

EYE of the EAGLE



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The Carter Center is adopting innovative approaches to help control trachoma in South Sudan so that people like Maria Kidepo do not have to suffer from this preventable disease.

(Photo: Catalin Marin)

THE
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Annual Program Review Marks Progress Through Partnerships

KEY TAKEAWAY: In 2025, more than 13 million doses of antibiotics were distributed in Carter Center-assisted countries to treat trachoma infection and reduce disease transmission.

The Carter Center hosted the 27th annual Trachoma Control Program review March 30–31, 2026, in Addis Ababa, Ethiopia. Meeting under the theme “Stronger Together: Building Sustainable Trachoma Elimination Strategies,” participants discussed the significant progress towards trachoma elimination and the challenges that lie ahead.

For nearly three decades, the Center’s Trachoma Control Program has stood at the forefront of the global effort to eliminate trachoma as a public health problem. Working alongside ministries of health in Ethiopia, Niger, South Sudan, and Sudan, the Center supports implementation of the World

Health Organization (WHO)-endorsed SAFE strategy — surgery, antibiotics, facial cleanliness, and environmental improvement — to combat the world’s leading cause of infectious blindness.

Dr. Dereje Duguma, Ethiopian state minister of health, opened the review with a reflection on two decades of remarkable global progress against trachoma. While the number of people requiring interventions has declined by more than 90% — from more than 1.5 billion in 2002 to fewer than 100 million today — Duguma was candid about the challenges that remain. He noted that diminishing donor funding poses a significant threat to neglected tropical disease control efforts, particularly

water, sanitation, and hygiene (WASH) programs. He reaffirmed the Ministry of Health’s commitment to ensuring that prevention and treatment services remain accessible to all Ethiopians.

Kelly Callahan, director of the Trachoma Control Program, highlighted the program’s achievements across Carter Center-assisted countries in 2025. Despite ongoing security and operational challenges, the program delivered significant results — performing 31,068 trachomatous trichiasis (TT) surgeries, 64% of which were on women; distributing more than 13.3 million antibiotic doses through mass drug administration; training 8,342 people in health education; and supporting the construction of 3,905 latrines.

These 2025 achievements build on a cumulative legacy of impact. From 1999 to 2025, The Carter Center has



Participants at the 27th annual Trachoma Control Program Review meeting gathered in Addis Ababa, Ethiopia, in March.

assisted 982,964 people in receiving TT surgery and has distributed more than 254 million doses of antibiotics. Beyond these interventions, the Center's partnerships have contributed to training 440,984 individuals in health education efforts and 14,154 masons to construct more than 3.6 million latrines.

The two-day review featured presentations from ministries of health on SAFE strategy updates, alongside focused thematic sessions on WASH, complementary indicators, surgical eye care, and strategies for accessing hard-to-reach populations. Representatives from WHO, the Expanded Special Project for Elimination of Neglected Tropical Diseases, the International Coalition for Trachoma Control, the International Trachoma Initiative, and Pfizer also contributed updates, adding global context to the discussions. The

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diversity of voices and perspectives in the room was itself a powerful reminder of what sustained, coordinated

partnership looks like in practice.

Closing the review, Carter Center CEO Paige Alexander did not shy away from the road ahead. Funding gaps, hard-to-reach populations, persistently endemic districts, and insufficient investment in WASH infrastructure remain real and pressing obstacles. Yet the progress achieved against these odds speaks volumes. Behind every data point is a health worker who showed up, a volunteer who served without hesitation, a ministry that prioritized its most vulnerable communities, and a donor who believed in the mission. That collective resolve—the belief that blindness from a preventable disease is unacceptable—is what drives The Carter Center forward and makes elimination not just possible, but inevitable. [P](#)

An Alternative Strategy to TT Surgeries in Ethiopia's Amhara Region

The Trachoma Control Program in Amhara has seen great progress toward the elimination of trachoma as a public health problem due to the extensive collaboration between The Carter Center and the Amhara Regional Health Bureau (ARHB). Since 2001, more than 846,000 people have received surgery to correct trachomatous trichiasis (TT)—the advanced stage of trachoma that can lead to irreversible blindness if left untreated. The program has also documented a shift in the severity of TT; while historically many people suffered from major TT, meaning more than five lashes touching the ocular globe, more cases are now presenting with minor TT. In addition to considerable water, sanitation, and environmental improvements, the distribution of more than 230 million antibiotic treatments since 2001 has contributed to this shift, thereby decreasing the potential

for conjunctival scarring and TT development.

