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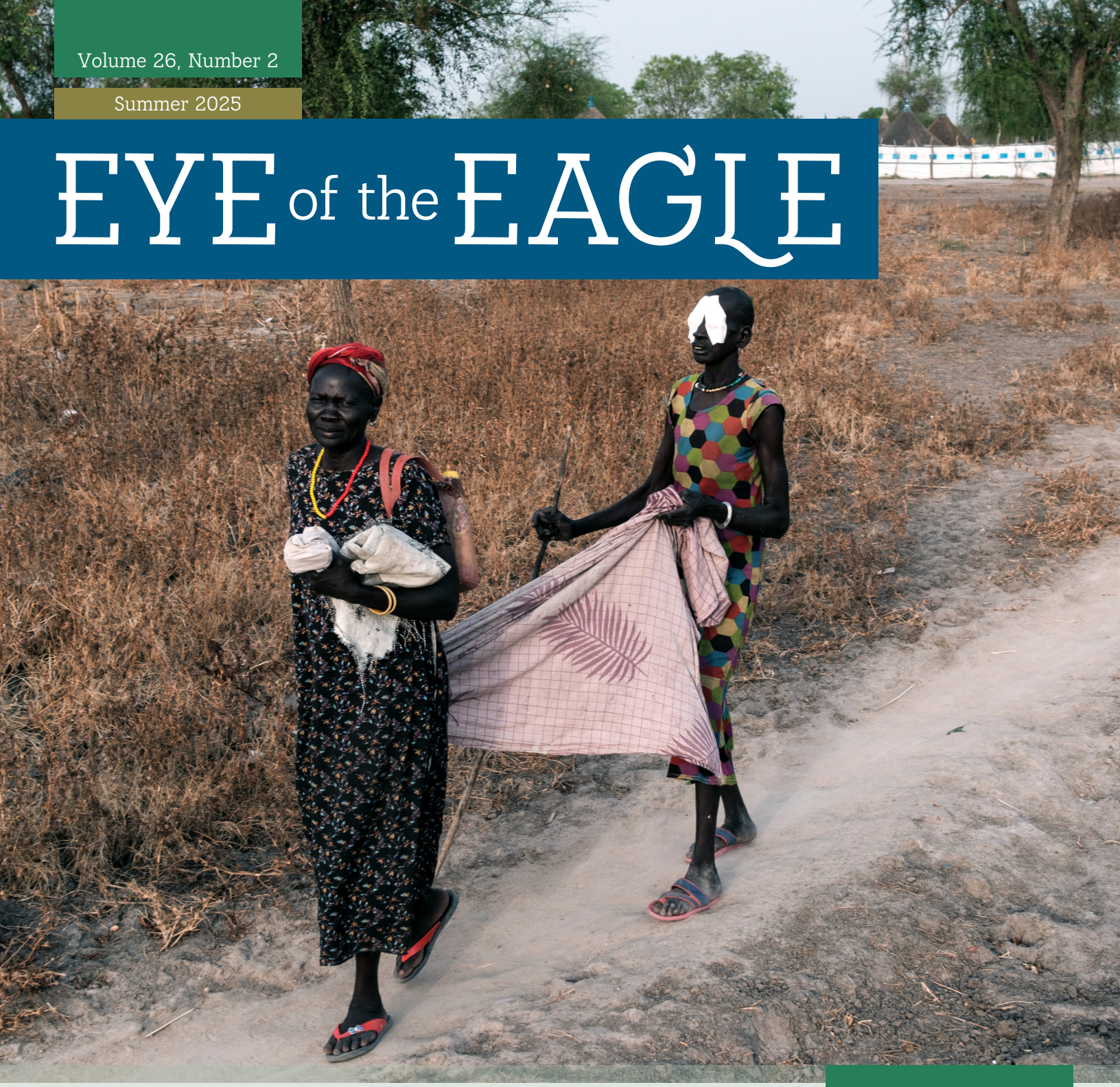
EYE of the EAGLE



What's Inside

THE CARTER CENTER

In South Sudan, Chol Nyapialy is led by a relative to their homes following Nyapialy's trachoma surgery. (Photo: Guy Peterson)

Program Review Shares 2024 Results From 4 Countries

KEY TAKEAWAY: In 2024, more than 4.5 million doses of antibiotics were distributed in Carter Center-assisted countries to treat trachoma infection and reduce disease transmission.

The Carter Center hosted the 26th Annual Trachoma Program Review Feb. 24–25, 2025. Meeting under the theme "Eyes on the Future: Navigating the Path to Elimination," participants discussed progress made toward trachoma elimination in 2024 and explored innovative pathways to advance toward that goal.

The December 2024 passing of Carter Center founder and former U.S. President Jimmy Carter gave the program review added significance. In opening remarks, Kelly Callahan, director of the Trachoma Control Program, honored President Carter's life, noting that he had joined his devoted partner and co-founder, former First Lady Rosalynn Carter, who passed in November 2023.

President and Mrs. Carter's relentless dedication to fighting neglected tropical diseases, including trachoma, until the very end is reflected in the Carter Center's work, strengthened by an extensive network of partners, donors, and collaborators. The Carters' immense contribution to global health lives on through a collective determination to fight disease and build hope, especially in the world's most remote and forgotten regions.

