Eye of the Eagle

Volume 1, Issue 1 | THE CARTER CENTER | January-June 2000

Lions, Hilton Foundations Advance Blindness Initiatives with Carter Center

What started as the Lions Clubs International directors meeting ended up being one of the most pivotal events in recent Carter Center history.

The Oct. 21, 1999, meeting, held at The Carter Center in Atlanta, culminated with the announcement of a $16 million grant from the Lions Clubs and a $13.6 million grant from the Conrad N. Hilton Foundation to control blinding diseases in the developing world.

The Lions-Carter Center SightFirst Initiative includes about $9 million to The Carter Center to sustain and strengthen activities in partnership with the African Program for Onchocerciasis Control (APOC) and the ministries of health in Nigeria, Sudan, and Uganda. The funding also will further the Center's affiliation with the Onchocerciasis Elimination Program for the Americas (OEPA) in the six endemic countries in the Americas. In addition, the Lions grant will allow The Carter Center to expand its

Continued on Page 4

What's Inside

Inaugural Blindness Prevention Issue

Welcome to *Eye of the Eagle*, a new publication of The Carter Center. It will provide news and technical information mainly about blindness prevention activities assisted by the Center's Global 2000 River Blindness Program (GRBP) and Trachoma Control Program (TCP). Technical directors Drs. Frank Richards and James Zingeser respectively head these areas.

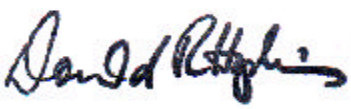
This publication replaces *River Blindness News*, combining the river blindness and trachoma news since many people are involved or interested in the struggle with both diseases. A consolidated resource will help both constituencies benefit from each other's experiences.

Additionally, we have retained the figure of a boy leading a blind man to symbolize river blindness activities. We also are introducing the figure of a girl leading a blind woman to symbolize trachoma activities, in recognition of the disproportionate burden borne by females from trachoma.

The GRBP is helping the federal government and state ministries of health in Nigeria's Plateau and Nasarawa States to adapt their existing GRBP-assisted program to include urinary schistosomiasis and lymphatic filariasis. This program provides Mectizan treatment and health education for onchocerciasis (river blindness), as well as chemotherapy and health education for urinary schistosomiasis control and lymphatic filariasis elimination. News about this demonstration project's progress will be included in the *Eye of the Eagle's* field of vision.

With funding from the Lions-Carter Center SightFirst Initiative and the Conrad N. Hilton Foundation, *Eye of the Eagle* will publish at least twice a year and be available at www.cartercenter.org.

The next issue will cover news from the fourth annual GRBP Program Review and the first annual Program Review of Carter Center-assisted TCPs. These events will be held at The Carter Center in Atlanta Feb. 7-9 and 10-11, respectively. ★



Donald R. Hopkins, M.D., M.P.H.
Associate Executive Director

River Blindness

GRBP Milestones

Nigeria

We were deeply grieved by the sudden death of **Chuwang Gwomkudu**, coordinator of Global 2000 Nigeria laboratory/data activities. Gwomkudu helped develop the lymphatic filariasis and schistosomiasis programs in Nigeria. The program also mourns the loss of **Musiliu Animashawun**, who served as the finance officer of GRBP Edo/Delta.

Sudan

The Sudan program mourns the loss of **Eliza Amaya**, a community-directed Mectizan distributor. He was killed while delivering treatment to residents in Toriet, Equatoria State (southern Sudan).

The program also mourns the death of **Anthony Agostino**, who was killed in the Wau area of Sudan.

Uganda

GRBP deputy country representative and social scientist **Dominic Mutabazi** has resigned his position with Global 2000 to take a position with World Vision. Mutabazi was acting director of GRBP in 1996 for one year and contributed valuably in implementing community-directed treatment with ivermectin in Uganda. We wish him every success.

We welcome social scientist **Peace Habomugisha** who will replace Mutabazi. Habomugisha has a strong research background in social sciences and will be an asset to the team.

