

# EYE of the EAGLE



James Earl Carter Jr.  
1924–2024



## What's Inside

- 2 IACO 2024 Focus: Empowering Indigenous Peoples
- 3 Project with Nigerian Community Leaders Improves Coverage
- 4 Uganda Further Shrinks the River Blindness Map
- 5 Uganda's Elgon Focus Celebrates River Blindness Elimination
- 6 Center Supports Elimination Training; Diplomatic Visit to Brazil Targets River Blindness
- 7 South Sudan Completes Historic Mapping for Trachoma
- 8 Ethiopia Treats Smallest Children
- 9 Summit Spotlights Collaboration in South Sudan; Organizations Push for Rapid Diagnostic Test
- 10 Conferences Highlight Center's Leadership in Global Health; Guinea Worm Update
- 11 Center Participates in Global Health Security Conference
- 12 World Bids a Fond Farewell to President Carter

Former U.S. President Jimmy Carter, who co-founded The Carter Center with his wife, Rosalynn, passed away on Dec. 29, 2024, at age 100. Read more on p. 12. (Photo: Deborah Hakes)

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## IACO 2024 Focus: Empowering Indigenous Peoples

**KEY TAKEAWAY:** National onchocerciasis elimination programs were encouraged to create participatory plan practices where endemic communities define their own programs.

The Carter Center's Onchocerciasis Program for the Americas (OEPA) hosted the 34th InterAmerican Conference on Onchocerciasis (IACO) Nov. 21–22, 2024, at the Pan American Health Organization (PAHO) office in Brasilia, Brazil. The conference examined the progress of river blindness (onchocerciasis) elimination in the last transmission area in the Western Hemisphere: the Yanomami Focus Area, named for the predominant indigenous group populating the border area of Brazil and Venezuela in the Amazon



Indigenous health agents Veríssimo Yekwana (left) and Alex Yanomami told conference participants of their experience supporting onchocerciasis elimination efforts.

Rainforest.

Embracing the ethos “Nothing about us without us,” the conference theme was “Empowering the Yanomami Population for Onchocerciasis Elimination.” Two indigenous health agents serving endemic communities of Brazil attended the conference and participated in a session dedicated to indigenous agent empowerment. Other participants included representatives from the Brazilian and Venezuelan ministries of health, the U.S. Agency for International Development (USAID), PAHO, Fiocruz, University of South Florida, the U.S. Embassy in Brazil, and the Mectizan® Donation Program.

Several attendees asked the indigenous participants how partners could best assist them to support Mectizan treatment. Veríssimo Yekwana, an indigenous health agent, noted that the new cadre of field supervisors, hired by OEPA and assigned to priority regions in consultation with the Brazil program, have increased health education achievement and treatment coverage. He also mentioned that an educational video on onchocerciasis, developed by OEPA in consultation with indigenous communities and anthropologists, has increased community member interest in and understanding of Mectizan treatment.

Alex Yanomami, another indigenous agent, noted that challenges include competing health issues in the region and security risks caused by conflict among communities. The conference recognized the need for improved integration of health programming. Since many communities are

difficult to reach, it is ideal to bring a multidisciplinary team that can address onchocerciasis, malaria, vaccinations, maternal/child health, and more in one visit. Indeed, IACO included a session dedicated to Brazil’s malaria program, which concluded that the two programs should share information to increase understanding of indigenous migration dynamics.

In pursuit of Brazilian government authorization for indigenous health agents to directly distribute treatments, participants discussed related legislation that is in development; Brazilian colleagues were urged to reach out to their legislators to encourage inclusion of Mectizan treatment in their responsibilities, noting that mass treatment is a preventative public health measure that does not require individual diagnoses.

Treatment reports for 2024 are incomplete but are projected to show a slight increase in Brazil compared to 2023 and a significant decrease in Venezuela. Neither program is projected to meet the 2024 coverage target of 85%. In Brazil, a government crackdown on illegal mining is resulting in re-staffed health posts that should restore good coverage going forward. The Venezuela program is working with OEPA to resolve administrative delays that prevented timely program operations.

IACO participants recommended that future conferences include active participation of indigenous communities. National programs were encouraged to create participatory planning practices wherein the endemic communities are integral to defining their own programs.

IACO was preceded by a one-day meeting of the OEPA Program

*(continues on p. 3)*

## Project with Nigerian Community Leaders Improves Coverage

A novel peer-to-peer coaching project among community leaders in Nigeria has led to increased financial support for community-directed drug distributors and improved treatment coverage.

The project, known as Community Leaders’ Action Groups, or CLAG, grew out of discussions on ways to hasten the elimination of onchocerciasis in Nigeria. Despite many years of interventions, Edo and Enugu states in the southern part of the country still have ongoing transmission of the disease, also known as river blindness.

Low treatment coverage of the preventive medicine Mectizan® (donated by Merck & Co., Inc.) among the at-risk population has likely contributed to persistent transmission.