As a result of the high surgical volume and the decreasing severity of TT in many remaining cases, the ARHB and the National Trachoma Program established epilation guidelines to manage minor TT and postoperative TT (PTT)—a condition in which individuals who have undergone surgery experience continued conjunctival scarring that causes eyelashes to turn inward again. Epilation by a trained healthcare professional allows for individual eyelashes in minor TT cases to be removed with tweezers, helping the patient avoid unnecessary surgery. In 2025, integrated eye care workers (IECWs) in Amhara were trained to identify cases of minor TT and PTT and provide epilation for eligible individuals. The scale-up of these guidelines—including incorporating epilation into all future IECW

Epilation by a trained healthcare professional allows for individual eyelashes in minor TT cases to be removed with tweezers, helping the patient avoid unnecessary surgery.

training and distributing epilation forceps—prepares the Amhara program for the post-elimination transition, when all future TT and PTT cases must be managed within the existing health system. Epilation also provides an additional treatment option that offers pain relief and blindness prevention for individuals suffering from TT, whether major TT, minor TT, or PTT. [P](#)

Sixteen South Sudanese Children Receive Sight-Saving Surgery

In 2023, after years of interrupted access due to insecurity, the Carter Center's Trachoma Control Program resumed support to Jonglei state in South Sudan. Since then, over 200 children with severe trichomatous trichiasis (TT), the advanced and blinding stage of trachoma, have been detected. Because TT typically occurs after decades of trachoma infection, its presentation in children (pediatric TT) is considered extremely rare; only scattered cases have been reported in the past. The number of cases being reported in Jonglei is staggering.

To better understand this phenomenon, The Carter Center has launched an ongoing study in surgical camps across Jonglei. During the first two camps held in Pibor County (July 2025, February 2026), 32 pediatric cases were confirmed, the youngest of which was a 3-year-old girl. Nearly all cases were considered severe, or major TT,

meaning more than five eyelashes were touching the eye. Corneal opacity, a precursor to blindness, was found in 66% of children.

These findings are not isolated to Pibor. Since resuming activities in Jonglei, pediatric TT has been reported in surgical camps across six other counties in the state, likely representing only a fraction of the true burden. Reaching these children presents significant challenges, including sparse and understaffed health facilities, seasonal flooding that limits access to just three to five months per year, and unpredictable insecurity. These factors simultaneously drive trachoma transmission, constrain health interventions, and influence population movement, limiting the window to find and treat these children before they are lost to follow-up. If that occurs, they are unlikely to receive the needed corrective surgery and face an increased risk

of irreversible blindness.

While some children are eligible to receive surgery at surgical camps, those

In total, 16 children have received TT surgery through this process, which has provided a framework for the management of pediatric TT in South Sudan.

under 12 require general anesthesia, which is not available in outreach settings. To address this, after each of the Pibor surgical camps, The Carter Center and partner organizations coordinated the transport of children and their caregivers to the Ministry of Health's Buluk Eye Centre in Juba, where they were admitted and received surgery. In total, 16 children have received TT surgery through this process, which has provided a framework for the management of pediatric TT in South Sudan.

Moving forward, the Ministry of Health and The Carter Center are working urgently to expand on this process, addressing the logistical and financial barriers that underpin the complexities of providing care to those afflicted by pediatric TT. In a setting where access is measured in months and blindness is permanent, the work of finding these children — and getting them to surgery in time — cannot wait. 



A boy recovers from TT surgery, accompanied by his caregiver. Both traveled from remote Pibor County to Buluk Eye Centre in Juba for the procedure.

