

EYE of the EAGLE

THE
CARTER CENTER



Volume 21, Number 2

Summer 2020

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Carter Center Director Frank Richards Steps Back

In a move toward semiretirement, Dr. Frank Richards Jr. stepped down June 1 as director of the Carter Center's river blindness, lymphatic filariasis, and schistosomiasis programs. He had held the position for 15 years.

Richards has been involved with the global fight to eliminate river blindness (onchocerciasis) since Merck & Co., Inc.'s 1987 announcement of the donation of ivermectin (Mectizan®) for the campaign. During his five years at a Centers for Disease Control (CDC) and Prevention research station in Guatemala, he helped launch the first ivermectin mass drug administration there. He was seconded to The Carter Center from CDC in 1996 to help Dr. Donald Hopkins

launch the Carter Center's river blindness program. Richards later launched the Center's lymphatic filariasis, schistosomiasis, and malaria programs.

"Jimmy Carter has been my hero since I voted for him in his winning campaign for the U.S. presidency during my second year in medical school," Richards said. "I was honored when the Center's river blindness program was mentioned in President Carter's 2002 Nobel Peace Prize citation. In his Nobel Prize acceptance speech, President Carter identified the growing chasm between the rich and the poor as a fundamental global challenge; we still struggle with this growing inequity today.

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The Carter Center/Emily Staub

Frank Richards (right) works with colleagues Abel Eigege (left) and Emmanuel Miri during a visit to Nigeria in 2004.

Electronic
Edition

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Successes Give Trachoma Program Momentum for 2020

Based on the achievements of 2019, the elimination of trachoma as a public health problem seems to be closer to reality than ever before. Despite the current global uncertainties, The Carter Center remains positive and hopeful about achieving measurable goals in each of its partner countries in 2020.

The Carter Center Trachoma Control Program assisted the ministries of health in Ethiopia, Mali, Niger, South Sudan, and Sudan to implement SAFE activities throughout 2019. The program supported approximately 22,500 corrective eyelid surgeries for trachomatous trichiasis (TT) in the five countries. These procedures immediately improve patients' lives by preventing the pain and scarring



A sanitation worker and village chief discuss the construction of a latrine at the chief's home in the Zinder region of Niger. Last year, The Carter Center assisted in the construction of more than 10,000 latrines in Niger and Mali.



An Ethiopian woman's eyes are bandaged after she underwent surgery with the support of the Amhara Regional Health Bureau and The Carter Center.

caused by repeated trachoma infections. Over the course of 20 years (1999 to 2019), the Center has assisted national programs in providing nearly 850,000 TT surgeries.

Since 1999, The Carter Center has also assisted in the distribution of over 209 million doses of azithromycin (Zithromax®), an effective trachoma-fighting antibiotic donated by Pfizer Inc. In 2019, about 14 million doses were distributed in Carter Center-assisted areas in Ethiopia, South Sudan, and Sudan. In the Amhara region of Ethiopia, 13,317,156 doses of azithromycin and 311,077 doses of tetracycline ointment were distributed through mass drug administration (MDA). As of March 2020, 48 of

166 health districts in the Amhara region have reached the elimination threshold for active trachoma and are exempt from MDA.

The Carter Center also supported ongoing health education activities as well as the promotion of latrine construction and use in nearly 6,000 villages. Just over 10,000 latrines were constructed in Mali and Niger.

Insecurity affected SAFE interventions in several countries in 2019, but the Center continued activities as security permitted. In South Sudan, the national program completed the first trachoma MDA in camps for internally displaced persons and restarted surgical activities in two counties that had not conducted surgeries since 2016. In Mali, the program continues to work toward the elimination of trachoma as a national public health problem in 2020 and remains focused on completing all trachoma-related activities there. **E**

Trachoma Control Program Conducts Virtual Program Review

Every year, the Carter Center's Trachoma Control Program gathers with its collaborators, donors, and scientific partners for its annual program review. The review provides a chance to share successes, challenges, and scientific discoveries of the past year. In 2020, because of the COVID-19 pandemic, the review moved to an online forum for the first time. Four scientific presentations were made during these virtual sessions.