CLAG members gather with the study team in Enugu State, Nigeria, in July 2021.

Community-directed distributors (CDDs), the volunteers who deliver medicines, often lack support for their work.

The project identified 80 leaders from communities that demonstrated

consistent financial support to CDDs. Those leaders were then trained to provide education, modeling, coaching, and motivation to leaders in 210 project communities across four districts with histories of low or no support for their CDDs. The study lasted from November 2021 to December 2022.

CLAG’s impact was evaluated in 2022. Compared to 2019, financial support to CDDs in project communities increased by 63% and the proportion of communities supporting CDDs rose by 57%. Most importantly, treatment coverage increased from 51% to 77% on average (Figure 1).

This study demonstrated that community leaders can mobilize their peers to provide supportive actions that will help accelerate the elimination of onchocerciasis. **E**

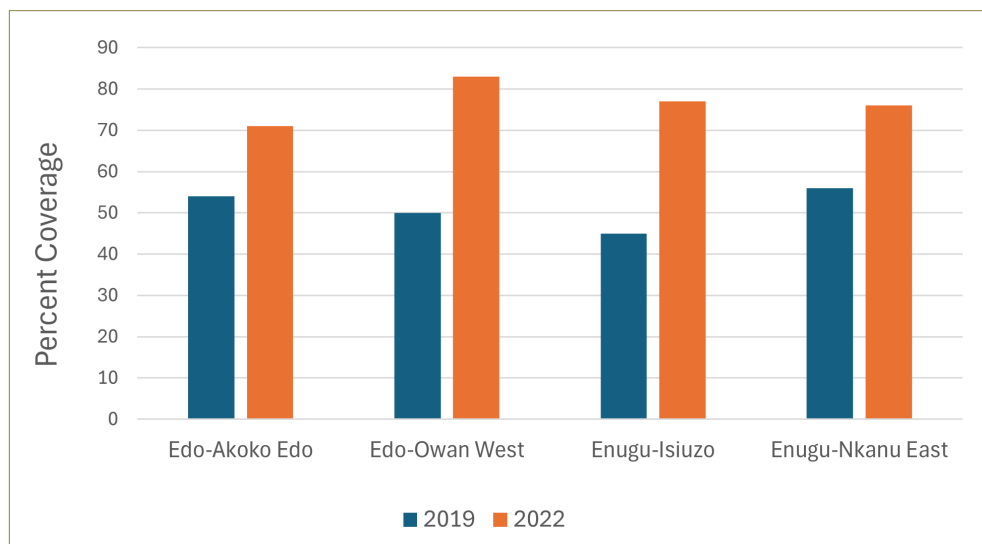


Figure 1. Treatment coverage before (2019) and after (2022) CLAG innovation study in four districts in Edo and Enugu states, Nigeria.

Continued from p. 2

Coordinating Committee, the advisory committee composed of country staff and experts that evaluates technical progress of the national programs. The committee included a special session celebrating Dr. Mauricio Sauerbrey,

who served as OEPA director from 1998 to 2024. Under his leadership, four of the six endemic nations in the Americas—Colombia, Ecuador, Guatemala, and Mexico—achieved World Health Organization verification of eliminating onchocerciasis

transmission.

The meetings commended USAID, Merck & Co., Inc., the Lions Clubs International Foundation, and local Lions Clubs of the endemic and formerly endemic countries for their ongoing support. **E**

# Uganda Further Shrinks the River Blindness Map

**KEY TAKEAWAY:** The Kasese district in Lhubiriha focus of Uganda interrupts onchocerciasis transmission, ending treatment for 158,313 people.

**The 17th Uganda** Onchocerciasis Elimination Expert Advisory Committee met Aug. 7-9, 2024, in Kampala. The committee provides scientific and technical recommendations to the Ugandan Ministry of Health on eliminating onchocerciasis (also known as river blindness) transmission in Uganda. Representatives from the ministries of health of the Democratic Republic of the Congo and South Sudan also attended.

The key outcome was that the Kasese district in the Lhubiriha focus, population 158,313, met World Health Organization (WHO) criteria

to stop mass drug administration of ivermectin. Surveys of local children demonstrated the absence of onchocerciasis transmission in Kasese and in the neighboring Beni Butembo district in the Democratic Republic of the Congo. Entomological surveys also revealed the absence of infection in local black flies that transmit the disease and a significant drop in total black fly numbers, likely due to flooding in 2020. The committee recommended that Lhubiriha begin a three- to five-year post-treatment surveillance period to confirm transmission elimination in line with WHO guidelines.

The result means that only five districts in the upper Madi Mid-North focus along the border with South Sudan remain under mass drug administration in Uganda. Transmission is suspected to be interrupted in the focus; however, additional surveys are needed to provide evidence that transmission has been interrupted on both sides of the border before halting treatment. The committee highlighted the need for coordinated interventions by the ministries of health of Uganda and South Sudan.