Despite facing uncertainty and insecurity, The Carter Center maintained unwavering dedication to program goals in 2024. Working alongside health ministries in Ethiopia, Niger, South Sudan, and Sudan, collective efforts yielded significant results: 11,045 trachomatous trichiasis (TT) surgeries were performed to prevent unnecessary suffering and blindness, with women receiving 65%, or 7,221; and more than 4.5 million doses of antibiotics were distributed through mass drug administration (MDA), including 236,739 doses as part of the more frequent than annual MDA strategy in Ethiopia's Amhara region to address persistent trachoma. To promote the F and E components of the SAFE strategy, The Carter Center facilitated the training of more than 6,500 people in health education and the construction of 2,590 latrines. The SAFE strategy refers to the four-pronged approach to trachoma control: surgery, antibiotics, facial cleanliness, and environmental improvement.

The program's successes in 2024 add to past achievements to ensure that populations are free from trachoma's painful and debilitating grip: From 1999 to 2024, The Carter Center assisted in providing 960,683 TT surgeries and distributing more than 241 million doses of antibiotics. Approximately 6.4 million people in the Amhara region of Ethiopia no longer require mass drug administration from these efforts, which totals almost 25% of the population. The Carter Center's partnerships also have contributed to the health education of 432,642 individuals and the training of 14,154 masons to construct over 3.6 million latrines.

The Carter Center's global mission to eliminate trachoma as a public health problem continues with steadfast resolve, fortified by valued partnerships with ministries of health in Ethiopia, Niger, South Sudan, and Sudan. Despite the challenges faced and those ahead, reaching trachoma's endgame is possible with our dedication, powerful collaborative bonds and collective passion to ensure that the world is free of trachoma.

Participants from around the world gathered in Atlanta in February for the 26th Annual Trachoma Control Program Review.

Photo: Caroline Joe

After 6 Years, Sanders Completes ICTC Executive Group Service

Angelia Sanders, senior associate director at The Carter Center, officially rotated off the executive group of the International Coalition for Trachoma Control (ICTC) in June 2025. Established in 2004, ICTC is a multistakeholder collaborative platform for nongovernmental organizations, academia, donors, and industry working together to reach global elimination of trachoma as a public health problem by 2030.

Joining the executive group in 2019, Sanders made several notable contributions to the coalition. Most recently, in April 2025, the ICTC published a global funding gap analysis outlining the additional financial commitments needed through 2030 to meet the target year for global elimination of trachoma as a public health problem. The goal is set out in the World Health Organization-endorsed neglected tropical disease (NTD) road map. The report estimates that an additional $268 million to $334 million is required to support trachomatous trichiasis management, antibiotic mass drug administration, surveys, and high-priority research between 2025 and 2030. This analysis will provide critical evidence to support strategic fundraising efforts to achieve global trachoma elimination by 2030.

Sanders also played a key leadership role in the ICTC Special Populations Task Team, which is focused on identifying underserved populations and developing strategies to improve their access to trachoma interventions. These special populations include, but are not limited to, refugees, internally displaced persons, and indigenous and nomadic communities—often referred to as statistically invisible due to their underrepresentation in population-based surveys. The ICTC is expected to publish in 2025 a preferred practice document based on evidence generated by the group.

In June, Angelia Sanders (far left) finished her service on the executive group of the International Coalition for Trachoma Control. Also pictured are current members (left to right): Sarity Dodson, PJ Hooper, and Michaela Kelly.

> The strategic plan articulates the coalition's goal—the global elimination of trachoma as a public health problem by 2030—and its mission of assisting country governments and other stakeholders in implementing the SAFE strategy to support this goal.

In 2022, under Sanders' leadership, the ICTC developed and published its Strategic Plan 2022–2030, covering the critical period leading up to the 2030 elimination target. The strategic plan articulates the coalition's goal—the global elimination of trachoma as a public health problem by 2030—and its mission of assisting country governments and other stakeholders in implementing the SAFE strategy to support this goal. The plan outlines four strategic objectives and details the ICTC's offerings to members and the wider trachoma community. These include mobilizing advocacy efforts, increasing investment, coordinating the provision of technical assistance, and ensuring an effective coalition model.

For 2025–2027, the executive group of the ICTC is made up as follows: PJ Hooper, director of the International Trachoma Initiative, serves as immediate past chair; Michaela Kelly, director of NTD Programme Delivery at Sightsavers, serves as chair; and Sarity Dodson, director of research and evidence at the Fred Hollows Foundation, is vice chair. E

Photo: The Carter Center

Two Public Health Professionals Strengthen Trachoma Control Team

In early 2025, the Carter Center's Trachoma Control Program welcomed two new team members: Pallavi Kache and Madison Bearden.

Kache joins as an epidemiologist, collaborating with in-country staff to conduct population-level trachoma prevalence surveys, develop geospatial and environmental models, and lead mixed-methods operational research. Before joining The Carter Center, she served as a "disease detective" with the Centers for Disease Control and Prevention Epidemic Intelligence Service, focusing on waterborne disease prevention.

Madison Bearden (left) and Pallavi Kache traveled to South Sudan in summer 2025.

