



# Eye of the Eagle



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## Ghana Begins Trachoma Survey

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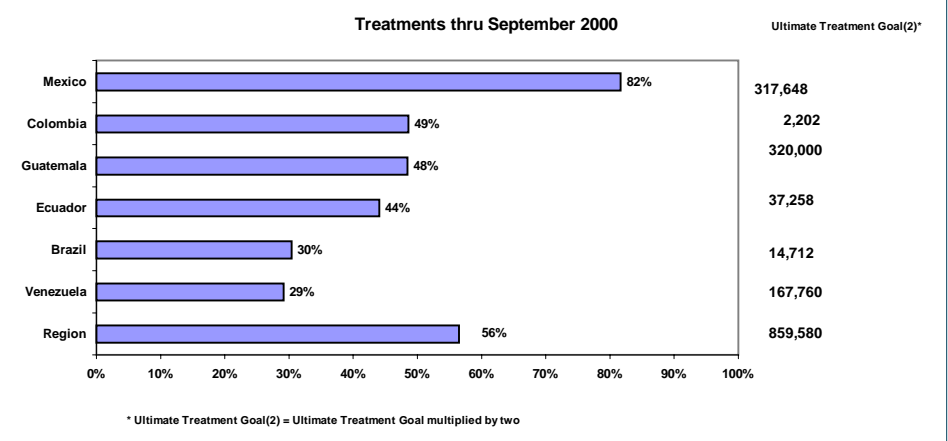
The 10th InterAmerican Conference on Onchocerciasis (IACO) met in Guayaquil, Ecuador, Nov. 7-9, 2000 to discuss ways to track and eliminate the disease. The Lions Clubs, The Carter Center, the Pan American Health Organization (PAHO), and the InterAmerican Development Bank supported the event.

IACO 2000 also discussed the criteria for certifying onchocerciasis elimination, following a similar meeting held at WHO headquarters in late September 2000 (see "WHO Meeting," Page 7)

### What's Inside

River Blindness Treatments Exceed 25 Million	3
APOC Sponsors Invermectin Workshop	3
World Bank Awards Bruce Benton	4
Carter, Ervin Visit Pfizer	5
Trachoma Effort Starts	
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Table 1



320,433 people receive 2 treatments in the region in 2000, up from 273,875 in

1999, a 17 percent increase (see Table 1, Page 1). Year 2000 treatments



## River Blindness Treatments Exceed 25 Million

**T**he Global 2000 River Blindness Program (GRBP) has assisted in 27,048,214 Mectizanfi treatments since its launching in 1996.

Through November 2000, 5,871,514 Mectizan treatments were provided in 13,080 villages to eligible people in Cameroon, Nigeria, Sudan, Uganda, and six countries of the Americas. This represents 79 percent of the 2000 annual treatment objective (ATO) of 7,413,315 (Table 3 below).

The African programs have improved considerably over the severely retarded treatments reported in the previous edition of Eye of the Eagle. Uganda, Nigeria, Cameroon,

and Sudan have achieved 95 percent, 83 percent, 54 percent, and 65 percent of their ATOs respectively. ★

## APOC Sponsors Ivermectin Workshop

**P**reparations are under way for the 2001 launching of the first mass Mectizanfi treatment programs in Ethiopia. The Ministry of Health, the African Programme for Onchocerciasis Control (APOC), and the Lions-Carter Center SightFirst Initiative support these treatment activities.

Dr. Frank Richards, technical director of The Carter Center's Global 2000 River Blindness Program (GRBP), visited officials in the Kaffa Shekka zone (Southern Nations Nationalities and People's Region — SNNPR) last October to help plan the treatment of about 250,000 people

during the first half of the New Year.

Dr. Richards also met with regional and central government health officials during a workshop held Oct. 31 through Nov. 4 in Awassa, SNNPR's capital. One objective of the workshop was to provide training on the details of the Community Directed Treatment with Ivermectin (CDTI) strategy to support the implementation of Mectizan distribution in Kaffa Shekka zone.

# River Blindness

## World Bank Awards Bruce Benton

**A**t its annual Awards for Excellence Ceremony held Nov. 1, 2000, in Washington, D.C., James Wolfensohn, president of The World Bank, presented a presidential award to Bruce Benton for his 25-year commitment to eliminating river blindness in Africa.