Carter Center Aids 20 Million Mectizan Treatments

The Carter Center's Global 2000 River Blindness Control Program (GRBP) has surpassed the 20 million cumulative-assisted treatment mark (20,671,431) since its launch in 1996 *(see graph below)*.

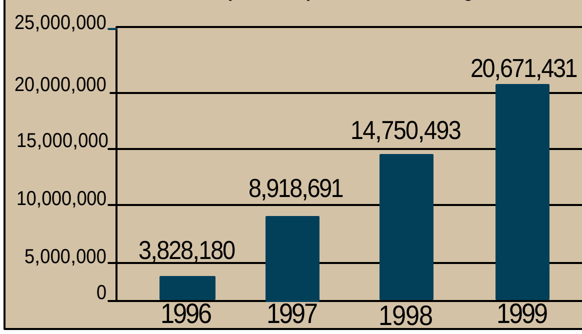
As of the end of November 1999, GRBP-assisted programs helped provide health education and Mectizan treatments to 6,125,973 people (provisional) in 13,964 villages in 10 countries *(see table below)*. This number of persons treated has reached 89 percent of the 1999 annual treatment objective (6,918,012), a 9 percent increase over 1998 treatments. More year-end reports of 1999 treatments are expected.

About 69 percent of the treatments that GRBP assisted last year were in Nigeria, with 13 percent in Uganda, 7 percent in Cameroon, 4 percent in Latin America, and 4 percent in Sudan.

Of the 1999 provisional total, 4,360,592 (71 percent) treatments were accomplished in partnership with the Lions Clubs International Foundation and through Lions Clubs support in Nigeria and Cameroon, and through special support for activities in Sudan. More than 90 percent of GRBP treatments will be in partnership with the Lions Clubs this year, under the expanded partnership agreement between the two organizations announced in October 1999.

Year 2000 treatment objectives will be set at the fourth annual GRBP program review in Atlanta Feb. 7-9. ★

Cumulative Mectizan Treatments Delivered by Carter Center (GRPB)-Assisted Programs



Onchoceriasis: 1999 Mectizan treatment figures for Global 2000 River Blindness Program (GRPB)-assisted areas in Nigeria, Cameroon, Uganda, and collaborative programs in Latin America and Sudan

Country/Tx Category		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	% ATO	% ALL GRBP TX
NIGERIA	ATO(eamp)	4,475,000		ATO(arv)=	10,382		ATO(hrv)=	7,681								
TX(eamp)		564	50,817	726,212	258,772	435,728	1,042,681	870,844	522,814	445,802	138,253	586,458		4,404,187	98%	69%
TX(arv)		2	154	1,289	498	346	1,854	700	344	1,312	390	814		5,130	54%	65%
TX(hrv)		2	164	1,326	438	445	1,753	770	591	707	883	527		7,217	99%	70%
UGANDA	ATO(eamp)	[illegible]		ATO(arv)=	1,730		ATO(hrv)=	1,730								
TX(eamp)		0	13,089	173	16,730	140,050	135,944	[illegible]	34,477	[illegible]	[illegible]	138,445		419,718	84%	13%
TX(arv)				21	166	[illegible]	256	344	50	[illegible]	282	[illegible]		1,720	100%	12%
TX(hrv)				31	166	168	255	344	50	[illegible]	285	243		1,730	100%	[illegible]
CAMEROON	ATO(eamp)	317,154		ATO(arv)=	2,597		ATO(hrv)=	2,457								
TX(eamp)		[illegible]	78,848	23,484	28,512	[illegible]	32,957	86,069	55,704	0	0	0	0	405,553	51%	7%
TX(arv)		210	153	181	106	184	77	[illegible]	402	[illegible]	0	0	0	[illegible]	82%	17%
TX(hrv)		150	146	90	104	128	76	[illegible]	601		0	0	0	[illegible]	56%	12%
OEPA*	ATO(eamp)	391,192		ATO(arv)=	[illegible]		ATO(hrv)=	167								
TX(eamp)				[illegible]							[illegible]			[illegible]	70%	[illegible]
TX(arv)				938							[illegible]			[illegible]	83%	11%
TX(hrv)				75							94			[illegible]	[illegible]	2%
SUDAN	ATO(eamp)	[illegible]		ATO(arv)=			ATO(hrv)=									
TX(eamp)		6,086	[illegible]	23,045	[illegible]	44,261	[illegible]				[illegible]			[illegible]	61%	4%
TX(arv)																
TX(hrv)																
Cumulative	ATO(eamp)	6,816,012		ATO(arv)=	[illegible]		ATO(hrv)=	12,213								
TX(eamp)		90,138	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0	[illegible]	[illegible]	100%
TX(arv)		212	319	[illegible]	778	1,143	[illegible]	1,324	1,468	[illegible]	1,186	[illegible]	0	[illegible]	[illegible]	[illegible]
TX(hrv)		182	[illegible]	[illegible]	[illegible]	1,140	2,184	1,284	[illegible]	[illegible]	[illegible]	[illegible]	0	[illegible]	81%	100%

