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EYE of the EAGLE

What's Inside

THE CARTER CENTER

A health worker shows the dosing poll she uses during mass drug administration in Aleltu, Ethiopia. (Photo: Ben Gray)

IACO 2025 Centers on Progress in Yanomami Area

KEY TAKEAWAY: Brazil and Venezuela reported notable gains in treatment coverage from 2024 to 2025.

The 35th Inter-American

Conference on Onchocerciasis (IACO) was hosted by the Carter Center's Onchocerciasis Elimination Program for the Americas (OEPA) and Colombia's Ministry of Health in Bogotá, Colombia, Nov. 18–20, 2025. Partners gathered to discuss progress on river blindness (onchocerciasis) elimination in the last transmission area in the Americas. The Yanomami Focus Area, named for the predominant indigenous, seminomadic people who reside there, spans the border of Brazil and Venezuela deep in the Amazon Rainforest.

The two-day IACO meeting centered on the theme of "Tracking communities and impact within the binational Yanomami focus." The welcome ceremony included speeches from the Brazilian Special Secretariat of Indigenous Health, Mauricio Yekuana, and a representative of the Venezuelan Ministry of Health. Meeting attendees included additional representatives from the Brazilian and Colombian ministries of health, the Pan American Health Organization, Fiocruz, the Global Institute for Disease Elimination, and the Mectizan® Donation Program. Mectizan is donated by Merck & Co., Inc. (known as MSD outside the United States and Canada).

Both the Brazilian and Venezuelan programs reported notable gains in treatment coverage in 2025 compared with 2024. In Brazil, coverage reached 82%, while Venezuela achieved 91% in the first half of the year for the twice-yearly distribution schedule. For Venezuela's four-rounds-per-year schedule, coverage reached 83% and 79% in rounds one and two, respectively. Brazil continues to report improved treatment coverage in areas that have added OEPA-funded health supervisors. Both countries noted that providing malaria medicine during onchocerciasis visits has helped increase uptake of Mectizan.

Both programs also strengthened their workforce by increasing the numbers of indigenous health agents. Brazil saw a 10% increase from 2024, from 148 to 163 agents, while Venezuela experienced a 16% increase, growing from 208 to 242. The number of women serving as indigenous health agents also grew significantly: in Brazil, females in the role increased from eight to 15 since 2024, and in Venezuela, the number has jumped from four to 15 since 2019. A law has been drafted in Brazil to recognize the indigenous health agent as an official profession, which would be a step toward agents' ability to distribute treatment.

Despite progress, the Brazilian and Venezuelan programs continue to face challenges. Conflicts between indigenous communities and illegal miners remain a threat. Brazil has created maps identifying areas occupied by illegal miners to anticipate migration and help health teams avoid dangerous zones.

Both programs showcased a range of health education approaches used during treatment visits. Brazil's diverse set of culturally tailored tools includes mental maps, painting workshops, narrative graphics on fabric board, bilingual brochures, a comic book series, and animated videos on onchocerciasis—all developed specifically for the indigenous communities they serve. The Venezuela program primarily uses culturally appropriate educational videos co-created with OEPA.

During the week, a Merck-sponsored dinner celebrated the Mectizan Donation Program's milestone of providing 5 billion donated doses globally. Dr. Frank Richards, former director of the Carter Center's river blindness and lymphatic filariasis programs, received the Merck Mectizan Award for his more than 37 years of work combating these diseases. The Pan American Health Organization also received a Merck award.

OEPA continues to lead efforts to eliminate onchocerciasis globally: four countries in the region have been verified by the World Health Organization as having eliminating transmission.

IACO participants from Brazil, Venezuela, and OEPA celebrate Merck's 5 billion donated doses of Mectizan.

Photo: José Augusto Gonzalez Garzón

Haiti Continues to Make Strides Against LF Amid Challenges

Haiti remains one of three countries in the Americas, along with the Dominican Republic and Guyana, endemic for lymphatic filariasis (LF)—a disfiguring and disabling disease.

