

# EYE of the EAGLE



## What's Inside

- 2 Trachoma Program Review Highlights Progress
- 3 Award Recognizes Achievement in Mali
- 4 Manager Gratified by Community Successes
- 5 Local Labs Strengthen Trachoma Programs
- 6 Program Review Celebrates Progress
- 10 Center Becomes Partner in Elimination Effort
- 11 Frank Richards Retires
- 12 Carters Honored in Upcoming Supplement
- 12 Guinea Worm Update

Mare Elhadj Illou discusses the latrine that was built at her home in the Zinder region of Niger to help prevent trachoma transmission. (Photo: Sam Phelps)

THE  
CARTER CENTER



## Trachoma Program Review Highlights Progress, Challenges

### KEY TAKEAWAY

In 2023, more than 4 million doses of antibiotics were distributed in Carter Center-assisted countries to treat trachoma infection and reduce disease transmission.

The Carter Center hosted the 25th Annual Trachoma Program Review in person April 22–23, 2024. To recognize the progress made toward trachoma elimination and to identify areas of improvement, the meeting was themed “The End Is in Sight: Bridging the Gaps.”


The November 2023 passing of the Carter Center’s co-founder, former U.S. First Lady Rosalynn Carter, made this program review especially meaningful. Kelly Callahan, director of the Trachoma Control Program, honored Mrs. Carter for dedicating her life to others through her advocacy for the improved livelihood of people worldwide. She fought for improved health outcomes, early childhood vaccinations, justice and human rights, conflict resolution, and mental health care. Mrs. Carter’s commitment and will to alleviate the world of needless suffering inspired many, and she has left a legacy that is forever engrained in the ethos of The Carter Center to continue building hope, waging peace, and fighting disease.

The review meeting consisted of program updates from the ministries of health of Ethiopia, Niger, South Sudan, and Sudan, special presentations from implementing and academic partners, and updates from the World Health Organization (WHO) and the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN), Pfizer Inc, and the International Trachoma Initiative (ITI). Together, these contributions made for a demonstration of partnerships that continue to aid in the global fight to eliminate trachoma as a public health problem.

In 2023, Carter Center-assisted programs showed resilience and exceeded targets despite delays caused by a drug shortage, climate-related challenges, and insecurity, especially the ongoing conflicts in Sudan and the Amhara region of Ethiopia. Nevertheless, an estimated 2.9 million people were screened for trachomatous trichiasis (TT), the late stage of trachoma, and 47,275 people received surgery to correct TT and prevent blindness. Of those who

received surgery, 31,973 were women. Also, 4,080,900 doses of antibiotics were distributed through mass drug administration to treat infection and reduce transmission. Over 3.9 million doses were distributed in Amhara alone. Tremendous success in the F and E components of the SAFE strategy consisted of 4,638 people trained in health education and 5,072 latrines constructed to reduce the population of flies that carry infection from person to person. (The SAFE strategy refers to the four-pronged approach to trachoma control: surgery, antibiotics, facial cleanliness, and environmental improvement.)

Niger highlighted the challenge of finding the remaining cases of TT as the country nears elimination. In partnership with The Carter Center and Helen Keller Intl, the Ministry of Health and National Eye Health program expect the implementation of house-to-house case finding will address this issue. In another collaborative effort, the South Sudan program, together with The Carter Center and the Himalayan Cataract Project, innovated and expanded access, screening and providing treatment for conditions such as TT, cataracts, and other eye ailments through integrated surgical camps.

The Carter Center looks forward to continuing to support Ethiopia, Niger, South Sudan, and Sudan in their efforts to eliminate trachoma as a public health problem. Moreover, the Center is honored to have fruitful partnerships with colleagues, friends, ministries of health, committed donors, implementing and academic partners, WHO and ESPEN, ITI, and Pfizer. 



The 25th Annual Trachoma Control Program Review participants join hands in solidarity.

## Spirit of Helen Keller Award Recognizes Achievement in Mali

**Together**, the National Eye Health Program and Ministry of Health in Mali combated trachoma, the leading cause of infectious blindness worldwide, from 1999 until April 27, 2023, when the World Health Organization (WHO) validated Mali as the 17th country to eliminate trachoma as a public health problem.

Over the 20-year period that it fought to eliminate trachoma using the WHO-endorsed SAFE strategy—surgery, antibiotics, facial cleanliness, and environmental improvement—Mali had to overcome many challenges. Mali was one of the most trachoma-affected countries at the start of its program, it endured numerous changes in government leadership after multiple coups, and insecurity throughout the country required tremendous bravery from teams and communities to provide necessary services. Teams had to innovate to find the remaining cases of trachomatous trichiasis so they could provide surgery to those in pain and at imminent risk of blindness.

Mali's prime minister, Ministry of Health, National Eye Health Program (PNSO), and implementing partners celebrated the elimination of trachoma as a public health problem in Mali in October 2023. The accomplishment was then celebrated at Pfizer Inc headquarters in New York City in December

2023, bringing together representatives from Mali, including professor Lamine Traoré, PNSO coordinator, who spoke of the determination of Mali and the partners to achieve what few others had done before.

