, representing the seven Carter Center-supported programs in six countries, the International Trachoma Initiative-supported programs in nine countries, and two of the programs' major partners, the Lions Clubs International Foundation and Pfizer Inc. One major partner, the Conrad N. Hilton Foundation, was not able to attend.

Representatives of Mauritania, Senegal, and Kenya's national eye care programs participated in the review for the first time this year, highlighting their progress in controlling trachoma and offering lessons learned to other countries. In addition, the location of the review allowed staff from the



Ethiopian Ministry of Health trachoma control program to attend the meeting.

The review emphasized the importance of collaboration with partner organizations and featured presentations from the International Trachoma Initiative, Pfizer Inc., Lions Clubs International Foundation, World Vision International, Helen Keller International, Christoffel

Blindenmission, ORBIS International, the Bouamatou Foundation, Sight Savers International, and UNICEF.

2005 Highlights by Country

Ghana

- 528 latrines constructed

following Carter Center shift to supporting latrine promotion

- 2,000 new health education booklets and posters produced
- 740,884 people received azithromycin

Ethiopia

- Special presentation on the Lay Gayint district latrine experience,

Table 3

Summary of Trachoma Control Interventions

National data as reported for 2005 at the Seventh Annual Program Review, Addis Ababa, February 23-February 25, 2006

	Ghana	Mali	Niger	Sudan		Ethiopia	Nigeria	Totals
				GOS [†]	GOSS [‡]			
F & E								
Number of villages with hygiene education	823	895	4,512	31	429	654	173	7,517
Villages targeted	2,600	4,500	4,438	*	1,589	654	*	13,781
Percent coverage	31.7%	19.9%	101.7%	*	26.2%	100.0%	*	54.5%
Number of household latrines constructed	3,828	12,199	7,940	1,156 [†]	269 [†]	144,750 [†]	5,958 [†]	176,100
Target for household latrines	5,000	5,000	8,400	*	269	278,966	2,000	299,635
Percent coverage	76.6%	244.0%	94.5%	-	100.0%	51.9%	297.9%	58.8%
Antibiotics								
Azithromycin								
Treatments	740,884	3,575,000	2,429,500	132,755	84,496	2,618,488	1,737	9,582,860
2005 Target	814,154	3,899,282	2,593,320	750,000	247,000	4,047,950	7,700	12,359,406
Percent coverage	91.0%	91.7%	93.7%	17.7%	34.2%	64.7%	22.6%	77.5%
Tetracycline								
Treatments	12,697	75,000	60,781	N/A	22,435	256,048 [†]	25,102	452,063
2005 Target	16,935	79,577	48,342	N/A	40,000	*	*	184,854
Percent coverage	75.0%	94.2%	125.7%	-	56.1%	*	*	N/A
Surgery								
Surgeries	1,146	5,872	6,500	1,949	604	22,097 [†]	6,096	44,264
2005 Target	1,500	10,511	7,560	2,050	6,260	113,639	*	141,520
Percent coverage	76.4%	55.9%	86.0%	95.1%	9.6%	19.4%	*	31.3%

[†] Government of Sudan (GOS)

[‡] Government of South Sudan (GOSS)

[†] Carter Center-supported only, national data not available.

* Data not presented

Trachoma

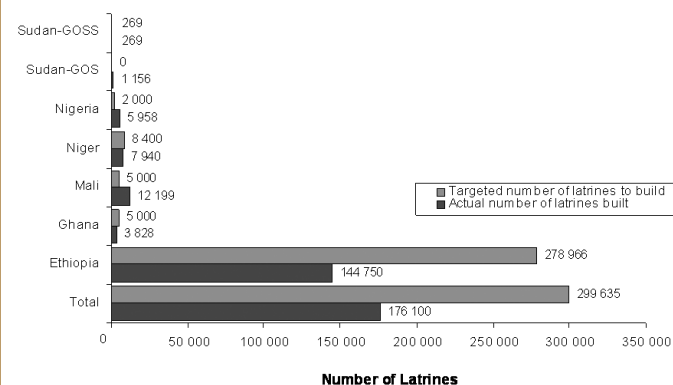


Lion Dr. Tebebe Y. Berhan (left) addresses the review participants as Dr. Donald Hopkins, associate executive director for Carter Center health programs, listens.