Bearden steps into the role of manager of research projects. She previously worked with the program as a qualitative analytics and epidemiology assistant through Emory University's Rollins Earn and Learn program. Following her graduation from Emory, Bearden served as a technical advisor for the Carter Center's Guinea Worm Eradication Program in Ethiopia.

Kache and Bearden traveled to South Sudan this summer to help train local researchers implementing an impact survey that included collecting data on the clinical signs of trachoma and serology testing. The Carter Center is delighted to welcome these two professionals to the team. Their expertise will significantly advance the Center's mission to eliminate trachoma as a public health problem.

Ethiopia Trachoma Committee Charts Elimination Course

The Ethiopia Ministry of Health convened the Ethiopia Trachoma Advisory Group (ETAG) meeting in Addis Ababa, Ethiopia, in April 2025. Attendees included advisory group members, representatives from the Ministry of Health and regional health bureaus, and implementing partners. These experts discussed challenges, new strategies, and research opportunities for achieving the elimination of trachoma as a public health problem.

Meeting topics included guidelines for full geographic coverage, lessons learned from the more frequent than annual mass drug administration strategy, strategies for conducting surveys in insecure areas, and use of complementary indicators for decision making. Attendees heard an update on trachoma status and operational research in the Amhara region, the most endemic region in Ethiopia, where The Carter Center and Amhara Regional Health Bureau have been working hand in hand to combat trachoma since 2001. Scott Nash, the Carter Center's senior associate director for research for the Trachoma Control Program, attended the ETAG meeting for the first time as a newly selected member. He previously participated in several ETAG meetings to share expertise.

These experts discussed challenges, new strategies, and research opportunities for achieving the elimination of trachoma as a public health problem.

Photo: The Carter Center

Reading Glasses Partnership Benefits South Sudanese

A new partnership between RestoringVision and The Carter Center will bring free reading glasses to people in need in South Sudan. Since 2001, The Carter Center has assisted the South Sudan Ministry of Health with implementing trachoma activities across the country and supports the expansion of programming to include other eye health care, especially cataract surgery during community-based surgical outreaches. The RestoringVision partnership adds the provision of reading glasses to the eye care that can be delivered during surgery camps.

Globally, more than 800 million people suffer from vision impairment due to presbyopia, the age-related deterioration of a person's near vision, making it difficult to focus on reading materials or other nearby objects. The condition is easily corrected with a pair of reading glasses. Some 90% of those with such vision impairment live in impoverished communities without access to vision care.

In April 2025, as part of the pilot phase of the partnership, The Carter Center and the South Sudan Ministry of Health's Eye Care Department organized a trachomatous trichiasis (TT) and cataract surgical campaign in Kapoeta South County in Eastern Equatoria that also included the screening for presbyopia and provision of reading glasses. Over 10 days, more than 3,600 people were screened for various eye conditions. Ultimately, 114 people received TT surgery, 440 people received cataract surgery, and 206 people received free reading glasses.

This integrated campaign is the first of many because for most people in South Sudan, the challenge is not only the cost of reading glasses but also lack of access to stores that sell them.

One of the people who received new reading glasses in April 2025 during a surgical outreach was Akello Eunice, a 30-year-old single mother of three living in Kapoeta town who works as a hair stylist. She discusses her experience below:

"Glasses are expensive, and, with three children to care for, replacing broken lenses was a luxury beyond reach. When my last pair broke, my world became a blur.... Every day was a test of endurance, but I had no choice, my children depended on me. One evening, I heard a radio announcement by The Carter Center that mentioned free reading glasses. My heart pounded. I had no idea such help existed. Determined, I sought out the eye camp, where I was greeted with kindness and understanding. The medical team listened to my story and examined my eyes. Then I received a new pair of reading glasses, free of charge. As I put them on, the blurry edges vanished. The haze disappeared. For the first time in years, I will now read, work, and provide without feeling helpless. This wasn't just a pair of glasses but a second chance. Sight is freedom, confidence, and dignity. I've regained my vision, my confidence, and my ability to support my family."

Hair stylist Akello Eunice received glasses in April.

The South Sudan program hopes to distribute 15,000 pairs of reading glasses throughout the year. By incorporating the distribution of reading glasses into trachoma programming such as surgical outreaches and mass drug administration campaigns, reading glasses can reach some of the most remote locations of the country, something that would not be economically or logistically feasible as a standalone program. Through this partnership, others like Akello Eunice will benefit from their new glasses. "I know I am not alone," Eunice said. "So many others struggle in silence, unaware that help exists." E

River Blindness Programs Help Millions Receive Treatments

KEY TAKEAWAYS

- The river blindness, lymphatic filariasis, schistosomiasis, and soil-transmitted helminthiasis programs assisted with 50.3 million treatments for neglected tropical diseases in 2024.
- Treatments for nearly 8.6 million people in Nigeria and Ethiopia were able to be halted for lymphatic filariasis in 2024.
- The Carter Center launched assistance for river blindness and lymphatic filariasis work in South Sudan.