---

**Mali's accomplishment demonstrates what is possible when individual entities come together in partnership to achieve one incredible feat.**

---

The donors and implementing partners who supported Mali in its elimination efforts were also present, including Pfizer Inc, the International Trachoma Initiative, Conrad N. Hilton Foundation, Lions Clubs International Foundation, RTI International, The END Fund, and the United States

Agency for International Development. Implementing partners The Carter Center, Helen Keller Intl, and Sightsavers, which supported Mali until elimination was achieved and validated with the financial support of the Hilton Foundation, were also present to celebrate. In recognition of Mali's accomplishment and the partnerships that made elimination possible, Helen Keller Intl presented the Mali Ministry of Health and supporting partner organizations with the Spirit of Helen Keller Award. The award, established in 1959 and only given 32 times, recognizes outstanding contributions to the alleviation of blindness globally. Mali's accomplishment demonstrates what is possible when individual entities come together in partnership to achieve one incredible feat. The Carter Center is honored and humbled to be part of the award. **E**



Recipients of the Spirit of Helen Keller Award join former Helen Keller Intl CEO Kathy Spahn (fifth from left) at Pfizer Inc headquarters in December 2023.

## Program Manager Gratified by Community Successes

**Since he was a child**, Stephen Ohidor Ohure wanted to work in health and help those experiencing illness. This desire led him to get a diploma in clinical medicine from Kajo-Keji Health Training Institute in South Sudan. The diploma allowed him to work with multiple entities, including the Juba Teaching Hospital, American Refugee Committee, and Save the Children International, with the primary role of consulting, diagnosing, and prescribing medication to patients, especially as part of emergency responses to disease outbreaks such as cholera.

Growing up in Lafon County,

Eastern Equatoria state, a county endemic to trachoma, he knew the harmful impact the disease had on communities, especially people who became irreversibly blind after years of infection. That's why when the possibility of working on trachoma with The Carter Center became available, he jumped on the opportunity.

Ohidor has worked with the Carter Center's South Sudan Trachoma Control Program since 2017 and is currently the trachoma program manager. He has overseen almost all of the geographic growth of the program and led efforts to expand trachoma surgical campaigns to also include the

provision of cataract surgeries. "I love working with communities because it's different from working with individual patients," he said. "The trachoma program aims to prevent and eliminate trachoma, so mankind will be free and safe from this blinding disease. I always feel I should be in the community doing the work with my team. The community's stories make me feel I am making an impact, especially surgical patients who are experiencing the new normal of their lives after sight-saving surgery. Above all, it keeps me happy, learning, and growing professionally with a humanistic feeling." **E**



Stephen Ohidor Ohure enjoys spending time with children in South Sudan's Eastern Equatoria state during a mass drug administration campaign for trachoma.

## Capacity-Building in Local Labs Strengthens Trachoma Programs

**The global trachoma program** has its sights set on eliminating trachoma as a public health problem by 2030. That goal highlights the importance of identifying innovative strategies not only to assess progress toward elimination but also to establish sustainable approaches for trachoma surveillance after elimination. The Trachoma Control Program in Amhara, Ethiopia, has been pioneering the use of serological monitoring for trachoma since 2017, and earlier this year it took one more step toward a sustainable in-country diagnostic test.

Serological monitoring is the process of testing dried blood spots for antibodies responding to the trachoma pathogen, helping to gauge trachoma endemicity in a region and serving as an effective long-term surveillance tool. To date, the Amhara program has collected over 35,000 samples from 16 districts and has contributed to global efforts to incorporate serology as a programmatic indicator for trachoma surveillance.

Because of a lack of the infrastructure needed to perform traditional serological assays, the program has relied on a laboratory in the United States to analyze its samples, which presents logistical challenges and causes delays. A new lateral flow assay (LFA) developed by the U.S. Centers for Disease Control and Prevention (CDC) is a promising alternative to other serological tests due to its ease of use and minimal infrastructure needs.



Laboratory staff based at the trachoma molecular laboratory in the Amhara Public Health Institute perform the lateral flow assay technique. From left to right are Getahun Ayenew, laboratory technologist; Paulos Fissiha Yihun, microbiology specialist; and Ambahun Chernet, senior laboratory technologist.

Given the potential of the LFA as an in-country monitoring tool, the Amhara Trachoma Control Program and the Amhara Public Health Institute (APHI) decided to pilot it.


---

**The Trachoma Control Program in Amhara, Ethiopia, has been pioneering the use of serological monitoring for trachoma since 2017, and earlier this year it took one more step toward a sustainable in-country diagnostic test.**

---

In collaboration with The Carter Center and the CDC, a remote training was held in January, where three

experienced APHI-based laboratory personnel were trained on the LFA technique. After training and certification, the laboratory staff immediately analyzed dried blood spots from a 2023 survey in Tach Gaynt district of Amhara, assaying 2,441 samples from 853 households. The laboratory staff demonstrated high capability to perform LFA, with only four (0.2%) invalid samples upon first testing, all of which were valid upon retesting. Furthermore, the LFA results generated by the lab aligned with the field-graded results, further confirming Tach Gaynt as a highly endemic district.