Scott Nash, epidemiologist with the Trachoma Control Program, reported on trends in trachoma over a 12-year period in Amhara, Ethiopia. Nash noted a strong relationship between the trachomatous inflammation-follicular (TF) prevalence observed at the first impact survey (conducted between 2010 and 2015) and eventual achievement of TF elimination as a public health problem threshold of 5%. For example, of the districts with a first survey less than 10% TF,

76.9% were less than 5% TF at the most recent survey. In contrast, among districts with greater than 30% TF at first survey, only 6.8% had reached less than 5% TF by 2019. Overall, as of 2019, 48 districts (29%) in the region have reached the threshold for elimination as a public health problem.

Amhara has seen great, sustainable reductions of trachoma among children since the start of the program.

Epidemiologist Tigist Astale delivered a presentation titled "Surveillance: Special Focus Amhara," showing the results from districts in Ethiopia's Amhara region that have achieved trachoma elimination and subsequently stopped receiving mass drug administration. After at least two years without antibiotic treatment,

these districts were surveyed again to determine whether elimination had been sustained. As of 2019, it was reported that 31 of these districts (78%) had sustained trachoma elimination.

These Amhara-focused presentations suggest that although some districts with persistently high trachoma remain, Amhara has seen great, sustainable reductions of trachoma among children since the start of the program.

Harry Pickering, a postdoctoral fellow at the London School of Hygiene and Tropical Medicine, presented findings from a project where genomic sequencing was performed on 99 ocular infection samples from children in Amhara. Pickering reported that the *Chlamydia* strands found in Amhara were similar to the *Chlamydia* found in other trachoma endemic countries. Although all samples were taken from communities that have received five years of mass drug administration, no markers of antibiotic resistance were detected.

Kim Jensen, associate director, and Eshetu Sata, program officer, of the Carter Center's Trachoma Control Program described the case-finding approach that has been used in the Amhara region. The program trains community members to act as case finders, going door to door looking for potential trachomatous trichiasis (TT) cases. Suspected cases are confirmed by an integrated eye care worker and offered surgery if appropriate. The World Health Organization Fourth Global Scientific Meeting endorsed using case-finding data as evidence that a district has achieved the TT elimination threshold, so systematic case finding will be central to addressing TT surgery, Jensen and Sata said. [E](#)



Community distribution of antibiotics, such as in the Amhara region of Ethiopia (pictured), are part of the four-pronged approach to halt the spread of trachoma.

New Partnership Treats 100,000 People in South Sudan

More than 100,000 people in South Sudan's Eastern Equatoria state received treatment for trachoma in early 2020 as a new partnership made its debut.

The mass distribution of the antibiotic azithromycin (Zithromax®, donated by Pfizer Inc) was the first collaboration under an initial one-year partnership among the Carter Center Trachoma Control Program, the South Sudan Ministry of Health, and the World Health Organization's Expanded Special Project for the Elimination of Neglected Tropical Diseases, known as ESPEN.

The distribution was carried out in February and March in Budi and Lopa-Lafon counties with locally trained distributors and county supervisors. The partnership agreement also covers three other counties.

The flagship mission of ESPEN, established in 2016, is to accelerate the elimination of five neglected tropical diseases that together afflict over 600 million people across 26 African countries. Trachoma, the world's leading cause of preventable infectious blindness, is one of the targeted diseases; annual treatment with Zithromax for entire communities is an essential step in preventing trachoma transmission among at-risk populations.

The Carter Center and Ministry of Health distribution and health education teams in Budi and Lopa-Lafon counties used a strategy that included centralized distribution locations such as watering points, markets and schools, and house-to-house visits. Many homes were in mountains and required distribution teams to hike several hours to reach a single household. Additionally, there were nomadic cattle keepers whose treatment required teams to travel several hours and sleep overnight in the bush. Despite these



Children stand with a volunteer in February 2020 after receiving Zithromax to fight trachoma in Budi County, Eastern Equatoria state, South Sudan.



Through the partnership, local drug distributors were trained in Lopa-Lafon County, Eastern Equatoria state, South Sudan, in March 2020.

challenges, the distributors, local supervisors, and village chiefs were dedicated and ensured every person was reached.

ESPEN aims to increase the geographical coverage of distributions while decreasing the number of people requiring treatment. Promoting healthier populations and achieving universal health coverage are long-term goals, and through collaborations with neglected tropical disease partners sharing parallel goals—including The Carter Center—these larger targets become achievable. **E**

COVID-19 Forces River Blindness, Other Reviews to Go Virtual

The 2019 River Blindness Elimination Program Review

was canceled due to the COVID-19 pandemic that severely impacted travel between the United States and Carter Center-assisted countries. An abbreviated virtual program review was held for Carter Center-assisted African programs March 19–20, 2020, to assess the 2019 achievements, challenges, and operational research.