Onchocerciasis transmission has been eliminated in 15 of Uganda’s 17 foci (see Figure 2), protecting 6.3 million people. This includes the Victoria Nile focus, which first eliminated transmission in the 1970s. **E**

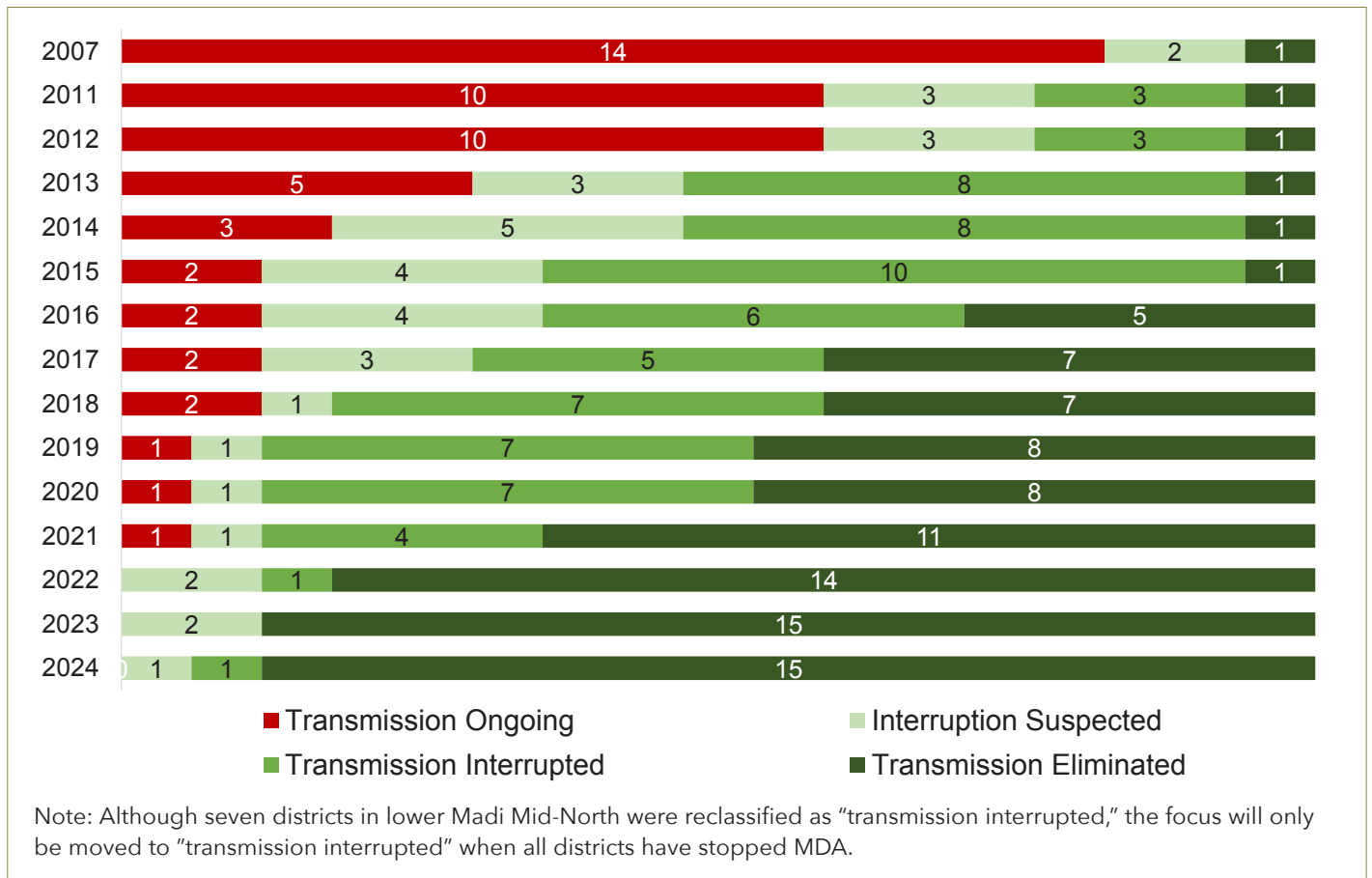


Figure 2. River blindness transmission status over time among Ugandan foci.

## Uganda's Elgon Focus Celebrates River Blindness Elimination

**In August**, The Carter Center and Uganda's Ministry of Health organized a lively celebration of the elimination of river blindness from the Elgon focus, a mountainous region in the eastern part of the country.

The gathering took place in a large field lined with peaked-roof tents, which provided much-needed shade as a chilly morning gave way to a warm afternoon. Schoolchildren in purple uniforms sang songs to welcome early-arriving guests. Then a band led a procession through the town of Bududa to the center of the field. The celebration featured dancing, musical performances, and a skit depicting the effects of river blindness and ways to prevent it. The Bugisu tribal king, draped in a heavy scarlet robe and matching hat, presided over the festivities and congratulated attendees for eliminating the disease.