The bank's efforts, spearheaded by Benton, head of the Onchocerciasis Unit, and more than 70 partners, have helped:

- Protect 34 million people from river blindness infection.
- Prevent 600,000 cases of blindness by 2002.
- Add 5 million years of productive labor to the economies of 11 countries stricken by river blindness.
- Spare 12 million children born within endemic areas the risk of river blindness infection.
- Make available 25 million hectares of arable land that can feed 17 million people.

Benton's work with the Onchocerciasis Control Program (OCP) and more recently the African Programme for Onchocerciasis Control (APOC) exemplifies the power of widespread partnerships and determined passion. ★

## River Blindness-Related References

"A Summary 1999 Program Review for Global 2000 River Blindness Programs Cameroon, Ethiopia, Nigeria, OEPA, Sudan, and Uganda, 7-9 February 2000," The Carter Center, Atlanta, GA.

Anonymous. "Intervention research on onchocerciasis and lymphatic filariasis," *Weekly Epidemiological Record* 75:246-8, 2000.

Awolola, T.S., Manafa, O.U., Rotimi, O.O., Ogunrinade, A.F. "Knowledge and beliefs about causes, transmission, treatment and control of human onchocerciasis in rural communities in south western Nigeria," *Acta Tropica* 76:247-51, 2000.

Chijioke, C.P. "Factors affecting adverse event reporting during mass ivermectin treatment for onchocerciasis," *Acta Tropica*. 76:169-73, 2000.

Dunyo, S.K., Nkrumah, F.K., Simonsen, P.E. "A randomized double-blind placebo-controlled field trial of ivermectin and albendazole alone and in

# Trachoma

## Carter, Ervin Visit Pfizer

**D**uring a Sept. 7, 2000, visit to New York City, President and Mrs. Jimmy Carter and former

# Trachoma

Table 4

Line listing of s

Village	Subc
Kanya	Babb
Mallam	Tabic
Gatchira	
Sofowa	Mirri
Guirari	Goun
Kalgo	Tirmi
Ganoua	Kants

a: TF and TI reports  
 b: TT in women age  
 c: Health education  
 d: Clean faces in cl  
 e: +: working safe y

Niger Districts  
 continued from Page 5

August 2000.

Niger selected Matameye and Magaria as its TCP pilot districts. In addition, trachoma control activities are being conducted in 75 villages of Zinder's Mirriah District. Zinder Region had the highest percentage of 0- to 10-year-old children with trachomatous inflammation (TFTI), 62.7 percent, according to national surveys conducted in 1997-1999 with support from the European Union and The Carter Center.

Helen Keller Worldwide (HKW) has assisted trachoma health education in five Zinder districts since 1996 and helped conduct a Knowledge-Attitude-Practices (KAP) survey in Zinder in 1997. The intensified interventions in the two pilot districts are using health education materials based on that KAP survey, as well as tetracycline ointment. Table 4 above summarizes data from five of the 31 villages.

HKW and The Carter Center provided external assistance for these interventions. The Center also assisted the national program in conducting a

qualitative KAP study in Maradi and Diffa Regions, the second- and third-highest endemic regions that have children with TFTI, according to the October 2000 national survey. ★

## Morocco, Tanzania Cut Disease Spread

The International Trachoma Initiative (ITI) announced Dec. 4 that pilot projects in Morocco and Tanzania have reduced the prevalence of trachoma by more than 50 percent in one year.

Morocco reached almost 90 percent of its total eligible population, more than 630,000 people, with the first two rounds of Zithromax™ treatments. After the first treatment, trachoma prevalence fell from 28 percent to 6.5 percent among the 1.5 million people living in the target area. The second round of treatment was just completed.

In Tanzania, the entire target population of 70,000 was reached in the first treatment round, resulting in a reduction in prevalence between 50 percent and 83 percent among the 250,000 people in the program areas. All elements of the SAFE strategy –

surgery, antibiotics, face and hand washing, and environmental changes – are being implemented in both countries' pilot areas ITI's assistance.

Based on these favorable results, the ITI and its partner organizations will work together to identify additional candidate countries in which to expand activities. Currently, they assist Ghana, Mali, Morocco, Tanzania, Vietnam, and Sudan.