Since 1996, the Carter Center’s river blindness program has worked with ministries of health to provide preventive medication for river blindness, also known as onchocerciasis, together with health education, training, and evaluation of impact. The program currently assists Brazil, Ethiopia, Nigeria, Sudan, Uganda, and Venezuela, and previously assisted Colombia,

Ecuador, Guatemala, and Mexico, the latter four of which have eliminated onchocerciasis.

In 2019, The Carter Center was a partner in the delivery of 41,608,910 Mectizan® treatments (donated by Merck & Co., Inc.) through mass drug administration (MDA) programs, reaching 77% of the 2019 target. The majority of these treatments were provided twice per year. Just over 600,000 treatments were halted in Uganda after stop-MDA assessments were conducted in accordance with World Health Organization guidelines. The program’s cumulative treatments since 1996 have reached 425 million. The River Blindness Elimination Program has set a 2020 target to assist 65 million treatments, of which 86% will be administered twice per year.

The meetings also reviewed Carter Center-assisted MDA activities for three other neglected tropical disease efforts. The lymphatic filariasis (LF) elimination programs in Ethiopia and Nigeria reported 18,914,001 treatments, 87% of the target. Approximately 117,000 treatments were stopped in Ethiopia after successful transmission assessment surveys. Albendazole (donated by GSK) is administered concurrently with Mectizan for LF treatments. Nigeria’s schistosomiasis and soil-transmitted helminthiasis control programs reported 2,390,729 and 5,808,340 treatments, for 46% and 61% of the targets, respectively.

The River Blindness Elimination Program and associated programs assisted in 69 million treatments for

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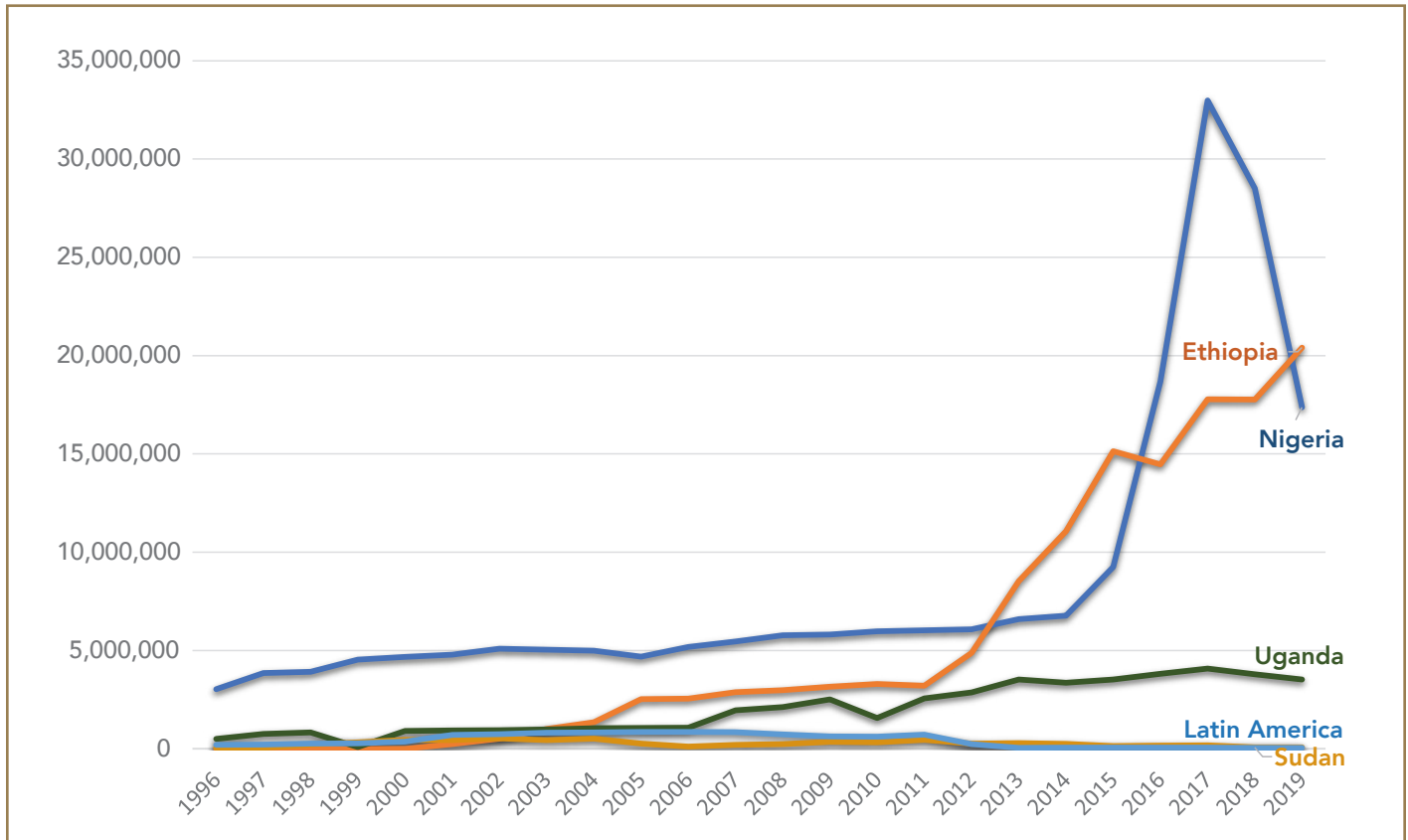