The addition of this testing capacity within APHI will facilitate faster survey results, allowing for quicker incorporation of key data for programmatic decision making. Adding serology to APHI's toolkit highlights the potential for such in-country laboratory capacity in other country programs, which further strengthens country ownership on the path to achieve and sustain elimination by 2030. 

## 2023 River Blindness Program Review Celebrates Progress

### KEY TAKEAWAYS

- The river blindness, lymphatic filariasis, schistosomiasis, and soil-transmitted helminthiasis programs assisted with 50.7 million treatments in 2023.
- In Carter Center-assisted areas, 31.8 million people no longer need Mectizan treatment for river blindness, and 28.1 million people no longer need treatment for lymphatic filariasis.

### The 28th Annual Program Review

for the Carter Center’s River Blindness Elimination Program was held April 24–26, 2024, in Atlanta. The objective was to discuss 2023 achievements and challenges for Center-assisted programs and make recommendations for 2024 activities. Some 153 participants attended, including Dr. Jane Aceng, Uganda minister of health; ministry officials from other countries; key partners; and donors.

Since 1996, The Carter Center has worked with national ministries of health to provide mass drug administration with ivermectin (Mectizan,<sup>®</sup> donated by Merck & Co., Inc., known as MSD outside the United States and Canada) for river blindness—also known as onchocerciasis—together with health education, training, and impact evaluation. The program assists Brazil, Ethiopia, Nigeria, Sudan, Uganda, and Venezuela, and previously assisted

Cameroon, Colombia, Ecuador, Guatemala, and Mexico. The latter four have eliminated onchocerciasis transmission and received verification of elimination from the World Health Organization (WHO). In 2023, The Carter Center assisted with distributing 33,694,088 ivermectin treatments in six countries (see Figure 1), reaching 82% of the 2023 target of 41 million. The program has assisted with 565 million ivermectin treatments since 1996. The 2024 target is 44 million treatments.

The River Blindness Elimination Program is integrated with lymphatic filariasis elimination in Ethiopia, Nigeria, and Sudan, and schistosomiasis and soil-transmitted helminthiasis control in Nigeria. The Carter Center assisted with 9,252,176 albendazole