Photography and AI: Developing the Future of Trachoma Surveillance

Photography is an increasingly important tool to support trachoma surveillance. High-quality images of the inner eyelid (conjunctiva) can help verify trachoma grading conducted during surveys, particularly because field grading often occurs under challenging conditions, including inconsistent lighting and crowded community settings with limited time for eye exams.

As part of ongoing advancements in trachoma photography, the Carter Center's Trachoma Control Program has partnered with ophthalmologists and imaging experts at the University of Vermont to understand how artificial intelligence (AI) can be used alongside images of the conjunctiva to verify field-based grading. These AI diagnostic approaches can be used either through centralized grading centers (telemedicine) or through automated grading built directly into smartphone applications. However, to accurately detect and classify trachoma signs using AI systems, high-quality conjunctival photographs and standardized protocols are essential.

In early 2026, The Carter Center and the University of Vermont worked to test whether smartphone and mirrorless cameras could rapidly, consistently, and accurately capture key features of the conjunctiva in realistic community-based settings where trachoma remains endemic. For this project, the University of Vermont developed a machine learning application and provided cameras, while The Carter Center integrated photographers into trachoma surveys to capture conjunctival photographs in pursuit of these objectives.

In March 2026, the University of Vermont led a one-day photography training in Addis Ababa, Ethiopia.

The team trained two experienced photographers to operate both a Google Pixel smartphone and a Nikon mirrorless camera. A hands-on session involved working with mannequins to learn camera settings and practice techniques. Shortly after, the team traveled to a community on the outskirts of Addis Ababa. The photographers worked in coordination with community leaders, parents, trachoma graders, The Carter Center, and the University of Vermont researchers to translate their theoretical knowledge to a real-world setting. During the community visit, photographers practiced the newly learned protocols and photography techniques with nearly 20 children.

In May 2026, the photography protocols were implemented for the first time in a survey in the Amhara region of Ethiopia. During the survey, the two trained photographers visited seven communities, taking two images per eye of approximately 130 children. Feedback and photographs will be



Two photographers capture conjunctival photographs of a child near Addis Ababa, Ethiopia, during the training field visit.

used to update future protocols and to develop the AI grading algorithms designed to grade trachoma in real time.

In just six months, The Carter Center and partners translated a preliminary research protocol into a large-scale field deployment, positioning the team at the forefront of developing machine learning applications for trachoma. [E](#)

MY VIEW

by Pallavi Kache

One Year In: Reflecting on Field Epidemiology in South Sudan

In my first year as an epidemiologist with the Trachoma Control Program, I had the privilege of spending a cumulative two months in South Sudan. Time with the Carter Center's team in the world's youngest country provided insights unlike any that had shaped my public health career up to this point. Previously, I spent several years at the U.S. Centers for Disease Control and Prevention supporting epidemiologic investigations, where rapid data collection, surveillance systems, laboratory diagnostics, and coordinated response structures formed the backbone of public health action. During my doctoral training, my research on dengue and its mosquito vectors in Andean cities across Colombia taught me how infectious diseases exploit vulnerabilities within social and public health systems and how critical field epidemiology is for informing effective interventions.

Yet the realities of trachoma elimination in one of the most underserved regions of the world, with limited healthcare infrastructure and significant logistical barriers, require a

different approach—one grounded not only in strong epidemiologic methods, but also in partnership, patience, and adaptability.

In November 2025, I traveled to Juba, South Sudan, to support data collection activities associated with a surgical outreach initiative for a small cohort of children from Jonglei state who had been identified with trachomatous trichiasis (TT), an extremely rare and devastating form of trachoma. Over the course of several days at the Buluk Eye Centre, I spent time with nine children who had traveled hundreds of miles from their homes to receive TT surgery. Each carried visible signs of the long-term consequences of repeated infection: eyelashes scraping against their corneas because of progressive scarring, and in some cases, corneal opacity—a stark reminder that vision loss had already begun. As an epidemiologist, I am accustomed to understanding disease through surveillance reports, prevalence estimates, and data tables. Yet there I was confronted with the humanitarian consequences of young children going blind due

sense of excitement and hope emerged that transcended language barriers and centered on the possibility of returning home with less discomfort and vision loss.