The 29th Annual Program Review for the Carter Center's River Blindness Elimination Program was held Feb. 17–20, 2025, in Atlanta. The objective was to discuss 2024 achievements and challenges for Center-assisted programs and make recommendations for 2025 activities. Approximately 170 participants attended, including ministry officials, key partners, and donors. Participants honored the life and legacy of former U.S. President Jimmy Carter and his efforts to reduce the suffering of those affected by neglected tropical diseases.

Since 1996, The Carter Center has worked with national ministries of health to provide mass drug administration (MDA) with ivermectin (Mectizan,® 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 ministries of health in Brazil, Ethiopia, Nigeria, South Sudan, 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). The 2024 meeting included delegations from Angola, Burundi, Chad, and Madagascar—countries expected to benefit from programming expansion from the Reaching the Last Mile Fund.

In 2024, The Carter Center assisted the distribution of 42,403,433 ivermectin treatments in five countries (see Figure 1), reaching 95% of the 2024 target of 44.8 million. Due to the ongoing civil war and humanitarian crisis, Sudan was unable to provide river blindness treatments in 2024. Cumulatively, the program has assisted with 607 million ivermectin treatments since 1996. The 2025 target is 62 million treatments for river blindness.

The program assists ministries of health in Brazil, Ethiopia, Nigeria, South Sudan, 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.

The River Blindness Elimination Program is integrated with lymphatic filariasis programming in Ethiopia, Nigeria, South Sudan, and Sudan, and with schistosomiasis and soil-transmitted helminthiasis control in Nigeria. With support from The Carter Center, 3,549,666 treatments of albendazole (donated by GSK) and ivermectin were administered across the four countries, reaching 58% of the targeted population. Nigeria's schistosomiasis program assisted with 1,336,498 treatments with praziquantel (donated by Merck KGaA, Darmstadt, Germany) for children, reaching 84% of its target. There were 3,037,447 treatments for soil-transmitted helminthiasis control among children, reaching 43% of the program target. This low figure is attributable to a change in national policy requiring the program to use domestically manufactured formulations of the two medicines used for soil-transmitted helminthiasis: albendazole (donated by GSK) and mebendazole (donated by Johnson & Johnson). A total of 50,327,044 treatments for river blindness, lymphatic filariasis, schistosomiasis, and soil-transmitted helminthiasis were assisted by The Carter Center in 2024, with 60 million treatments targeted for 2024. Cumulative treatments for all four diseases reached over 923 million in 2024.

In 2024, due to program success, 158,000 people no longer needed to receive MDA for river blindness in Uganda, and 8.6 million no longer needed to receive MDA for lymphatic filariasis in Ethiopia and Nigeria, bringing the cumulative total of people who no longer need treatment for these diseases to 32 million and 36 million, respectively (see Figures 2 and 3).

These accomplishments would not have been possible without the Center's

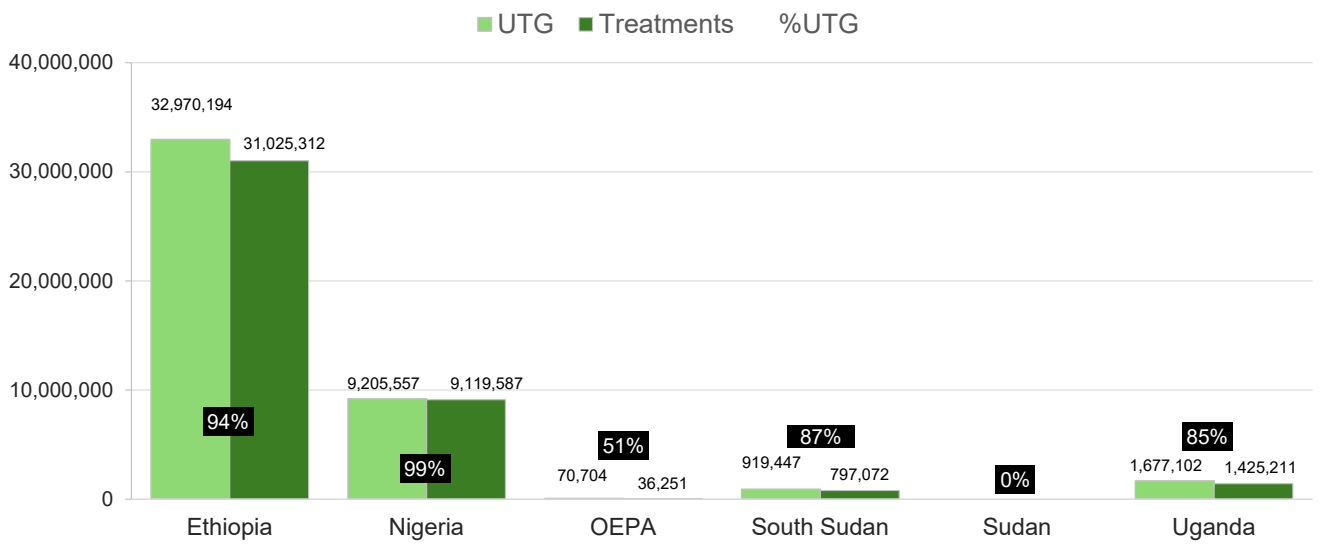


Figure 1. Ultimate treatment goals (UTG) and treatments with Mectizan for river blindness in areas assisted by The Carter Center, 2024.