Gregory Noland, director of the Carter Center's River Blindness Elimination Program, also addressed the crowd: "You are serving not only as a model for this area, not only for



Local performers present a play about river blindness during a celebration of the elimination of river blindness from Uganda's Elgon focus.

Uganda, but for all of Africa," he told them.

He stressed, though, that the disease could reappear unless it's eliminated nationwide.

"You must remain vigilant," he

said. "This disease is like the weather here. It can be sunny in the morning, but you never know what the afternoon may hold."

Among the listeners was Edirisah Wangwenyi, who proudly displayed a battered 2010 issue of the *Eye of the Eagle* to everyone he met. Wangwenyi, who was featured in that issue, was one of the community's first drug distributors. In the late 1990s, he walked house to house distributing ivermectin, often having to persuade reluctant residents to take the pills.

"They resisted to take this medicine, but I told them, 'No, you take,'" he recalled after the ceremony, as his friends and neighbors lined up for a community meal and rain clouds formed overhead. "I volunteered to help my people, and indeed, I helped my people. Onchocerciasis is completely gone. I'm happy with that. And we are happy The Carter Center helped us so much." **E**



Edirisah Wangwenyi shows off a copy of *Eye of the Eagle* from 2010, where he was featured as a community drug distributor.

## Carter Center Supports Elimination Training in Africa

The Carter Center partnered in 2024 with the Global Institute for Disease Elimination (GLIDE), the University of Global Health Equity (UGHE) in Rwanda, and the Noguchi

Memorial Institute for Medical Research (NMIMR) in Ghana to co-sponsor a third annual Disease Elimination and Eradication Course.

Developed with New York

University School of Global Public Health in 2022, the course unites global health professionals for intensive training in elimination of infectious diseases. The Carter Center joined as a co-sponsor in 2023 and sent staff epidemiologist Karen Hamre to serve as an instructor. In 2024, the Center's Obiora Eneanya and Jenna

Coalson were instructors; other participants included staff from the Center's Chad, Ethiopia, Nigeria, South Sudan, Sudan, and Uganda country offices.

Attendees represented 17 countries in total, with participants from ministries of health, research institutions, and implementing partners. Country and regional teams presented project proposals, with one team in each session winning a grant to pilot implementation of its project. The 2024 sessions marked the first time the courses were held in Africa. After a month of online material, UGHE hosted 24 attendees, including six from The Carter Center, for an in-person session June 3-11 in Kigali, Rwanda, and NMIMR hosted 31 students, including four from The Carter Center, from June 24 to July 2 in Accra, Ghana. **E**



More than 50 global health professionals took a comprehensive course in disease elimination last summer.

## Diplomatic Visit to Brazil Targets River Blindness

The risk of river blindness transmission in the Americas is limited now to about 40,000 Yanomami people, who live in the Amazon Rainforest in the cross-border area of Venezuela and Brazil. Frequent, high-coverage mass treatment with Mectizan® (donated by Merck & Co., Inc.) is critical to interrupting transmission of the disease, but distribution is challenged by the area's remoteness and the need for binational coordination.

To enhance high-level commitment for the regional Onchocerciasis Elimination Program for the Americas, Carter Center leaders recently visited Brazil. CEO Paige Alexander, Vice President Dr. Kashef Ijaz, OEPA Director Dr. Mauricio Sauerbrey, and Associate Director Lindsay Rakers met with representatives of the Brazilian Ministry of Health and Ministry of Foreign Relations, the Pan American

Health Organization, and counterparts from multiple U.S. agencies.

Each meeting touched on Brazil's efforts to empower indigenous health workers in the Yanomami area. The Carter Center delegation emphasized the benefits of training those workers to distribute Mectizan directly. The Carter Center is supporting the newly launched *Brasil Saudável* (Healthy Brazil) program, which calls for the elimination of socially determined diseases, including onchocerciasis, by 2030 and seeks to expand health care and protections for indigenous populations. The Carter Center looks forward to supporting the



Dr. Socorro Gross (center) of the Pan American Health Organization meets with (left to right) the Carter Center's Lindsay Rakers, Mauricio Sauerbrey, Paige Alexander, and Dr. Kashef Ijaz.

Brazilian Ministry of Health to develop an action plan for onchocerciasis elimination that places communities of indigenous people at the center of their own success. **E**

## South Sudan Completes Historic Mapping for Trachoma

In 2024, South Sudan's Ministry of Health Trachoma Control Program reached a major milestone by completing comprehensive mapping of trachoma prevalence across the entire country. Furthermore, the nation piloted two trachoma sample collection techniques in three counties. These samples allow for a deeper understanding of the transmission dynamics and epidemiology of this disease.

At the end of 2020, nearly 95% of South Sudan—75 of 79 counties—lacked actionable trachoma prevalence data. This included counties that had never received baseline mapping, had data older than 10 years, or needed an impact survey to measure their progress toward elimination. Without the ability to accurately assess the disease burden and distribution, the Ministry of Health faced considerable challenges in the allocation of resources.