What struck me most, however, was that none of these children would have had surgery without the extraordinary efforts of the trachoma team. Long before I arrived in Juba, community health workers, trachoma graders, surgeons, and program staff had traveled to difficult-to-access communities to identify children in need of care, engage families, and facilitate their referral for treatment. Their unwavering commitment to eliminating trachoma made this work possible. As the Trachoma Control Program enters a new phase of surveillance activities in Jonglei state, these experiences have given me an even greater sense of purpose. Upcoming surveys will generate critical data to better understand the epidemiology of trachoma in a region where severe disease continues and where important questions remain unanswered.

In just a few months, South Sudan has reshaped my understanding of global public health practice. The Center's field teams approach each day with a combination of expertise, ingenuity, resolve, and camaraderie. Whether we are traveling between communities, spending time at a surgical outreach site, or sharing stories after long days, the fieldwork reminded me that effective public health practice is built on technical expertise. It is also built on trust, friendship, and a shared commitment to serving communities. Their example will continue to shape how we use science and partnership to eliminate trachoma in South Sudan. **E**



Epidemiologist Pallavi Kache photographs children's eyes one day after TT surgery, to document recovery progress.

30th RB Program Review Incorporates Center's Work in Hispaniola

KEY TAKEAWAYS:

- The river blindness, lymphatic filariasis, schistosomiasis, and soil-transmitted helminthiasis programs assisted with 56.9 million treatments in 2025.
- In Carter Center-assisted areas, 44.9 million people no longer need treatment for river blindness, and 50.6 million people no longer need treatment for lymphatic filariasis.
- The Carter Center launched assistance for river blindness and lymphatic filariasis elimination in Madagascar and Chad in 2025 through the Reaching the Last Mile Fund.

The 30th Annual Program Review

of The Carter Center's River Blindness, Lymphatic Filariasis, Schistosomiasis, and Malaria Programs was held March 24-27, 2026, in Addis Ababa, Ethiopia, marking the first review meeting to bring together programs from across Africa and the Americas. About 100 Atlanta- and country-based Carter Center staff, Ministry of Health officials, partners, and donors gathered to review 2025 results and set priorities for 2026.

In 2025, the Center assisted in distributing 40,817,101 ivermectin treatments (Mectizan®, donated by Merck & Co. Inc., known as MSD outside the United States and Canada) in seven countries, reaching 69% of the 2025 target of 59.5 million (see Figure 1).

Across five countries, 13,899,577

lymphatic filariasis treatments (Mectizan, plus albendazole, donated by GSK) were delivered, reaching 86% of the target (see Figure 2). Schistosomiasis programs in Nigeria and Uganda delivered 707,278 praziquantel treatments (donated by Merck KGaA), attaining 16% of the year's target, while Nigeria provided 1,495,280 soil-transmitted helminthiasis treatments (either albendazole or mebendazole, donated by Johnson & Johnson), attaining 13% of the target.

Lower schistosomiasis and soil-transmitted helminthiasis coverage reflected national import restrictions that prevented 2025 shipments, leaving programs dependent on limited 2024 stock. Altogether, the program supported 56,919,236 treatments for river blindness, lymphatic filariasis,

schistosomiasis, and soil-transmitted helminthiasis in 2025. The 2026 target is 71.2 million. Cumulative treatments through 2025 surpassed 978 million, with more than 648 million Mectizan treatments for river blindness alone. The 2026 river blindness target is 57.4 million treatments.

In 2025, 5.9 million people in Ethiopia, Madagascar, and Nigeria qualified to stop lymphatic filariasis mass drug administration (MDA). Cumulatively, 50.6 million people no longer require it for lymphatic filariasis in Carter Center-assisted areas, and 44.9 million people no longer require MDA for river blindness. These results were made possible through Ministry of Health partnerships and the work of 566,928 Carter Center-trained community-directed drug distributors and community supervisors in Africa.