Figure 1. Carter Center–Assisted River Blindness Elimination Program: 1996–2019 Mectizan® Treatments by Country or Region

Country Elimination

Continued from page 5

neglected tropical diseases in 2019, with a target of 104 million for 2020. See Figures 1 and 2 for treatments by country and disease, respectively, since 1996. Cumulative treatments for the four diseases now exceed 640 million.

These accomplishments would not have been possible without 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 363,851 community drug distributors participated in 2019, all of whom were managed by district-level ministry of health personnel and trained with the assistance of The Carter Center.

Ethiopia

Ethiopia’s policy for onchocerciasis transmission elimination is twice-per-year MDA. In 2019, Ethiopia delivered 20,411,745 Mectizan treatments. Over 260,000 community drug distributors were trained in 2019. Mapping efforts

continued, identifying several new areas of potential transmission. The treatment goals for 2020 are about 24 million for river blindness and about 1.1 million for LF. The Carter Center’s work in Ethiopia is based on partnerships with the Federal Ministry of Health, the Lions Clubs of Ethiopia and the Lions-Carter Center SightFirst Initiative, and the Reaching the Last Mile Fund hosted by the END Fund.

Sudan

During 2019, 45,000 treatments were provided in Radom, South Darfur, along with 25,300 treatments among refugees. Although there were plans to establish mass treatment activities in Wadi Elahi and Geissan districts of Blue Nile state bordering Ethiopia, activities in 2019 were not possible due to security concerns and a cholera outbreak. Carter Center peacebuilding initiatives took place in Blue Nile in 2019; despite progress in negotiations, security was insufficient to allow for onchocerciasis MDA activities. There are potential cross-border transmission areas on Sudan’s border with Ethiopia,

and the Sudan program will collaborate with Ethiopia in order to map them if the security situation allows. If new endemic areas are found, the two programs pledged to collaborate to eliminate onchocerciasis there.

Nigeria

The Carter Center currently assists river blindness and lymphatic filariasis treatments in seven southern states in Nigeria; Plateau and Nasarawa states in central Nigeria stopped MDA for lymphatic filariasis and river blindness in 2013 and 2018, respectively. Unfortunately, Nigeria’s river blindness program only assisted in 17,371,767 Mectizan treatments for river blindness in 2019, a 39% decrease from 2018 and only about 74% of the target, due to ivermectin importation delays that precluded the first round of the twice-per-year treatment regimen. The Nigeria lymphatic filariasis program assisted in 18,046,756 treatments in 2019, reaching 85% of the target. The 2020 targets for river blindness and lymphatic filariasis are 37 million and 21 million, respectively.