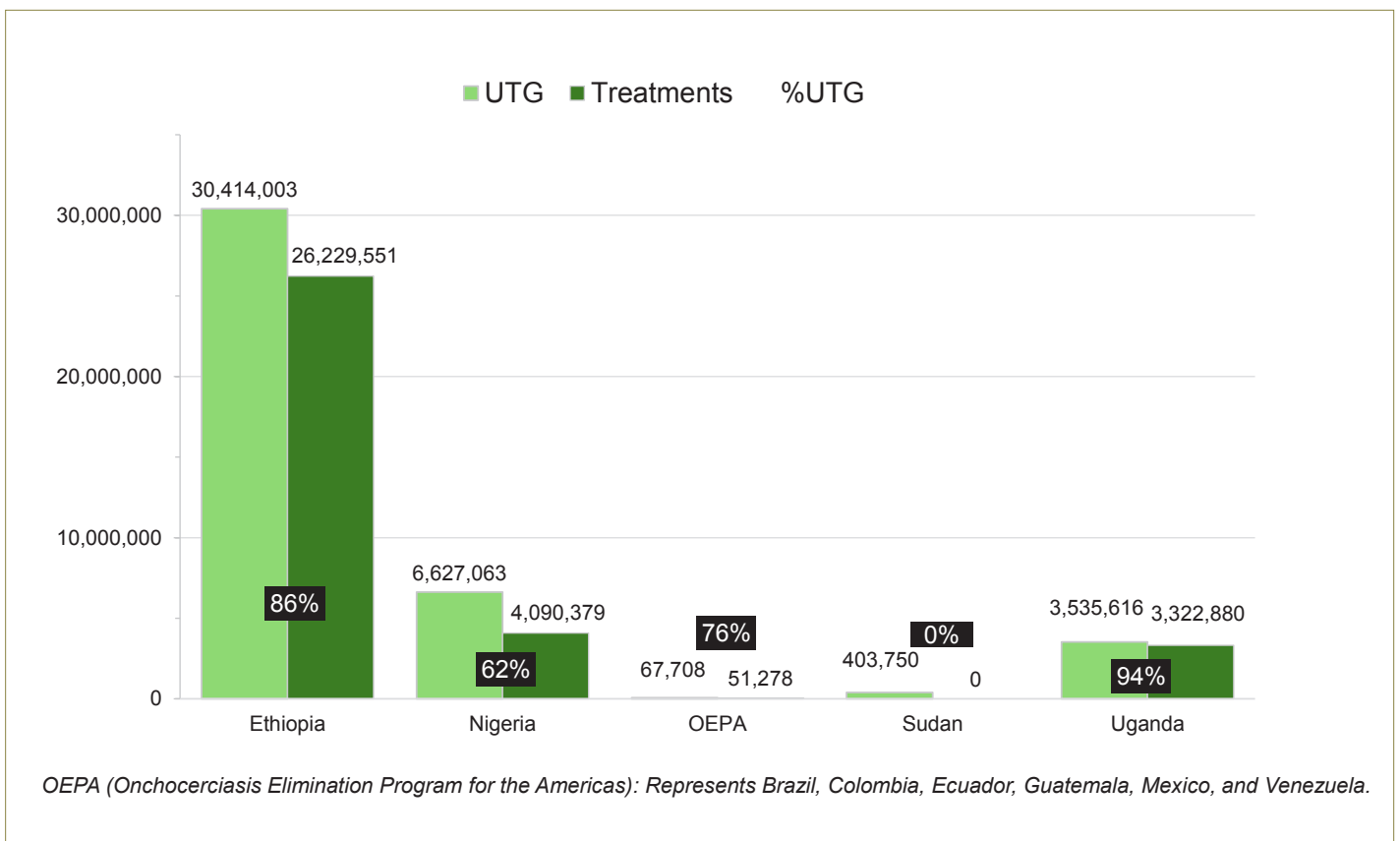


Figure 1. Ultimate treatment goals (UTG) and treatments with Mectizan for river blindness in areas assisted by The Carter Center, 2023.

(donated by GSK) and ivermectin treatments for lymphatic filariasis elimination in Ethiopia, Nigeria, and Sudan, reaching 45% of the target. Lack of praziquantel (donated by Merck KGaA) deeply impacted Nigeria’s schistosomiasis program, which assisted with 2,296,735 treatments, just 37% of its target. There were 5,473,048 treatments for soil-transmitted helminthiasis control, reaching 40% of the program target. The medicines used for soil-transmitted helminthiasis treatment are donated by GSK (albendazole) and Johnson & Johnson (mebendazole) and are provided to school-aged children. A total of 50,716,047 treatments for the four diseases were assisted by the Center’s River Blindness Elimination Program in 2023, with 64 million treatments targeted for 2024. Cumulative treatments for all four diseases reached more than 871 million in 2023.

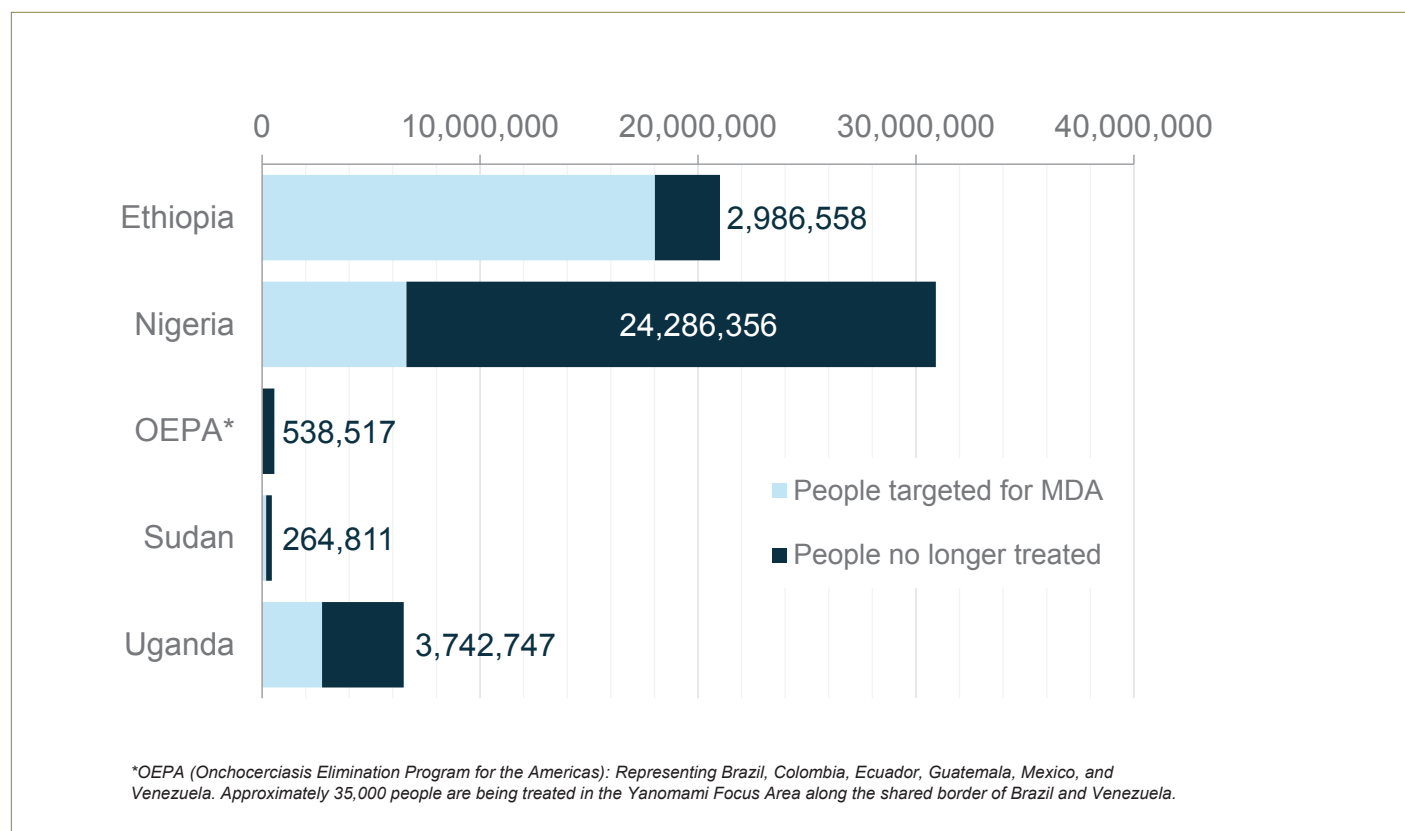
In 2023, a total of 1.1 million people qualified to stop mass drug administration for river blindness in Uganda, and 4.2 million qualified to stop mass drug administration for lymphatic filariasis in Ethiopia and Nigeria, bringing the cumulative total of people who no longer need treatment for these diseases to 31.8 million and 28.1 million, respectively (see Figures 2 and 3).