GRBP Cumulative total [illegible]

ATO: Annual Treatment Objective, TX: Number Treated, eamp: Eligible At Risk Population, arv: At Risk Villages [illegible] High Risk Villages (nodule prevalence at time of initiation of Mectizan therapy [illegible])

*OEPA figures [illegible]

Number of arv villages in Uganda and Cameroon are not clearly defined

Number of arv and hrv villages in Sudan are not clearly defined

IACO: Fewer at Risk for Onchocerciasis in the Americas

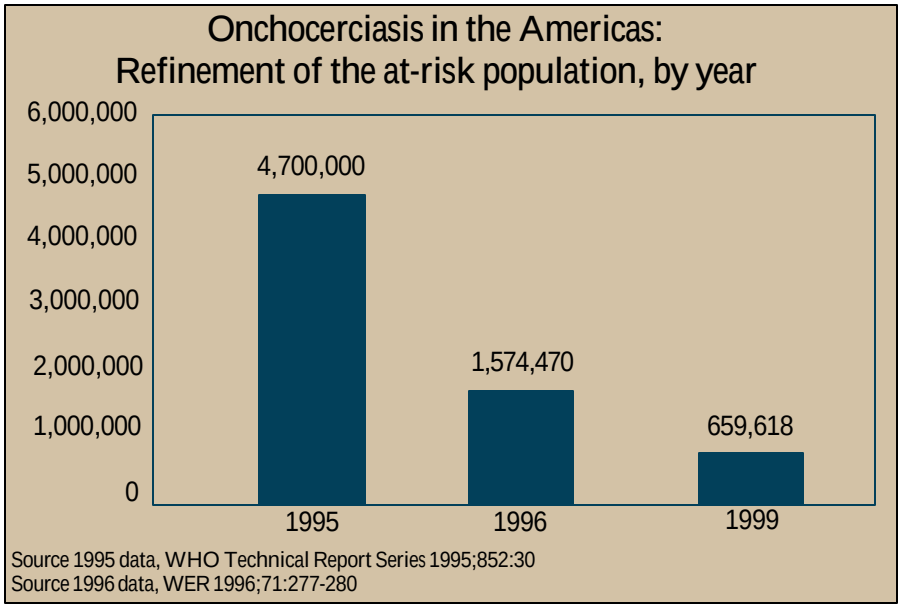
The Onchocerciasis Elimination Program for the Americas (OEPA) convened the ninth annual InterAmerican Conference on Onchocerciasis (IACO '99) in Antigua, Guatemala.

The theme of the Nov. 9-11, 1999, conference was sentinel village evaluations. OEPA epidemiologist Dr. Carlos Gonzales collected and reviewed data for a sentinel population of 10,894. These data included information about epidemiological evaluations, entomological assessments, and ophthamo-logical evaluations. Data from sentinel village evaluations in Colombia, Ecuador, and Mexico, supported declining anterior chamber disease prevalence in samples from the sentinel communities.