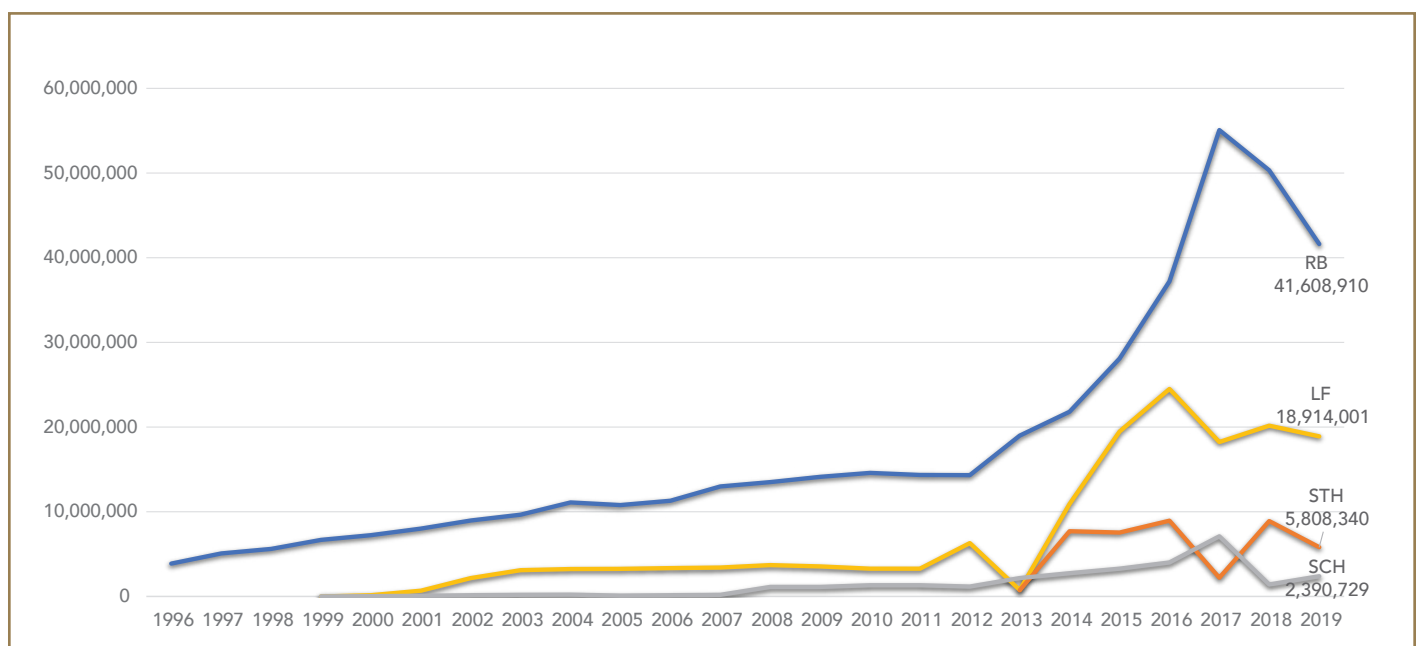


Figure 2. Carter Center–Assisted River Blindness (RB), Lymphatic Filariasis (LF), Soil Transmitted Helminths (STH), and Schistosomiasis (SCH) Programs: 1996–2019

The Carter Center assisted in 2,390,729 praziquantel treatments for schistosomiasis in nine states in 2019. The schistosomiasis program follows WHO guidelines that target some areas only every other year or every three years, and 2019 was a high-target year with a 69% increase from 2018. However, the Carter Center programs reached less than half of their targets for 2019 due to importation delays that affected praziquantel supply. The target for 2020 is 6 million treatments. Praziquantel is donated to The Carter Center through the WHO by Merck KGaA of Germany. The Izumi Foundation also supported this program in 2019.

Treatments in 2019 for soil-transmitted helminths were 5,808,340, and the 2020 target is 11 million treatments. The medicines used for treatment are donated by GSK (albendazole) and Johnson & Johnson (mebendazole).

The neglected tropical disease programs in Nigeria were supported in large part by the ENVISION and Act to End NTDs–East projects (sponsored by USAID and RTI International).

Uganda

The Uganda program halted over 600,000 MDA treatments in the Nyagak-Bondo focus in 2019. Also, the Uganda Onchocerciasis Elimination Expert Advisory Committee determined that the large Madi-Mid North focus was suspected to have interrupted transmission. That leaves Lhubiriha as the last focus of the original 17 foci in the country to have ongoing transmission. Lhubiriha is a cross-border focus shared with the Democratic Republic of the Congo, which was fighting an Ebola outbreak in the area in 2019. Uganda administered 3.7 million Mectizan treatments in 2019, all under the twice-per-year strategy. For 2020, the




Living in the remote Amazon Rainforest along the Venezuela and Brazil border, members of the indigenous Yanomami population are the last people in the Western Hemisphere at risk of river blindness.

target is 2.8 million treatments, which will take place in Lhubiriha and the large Madi-Mid North focus bordering South Sudan. Progress is being made in coordinated cross-border assessment activities with all three countries. The Uganda program received support from USAID/Act to End NTDs–East, led by RTI International.