The ministry created an ambitious plan to close the information gap and collect epidemiological data in 75 counties. Working closely with The Carter Center and several other partners, including Amref Health Africa and

Tropical Data, the ministry undertook a large-scale data collection initiative from 2021 to 2024, during which trachoma prevalence surveys were performed in all target counties.

In addition to completing the trachoma map (see Figure 3), the ministry, in partnership with The Carter Center, piloted innovative data collection methods during this period. Baseline surveys in three counties of Eastern Equatoria state—Ikotos, Magwi, and Torit—included the collection of dried blood spot samples for serological analysis, with the additional collection of ocular swabs in Torit for chlamydial infection monitoring.

The results from these complementary data sources will act as a unique opportunity to assess trachoma transmission intensity and gain deeper insights into the historical burden of the disease in an area that has not yet received targeted interventions.

Completing the trachoma map in South Sudan was a considerable achievement, especially given the logistical challenges. Floods, insecurity, and limited human resources posed

substantial obstacles. Collaborations with partners provided technical and operational expertise to help the Ministry of Health navigate these challenges effectively. Creative solutions, such as using boats to access remote areas, were developed through close collaboration with community leaders. This coordinated approach strengthened relationships and ensured that the surveys reached even the most remote and diverse regions of the country.

Equipped with an updated map of trachoma prevalence across the country, South Sudan's Trachoma Control Program is now prepared to plan, budget, and implement interventions to reach the most vulnerable people suffering from this debilitating disease.

Finally, building on the results from the completed trachoma map, a workshop in Juba in August 2024 brought together local and international partners and donors to develop the roadmap for achieving trachoma elimination as a public health problem, taking one more important step forward in the fight against trachoma in South Sudan. **E**

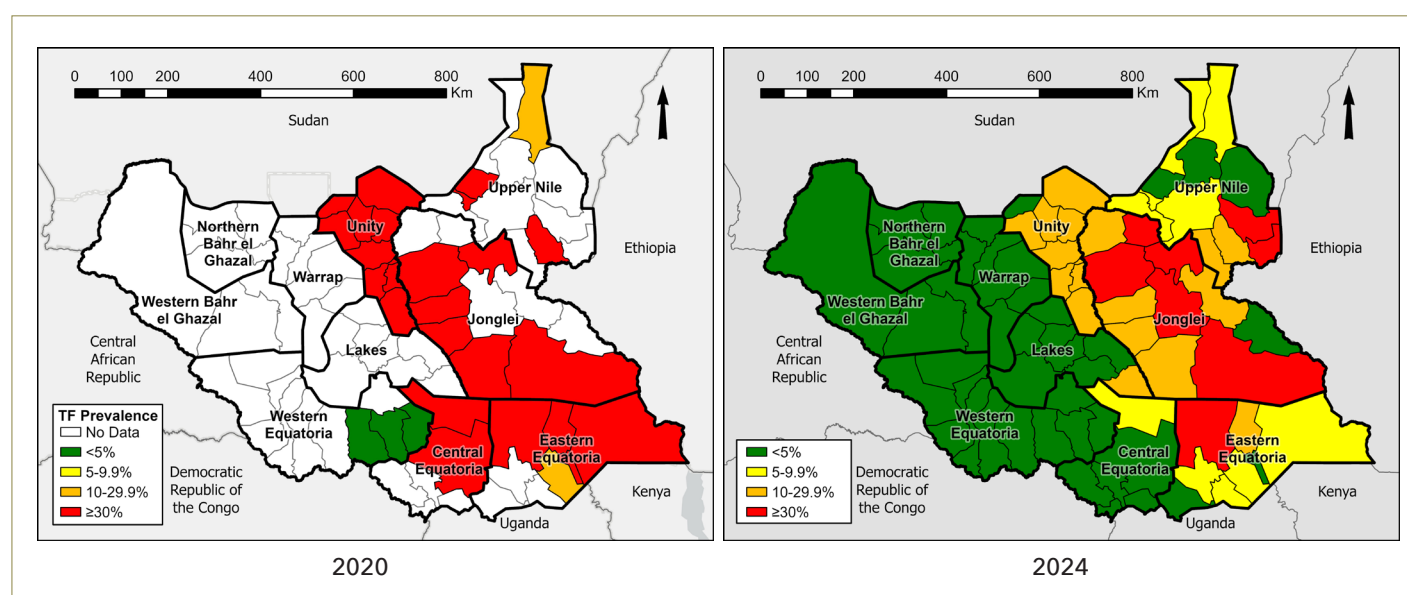


Figure 3. Prevalence of trachomatous inflammation-follicular (TF) in children ages 1-9 years old, 2020 and 2024, South Sudan.