Other news from the conference concerned the virtual completion of epidemiological assessment activities in Venezuela. As a result of this work and a recent revision of Guatemala figures, the overall population at risk for onchocerciasis in the Americas has decreased by 86 percent since 1995, down from 4,700,000 people to 659,618 in 1999 *(see graph above).*

Dr. Frank Richards

Dr. Azodoga Sékétéli, OCP/APOC director, speaks about the African approach to monitoring program impact using sentinel villages during the IACO '99 meeting in Antigua, Guatemala.



Conference attendees also were informed of progress in developing criteria for the certification of elimination of morbidity and transmission of onchocerciasis. In addition, OEPA consultant Dr. Richard Collins of the University of Arizona, and Program Coordinating Committee (PCC) member Dr. Ed Cupp of Auburn University presented a draft document on certification. After comments on the document are incorporated, OEPA will forward it to the World Health Organization (WHO)/the Pan American Health Organization (PAHO) for consideration and further review.

OEPA is a regional coalition working to eliminate morbidity, and where possible, the transmission of onchocerciasis in the Americas through sustained distribution of ivermectin.

Representatives from the six endemic American countries, WHO/PAHO, The Carter Center, the Mectizan Donation Program, the Centers for Disease Control and Prevention (CDC), and other interested parties attended the conference.

Deputy Minister of Health Dr. Carlos Andrade presented the conference's opening welcome. OEPA Director Dr. Mauricio Sauerbrey; PAHO Deputy Director Dr. David Brandling-Bennett; Dr. Azodoga Seketeli, African Program of Onchocerciasis Control director; and Dr. Janis Lazdins with MacroFil of WHO Geneva addressed the group. OEPA's PCC, chaired by Dr. Robert Klein of the CDC, also met during the conference.

IACO '99 ended with an address by new PCC member Augustin Soliva, former Lions Clubs international president, and welcomed the Lions' new involvement in the OEPA initiative.

OEPA and the IACO meetings receive financial support from the InterAmerican Development Bank, The Carter Center, and PAHO. ★

Ethiopia Poised to Fight River Blindness and Trachoma

A draft of the National Plan of Action (POA) for Onchocerciasis Control was written at a workshop in Nazareth, Ethiopia, Sept. 14, 1999.

The plan proposed phasing in the delivery of Mectizan tablets and health education to onchocerciasis endemic areas identified through a Rapid Epidemiological Mapping for Onchocerciasis exercise (REMO).

The results from this exercise indicated that there are 7.3 million people at risk for onchocerciasis in Ethiopia and about 1.4 million infected.

After the October 1999 announcement of the expanded Lions/Carter Center partnership, The Carter Center indicated it plans to partner with the Ministry of Health (MOH) in onchocerciasis and trachoma control activities in Ethiopia.

Subsequently, Program Officer Wanjira Mathai of The Carter Center's Global 2000 River Blindness Program and Rick Robinson, assistant director of Finance with Global 2000, traveled to Ethiopia in early December. They worked with Teshome Gebre, Ethiopia resident technical advisor of The Carter Center, and MOH officials to finalize the POA and a proposal to the African Program for Onchocerciasis Control (APOC) for initial treatment activities in Kafa Shekka zone (SNNP Region).

Since this will be Ethiopia's first time using community-based Mectizan treatments, the proposal suggests treating 239,436 people (50 percent of the Kafe Shekka zone's eligible at-risk population) for the first year. This method will allow the program to mobilize and train distributors to carry out treatment using APOC's Community-Directed Treatment with Ivermectin (CDTI) Strategy.

Continued on Page 6

Donald Hubbs, board chairman of the Hilton Foundation

Rick Diamond

The Carters present a river blindness statue to Jim Ervin of Lions Clubs.

Lions, Hilton Foundations

Continued from Page 1

activities to assist Ethiopia's Ministry of Health in creating a national control program for onchocerciasis.

Approximately $7 million of the grant is earmarked for beginning trachoma control partnerships in Ethiopia and Sudan, two of the world's most endemic countries for trachoma.