From August through September 2025, the Haitian Ministry of Health, with remote technical support from The Carter Center, conducted post-treatment surveillance in the neighboring districts of Grand-Goâve and Petit-Goâve, about 34 miles west of the capital Port-au-Prince, and on La Gonâve island, nine and seven years after the halt of treatment, respectively. Since then, widespread population displacement from the capital followed the assassination of President Jovenel Moïse in 2021. None of the 1,627 6- to 7-year-old children in Grand-Goâve and Petit-Goâve tested positive for evidence of recent infection, indicating LF transmission remains interrupted. However, eight out of 2,252 children tested positive on La Gonâve island, most of whom were born on the island, suggesting ongoing community transmission. The World Health Organization recommends targeted treatment in communities where the clusters of children who test positive are detected.

Now 66 districts in Haiti (47% of the total) have successfully completed at least four years of post-treatment surveillance with no sign of recrudescence, 54 (39%) remain under surveillance, and 20 (14%) remain in need of treatment. E

A survey team tests a child for evidence of recent infection of lymphatic filariasis in Petit-Goâve, Haiti.

Elimination Campaign Launches in 3 Chadian Provinces

A child receives treatment in Chad.

Photos: Insterly Delance (top); Oscar Hob Ngog (bottom)

In late 2024, The Carter Center expanded its support to the Chadian Ministry of Health by assisting with efforts to eliminate river blindness and lymphatic filariasis in the country with support from the Reaching the Last Mile Fund, a global coalition of countries, donors, and partners working to accelerate the elimination of river blindness and lymphatic filariasis in Africa and Yemen.

In July 2025, Chad's national program and The Carter Center launched a mass drug administration campaign targeting 2.5 million people for river blindness and 1.1 million people for lymphatic filariasis across 27 districts in three co-endemic provinces: Logone Oriental, Mandoul, and Moyen-Chari. A ceremony celebrating the launch was held July 17, 2025, in Bebedja District of Logone Oriental, and attended by senior ministry of health officials, community leaders, elected officials, a special envoy from the Mohamed Bin Zayed Foundation for Humanity, and The Carter Center. E

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Committee: 5 Ugandan Districts Meet Stop-Treatment Criteria

KEY TAKEAWAY: Five districts of the Upper Madi Mid-North subfocus met criteria to halt mass drug administration.

The 18th meeting of the Uganda Onchocerciasis Elimination Expert Advisory Committee took place Aug. 5 and 6, 2025, in Kampala. The committee provides scientific and technical recommendations to the Ugandan Ministry of Health on eliminating onchocerciasis, also known as river blindness. Representatives from the ministries of health of the Democratic Republic of the Congo and South Sudan also attended.

The main outcome was that the five districts of Upper Madi Mid-North subfocus (population 586,160) met the World Health Organization criteria to stop mass drug administration of Mectizan® (donated by Merck & Co., Inc., known as MSD outside the United States and Canada). The subfocus borders South Sudan and is the last area in Uganda under Mectizan treatment. Surveys showed no *Onchocerca* infection in 9,273 black fly specimens. Seven of 6,344 children were positive for Ov16 antibodies. All seven were refugees living in Adjumani District, and all seven were negative for current infection by confirmatory PCR testing. The committee recommended continuing Mectizan distribution for one more year while breeding sites around refugee settlements are investigated and surveys are completed in neighboring areas of South Sudan.

River blindness transmission has been eliminated in 15 of Uganda's 17 foci (see Figure 1), protecting approximately 6.5 million people. The Lhubiriha focus is under post-treatment surveillance. E