These accomplishments would not have been possible without the Center’s Ministry of Health partners and a grassroots network of community-directed drug distributors and community supervisors who volunteered their time to treat their communities. A combined 527,336 distributors and supervisors participated in 2023, all of whom were mentored by district-level Ministry of Health personnel and trained with the Carter Center’s assistance.

### Ethiopia

The Carter Center supports river blindness and lymphatic filariasis elimination activities in seven of Ethiopia’s 12 regions. In 2023, the Center assisted in the delivery of 26,229,551 Mectizan treatments for river blindness, representing 86% of the 2023 treatment target. Nearly 460,000 people live in areas that qualified to stop mass drug administration for lymphatic filariasis in Carter Center-assisted areas, and post-treatment surveillance studies confirmed that 1 million people remain protected from infection. Cumulatively, river blindness transmission has been interrupted for around 3 million people, while 2 million are no longer at risk in Carter Center-supported areas to date. The current treatment goals for 2024 are 32.5 million for

*(continues on p. 8)*



**Figure 2.** Population currently and previously targeted for river blindness treatment with Mectizan, 2023. Approximately 31.8 million people in nine countries assisted by The Carter Center no longer need treatment as a result of its river blindness elimination partnership.

Continued from p. 7

river blindness and about 3.6 million for lymphatic filariasis. Presenters also shared updates on studies of vector and parasite genetics, pragmatic approaches to defining transmission zones, and the use of remote sensing to evaluate vector habitats. The Center’s work in Ethiopia reflects partnerships with the Federal Ministry of Health, the Lions Clubs of Ethiopia, the Lions-Carter Center SightFirst Initiative, and The Reaching the Last Mile Fund, housed within The END Fund.

**Nigeria**

The Carter Center supports river blindness and lymphatic filariasis elimination activities, along with schistosomiasis and soil-transmitted helminthiasis control, in nine Nigerian states. The Carter Center assisted 17.9 million treatments for river blindness, lymphatic filariasis, schistosomiasis, and soil-transmitted helminthiasis in

2023, 67% of the combined target of 26.9 million. The program targets 26.3 million total treatments in 2024. Delayed allocation of drugs to Carter Center-assisted states and the Federal Ministry of Health policy of 80% allocation of drug orders continued to hinder the distribution of drugs in Nigeria.

Seven of the nine Carter Center-assisted states have met WHO criteria to stop Mectizan treatment for river blindness, protecting a combined 24.3 million people. Thus, just 7 million remain under treatment in Center-assisted states. Operational research conducted in 2023 revealed a potential reservoir of transmission in Enugu, one of the seven states that have stopped treatment, resulting in resumed mass drug administration (MDA) in two of the state’s districts, targeting about 340,000 people.

In 2023, a total of 3.7 million people qualified to stop Mectizan/

albendazole treatment for LF, bringing Nigeria’s total stop-MDA population to 26.2 million in Carter Center-assisted areas. The treatment target for lymphatic filariasis in 2024 is 3.3 million. The Center also assists in morbidity management and disability prevention, aiming to provide care for those suffering from chronic conditions caused by lymphatic filariasis, such as lymphedema and hydrocele, which persist even when disease transmission has been eliminated. In 2023, this work expanded from Plateau and Nasarawa states to include Ebonyi state. The Center supported 271 hydrocele surgeries and trained 48 health workers to lead 37 support groups, benefiting 1,003 members. In 2024, the program will partner with the Center’s Mental Health Program to address widespread depression seen among newly identified lymphatic filariasis patients in Ebonyi.