"Since 1996, Lions members have provided hands-on assistance to Carter Center efforts in Africa," said Lions Clubs International President Jim Ervin. "Last year alone [1998], 67 percent of treatments provided through the Center's river blindness program were carried out in partnership with Lions Clubs in Nigeria and Cameroon, and through special support for activities in Sudan. We are very proud to now contribute to this expanded initiative both financially and through local Lions support."

Lions Clubs International Foundation's SightFirst program is a $143 million global initiative to eliminate preventable and reversible blindness. To date, SightFirst has funded 68 eye clinics, provided more than 1 million cataract surgeries, treated more than 3 million people to prevent river blindness, and screened more than 6 million people for eye disease.

The Hilton Foundation grant over the next 10 years will support The Carter Center's trachoma control assistance to Ghana, Mali, Niger, Nigeria, and Yemen. "We decided to make The Carter Center the primary grant recipient of our newest major funding initiative because of the infrastructure it created for Guinea worm eradication in countries where trachoma is also endemic," said Donald Hubbs, board chairman of the Hilton Foundation.

"Integrating trachoma control programs into these very successful country programs is a natural and expedient choice. In addition, the leadership and influence that President Carter and The Carter Center staff bring to the initiative are vital to its ultimate success," he said.

"This funding allows us to expand our efforts to treat river blindness in Latin America and Africa and to initiate programs to control trachoma, primarily in Africa," said President Carter. "All of us involved in this innovative effort are committed to preventing unnecessary blindness in millions of people around the world."★

Forum Assesses African Program for Onchocerciasis Control

The fifth Joint Action Forum (JAF) of the African Program for Onchocerciasis Control (APOC) was held in The Hague, Netherlands, Dec. 8-10, 1999.

JAF convenes all partners of the APOC initiative annually, under the auspices of the World Health Organization (WHO) and the World Bank, to review the program's progress, accept donor pledges of support, and approve next year's budget.

Session highlights included accolades to Sudan and the Democratic Republic of Congo for their progress in fighting onchocerciasis, despite civil conflict. Sudan's efforts particularly were commended, and the losses of two Community Directed Distributors (CDD) last year in the line of duty were recognized.

There also was a session devoted to activities of nongovernment development organizations (NGDOs) in which Dr. Frank Richards, technical director of The Carter Center's Global 2000 River Blindness Program, read a statement to the assembly announcing the new Carter Center/Lions Clubs partnership *(see "Lions, Hilton Foundations," Page 1).*

For the year 2000, an overall budget of $15.8 million was approved from the World Bank Trust Fund, which included $10.8 million for ongoing and new Community-Directed Treatment with Ivermectin (CDTI) projects. The contribution does not include funds from NGDOs or the value of the Mectizan donation from Merck and Co. Inc.

In addition, the forum expressed interest in knowing governments' contributions to APOC. Consequently, Nigeria announced that it was donating $50,000 to the APOC World Bank Trust Fund.★

Dr. Frank Richards

Representatives of the Joint Action Forum of the African Program for Onchocerciasis Control attend sessions in the Netherlands.

Recent River Blindness-Related Publications

Onwujekwe OE. Shu EN. Okonkwo PO. "Willingness to pay for the maintenance of equity in a local ivermectin distribution scheme in Toro, Northern Nigeria." *Public Health* 113(4):193-4, 1999.

Akogun OB. "Onchocerciasis in Taraba State, Nigeria: clinical-epidemiological study of at-risk males in Bakundi District," *Zentralblatt fur Bakteriologie* 289(3):371-9, 1999.

Katabarwa M. Onapa AW. Nakileza B. "Rapid epidemiological mapping of onchocerciasis in areas of Uganda where Simulium neavei sl is the vector," *East African Medical Journal* 76(8):440-6, 1999.

Webbe G. "Community-wide treatment of schistosomiasis with praziquantel," [Review] *Tropical Doctor* 29(3):172-6, 1999.

de Clercq D. Sacko M. Behnke J. Gilbert F. Vercruysse J. "The relationship between Schistosoma haematobium infection and school performance and attendance in Bamako, Mali," *Annals of Tropical Medicine & Parasitology* 92(8):851-8, 1998.