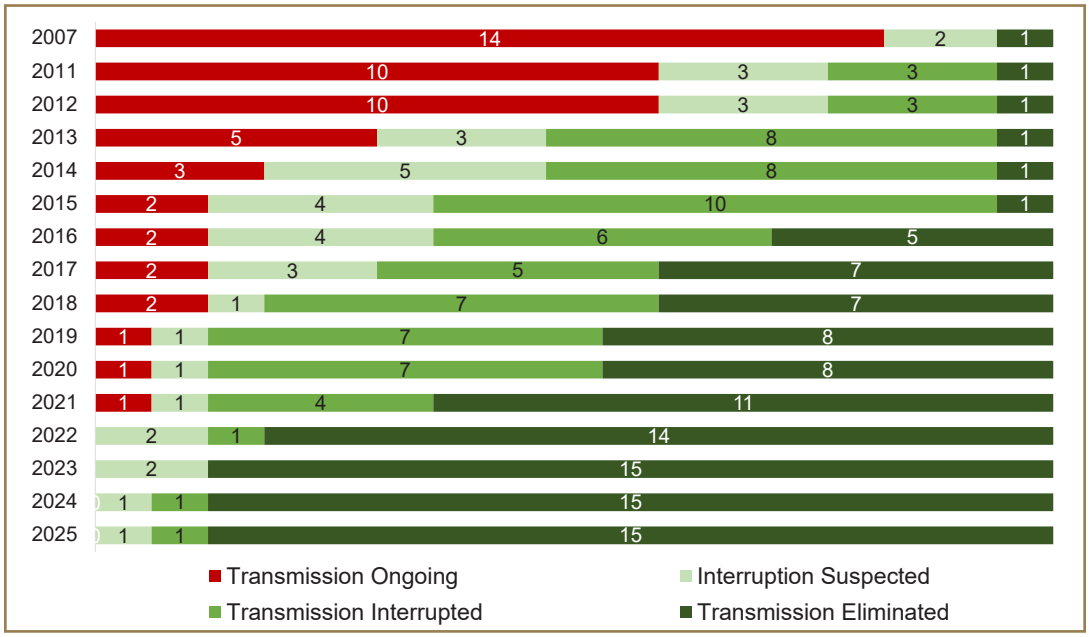


Figure 1: Onchocerciasis transmission status in Uganda.

Carter Center Names New OEPA Director

The Carter Center welcomes Dinorah L. Calles von Ahn, Ph.D., M.P.H., as the new director of the Onchocerciasis Elimination Program for the Americas (OEPA). Calles, who joined the Center in September 2025, brings more than a decade of expertise in epidemiology, public health project management, and international coordination.

A U.S. CDC Epidemic Intelligence Service alumna, she has served in the divisions of Parasitic Diseases and Malaria, and Global Health Protection, contributing to initiatives across Angola, Brazil, Cameroon, Colombia, São Tomé e Príncipe, and other countries. Her global experience also includes serving as a maternal health adviser for the Pan American Health Organization, Guatemala; and as CDC resident advisor in Angola, where she provided technical guidance and strategic oversight for malaria program implementation.

Calles earned degrees from Dartmouth College, the University of North Texas Health Science Center, and Emory University's James T. Laney School of Graduate Studies, and was a Fulbright grant recipient to Brazil. Fluent in Portuguese, Spanish, and French, she brings a wealth of cross-cultural experience to her role leading OEPA's mission to eliminate river blindness transmission from the Americas. E

Dinorah L. Calles von Ahn

Photo: Victoria Krauss

South Sudan Trachoma Plan Addresses TT in Children

Participants attend the Trachoma Action Plan workshop.

The launch of South Sudan's Trachoma Action Plan (TAP) in early 2025 marked a pivotal step forward in the nation's fight against the debilitating disease. Developed by the Ministry of Health, with support from The Carter Center and partner organizations, TAP provides a comprehensive roadmap for trachoma control activities nationwide. It outlines the implementation of the World Health Organization-endorsed SAFE (Surgery, Antibiotics, Facial Cleanliness, Environmental Improvement) strategy, clarifies key stakeholder and partner roles, and coordinates processes to strengthen program delivery. Because TAPs are a cornerstone of trachoma control programs globally, the finalization of this document empowers South Sudan to accelerate its progress toward the elimination of trachoma as a public health problem.