Onchocerciasis Elimination Program for the Americas (OEPA)

OEPA is a coalition led by The Carter Center that includes the ministries of health of the affected countries in the Americas, the Pan-American Health Organization/WHO, and other partners. The OEPA initiative has stopped treatments in 94% of the population once endemic for river blindness, and four countries have received WHO verification of elimination. The last active transmission zone is in the Amazon Rainforest bordering Brazil and Venezuela, named the Yanomami Focus

Area after the indigenous people residing there. The challenge with this focus lies in the remoteness of its population, the lack of high-level coordination between Brazil and Venezuela, and especially the deteriorating political situation in Venezuela. In 2019, OEPA assisted Brazil and Venezuela in about 55,000 Mectizan treatments. Despite the political, humanitarian, and health crises of Venezuela, Venezuelan teams supported by The Carter Center were able to provide ivermectin MDA as well as vaccinations, malaria treatments, and other health services. Some of the Yanomami people from the endemic communities of both Brazil and Venezuela serve as indigenous health agents and are proving vital to the program to provide health services in this challenging area. OEPA received financial support from USAID, Merck & Co., Inc., Lions Club International Foundation, and the Carlos Slim Foundation in 2019. 

Frank Richards

Continued from page 1

Helping the poorest of the poor avoid easily preventable infectious diseases has been the focus of my career contribution to public health.”

The Carter Center programs Richards directed have assisted ministries of health to deliver over 500 million treatments in 11 countries in Africa and the Americas. The Carter Center’s malaria program helped deliver more than 18 million long-lasting insecticidal bed nets in Nigeria, Ethiopia, and Hispaniola. The programs work in collaboration with 355,000 community volunteer health workers.

Richards has authored or co-authored over 200 articles, letters, and chapters. His awards include the Williams College Bicentennial Medal, the National Medical Fellowships Pioneer Award, the Outstanding Service Medal of the U.S. Public Health Service, and the U.S. Department of Health and Human Services’ Secretary’s Award for Distinguished Service.

Richards will remain chair of the Carter Center’s Onchocerciasis Elimination Program for the Americas (OEPA) steering committee. The OEPA program assisted the only four countries in the world—Colombia, Ecuador, Mexico, and Guatemala—to obtain World Health Organization (WHO) verification of elimination of river blindness transmission. In addition to those countries, The Carter Center has assisted ministries of health to interrupt transmission of river blindness and safely halt ivermectin-based MDA for over 7 million people in Uganda, Ethiopia, and Nigeria. The Center’s LF programs in Nigeria and Ethiopia have safely ended over 8 million treatments. Richards also chairs the WHO Global Malaria Program’s Malaria Elimination Oversight Committee and sits on several research committees.

Richards has been married for



In high school, Frank Richards (far left) played guitar in a band called The Revolution (not to be confused with Prince’s band of the same name), complete with tight white breeches and tricorn hats.

33 years to Sherri Poindexter Richards and has two adult daughters. While he looks forward to further work with Carter Center health programs, he’s eager to have more time for his other interests, including antique cars, scuba diving, photography, and playing the guitar.

Gregory Noland, Ph.D., M.P.H., succeeds Richards as director of the three Carter Center disease programs. He joined The Carter Center as a program epidemiologist in 2011. **E**

Nigeria, Ethiopia LF Elimination Programs Reach Milestones

Elimination of the debilitating disease lymphatic filariasis (LF) requires at least two years of mass drug administration (MDA). If treatment coverage is good and small-scale evaluations are promising, with very few people testing positive, an area can move to a sequence of transmission assessment surveys (TAS). TAS looks for evidence of LF infection in 6- and 7-year-old children. Once an area passes its first TAS, it can stop treatment. After three successful surveys (separated by two to three years), a country can declare that area free of LF.

Programs supported by The Carter

Center have made remarkable progress in combating LF. The most prominent examples are Nasarawa and Plateau states in central Nigeria, which completed their TAS-3s in 2016. Over 7 million people are now safe from LF—but more than 25 million in southern Nigeria are still at risk.