Okoli EI. Odaibo AB. "Urinary schistosomiasis among school children in Ibadan, an urban community in south-western Nigeria," *Tropical Medicine & International Health* 4(4):308-15, 1999 Apr.

Seim AR. Dreyer G. Addiss DG. "Controlling morbidity and interrupting transmission: twin pillars of lymphatic filariasis elimination," *Revista Da Sociedade Brasileira de Medicina Tropical* 32(3):325-8, 1999

Trachoma

The Beginning of the End for Schistosomiasis

Below are remarks made at the October launching ceremony for schistosomiasis in Pankshin, Plateau State, and Akwanga, Nasarawa State, Nigeria:

"Today marks the beginning of the end for schistosomiasis in Nigeria. It is only the first step on a long road. But we are here in Pankshin to start together on that journey, to work together, to learn together about that road. It is said that the longest journey begins with the first step. But in another sense, we are already far down the road because we are here to integrate schistosomiasis control with the river blindness program. We have started already. Because we are partners already, and we know what each of our roles are and must be for success."

–Dr. Frank Richards, technical director of The Carter Center's Global 2000 River Blindness Program

"The launching of mass treatment of schistosomiasis by the state Ministry of Health, in collaboration with Global 2000, marks yet another milestone in our collective endeavor to satisfy global expectations, as well as meet the yearnings of our suffering populac for an efficient and effective health care delivery system.

To practically demonstrate the government's appreciation as well as to further complement these efforts, I hereby direct the state Ministry of Health and Finance to immediately work out modalities for creating a special fund to help offset the cost of controlling these diseases. In the same vein, all 17 Local Government Councils in the state are required to make reasonable financial allocation annually for the same purpose in their respective domains.

–His Excellency The Executive Governor of Plateau State, Chief Joshua Chidi Dariye

"I wish to express our profound gratitude to Global 2000/The Carter Center, Medochemie, Bayer, and the FMOH [Federal Ministry of Health] who have seen us through by rendering technical and logistic support, including capacity building in all aspects to control these diseases in Akwanga LGA of Nasarawa State. Above all, they have willingly donated the drug [praziquantel] free of charge for the treatment of schistosomiasis."

–The Honorable Commissioner of Health, Hajiya Ramatu A. Abubakar

"On our part as a local government, we shall do our best to contribute our own quota of the struggle, considering the belief that a healthy nation is a wealthy nation."

–Executive Chairman of Pankshin Local Government Council, The Honorable Emmanuel J. Yilluk

Recent Trachoma-Related Publications

Schachter J. West SK. Mabey D. Dawson CR. Bobo L. Bailey R. Vitale S. Quinn TC. Sheta A. Sallam S. Mkocha H. Mabey D. Faal H. "Azithromycin in control of trachoma," *Lancet* 354(9179):630-5, 21 Aug. 1999.

Emerson PM. Lindsay SW. Walraven GE. Faal H. Bogh C. Lowe K. Bailey RL, "Effect of fly control on trachoma and diarrhea" *Lancet* 353(9162):1401-3 24 Apr. 1999.

Lietman T. Porco T. Dawson C. Blower S. "Global elimination of trachoma: how frequently should we administer mass chemotherapy?" *Nature Medicine* 5(5): 572-6, 1999 May.

Ethiopia Battles Diseases

Continued from Page 4

The POA identified the Kafe Shekka zone as the launching point for the Ethiopian national program. The government submitted the proposal to APOC on Dec. 31, 1999, for review by APOC's Technical Consultative Committee this March. Local Lions Clubs are expected to participate in advocacy and program monitoring activities.

Attending the workshop were representatives of the Ethiopian Ministry of Health; Gebre of The Carter Center who also served as rapporteur; APOC; Dr. M. Homeida, chair of APOC's Technical Consultative Committee and director of the Sudan onchocerciasis program; Dr. Mary Alleman for the Mectizan Donation Program; the World Bank; the United States Agency for International Development (USAID); Africare; and the Bahai community.