The Carter Center’s work in

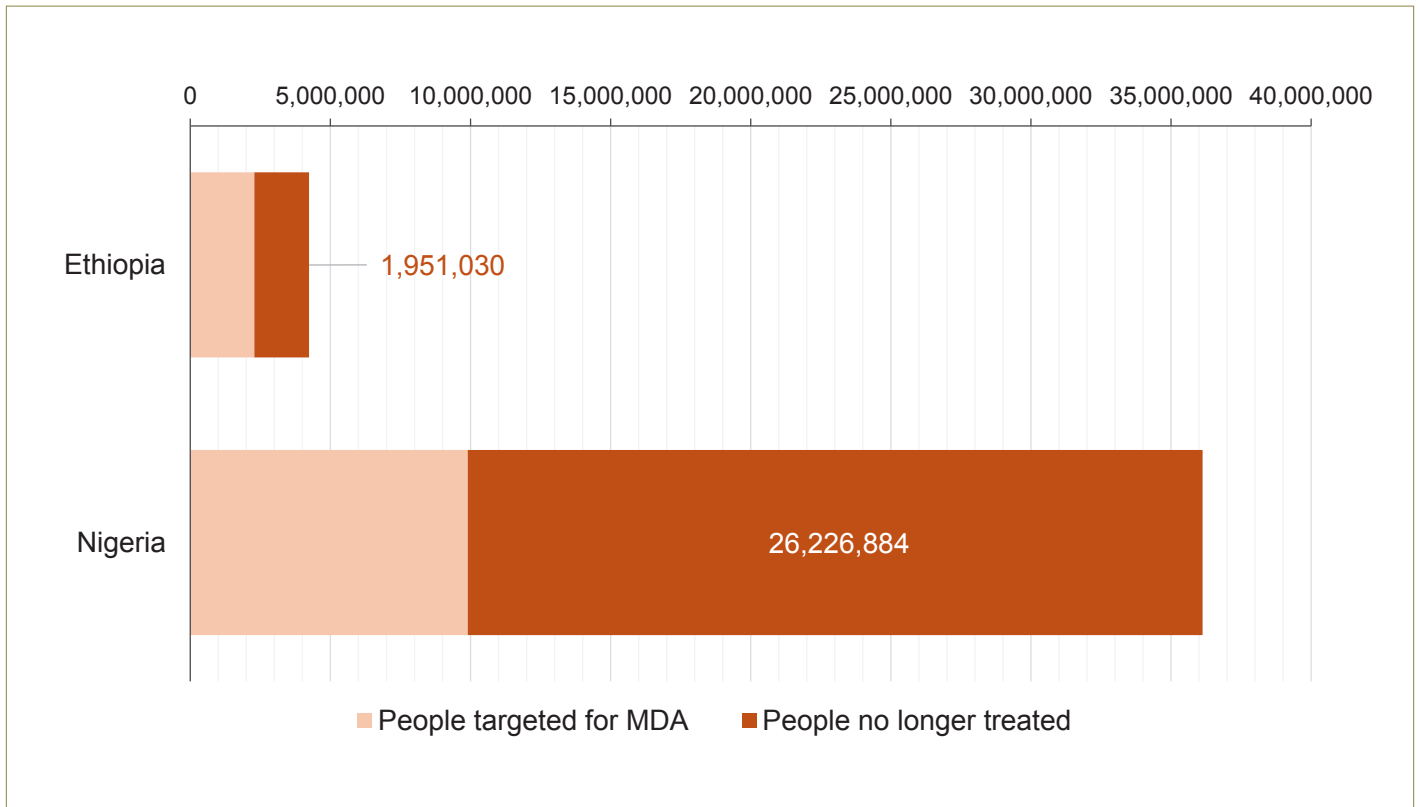


Figure 3. Population currently and previously targeted for lymphatic filariasis treatment. Approximately 28.1 million people in two countries assisted by The Carter Center no longer need treatment as a result of its elimination partnership.



Nigeria is based on partnerships with the federal and state ministries of health, USAID’s Act to End NTDs | East, led by RTI International, and the IZUMI Foundation.

### Onchocerciasis Elimination Program for the Americas

The Onchocerciasis Elimination Program for the Americas (OEPA) is a coalition led by The Carter Center that includes the ministries of health of the six originally endemic countries in the Americas, the Pan American Health Organization/WHO, and other partners. Four countries have received WHO verification of elimination in the Americas, and 93% of the population previously at risk no longer needs treatment. The last active transmission zone is in the Amazon Rainforest bordering Brazil and Venezuela, called the Yanomami Focus Area after the indigenous people residing there.

In 2023, OEPA assisted Brazil and Venezuela with 51,278 Mectizan treatments, representing 76% of the treatment target of 67,708. Brazil achieved 65% of its goal while Venezuela achieved 85% of its goal. Venezuela offered standalone treatments and continued four-times-per-year treatment in 67 priority communities. In Brazil, Mectizan treatments were offered twice per year, primarily alongside essential health services, as has been the case since the onset of the COVID-19 pandemic. Both programs have experienced challenges with insecurity related to illegal mining and lack of available flight hours to visit endemic communities. Brazil’s program has also been understaffed; OEPA has addressed this by hiring 11 additional field supervisors, a role that has been demonstrated to improve coverage.

The 2024 treatment target for OEPA is 70,704 treatments and includes the four-times-per-year treatment approach in 68 communities in Venezuela.



Village volunteer Kate Orji measures a man’s height during house-to-house drug administration in Imo state, Nigeria. The Carter Center supports river blindness and lymphatic filariasis elimination activities, along with schistosomiasis and soil-transmitted helminthiasis control, in nine Nigerian states.

OEPA received financial support from USAID in 2023.