The strengthened coordination offered by the TAP came at a critical time: As surveillance and interventions expanded across the country, the trachoma program began documenting a startling number of trachomatous trichiasis (TT) cases among children younger than 15. While scattered pediatric TT cases have been documented in South Sudan since 2006, recent activities in hyperendemic counties of Jonglei state and the Greater Pibor Administrative Area indicate a more severe public health issue. These cases suggest the possibility of strong trachoma transmission, and without surgical intervention, many of these children face imminent, irreversible blindness. Early evidence suggests that the cases identified thus far represent a fraction of the true burden.

To understand the significance of these pediatric TT cases, it helps to review the progression of trachoma infection. Trachoma is caused by the bacterium *Chlamydia trachomatis* and typically begins in young children as a chronic inflammation of the eyelid. Years of repeated infection can eventually lead to eyelid scarring and development of TT, a condition in which the eyelid turns inward causing the eyelashes to painfully scratch the eye surface. Without surgery, TT can cause irreversible vision impairment and blindness. Because this progression typically takes years or decades of repeated infections, TT is most commonly seen in adults. Pediatric TT is extremely rare with few countries documenting its presence. It has been found only in countries with severe levels of infection and reinfection from a young age.

In response, the Ministry of Health and partners are coordinating an urgent, multisectoral approach. In November 2025, the ministry piloted a referral system that enabled the transport of nine children from the Greater Pibor Administrative Area to Juba for surgery at the only pediatric eye center in the country. This initiative required extensive logistical planning and coordination across multiple government departments as well as different eye care partners. Further, the Carter Center's Trachoma Control Program has integrated enhanced surveillance and rigorous data collection efforts into surgical outreaches. These efforts aim to strengthen case confirmation, understand how many children are affected, and document the clinical presentation of pediatric TT.

The Ministry of Health is also working to stop pediatric TT at its source. Expanding mass drug administration into hyperendemic areas, an essential component of the TAP's SAFE strategy, will alleviate current infections and interrupt disease transmission. Momentum generated during the TAP development led to a National Eye Health Workshop in October 2025, which is guiding the creation of South Sudan's multisectoral Eye Health Strategy. This long-term plan will integrate pediatric TT case management into a resilient, sustainable eye care system that will endure beyond the elimination of trachoma. Through these coordinated actions, South Sudan's Ministry of Health is not only responding to pediatric TT, it is also protecting the sight and well-being of future generations.

Photo: The Carter Center

Sudan Treats a Half Million People Despite Ongoing War

Since April 2023, civil war in Sudan has displaced millions within the country and across international borders. The conflict has led to widespread destruction of government offices, businesses, schools, and medical facilities. Despite this landscape of displacement and destruction, there are portions of the country where conflict is less intense and communities are working to rebuild. In Gedarif state, The Carter Center and the federal and state ministries of health worked together to resume trachoma interventions, with the goal of conducting a mass drug administration (MDA).

Drug distributors provide medication to children in a Sudanese village.

This goal was not easy to achieve. First, the program had to identify another airport where the Pfizer-donated drug could be flown and then transported because the previously used airport in the capital, Khartoum, was destroyed. In partnership with the International Trachoma Initiative, the drug was flown into Port Sudan, a location along the Red Sea currently serving as the wartime capital and humanitarian hub. However, soon after the drugs arrived, a drone attack on the city's infrastructure resulted in fuel scarcity, which delayed the drugs' transportation to Gedarif state.

Second, once the drugs arrived in Gedarif, the program had to retrain drug distributors because many of those who had previously supported the program had been displaced.

Last, the teams had to overcome the logistical challenges of implementing the MDA during the rainy season, when the roads and paths become muddy and difficult to navigate.

Despite these challenges, in June 2025 the program treated more than 550,000 people in three localities. Additionally, once the trachoma team completed its MDA, they then supported an MDA for lymphatic filariasis, resulting in the distribution of more than 750,000 treatments. E

Training Prepares Managers for Quality Sample Collection

Trachoma programs depend on high-quality data to make intervention decisions. Traditionally, programs rely on detecting the clinical symptoms of trachoma, but recently programs have come to rely more on objective indicators that require specimen collection, such as *Chlamydia trachomatis* infection and antibody responses. However, the expanded use of specimen collection requires standardization of these techniques.