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 782,585 community-directed drug distributors and community supervisors participated in 2024, all of whom were mentored by district-level ministry of health personnel and trained with Carter Center assistance.

Ethiopia

The Carter Center supports river blindness and lymphatic filariasis elimination activities in seven of Ethiopia's 12 regions. In 2024, the Center assisted in the delivery of 31,025,312 Mectizan treatments for river blindness, representing 95% of the 2024 treatment target. In 2024, 472,559 people lived in Carter Center-assisted areas that qualified to stop MDA for lymphatic filariasis, and post-treatment surveillance studies confirmed that 2 million people remain protected from lymphatic filariasis infection. Cumulatively, river blindness transmission has been interrupted for some 3 million people, and 3 million are no longer at risk of lymphatic filariasis in Carter Center-supported areas. The current treatment goals for 2025 are approximately 38.5 million for river blindness and about 1.4 million for lymphatic filariasis. Presenters also shared updates on studies of vector and parasite genetics and an exploration into factors affecting the commitment and performance of volunteers within the Ethiopian river blindness and lymphatic filariasis program. Carter Center work in 2024 in Ethiopia reflects partnerships with the Federal Ministry of Health, the Lions Clubs International Foundation and the Lions Clubs of Ethiopia, and the Reaching the Last Mile 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. In Nigeria, The Carter Center assisted with 13.6 million treatments for river blindness, lymphatic filariasis, schistosomiasis, and soil-transmitted helminthiasis in 2024, 76% of the combined target of 17.9 million. While river blindness and lymphatic filariasis programs exceeded 98% coverage, insufficient and delayed allocation of drugs for schistosomiasis and soil-transmitted helminthiasis resulted in 84% and 43% coverage, respectively.

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 8.5 million remain under treatment in two states.

In 2024, a total of 8 million people lived in areas where Mectizan/albendazole treatment for lymphatic filariasis

(continues on p. 8)

Continued from p. 7

was able to be halted, bringing Nigeria's total stop-MDA population to 34.3 million in Carter Center-assisted areas. With the remaining four endemic districts scheduled for—and expected to pass—a transmission assessment survey in 2025, the halt of mass treatment for lymphatic filariasis across all Carter Center areas in Nigeria could be achieved in 2025. The Center also assisted lymphatic filariasis morbidity management and disability prevention in Ebonyi, Nasarawa, and Plateau states in 2024, aiming to provide care for those suffering from chronic lymphatic filariasis (lymphedema, hydrocele), which persists even when transmission has been eliminated. The program supported 103 hydrocele surgeries and trained 116 health workers to lead 62 hope groups, benefiting 1,327 members. In 2025, the program will continue its collaboration with the Center's Mental Health Program to increase mental health service capacity using WHO's Mental Health Gap Action Program training.

The Carter Center's work in Nigeria is based on partnerships with the federal and state ministries of health and was supported in 2024 by USAID's Act to End NTDs | East, led by RTI International, IZUMI Foundation, FCDO, and the Reaching the Last Mile Fund.

Onchocerciasis Elimination Program for the Americas (OEPA)

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, 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 2024, OEPA assisted Brazil and Venezuela with 36,251 Mectizan treatments, representing 51% of the treatment target of 70,704. Brazil achieved 68% of its goal, while Venezuela achieved 36% of its goal. Venezuela targets quarterly treatment in 68 priority communities, while the remaining 633 endemic communities in both countries are targeted twice per year. Both programs experienced challenges accessing endemic communities. Brazil anticipates improved safety and access for health teams in 2025 due to the government's work to combat illegal mining, and OEPA and the Venezuela team are working together to address administrative challenges and resume timely operations in that country.

The 2025 treatment target for OEPA is 71,658 treatments and includes the four-times-per-year