## Ethiopia Seeks Biggest Impact by Treating Smallest Children

**Eliminating trachoma** is a big goal, and reaching it requires treating the smallest children.

Trachoma is the leading cause of infectious blindness worldwide; 103 million people live in trachoma-endemic districts. Programs implement the World Health Organization (WHO)-endorsed SAFE strategy to fight the disease. While much progress has been made in some areas, achieving elimination has proved more difficult in others. Some districts require more years of mass drug administration (MDA) with antibiotics than initially estimated; these districts were defined as persistent for trachoma at a WHO Informal Consultation on End-Game Challenges in December 2021.

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**Given the success of the pilot and the planned expansion to other persistent districts, the biggest endgame challenge could be solved by focusing on the smallest members of the community.**

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As the most trachoma-endemic country in the world, with 59% of the at-risk population and an estimated 207 trachoma-persistent districts, Ethiopia was keen to address this challenge. In response to the recommendations from the 2021 WHO informal consultation, which encouraged programs to implement alternative strategies to address persistent trachoma, the Ethiopia Ministry of Health proposed an enhanced MDA strategy to pilot in six districts. This new “child MDA” strategy would include the standard MDA for all community members in a district, followed by an additional treatment four weeks later targeting children

ages 6 months to 9 years.

In 2023, The Carter Center and Amhara Regional Health Bureau implemented child MDA in Lasta and Wadilla districts in North Wollo zone as part of this pilot. The organizations looked for possible efficiencies that would facilitate future scale-up of child MDA; this included completing one consolidated training for both community and child treatments, thus reducing training time and costs.

The community-wide MDA was conducted in both districts in May 2023, followed by the child MDA in June. Across the two districts, a total of 337,423 treatments were distributed, with coverage surpassing the WHO minimum standard of 80% for both communitywide and child MDA treatments.

To assess the initial impact of the strategy on infection, the partners collected ocular swabs for *Chlamydia trachomatis* from children ages 1 to 9 years during an enhanced coverage survey. The pilot demonstrated that it is feasible to implement child MDA within the programmatic context. The initial analyses also showed that, among children who reported receiving both treatments, *Chlamydia trachomatis* infection prevalence was 1.2%, as compared



A trachoma treatment strategy for districts in Amhara, Ethiopia, with persistent trachoma targets children ages 6 months to 9 years.

to 16% in children who reported receiving no treatments. Although initial results demonstrate decreased infection after child MDA, additional treatments may be required.

The Amhara Regional Health Bureau and The Carter Center plan to expand the child MDA approach to other districts in the region while continuing to gather more evidence on the impact of this approach. Given the success of the pilot and the planned expansion to other persistent districts, the biggest endgame challenge could be solved by focusing on the smallest members of the community.



## Summit Spotlights Sight-Saving Collaboration in South Sudan

Between November 2022 and June 2024, the South Sudan Ministry of Health's Eye Care Department and Neglected Tropical Disease Department, The Carter Center, and the Cure Blindness Project partnered to expand trachoma surgical outreach campaigns to include the provision of cataract surgery. During this period, over 5,480 individuals received either sight-saving trichomatous trichiasis surgery or cataract surgery.

This innovative approach was highlighted at the Third Global Ophthalmology Summit in Portland, Oregon, in August 2024. Angelia Sanders, senior associate director of the Carter Center's Trachoma Control Program, and Dr. Albino Nyibong, South Sudan Ministry of Health director of eye care, presented "Lessons Learned From Integrated Trichomatous

Trichiasis and Cataract Surgical Campaigns in South Sudan" to a crowd of more than 200 people.

The summit's mission is to improve eye health and eliminate vision loss through global ophthalmology education, research, collaboration, and public health advocacy, and to bridge collaboration among global eye care stakeholders. The conference brought global ophthalmology leaders together through interactive sessions and provided an opportunity to gain skills with the latest surgical simulation technologies.

In his role as both an administrator of surgical programs in South Sudan and as an active ophthalmologist who participates in many of these surgical outreaches, Nyibong said that the conference instilled "a new spirit and morale to put more efforts in



Dr. Albino Nyibong participates in a skills session by practicing surgical techniques on a pig's eye.

strengthening eye care services to reach the vulnerable needy people of South Sudan, wherever they may be."

## Organizations Push for Trachoma Rapid Diagnostic Test Kit

In October 2024, the Global Health Innovative Technology Fund of Japan announced it is investing approximately 2 million USD in an international collaboration to develop a rapid diagnostic test kit for trachoma.

The collaboration is led by the U.S.-based nonprofit organization Drugs & Diagnostics for Tropical Diseases and includes The Carter Center, Medical & Biological Laboratories Co. Ltd. based in Japan, Big Eye Diagnostics Inc. based in the United States, and the U.S. Centers for Disease Control and Prevention (CDC).

The development of a diagnostic test has been identified as a key goal for the global trachoma control program. As such, the World Health Organization released a target product profile that outlines the desired

characteristics of a trachoma diagnostic. In response, this international collaboration designed a research plan to develop the test, validate it at the CDC, and field-test it within trachoma-endemic countries and regions such as the Amhara region of Ethiopia. The research project will take place over several years, with the eventual goal of a cost-effective test that can be used both in the field and in the laboratory.