In September 2025, in Nairobi, Kenya, an inaugural tropical data training introduced specimen collection protocols to key program personnel from more than 20 countries. The training was led by three expert specimen managers: Ambahun Chernet from The Carter Center, Esther Andia from Sightsavers, and Mabula Kasubi from the Muhimbili National Hospital, who serve programs in Ethiopia, Kenya, and Tanzania, respectively. These experts led new country trainers through classroom demonstrations and exercises within Kenyan communities. The newly certified trainers were then prepared to train specimen managers in their countries.

From left to right: Ambahun Chernet, senior laboratory technologist, The Carter Center; Esther Andia, project officer, Sightsavers; Mabula Kasubi, medical consultant, Muhimbili National Hospital.

This training was made possible with financial support from The Carter Center, which also has filled near-term funding gaps to support mass drug administration activities in Ethiopia and Mozambique to ensure the global program continues to progress. E

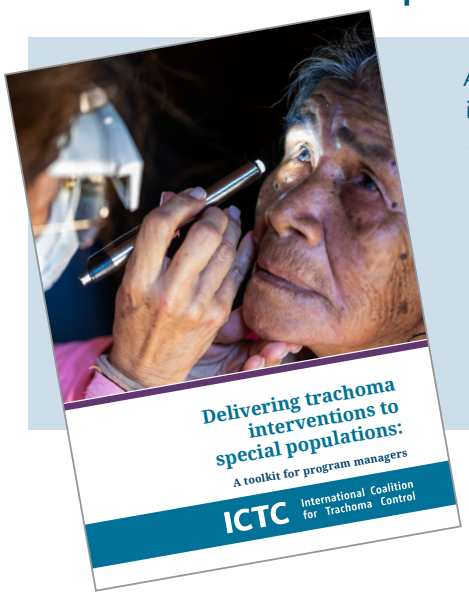
Photos: The Carter Center (top); Beja Turner/International Trachoma Initiative (bottom)

New Materials Address Trachoma and Special Populations

The global trachoma program continues to demonstrate success with 27 countries validated as eliminating trachoma as a public health problem as of November 2025. Despite demonstrated success, the goal of trachoma being eliminated from all countries by 2030 will not be achieved if national programs are unable to adapt implementation strategies to serve insecure and special populations such as refugees, people who are displaced, Indigenous people, and nomadic communities.

To address this gap, the International Coalition for Trachoma Control formed a Special Populations Task Team with Angelia Sanders, Carter Center senior associate director, serving as co-chair, and with Sara Wom, Carter Center program associate, and Chisomo Mwale, former Carter Center graduate assistant, participating as members. Over two years, the task team developed "Delivering Trachoma Interventions to Special Populations: A Toolkit for Program Managers," with contributions from more than 35 experts across 14 member organizations. Through consultations with representatives from health ministries and implementing partners, the team identified the diverse groups that fall under the category of special populations and explored the systemic reasons they are often underserved. Notably, special populations often experience additional social, cultural, ethnic, religious, or geographic barriers that limit access to services.

The toolkit provides practical, adaptable guidance to help programs overcome these challenges. It outlines how to conduct context-sensitive situational analyses that account for mobility and settlement patterns, and provides structured advice on forming partnerships with non-trachoma actors



A new booklet will help trachoma interventions reach special populations, such as people living in refugee camps or nomadic communities.

Scan this code to access the materials.

such as humanitarian agencies, local authorities, and communities. It also offers recommendations on planning and delivering services in complex environments, emphasizing culturally appropriate communication, flexibility, and equity-focused approaches. The recommendations provided are based on real-world examples, many of which are lessons learned from the Carter Center's work with special populations. For example, one case study within the toolkit highlights work conducted by The Carter Center and the Sudan Federal Ministry of Health to deliver trachoma interventions to refugees living in Sudan. Another highlights how the Carter Center's program in South Sudan increased drug coverage among migratory pastoralist populations.