Dr. Awad Hassan (national coordinator, Government of Sudan), Dr. Sanoussi Bamani (national coordinator, Mali), and Dr. Ombolanle Olowu (national coordinator, Nigeria) observe Mahlet Baynesagne Miheretu conducting trichiasis surgery.

Figure 5 Household Latrines Built, by Country
National program data as presented for January - December 2005



where there is high uptake of household latrines: four out of five households own a latrine

- 144,750 household latrines constructed in Carter Center-assisted areas of Ethiopia
- 57,447 people received trichiasis surgery
- 2,305,816 people received azithromycin

Mali

- 12,199 household latrines constructed nationally
- 1,637 people trained in trachoma prevention
- 538 masons trained in latrine construction

Participants

National trachoma control programs were represented at the program review by Dr. Maria Hagan and Dr. Daniel Yayemain, Ghana; Dr. Bamani Sanoussi, Mali; Dr. Kadri Boubacar, Niger; Dr. Samson Baba and Dr. Pius Subek, Government of South Sudan; Dr. Awad Hassan and Dr. Tong Chor Malek, Government of Sudan; Dr. Omobolanle Olowu, Nigeria; Dr. Sidi Ely Ahmedou, Mauritania; Dr. Jaouad Hammou, Morocco; Dr. A. O. Misore, Kenya; Dr. Edward Kirumbi, Tanzania; and Mr. Zegeye Haile, Ethiopia.

Partner organizations represented at the review included the International Trachoma Initiative, Lions Clubs/Ethiopia, Lions Clubs International Foundation, Helen Keller International, the Centers for Disease Control and Prevention (CDC), Sight Savers International, World Vision International, The London School of Hygiene and Tropical Medicine, Christoffel Blindenmission, UNICEF, and ORBIS International.

The participating Carter Center resident technical advisers and trachoma control program officers included Lydia Ajono, Ghana; Mohamed Salissou Kane and Ali Amadou, Niger; Yaya Kamissoko, Mali; Steven Becknell and Ben Lopidia, Government of South Sudan; Raymond Stewart, Government of Sudan; Teshome Gebre, Dr. Dereje Habte, and Mulat Zerihun, Ethiopia; and Dr. Emmanuel Miri and Dr. Nimzing Jip, Nigeria.

Trachoma

Niger

- 7,940 household latrines constructed nationally
- 6,500 people received trichiasis surgery
- 2,429,500 people received azithromycin

Nigeria

- 506 trachoma control volunteers trained
- 5,958 household latrines constructed
- 25,102 people treated with tetracycline ointment

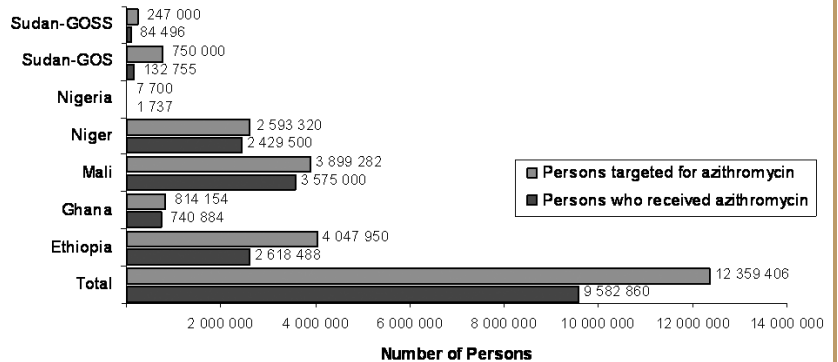
Government of Sudan

- Program transitioned to the federal Ministry of Health from the Academy of Medical Sciences and Technology
- National and state trachoma task forces established, coordinators named
- 132,755 people received azithromycin