Ethiopia has a much smaller yet still impressive LF program. The Carter Center’s assistance in the Ethiopian LF program helps over 2 million people at risk. In 2017, two districts in Amhara region became the first in the country to pass TAS-1, and more than 431,000 treatments were stopped. These

districts passed their second TAS in 2019. They were joined by three districts in Gambella region—the first in Ethiopia to begin LF MDA about 10 years earlier—and another 117,000 treatments are no longer needed. This means over half a million Ethiopians, about one quarter of the total program, are on their way to successfully eliminating LF as a public health problem.

Both countries are developing morbidity management and disability prevention programs to identify and assist people who still suffer from LF symptoms, such as swollen limbs or scrotal hydrocele. **E**

Starr Foundations Shine as Dependable Carter Center Partners

Established in 1955, The Starr Foundation, the sister organization to the Starr International Foundation, has positioned itself as a leading philanthropic organization in health care, education, and public policy. The Starr and Starr International Foundations' health care grants are varied, including capital grants to hospitals, research grants, and grants to assist in the provision of health care to underserved communities in New York City and overseas. Since its establishment, The Starr Foundation has grown to become one of the largest private foundations in the United States, having exceeded \$3.6 billion in grants worldwide to many academic, medical, cultural and public policy organizations around the world.

Since 1993, both the Starr Foundations have been steadfast advocates of the Center's efforts to fight neglected tropical diseases worldwide.

Over the last two decades, both Starr entities have provided core support to the Center's global health work and direct support to the Center's Onchocerciasis Elimination Program for the Americas, the Malaria Control Program in Nigeria, and the Guinea Worm Eradication Program.

For the past 34 years, the Center has dedicated its efforts to disease eradication, elimination, and control, while improving the lives of millions worldwide. Thanks to the generosity of donors like The Starr



In Marabe 2, Chad, Dr. Hubert Zirimwabagabo of The Carter Center speaks with a women's group about how to prevent Guinea worm disease. The Starr Foundations recently provided a \$100,000 grant to the Center's Guinea Worm Eradication Program.

Foundation and Starr International Foundation, The Carter Center continues to build health and hope in some of the poorest and most isolated places on earth.

Most recently, Starr International Foundation provided a 2020 grant of \$100,000 to the Center's Guinea Worm Eradication Program through 2021. This generous support is matched by the Carter Center's Challenge Fund for Guinea Worm Eradication. The \$20 million Challenge Fund is designed to leverage new gifts to the Guinea Worm Eradication Program over a two-year period. Strong supporters of the Center's health work, like The Starr Foundation and Starr International Foundation, allow the Center to fight disease and foster hope for generations to come. **E**



The Starr Foundation and the Starr International Foundation support the Carter Center's battle against neglected tropical diseases, allowing the Center to improve the quality of life of millions in some of the world's poorest and most remote regions. Residents of Amper, Nigeria, such as the Luka family (pictured), receive annual medication to help target multiple diseases simultaneously.

STARR | INTERNATIONAL FOUNDATION
THE STARR FOUNDATION

Alwaleed Philanthropies Supports Five Carter Center Initiatives

The Carter Center's partnerships in the Middle East have spanned decades and made a considerable impact on neglected tropical diseases worldwide. The Center currently partners with an array of Middle Eastern governments, organizations, corporations, and members of royal families to support its initiatives aimed at controlling, eliminating, and eradicating Guinea worm disease, lymphatic filariasis, river blindness, and trachoma, as well as combating the stigma of mental illness.

Since 2003, Alwaleed Philanthropies, based in Saudi Arabia, has supported the River Blindness Elimination Program's efforts in Ethiopia and Uganda, the Onchocerciasis Elimination Program in the Americas, the Trachoma Control Program in Ethiopia, and other


health and peace programs. Alwaleed Philanthropies' support has enabled the Center to eliminate river blindness transmission in Colombia (2013), Ecuador (2014), Mexico (2015), and Guatemala (2016), leaving only 1% of global river blindness cases remaining in Latin America. This success in Latin America demonstrated that disease transmission elimination is possible in regions of Africa, where river blindness was long thought to be too prevalent to tackle.

Alwaleed Philanthropies' support of the Trachoma Control Program in Ethiopia began in 2016. From 2016-2019, the program in Ethiopia's large Amhara region has performed over 252,000 sight-saving surgeries and distributed more than 57 million doses of Zithromax®, a Pfizer-donated antibiotic that prevents trachoma infection.