Over the last 10 years, the CDC has developed a test that can measure antibody responses in blood to understand historical trachoma exposure. The CDC has further worked with ministries of health in trachoma-endemic countries and their partners to collect dried blood spots from a range of settings to assess the validity of the new test. The Carter Center has helped support this

effort by collecting samples from more than 60,000 individuals in more than 20 districts in Ethiopia, Niger, South Sudan, and Sudan.

More recently, the CDC has configured the test to work as a dipstick test for use within regional laboratories serving trachoma-endemic countries. Because of this work, the trachoma community has begun to consider the potential of an antibody test for long-term surveillance.

A remaining challenge will be to take the existing CDC test and make it scalable for use in the global program. The Carter Center, Drugs & Diagnostics for Tropical Diseases, and its collaborators, through their newly funded research project, will further refine the test into both a dipstick test and a cartridge test like those used to detect COVID-19. **E**

## Conferences Highlight Center’s Leadership in Global Health

The Carter Center’s impactful contributions to public health through extensive research were in the spotlight at two prominent conferences in 2024. Staff from the Center participated in the 2024 Neglected Tropical Disease NGO Network (NNN) Conference and the American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting. These events served as essential forums for sharing insights, addressing challenges, and fostering collaboration with researchers, practitioners, and key partners in the fight against neglected tropical diseases.

In October, Carter Center representatives attended the 15th annual NNN Conference in Kuala Lumpur, Malaysia. This conference fosters collaboration in the control, elimination, and management of neglected tropical diseases (NTDs), with this year’s theme focusing on global equity, regional cooperation, and strengthening community-level partnerships to integrate NTD interventions into health systems.

During the conference, the NNN hosts cross-cutting and disease-specific working groups that also operate

throughout the year, such as the Onchocerciasis NGOs for Elimination (ONE). At the conclusion of this year’s meeting, Lindsay Rakers, associate director at The Carter Center, assumed the role of chair for ONE. Angelia Sanders, senior associate director at The Carter Center, continues to chair the Conflict and Humanitarian Emergencies cross-cutting working group.

The Carter Center, as an NNN sponsor, is committing direct financial support to the development of a new NNN strategic plan to ensure this network continues to provide relevant input in the fight against NTDs.

Carter Center staff contributed to two workshops at the conference. Sanders chaired a workshop exploring the use of integrated WASH and NTD data platforms to improve collaboration and effectiveness, with support from Stephen Oringa from the Carter Center’s South Sudan team. During the One Health Cross-Cutting Group, Wubshet Ali of the Center’s Ethiopia team provided a recorded case study about nine community-based One

Health approaches to strengthening cross-sector health systems.

For more than four decades, The Carter Center has been an active member of the American Society of Tropical Medicine and Hygiene (ASTMH), the world’s largest scientific organization dedicated to reducing the burden of tropical infectious diseases and improving global health. At ASTMH’s 2024 annual meeting, more than two dozen representatives from six countries presented 27 sessions, including five oral presentations, 20 poster sessions, and two symposiums.

Scott Nash, senior associate director at The Carter Center, presented “Enhanced Strategies for Investigating Persistent and Recrudescing Trachoma Transmission: Insights from a Decade of Ocular Chlamydia Testing in the Amhara Region of Ethiopia,” which shared lessons learned from a decade-long testing program, focusing on effective strategies to identify and address persistent trachoma infections. The goal is to refine strategies for accelerating the global elimination of trachoma as a public health issue.

Another seminar, “Developing and Deploying Diagnostic Tools in Trachoma, Guinea Worm, and Polio Elimination and Eradication Programs: Key Lessons and Future Considerations,” was given by Adam Weiss, Diana Martin, Maryann Delea, Richard Ngandolo, and Sammy Njenga. This session focused on the development and use of diagnostic tools that play a critical role in detecting and tracking the progress of efforts to eliminate and eradicate diseases.

The Carter Center remains dedicated to its mission of fighting disease and fostering hope through the eradication and elimination of NTDs through collaboration. [E](#)

## Guinea Worm Update

### Reported Cases by Country: Guinea Worm Disease in Humans

Country	2023	2024*
Angola	0	0
Cameroon	1	0
Central African Republic	1	0
Chad	9	8
Ethiopia	0	0
Mali	1	0
South Sudan	2	6
<b>Totals</b>	<b>14</b>	<b>14</b>

\*Provisional figures

## Center Participates in Global Health Security Conference

In June 2024, the Carter Center's health and peace program staff participated in the Global Health Security Network Conference in Sydney, Australia. The conference convened experts, policymakers, and practitioners to discuss critical issues facing global health security. The Center sponsored two sessions: "A Transformative Approach to Global Health Security: The Carter Center's Experience" and "Optimizing Global Health Security Through Mental Health." Panelists included representatives from the Carter Center's conflict resolution, trachoma control, and mental health programs; the World Health Organization; the Ugandan Ministry of Health; and the University of Pittsburgh.