Figure 6

Azithromycin Distribution, by Country

National program data as presented for January - December 2005

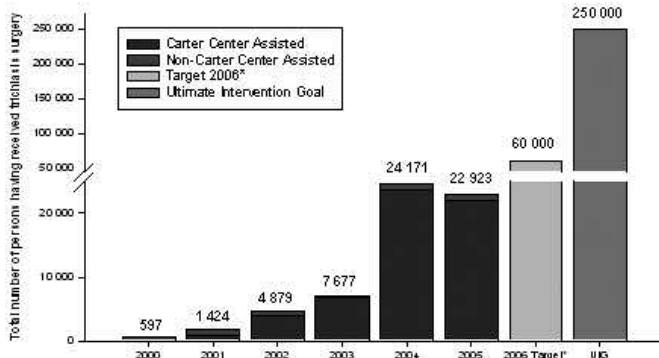


Government of South Sudan

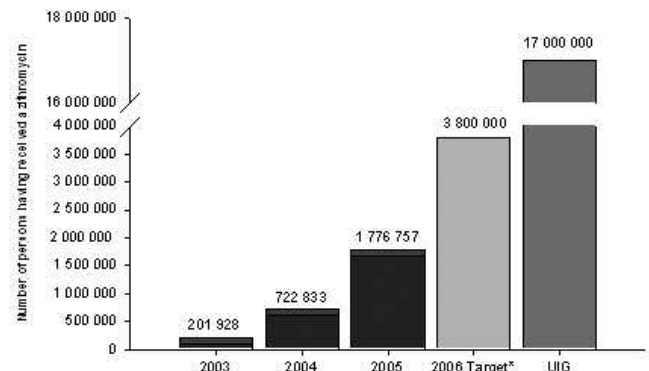
- 429 villages received ongoing health education, reaching total population of 648,000
- 84,096 people received azithromycin

Figure 7 Surgery and Antibiotic Intervention in Ethiopia: Carter Center-Assisted and non-Carter Center-Assisted

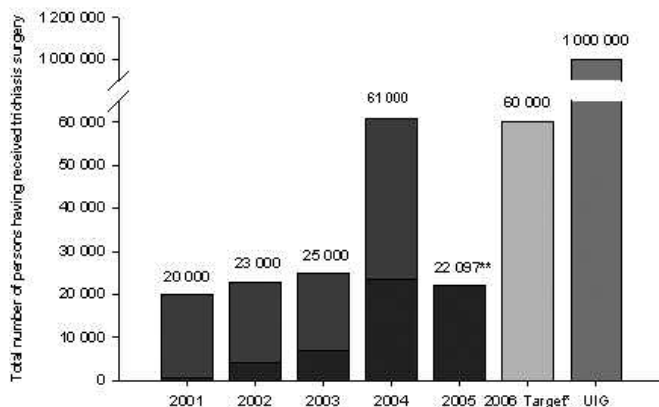
Trichiasis Surgery in Amhara, 2000-2005



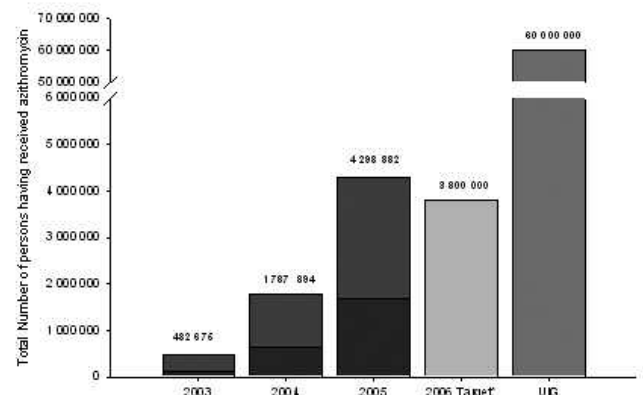
Azithromycin Distribution in Amhara, 2003-2005



Trichiasis Surgery in Ethiopia, 2001-2005



Azithromycin Distribution in Ethiopia, 2003-2005



*No national target reported. 2006 targets represent Carter Center-assisted interventions only.
 **National data not available for 2005

Note. These data were presented at the Trachoma Program Review, February 2006.

Trachoma

Mali Lions Support Latrine Construction, Education



With support from Lions Clubs in Mali, people living in Ségou region are benefiting from new household latrines and health education on trachoma.

Thanks to a pledge of 7.8 million

slabs already built by the 144 latrine masons and 144 health education volunteers trained with the support of The Carter Center. The Mali Trachoma Control Program now estimates that at least half of the

activities representing all four components of the SAFE strategy (surgery, antibiotics, face washing, and environmental improvement). During the weeklong campaign, students from the National School of Medicine and

Stomatology and their colleagues conducted health education, built demonstration latrine slabs, and screened for trichiasis.

The national program also provided azithromycin treatments and trichiasis surgeries where needed. With Lions, Hilton Foundation, and Carter Center support, Tominian is the first and only district in Mali benefiting from the entire SAFE strategy.