The materials can be used as an introductory resource, a step-by-step planning guide, a reference for key operational components, or a tool to engage new partners in serving special populations. More broadly, it reinforces that eliminating trachoma as a public health problem requires ensuring every at-risk group is reached. Neglecting special populations not only perpetuates inequity but undermines global progress. By equipping program managers with the tools needed to tailor interventions to these communities, the resource supports the shared goal of achieving elimination with no one left behind.

Guinea Worm Update

Reported Cases by Country: Guinea Worm Disease in Humans

Country	2024	2025*
Chad	9	4
South Sudan	6	2
Ethiopia	0	4
Cameroon	0	0
Mali	0	0
Angola	0	0
Totals	**15**	**10**

*Provisional figures

Center Staff Attend Lions Convention, Join Club in Ethiopia

In July 2025, Carter Center representatives traveled to Orlando, Florida, to attend the 107th Lions International Convention. The event emphasized the value of collaboration, with Lions Clubs International Foundation (LCIF) spotlighting its strategic partnerships to support communities in need.

Jim Ervin, past international president of Lions Clubs International, delivered a moving tribute to President Jimmy Carter, reflecting the strength of a longstanding partnership dedicated to expanding global health impact. President Carter was recognized across the Lions community for embodying the organization's spirit of service.

Ervin organized a special breakfast meeting, where Carter Center staff were joined by Manoj Shah, third vice president; Mark Lyon, second vice president, and Brian Sheehan and Douglas Alexander, both past international presidents. The delegation expressed appreciation for the continued support of the Lions-Carter Center partnership and shared important updates on efforts in South Sudan, Ethiopia, and the Americas.

In November, the Lions of Ethiopia chartered a new club in Addis Ababa, named "The Big Vision Lions Club." Four of the club's founding members—Anley Haile, Dagmawi Shemelis, Aderajew Mohammed, and Yewondwossen Bitew—are staff members of the Carter Center's Ethiopia office.

Lion Ambassador Simon Njoroge (front row, second from left), district governor of Lions Club District 411A, visited the Carter Center's Ethiopia office, accompanied by fellow Lions Irene Njoroge, Dr. Teshome Gebre (seated, respectively, right of Njoroge). Carter Center staff included Dr. Zerihun Tadesse (front row, left) and (back row, left to right) Anley Haile, Dagmawi Shemelis, and Yewondwossen Bitew.

The charter ceremony was overseen by Lion Simon Njoroge, district governor for 411A. He was joined by Lion Irene Njoroge, district first lady, and Lion Dr. Teshome Gebre, regional chair for District 411A. During his visit, Njoroge also participated in meetings with senior staff at the Carter Center's Ethiopia office. The Carter Center expresses its sincere appreciation for the continued support from LCIF and the Lions of Ethiopia. E

International NTD Meetings Draw Center's Participation

The 2025 Neglected Tropical Diseases (NTDs) NGO Network (NNN) Annual Conference, themed "Sustainable Innovations for Impact—Transforming the Fight Against NTDs," was held Sept. 30–Oct. 2, 2025, in Uganda.

As a founding member of NNN, The Carter Center played an active role in the organization over the past year through multiple leadership and working group roles and as a sponsor. Nine Carter Center staff attended the conference in person, representing offices across Africa and in Atlanta. The Center supported the NNN strategic review and looks ahead to the implementation of NNN's new Blueprint for Action 2026–2030. The conference concluded with a special tribute to President Jimmy Carter.

The Carter Center's global engagement continued at the American Society of Tropical Medicine and Hygiene Annual Meeting in Toronto, Nov. 9–13, 2025. More than 30 Carter Center staff from eight countries gave over 20 presentations, posters, and symposia on research and programmatic progress on NTDs and malaria. Dr. Kashef Ijaz, vice president of health programs, addressed a highly attended town hall on navigating global health challenges amid U.S. disengagement. E

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

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