In 2019, Her Royal Highness Princess Lamia Bint Majed Al Saud, Alwaleed Philanthropies secretary-general, announced a \$1 million investment to the Center's Guinea Worm Eradication Program, bringing the foundation's cumulative support to over \$6 million. Without the unwavering support of its partners like Alwaleed Philanthropies, the Center would not be able to target these preventable neglected diseases worldwide.

Founded by His Royal Highness Prince Alwaleed bin Talal bin Alaziz Al Saud, Alwaleed Philanthropies encourages and supports organizations, studies, and academic centers focusing on empowering Saudi women, alleviating poverty, upgrading services provided to the Saudi population, and other social infrastructure issues that face the country. Prince Alwaleed is an avid supporter of peace and health on a global scale through his charitable and humanitarian foundations.

The Carter Center celebrates its partnership with Alwaleed Philanthropies and its other dedicated allies in the Middle East. Alwaleed Philanthropies shares the Center's dedication to improving health conditions worldwide and empowering people in developing countries to create solutions for a brighter future. We are proud to work together to better the lives of millions. 



Pictured from left to right: Former Director of the River Blindness Elimination Program Frank Richards, Carter Center Trustee Terry Adamson, Minister of Health Mahamoud Youssouf Khayal of Chad, His Royal Highness Prince Alwaleed bin Talal Al Saud, and Director of the Guinea Worm Eradication Program Adam Weiss in November 2019.

Global Partners Mark First World NTD Day

Jan. 30 marked the inaugural World NTD Day, created to celebrate the significant progress made against neglected tropical diseases and the hard work of all global health workers throughout the year.

When the London Declaration on NTDs was issued in 2012, several pharmaceutical companies, research institutions, nongovernmental organizations, governments, and other global health stakeholders endorsed the World Health Organization’s NTD Roadmap for Implementation and committed to control, eliminate or eradicate 10 of these diseases by 2020. Together, these diseases affect more than a billion people worldwide.

Eight years later, the first World NTD Day offered an opportunity to

mobilize greater attention to important issues, specifically in the countries and communities most directly affected by NTDs.

Around the world, 98 activities were held to commemorate the occasion. In Atlanta, the Beat NTDs: World NTD

Day Symposium highlighted the city’s importance as a hub for the global public health community. The event featured a panel discussion with Kelly



During the Beat NTDs: World NTD Day Symposium in Atlanta on Jan. 30, panelists discuss progress in global health. From left to right: Najwa Sampson, ITI—Task Force for Global Health; Upendo John Mwingira, RTI International; Kelly Callahan, The Carter Center; and moderator Jim Burrell, WABE Radio.

Callahan, director of the Carter Center’s Trachoma Control Program; Upendo John Mwingira, senior NTD technical advisor with RTI International; and Najwa Sampson, logistics coordinator of the International Trachoma Initiative

with the Task Force for Global Health. The event was moderated by Atlanta public radio host Jim Burrell.

The panelists talked candidly about their experiences as women working in the field, the many years of partnership with the ministries of health and the communities they serve, their passion and dedication to eliminating NTDs, and their gratitude for frontline community health workers.

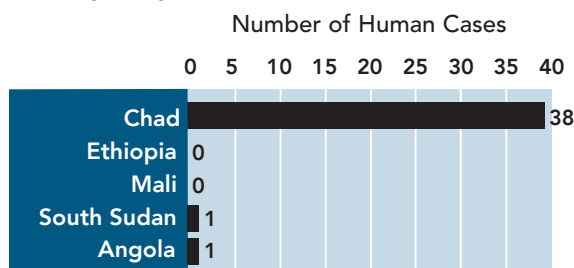
Together with more than 350 partners around the globe, The Carter Center was happy to participate in this special event. [E](#)



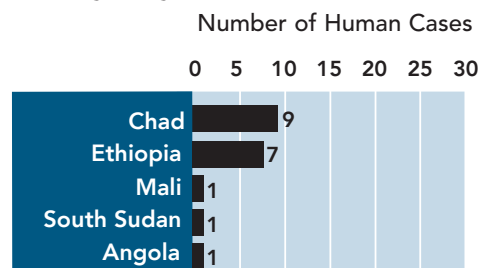
The audience participates in the Beat NTDs: World NTD Day Symposium in Atlanta on Jan. 30.

Guinea Worm Disease Update

January–July 2019



January–July 2020*



*Provisional

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

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