Trachoma highlights

On the trachoma front, Dr. James Zingeser, technical director of The Carter Center's Trachoma Control Program (TCP), and Misrak Makonnen, TCP program officer, met with Gebre, MOH representatives, and partner agencies in Ethiopia from Nov. 4-11, 1999.

The Carter Center team met with local Lions Clubs to discuss possible collaboration, and with senior representatives of CBM, Orbis International, and World Vision. The team also visited Orbis' pilot trachoma control program in the southern region.

Gebre will continue defining The Carter Center's role in trachoma control in Ethiopia, particularly focusing on the unaddressed issues of hygiene and environmental improvements.

The Carter Center has joined the informal trachoma task force, which includes representatives of the MOH, nongovernmental organizations, and local Lions Clubs working in trachoma control. ★

Trachoma

How Trachoma Affects Families

J.D. Scott

Dr. Doulaye Sacko (right), national coordinator of Mali's Prevention of Blindness Program, shows a trachoma patient to former President Carter and Rosalynn Carter in Férékoroba, Mali.

Dr. Doulaye Sacko performed an examination that much of the world cannot fathom, but millions, especially children, experience every day.

As national coordinator of Mali's Prevention of Blindness Program, Dr. Sacko introduced a family to villagers and visiting officials during recent trachoma launching ceremonies in Férékoroba, Mali. All three generations of the family suffered from different stages of trachoma, from a small child with inflammatory disease, to his grandmother who already was blind due to trachomatous trichiasis.

Speaking in French and Bambara, Dr. Sacko explained how the overall prevalence of inflammatory trachoma (TF/TI) in children under 10 years old is 35 percent in Mali. But for Férékoroba children, TF/TI is about 60 percent. This statistic is one of the reasons for launching trachoma control activities in that village.

Dr. Sacko also explained how the Ministry of Health and partner organizations plan to prevent and treat trachoma using the SAFE strategy *(see "Mali's National Trachoma" at right).*

Mali's National Trachoma Control Program Wins Presidential Nods

Dance, music, and the rifle fire of Bambara hunters ushered in the arrival of four presidents in mid-October to begin a new stage in ending trachoma blindness in Mali.

Chiefs and villagers from Mali's entire Koulikoro Region welcomed former U.S. President Jimmy Carter, former Malian head of state General Amadou Toumani Touré, President Jim Ervin of Lions Clubs International, and former President of Benin Nicephore Soglo, who visited the village of Férékoroba for the launching.

The Center's partnership with Mali's trachoma control program was made possible by a generous $13.6 million grant from the Hilton Foundation, beginning in 1998. The grant, allocated over 10 years, also will support collaboration with similar programs in Ghana, Niger, Nigeria, and Yemen.

In all of these countries, the trachoma control program will work with governmental ministries and other partners to implement the SAFE strategy:

S – Surgery to correct scarring from advanced trachoma

A – Antibiotics to treat early trachoma infections

F – Face and hand washing

E – Environmental changes to improve water supplies and sanitation.

With support from the Edna McConnell Clark Foundation and the World Health Organization (WHO), the SAFE strategy was created to control trachoma through community-based interventions. The Carter Center will assist the national trachoma control programs, mainly emphasizing the "F" and "E" components to prevent the disease.

To formalize the trachoma control partnership, the ceremony concluded with President Carter and General Touré signing a memorandum of understanding on behalf of The Carter Center and the government of Mali, respectively.

Representatives of other key partners in the fight against trachoma also were present, including WHO, SightSavers International, Helen Keller Worldwide, the Institute for Tropical Ophthalmology in Africa, and local Lions Clubs.

Rosalynn Carter, the Minister of Health Diakite F. N'Diaye, and two representatives of the Conrad N. Hilton Foundation, Dyanne Hayes and Dr. Robert Buckley, accompanied the presidents. ★

J.D. Scott

Former President Jimmy Carter and former Malian head of state General Amadou Toumani Touré shake hands as they exchange a trachoma control agreement. Minister of Health Diakite N'Diaye (center) officiated at the Férékoroba, Mali, ceremony in October.