### Sudan

Since 1997, The Carter Center has assisted the Sudanese Ministry of Health in eliminating onchocerciasis transmission. It expanded support to include lymphatic filariasis elimination activities in 2022. In February 2023, the Ministry of Health declared Gedaref state free of river blindness. It joins Abu Hamed, which achieved the milestone in 2015. The Carter Center assisted in distributing 1,696,392 treatments in March 2023, reaching 20% of the year’s treatment goal. However, armed conflict erupted in Khartoum in April 2023, disrupting activities. Nevertheless, the Center translated the WHO morbidity management and disability prevention for lymphatic filariasis aide-mémoire Annex A into Arabic and conducted baseline morbidity assessment surveys in Kassala and Red Sea states. The Center’s work in Sudan reflects partnerships with the Federal Ministry of Health and the Reaching the Last Mile Fund, housed within The END Fund.

### Uganda

Since 1996, The Carter Center has assisted the Ugandan Ministry of Health to eliminate river blindness transmission. In 2023, the program distributed 3,322,880 treatments, achieving 94% of the treatment goal. The Nyagak-Bondo focus completed post-treatment surveillance and was reclassified as transmission-eliminated, bringing the total number of transmission-eliminated foci to 15, covering about 6.1 million people. The large Madi Mid-North focus—cross-border with South Sudan—was divided into five districts named the Upper Madi Mid-North and seven districts named the Lower Madi Mid-North. The latter, with a population of 1,121,520, was reclassified as transmission interrupted, marking the largest population to stop treatments in any onchocerciasis endemic focus in Uganda. The Carter Center’s work in Uganda is based on partnerships with the Ministry of Health, USAID’s Act to End NTDs | East, led by RTI International, and the ELMA Foundation. **E**

## Uganda's River Blindness Elimination in Capable Hands

**Edridah Muheki** is the leader that river blindness elimination needs right now.

Muheki is the country director for The Carter Center in Uganda, where she heads efforts against the debilitating neglected tropical disease.

River blindness, a disease in which parasites live under the skin, causes intense itching. Sufferers sometimes scratch their skin with dried maize cobs or sharp stones, leaving the skin so damaged that it is referred to as leopard skin or lizard skin.

“One of the impacts of river blindness is the breakup of marriages, or young girls never getting married if they have such skin, because nobody wants to marry someone who looks like a lizard or a leopard,” Muheki said.

She recalled the story of a man who banished his wife and children because the woman had unsightly skin from the disease; she eventually went blind.

“It was a very sad story,” Muheki said. “That’s when I appreciated the benefit of having these programs, of sensitizing people, educating them.”

On the bright side, one of the banished children grew up to become



Edridah Muheki

a high-ranking politician who is an advocate for fighting neglected tropical diseases, she said.

River blindness is transmitted by several species of black fly. Besides

the unbearable itching, the parasites cause skin rashes and sometimes vision impairment. The disease is treated with annual or more frequent doses of Mectizan® (donated by Merck & Co., Inc., known as MSD outside the United States and Canada), which kills immature forms of the parasite. Consistent administration of the drug, along with control of the black fly vectors, can reduce the presence of parasites in the body to a level so low that transmission cannot occur.

Muheki joined The Carter Center in 2022 after a long and distinguished career with the Uganda Ministry of Health, during which river blindness transmission was eliminated in 15

of the nation’s 17 focus areas. The remaining two—both of which share borders with other countries—are making strong progress.

“The vectors do not observe borders,” Muheki said. “They move freely from one country to the other, as do the people. This is why we must cooperate with the Democratic Republic of Congo and the Republic of South Sudan to coordinate treatment to achieve elimination.”

During her tenure with the Ministry of Health, Uganda made the bold decision to pursue elimination of river blindness rather than mere control, one of the first African nations to take that stance. Now elimination is becoming the goal across the continent, and Muheki stands out as a leader in the effort.

“In Uganda, we have a very good structure that has enabled us to attain elimination because we embraced community-led ownership of the program,” she said. “We have a tradition that we call kinship. These are people who have similar beliefs or who are related. So, when you have community-related ownership of the program, you get neighbors helping each other because that’s what we do in Africa: communal helping. It starts with a neighbor helping the other, the community working together, then district to district, helping each other. Then it moves from country to country.”

Muheki is looking forward to a coming milestone.

“I felt that I needed to come back to the neglected tropical disease family so that at the time Uganda is celebrating having eliminated river blindness, I will be there,” she said. “It is so exciting.... I have a passion to make people free of neglected tropical diseases.” **E**



As country director, Edridah Muheki is leading the Carter Center’s efforts to eliminate river blindness across Uganda. Pictured above is a northern Uganda district that shares a border with South Sudan.

## Frank Richards Retires After Changing Elimination Paradigm

Many readers know Dr. Frank Richards Jr. and join us in celebrating him as he began his retirement in July 2024. After serving as program director for many years, Frank stepped back to serve as senior advisor to the river blindness, lymphatic filariasis, and schistosomiasis programs in 2020 as Gregory Noland became director. For further reflection on Frank's impactful tenure at The Carter Center, read the Summer 2020 edition of *Eye of the Eagle*, which highlights his many contributions over 21 years with the Center.

Frank has had a profound impact on the neglected tropical disease (NTD) community. A major symbol of his persistence and optimism was the changing of the river blindness program's name from "River Blindness Control Program" to "River Blindness Elimination Program" and three related changes: First, a change in policy in many areas we serve,



Frank Richards greets schoolchildren while in Nigeria to check progress of Carter Center health programs.

increasing treatment with Mectizan® (donated by Merck & Co., Inc., known as MSD outside the United States and Canada) from once to twice per year—and in some cases even quarterly; second, the establishment of country-led national onchocerciasis elimination committees; and third, a pivotal change in World Health Organization policy from disease control to transmission elimination.