Discussions highlighted the importance of integrated efforts and sharing best practices, resulting in recommendations for sustained funding, cross-sector



Experts who served on a mental health panel at the Global Health Security Network Conference include (from left): Ikenna D. Ebuenyi of the University of Pittsburgh, S. Benedict Dossen of The Carter Center, Dr. Hafsa Lukwata of Uganda's Ministry of Health, and Anyess Travers of The Carter Center.

collaboration, and utilizing local knowledge and resources for lasting health security outcomes. The Carter Center's participation laid a foundation

for future engagements, emphasizing its commitment to addressing global health challenges through innovative, community-focused approaches. **E**

## Center Becomes Key Partner in Expanded Elimination Effort

Partners from around the world came together to pledge increased funding and work to improve the lives of 1.6 billion people affected by devastating yet preventable diseases. The Reaching the Last Mile Forum in December 2023 in Dubai proved to be an exciting and game-changing event in the fight to control, eliminate, and eradicate neglected tropical diseases.

Commitments included the expansion of the Reaching the Last Mile Fund to an additional target of \$500 million, extending its support for river blindness and lymphatic filariasis elimination programs from seven countries to 39 across Africa and Yemen, with the ultimate goal of eliminating both diseases from Africa.

The Reaching the Last Mile Fund expansion is a seven-year initiative launched by His Highness Sheikh Mohamed bin Zayed Al Nahyan, president of the United Arab Emirates, and the Bill and Melinda Gates Foundation. It is governed by a steering committee made up of those anchor donors plus the Children's Investment Fund Foundation and the Helmsley Charitable Trust. This effort, to be facilitated in partnership with The Carter Center, The END Fund, and Sightsavers, is expected to benefit over 400 million people by reducing the risk of debilitating illness.

Through the Reaching the Last Mile Fund partnership, the Center will expand its current river blindness and

lymphatic filariasis elimination work by intensifying efforts in Ethiopia, Sudan, Nigeria, and Uganda and expanding collaboration with the ministries of health in South Sudan, Angola, Burundi, Madagascar, and Chad. The fund will collaborate closely with the respective country ministries of health, the World Health Organization, pharmaceutical companies, donors, and other partners.

The Carter Center will draw upon its nearly three decades of technical capacity and successes in Africa and the Americas to bring better health and a higher quality of life to millions of individuals, their families, and their communities. **E**

## The World Bids a Fond Farewell to President Carter

**Friends, dignitaries,** staff members, and everyday admirers from around the world poured out love and grief after the Dec. 29 death at age 100 of former U.S. President Jimmy Carter, who co-founded The Carter Center with his wife, Rosalynn, in 1982.

The Center's official condolence book at [www.JimmyCarterTribute.org](http://www.JimmyCarterTribute.org) logged more than 23,000 messages from people in 155 countries and territories.

Many of the Carter Center's more than 3,500 staff members in 20-plus countries around the globe organized gatherings or tribute services in honor of President Carter. They hung banners in their offices and provided condolence books for guests – including government dignitaries – to sign.

Several staff members also sent heartfelt messages. Writing on behalf of himself and his staff, Dr. Emmanuel Miri, the Center's longtime country representative in Nigeria, offered this reflection:

“For us, this is indeed a monumental loss of immeasurable proportion! It is easy as Nigerians to realize this as we imagine an alternative reality in our public health space: What if he did not intervene to lead the campaign for the eradication of Guinea worm disease in Nigeria? What if he had called it quits



The hearse carrying President Carter's remains travels down Main Street in Plains, Georgia.

in the face of enormous challenges?”

Miri added: “We are, therefore, inspired by this reflection and the legacy President Carter and his wife painstakingly built in Nigeria and other countries worldwide, to take upon ourselves, individually and collectively, the challenge of sustaining this vision and legacy.”

In the United States, people of all descriptions and walks of life turned out to pay their respects despite daunting weather conditions in Atlanta and Washington, D.C.

At the state funeral held at the Washington National Cathedral on Jan. 9, the sons of former President Gerald R. Ford and Vice President Walter Mondale read eulogies written for President Carter by their late fathers. President Biden, former U.S.

Ambassador to the United Nations Andrew Young, and President Carter's grandson Jason Carter also offered words of comfort often tinged with humor.

The family then accompanied President Carter's remains back to Georgia for a private funeral service at the tiny Maranatha Baptist Church in Plains.

As darkness fell on a cold winter night, the funeral procession crept slowly along Plains' Main Street, which was lined with reverent mourners. The family walked behind the hearse to the home where President Carter and his beloved wife, Rosalynn, lived for more than 60 years. There he was laid to rest beside her, concluding the funeral events and ending a triumphant, century-long journey. **E**

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