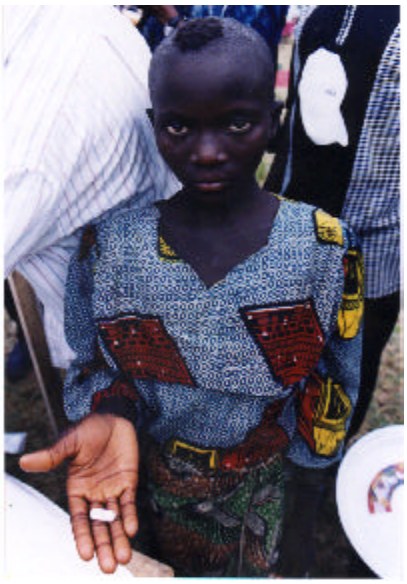
Schistosomiasis Control Activities Launch in Two Nigerian States

The state ministries of health of Plateau and Nasarawa States of Nigeria, assisted by The Carter Center, are adapting their river blindness program and strategy of community-directed treatment with Mectizan for schistosomiasis control and lymphatic filariasis elimination.

This effort, funded by SmithKline Beecham, is part of a demonstration project in Pankshin and Ackwanga Local Government Areas (LGAs). An integrated drug delivery system that capitalizes on the successes of the onchocerciasis program would provide more services to remote rural villages using the same essential strategy, but at less cost. The two LGAs have completed rapid epidemiological assessment activities for schistosomiasis using special tests to detect blood in urine.

Communities where urinary schistosomiasis infection prevalence in school children is greater than 20 percent are offered a treatment program, as recommended by the World Health Organization (WHO). Health education activities, such as pamphlets, brochures, and posters in targeted communities, were developed based on results from local knowledge, attitude, and practices surveys conducted in 1999.

The state ministries of health launched the urinary schistosomiasis treatment program Oct. 11-12, 1999, in the villages of Mungkohot of Pankshin LGA in Plateau State and Andaha of Akwanga LGA in Nasarawa State. Dr. Mungkohot, and Katanza villages. More will receive treatment in these two LGAs later this year. Launching of the lymphatic filariasis treatment program and health education component has been delayed until later this year, pending WHO's approval.★



J. D.

This child from the Mungkohot village holds a praziquantel tablet that was donated to The Carter Center for the urinary schistosomiasis control program. A single, annual dose prevents illness from schistosomiasis and stops bloody urination. The prevalence of urinary schistosomiasis in school children in this village is greater than 80 percent.

Frank Richards, technical director of The Carter Center's river blindness, lymphatic filariasis, and schistosomiasis programs, attended the ceremonies *(see "The Beginning of the End," Page 6).*

The governor, deputy governor, and the state commissioner for health attended the Mungkohot ceremony, where the prevalence of urinary schistosomiasis in school children exceeds 80 percent. In Andaha, where 56 percent of the children have the disease, the deputy governor and a representative of the state health commissioner attended the ceremony.

Also on hand was the "Chun Mada," an influential, traditional leader in the area, who has greatly supported the river blindness program there.

Since the launching, 8,414 people have been treated safely in Andaha,

Schistosomiasis Facts

■ Schistosomiasis is a parasitic disease that affects more than 200 million people in 74 tropical countries of Africa, Asia, and South America.

■ Also known as '"bilharzia," the infection is acquired when people swim or bathe in water contaminated with parasitic larvae that emerge from certain fresh water snails. The larvae penetrate the skin, become adult worms, and over years inflame and scar the intestines, liver, bladder, and other internal organs.

■ Urinary schistosomiasis mainly affects the bladder and kidneys, often causing bloody urine. School-aged children especially are affected and suffer chronic debility, poor growth, impaired learning, and sometimes, premature death.

■ Treatment for schistosomiasis is simple: a single annual oral dose of praziquantel, a nontoxic drug. Praziquantel costs about 40 U.S. cents per adult dose of four tablets. However, two drug companies, Medochemie Company of Cyprus and Bayer Pharmaceuticals of Germany, have each donated 50,000 praziquantel tablets to The Carter Center for this initiative. The Center will purchase another 190,000 tablets for treatment activities.