Frank was a believer in integrating NTD efforts well before this was commonplace, helping to launch the pilot project in Nigeria in 1999 and 2000 that integrated treatments for river blindness, lymphatic filariasis, and schistosomiasis and demonstrated that such

an approach could be both economical and ethical. Further, during his time as co-director of the Carter Center Malaria Program, he spearheaded a project that linked lymphatic filariasis with malaria through bed net distribution in Nigeria.

No one, least of all Frank, would claim that these transformative achievements were his alone. He was an integral part of a dedicated coalition of health ministry staff, Carter Center country program staff, and other experts who refused to accept the status quo. They understood that perseverance, partnership, and a simple formula of consistent, high treatment coverage were crucial for a paradigm shift. With assistance from the River Blindness Elimination Program, four countries in the Americas have received World Health Organization verification of transmission elimination. Additionally, every country The Carter Center assists in Africa has logged successes once deemed out of reach. While many have contributed to these accomplishments, Frank Richards' role was undeniably essential. **E**



Frank Richards retired in July after 21 years with The Carter Center. He is pictured here with the Center's river blindness elimination team's associate directors, from left: Emily Griswold (worked with Frank for 11 years), Lauri Bernard (17 years), and Lindsay Rakers (23 years).

## President and Mrs. Carter Honored in Upcoming Journal Supplement

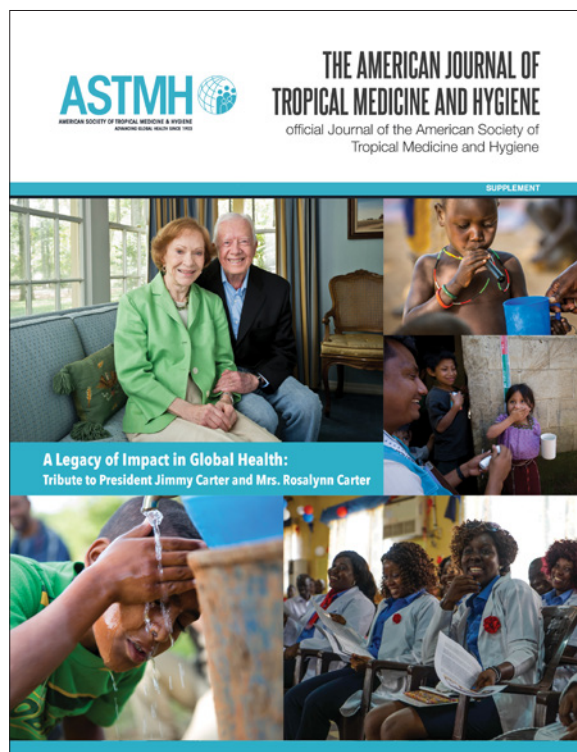
In February 2023, the editor of the American Journal of Tropical Medicine and Hygiene invited The Carter Center to prepare a supplement dedicated to the decades of global health work by former U.S. President Jimmy Carter and former First Lady Rosalynn Carter, the founders of The Carter Center.

Frank Richards, M.D., was named chair of an internal editorial committee of nine staff members from all five health programs at the Center. The committee identified topics that represented the Center's work and assisted authors in developing manuscripts that would be able to survive the journal's rigorous peer review process.

To date, 16 articles have been submitted and accepted, and 15 are in press. The Carter Center is grateful

to Mark Eberhard, who served as the special editor and wrote an overview editorial summary for the supplement. Eberhard is a former director of the Division of Parasitic Disease and Malaria at the Centers for Disease Control and Prevention.

Article topics include river blindness, lymphatic filariasis, and schistosomiasis (5 papers), trachoma (4), Guinea worm disease (3), the Hispaniola Initiative (2), the International Task Force for Disease Eradication (1), and the mental health program (1). [E](#)



A supplement honoring President and Mrs. Carter is forthcoming from the American Journal of Tropical Medicine and Hygiene.

## Guinea Worm Update

When The Carter Center began leading the international campaign to eradicate Guinea worm disease in 1986, there were an estimated 3.5 million cases in at least 21 countries in Africa and Asia. Today, that number has been reduced by more than 99.99%. [E](#)

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

Country	2023	2024*
	January–July	January–July
Angola	0	0
Cameroon	1	0
Central African Republic	0	0
Chad	5	2
Ethiopia	0	0
Mali	0	0
South Sudan	0	2
<b>Totals</b>	<b>6</b>	<b>4</b>

\*Provisional figures

THE  
CARTER CENTER



This issue is made possible in part thanks to the Michael G. DeGroote Health Program Publications Fund.

The Carter Center  
One Copenhill  
453 John Lewis Freedom Parkway NE  
Atlanta, GA 30307

For more information about The Carter Center and its health and peace programs, visit our website at [www.cartercenter.org](http://www.cartercenter.org). To receive this newsletter via email, contact [healthprograms@cartercenter.org](mailto:healthprograms@cartercenter.org).