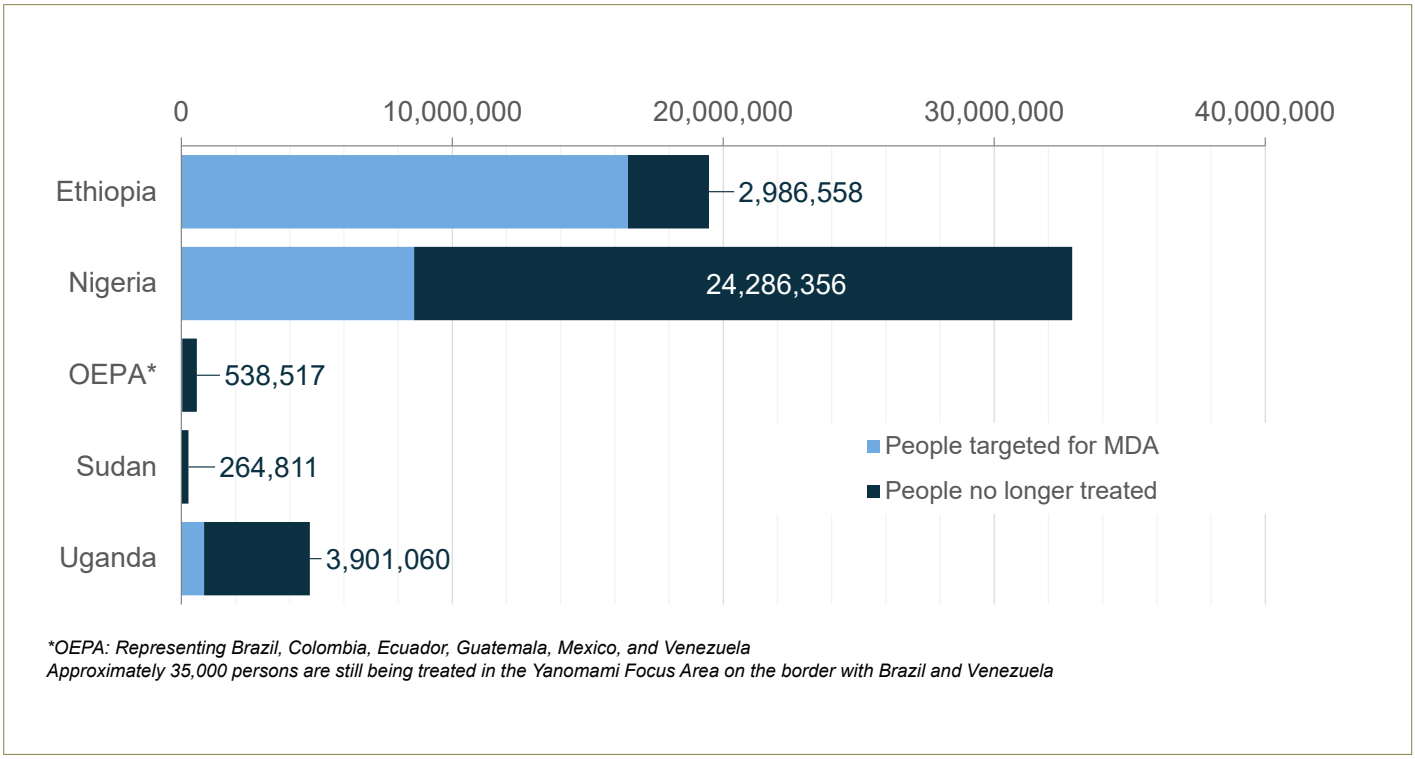


Figure 2. Population currently and previously targeted for river blindness treatment with Mectizan, 2024.

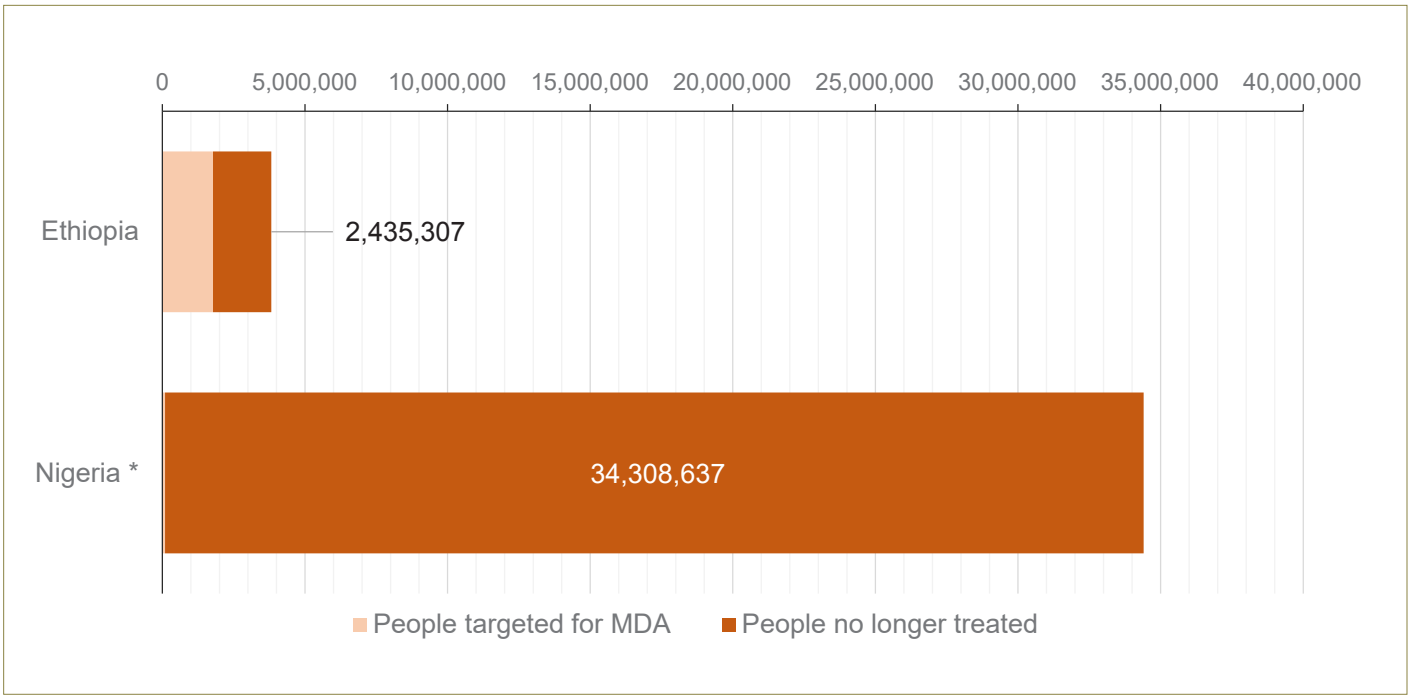


Figure 3. Population currently and previously targeted for lymphatic filariasis treatment, 2024.

treatment approach in 68 communities in Venezuela.