New support from the following organizations makes the expansion possible: Pfizer Inc., approximately 10 million doses of donated Zithromax valued at U.S. \$14 per dose and \$6 million in funding for ITI's operating expenses over three years; the Bill and Melinda Gates Foundation, \$20 million over five years; the Edna McConnell Clark Foundation, \$6 million over three years; and the United Kingdom's Department for International Development, \$1.45 million over one year. ★



## 100,000+ Lymphatic Filariasis Treatments for Nigeria

As of October 2000, 109,780 people received health education and combined treatments of albendazole and Mectizanfi (ivermectin) in Pankshin Local Government Area (LGA) of Plateau State and Akwanga LGA of Nasarawa State in central Nigeria. This count is 67 percent of the year 2000 annual treatment objective of 160,000 treatments for the new lymphatic filariasis program.

Program support is from the Federal Ministry of Health of Nigeria, SmithKline Beecham, Merck & Co., and The Carter Center.

The Ministry of Health in Plateau State launched the program in April 2000, using an active monitoring process established by the World Health Organization's new lymphatic filariasis elimination program. A total of 2,252 people received combined albendazole/Mectizan therapy and were monitored post treatment for two weeks. No severe reactions were recorded, but 5.6 percent of the participants reported adverse reactions, 86 percent of which were mild. The remainder was moderate. These reactions were "flu-like" in nature, consisting of headache, low-grade fever, and joint and muscle aches.

About 90 million of Nigeria's 120 million population are thought to be at risk of infection, making Nigeria the second most affected country in the world, after India. This initiative, which is built on the African Programme for Onchocerciasis Control (APOC)-assisted onchocerciasis program in both states, also has treated and educated more than 50,000 people for urinary schistosomiasis. ★



J.D. Scott

Nigerian residents of Pankshin LGA show their swollen legs that resulted from an infection that causes lymphatic filariasis.

## Gates Foundation Supports Revived Task Force

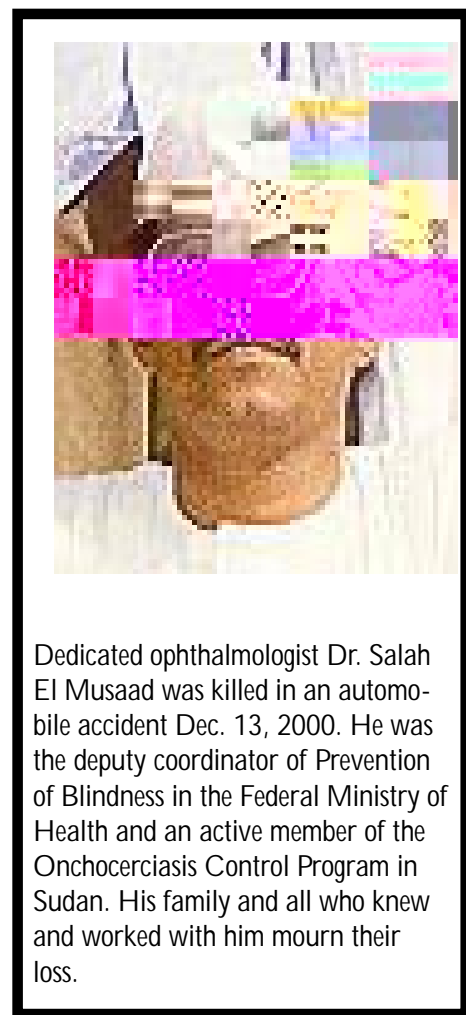
The Bill and Melinda Gates Foundation provided a \$741,000 grant to The Carter Center for the reactivation of the International Task Force for Disease Eradication (ITFDE).

Based at the Center, the ITFDE will re-review the most likely disease candidates for eradication and suggest research that could increase opportunities for eradicating and controlling selected diseases. The initial task force, which the Center also established, operated from 1989-1993 and identified six potentially eradicable diseases, including dracunculiasis (Guinea worm), polio, and lymphatic filariasis.

The 11 members of the original

task force, which was funded by the Charles A. Dana Foundation, were from The Centers for Disease Control and Prevention (CDC), the Dana Foundation, Harvard School of Public Health, the Institute of Medicine, the Japan International Cooperation Agency (JICA), the Rockefeller Foundation, the Swedish Academy of Sciences, The World Bank, World Health Organization, United Nations Development Program, and UNICEF.

The new task force will hold its first meeting in early 2001. ★



Dedicated ophthalmologist Dr. Salah El Musaad was killed in an automobile accident Dec. 13, 2000. He was the deputy coordinator of Prevention of Blindness in the Federal Ministry of Health and an active member of the Onchocerciasis Control Program in Sudan. His family and all who knew and worked with him mourn their loss.

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