Throughout the world, local Lions Clubs and the Lions Clubs International Foundation have contributed greatly to trachoma control through support of the SAFE strategy with an emphasis on trichiasis surgery. This new collaboration between Lions, The Carter Center, and the Mali Trachoma Control Program that focuses specifically on environmental



From left to right: Lion Haby Traore, Paul Emerson (Carter Center, Atlanta), Lion Boubacar Diarra, Lion Habibatou Tall, Lisa Rotondo (Carter Center, Atlanta), Yaya Kamissoko (Carter Center, Mali)

CFA francs (more than \$15,000 USD) from the Mali Lions, 655 Sanplat latrine slabs were constructed in the health zones of Monisso and Togo earlier this year, reaching an estimated 15,000 people in 33 villages. This construction was in addition to the 700

households have latrines. An additional 150 slabs are planned for the Lanfiala health zone.

Local Lions also supported a health education campaign in Tominian district in March during which the national program carried out

improvement and health education is a welcome development that will hopefully be replicated in all countries where the Center and Lions are active. The Carter Center's trachoma control activities in Mali are supported by the Conrad N. Hilton Foundation.

Trachoma

Series on the Human Face of the Trachoma Control Program

Trichiasis Surgeon in Ethiopia Awarded for Exceptional Work

In February 2006, a team of Carter Center staff and staff from the ministries of health from several countries visited Ethiopia's Amhara region (see article on p. 1) where they met Mahlet Baynesagne Miheretu at the Motta health center in Hulet Eju Enessie health district. For two consecutive years, Sister Mahlet has been the most productive trichiasis surgeon in

the Carter Center-supported program.

A 23-year-old public health nurse with on-the-job training in trichiasis (TT) surgery, Sister Mahlet performed more than 800 surgeries from 2004 through 2005 at the health facility level. In addition, she has participated in five trichiasis surgery campaigns where she performed an average of 25 surgeries per day and 125 surgeries per

campaign. She has operated on 1,443 people, who have been spared the potentially blinding misery of trichiasis. Her outstanding output and success as a trichiasis surgeon have made her a role model in the Carter Center-supported program in Amhara.

"After starting my work as a public health nurse in 2003, I was seeking to specialize and improve my skills. In March 2004, I was chosen to attend a four-week training on trichiasis surgery at Debre Markos Hospital that was supported by The Carter Center. It was during that training that I learned more about

trachoma, its effect on women and children, and especially the pain of trichiasis leading to irreversible blindness. I learned the Trabut technique of trichiasis surgery, and when I returned to Motta, I began performing TT surgery regularly at the health clinic.

"I was surprised in 2004 when I learned that I was going to be given an award for being the best-performing trichiasis surgeon. For me, it's hard to see women and even young children suffering from trichiasis. If I have the supplies and support necessary, I am ready to do the job.

"When we organize TT surgery campaigns, The Carter Center provides the equipment and materials like sutures and tetracycline ointment. Early in the morning, people gather outside the health clinic, waiting for us to arrive and begin the surgeries. When I arrive, I know there is a lot of work waiting, but some patients have walked for many hours for relief of their pain, so I do my best to help them all.

"In the future, I would like to increase my knowledge and become trained in ophthalmic nursing and then in cataract surgery. My experiences as a trichiasis surgeon will help me in this."



Mahlet Baynesagne Miheretu operates on an Ethiopian woman with trichiasis.

This is the third in a series of articles that show the human face of the Carter Center Trachoma Control Program. The comments of the individuals are not reproduced word for word but reflect the spirit of our conversations with people in the field. The authors try to be faithful to the context, content, and tone of the people depicted. Lions/Carter Center SightFirst Initiative trachoma activities in Ethiopia are supported through the Lions Clubs International Foundation and by local Lions Clubs of Ethiopia.

Global Health News

Richards Wins Ashford Medal

Dr. Frank O. Richards Jr., technical director of the River Blindness Program at The Carter Center, has been awarded the Bailey K. Ashford Medal in recognition of distinguished work in tropical medicine. The medal was presented at the annual meeting of the American Society of Tropical Medicine and Hygiene in December 2005, held in Washington, D.C. Dr. Donald Hopkins, associate executive director at The

Carter Center, introduced Dr. Richards at the presentation. "The entire Carter Center is proud of Dr. Richards having received this well-deserved award," said Dr. Hopkins. Congratulations to Dr. Richards on this prestigious achievement!

Right: Dr. Frank Richards, with his mother, Mrs. Ruth Richards, displays the Bailey K. Ashford Medal, awarded to him in recognition of his work in tropical medicine.



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