The OEPA program received financial support from USAID in 2024.

South Sudan

As part of the Reaching the Last Mile Fund's expansion to eliminate river blindness and lymphatic filariasis in Africa and Yemen, The Carter Center launched support for programming in South Sudan in partnership with the Ministry of Health. In collaboration with the local implementing partner, Christian Blind Mission, The Carter Center supported 797,072 treatments for river blindness in 37 localities, reaching 87% of the annual treatment goal. Additionally, 548,919 treatments for lymphatic filariasis were delivered in 35 localities, achieving 86% of its 2024 treatment goal.

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. Gedaref and Abu Hamad states have achieved transmission elimination. In 2024, The Carter Center assisted in distributing 1,401,289 lymphatic filariasis treatments in three states, reaching 40% of the 2024 treatment goal. This was achieved despite the continuation of armed conflict in key parts of the country that began in April 2023. The program completed an Arabic translation of key WHO lymphatic filariasis morbidity management and disability prevention materials. The translated document is being disseminated to other countries for broader use. Additionally, entomological surveys were conducted in Galabat state to verify the absence of onchocerciasis on the Sudanese side of the Sudan-Ethiopia border. The collected samples were subsequently sent to a laboratory in Uganda for detailed analysis. The Center's work in Sudan reflects partnerships with the Federal Ministry of Health and the Reaching the Last Mile Fund.

Uganda

Since 1996, The Carter Center has assisted the Uganda Ministry of Health in eliminating river blindness transmission. In 2024, the program distributed 1,164,907 treatments, achieving 93% of the treatment goal, 260,304 passive and refugee settlement treatments, totaling 1,425,211 treatments. The Lhubiriha focus was reclassified as transmission-interrupted, meaning 158,313 people no longer require Mectizan treatment. With this result, 16 of the 17 originally endemic foci have now stopped treatment. The Carter Center's work in Uganda is based on partnerships with the Ministry of Health and was supported in 2024 by USAID's Act to End NTDs | East, led by RTI International, ELMA Philanthropies, and the Reaching the Last Mile Fund.

Uganda Interrupts River Blindness Transmission in Lhubiriha

Uganda has made major progress against onchocerciasis, also known as river blindness, which once threatened 8.2 million people across 17 foci. Transmission of the parasitic disease, spread by black flies that breed near fast-flowing rivers, has now been halted in 16 foci, accomplished by the Uganda Ministry of Health's strategy of mass drug administration (MDA) with Mectizan® (donated by Merck & Co., Inc., known as MSD outside the United States and Canada) and targeted vector control.

Lhubiriha, in western Uganda bordering the Democratic Republic of the Congo, began treatment in 1992. The focus was reclassified as transmission suspected interrupted by the Uganda Onchocerciasis Elimination Expert Advisory Committee (UOEEAC) in 2022 after tests showed no evidence of infection in black flies.

> Uganda has made major progress against onchocerciasis, also known as river blindness, which once threatened 8.2 million people across 17 foci.

In 2024, additional fly testing, combined with testing of more than 3,000 children from Lhubiriha and neighboring communities in the Democratic Republic of the Congo, found that all human and fly samples were negative, thus meeting the World Health Organization criteria to stop MDA.

In August 2024, the UOEEAC reclassified Lhubiriha as transmission interrupted, recommending the halt of MDA for the area's 158,313 residents and the start of a three-year post-treatment surveillance phase. Lhubiriha joined 15 other foci encompassing 7.46 million people where treatment has stopped.

Only the Upper Madi Mid-North subfocus, classified as interruption suspected, with over 500,000 people, continues treatment. Uganda's success highlights the power of sustained, coordinated efforts in eliminating river blindness transmission. E

People in western Uganda's Lhubiriha district will no longer need treatment for river blindness now that transmission in the area has been interrupted.

Photo: Abraham Muhesi

PCC Meeting Reviews Progress in Brazil, Venezuela

KEY TAKEAWAY: In the first half of 2025, treatment coverage in Brazil and Venezuela improved over 2024 figures.

Alennaldo Nascimento, a field supervisor for the Brazilian Onchocerciasis Elimination Program, distributes ivermectin during a scheduled visit to a community in the Yanomami Focus Area.

A virtual meeting of the Program Coordinating Committee (PCC) was held July 23 and 24, hosted by the Carter Center's Onchocerciasis Elimination Program for the Americas (OEPA). The chair, María Eugenia Grillet, was joined by other committee members and partners from The Carter Center, the ministries of health of Brazil and Colombia, the Pan American Health Organization, and the Mectizan® Donation Program (MDP). The purpose of the meeting was to review progress toward eliminating river blindness in the Yanomami Focus Area, the last transmission zone in the Western Hemisphere.

The group recognized Craig Withers, vice president of overseas operations at The Carter Center, who is retiring and thus stepping down from his longtime membership in the PCC. Gregory Noland of The Carter Center has assumed Withers' position on the PCC.

Provisional coverage reports for the first half of 2025 indicate that country programs are recovering from the low treatment coverage—68% for Brazil and 39% for Venezuela—reported in 2024. For 2025, the Brazilian program has added 10 field supervisors and improved operational collaboration between the Venezuelan national program's South Focus team and OEPA. As a result, Brazil reported treatment coverage of 80% overall, with 28 of the 40 subareas reporting coverage of 85% or higher. In Venezuela, reported coverage was 62% for the first round in twice-yearly treatment areas, and 83% for the first round and 63% for the second round in quarterly treatment areas (see Figure 4).

To further support treatment, Brazil has made impressive strides in charting treatment coverage trends by subarea. This will bring better attention to historically low-coverage areas, helping them prioritize treatment and impact assessments. Additionally, the OEPA team reported that YanomApp, an application designed to track treatments across the Yanomami border area, is currently under development.

Joni Lawrence of MDP, which manages the Mectizan that is donated by Merck & Co., Inc. (known as MSD outside the United States and Canada), reported that Merck has achieved the milestone of 5 billion doses of ivermectin donated globally. OEPA and The Carter Center are proud to be a part of this historic success and look forward to the day when Mectizan is no longer needed for onchocerciasis in the Americas.

The Carter Center expresses its sincere appreciation for all OEPA donors, recognizing the United States Agency for International Development (USAID) for its longstanding support as well as new support from the Lions Clubs International Foundation.

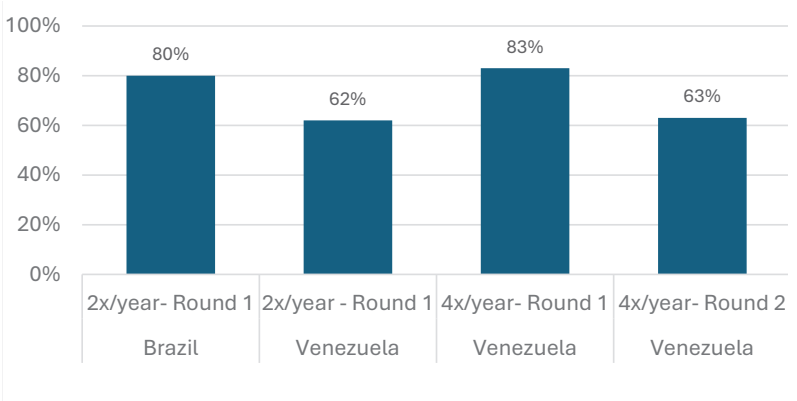


Figure 4. Treatment coverage with Mectizan from January through June 2025 by country and frequency in the Yanomami Focus Area, as reported by the Brazil and Venezuela national programs.

LF Treatment No Longer Needed for 8 Million Nigerians

When The Carter Center launched support for lymphatic filariasis in Nigeria, it was the second-most endemic country in the world. Now, 98% of the population in Carter Center-assisted areas no longer requires treatment.

Since the early 2000s, The Carter Center has assisted the Nigeria Ministry of Health to eliminate lymphatic filariasis (LF). Also known as elephantiasis, the parasitic disease is a leading cause globally of disability and stigma due to severe swelling of the legs, arms, or genitals.

Over time, The Carter Center has helped the Ministry of Health deliver more than 183 million treatments of Mectizan,® donated by Merck & Co., Inc. (known as MSD outside the United States and Canada), and albendazole, donated by GSK, to prevent the spread of LF. The Center also helped distribute 11.6 million bed nets, which protect against mosquitoes that transmit LF, along with malaria and other diseases. Additionally, Nigeria developed guidelines on co-implementing LF and malaria programming in 2013—the first of its kind in Africa—to promote collaboration and efficient use of public health resources. The Center was instrumental in moving these guidelines forward.

Surveys conducted in 2024 tested more than 56,000 children and determined that nearly 8.1 million people no longer need mass treatment for LF. Added to the 26.2 million who previously reached this milestone, 34.3 million people in Carter Center-assisted areas no longer need treatment.

Ruth McDowall

Nigerian schoolchildren line up for testing to determine whether the parasite that causes lymphatic filariasis is present.

For those who suffer the debilitating effects of chronic LF, The Carter Center continues to support Hope Groups—peer support groups—while also collaborating with the Center's Rosalynn Carter Mental Health and Caregiver Program to expand mental health resources. Thanks to the IZUMI Foundation, The Carter Center has provided assistance for hundreds of surgeries to alleviate LF-related hydrocele, or severe swelling of the scrotum, to restore dignity for scores of Nigerian men.

After decades of diligent effort, nearly all Carter Center-assisted areas in Nigeria are close to eliminating transmission of this once-devastating disease.

Guinea Worm Update

Reported Cases by Country: Guinea Worm Disease in Humans

Country	2024 January–May	2025* January–May
Angola	0	0
Cameroon	0	0
Central African Republic	0	0
Chad	0	1
Ethiopia	0	0
Mali	0	0
South Sudan	0	0
Totals	**0**	**1**

*Provisional figures

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