Ethiopia

The Carter Center supports river blindness and lymphatic filariasis elimination activities in seven of Ethiopia's 12 regions. In 2025, the Center assisted in delivering 17,620,897 Mectizan treatments for river blindness, representing 51% of the 2025 treatment target. Most second-round treatments were delayed until early 2026 to allow integration with other Ministry of Health public health campaigns. In 2025, 98,842 people qualified to stop MDA for lymphatic filariasis in Carter Center-assisted areas. Cumulatively, 2.9 million people live in areas that have stopped river blindness treatment, while 2.8 million have stopped lymphatic filariasis treatment in Carter Center-supported areas. The 2026 treatment goals are

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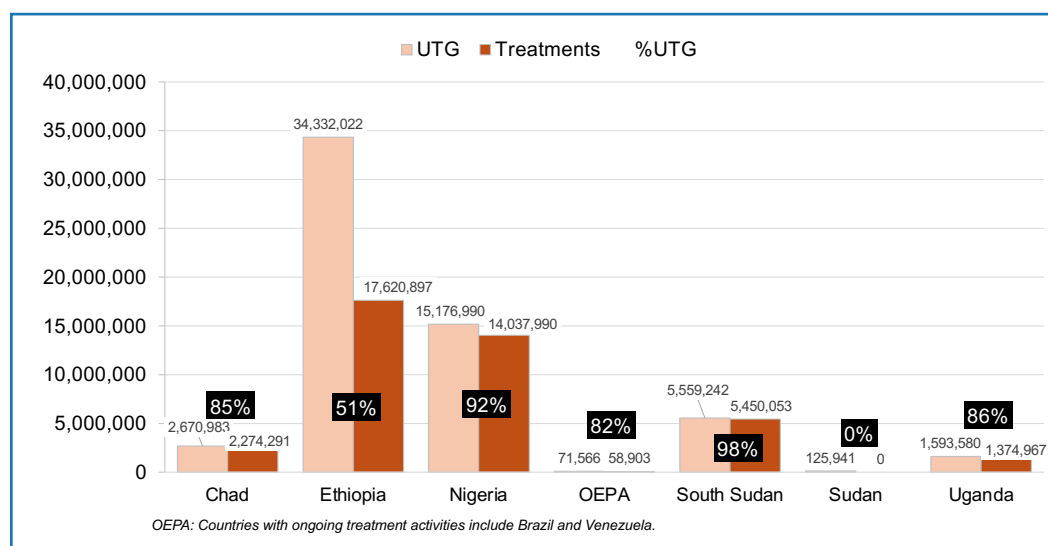


Figure 1: Ultimate treatment goals (UTG) and treatments for river blindness in 2025 for areas assisted by The Carter Center.

34.8 million for river blindness and 1.2 million for lymphatic filariasis. The Center’s Strategy, Innovation, and Learning department funded a collaboration with the Ethiopian Public Health Institute to test an innovative AI-powered microscope to identify black fly vectors by species. The Center’s work in Ethiopia reflects partnerships with the Federal Ministry of Health, the Lions Clubs of Ethiopia, the Lions-Carter Center SightFirst Initiative, and the Reaching the Last Mile Fund.

Nigeria

The Carter Center has historically supported river blindness and lymphatic filariasis elimination and schistosomiasis and soil-transmitted helminthiasis control in nine Nigerian states. In 2025, it assumed river blindness MDA responsibilities in a 10th state, Cross River, that had experienced U.S. government funding cuts. The Carter Center supported more than 14 million river blindness treatments, exceeding 92% of the year’s target, while delayed and insufficient drug allocations limited schistosomiasis and soil-transmitted helminthiasis coverage to 14% and 13%, respectively. Seven of the 10 Carter Center-assisted states have now met World Health Organization (WHO) criteria to stop river blindness treatment, protecting 26.3 million people, while 11.4 million people still require treatment. No lymphatic filariasis MDA was planned in 2025; all 141 lymphatic filariasis-endemic local government areas historically supported by The Carter Center, covering a population of 41.5 million, have now passed a stop-MDA Transmission Assessment Survey, or TAS-1, including four that passed in 2025. The Center also supported 376 hydrocele surgeries, trained 254 Hope Group Leaders, and continued

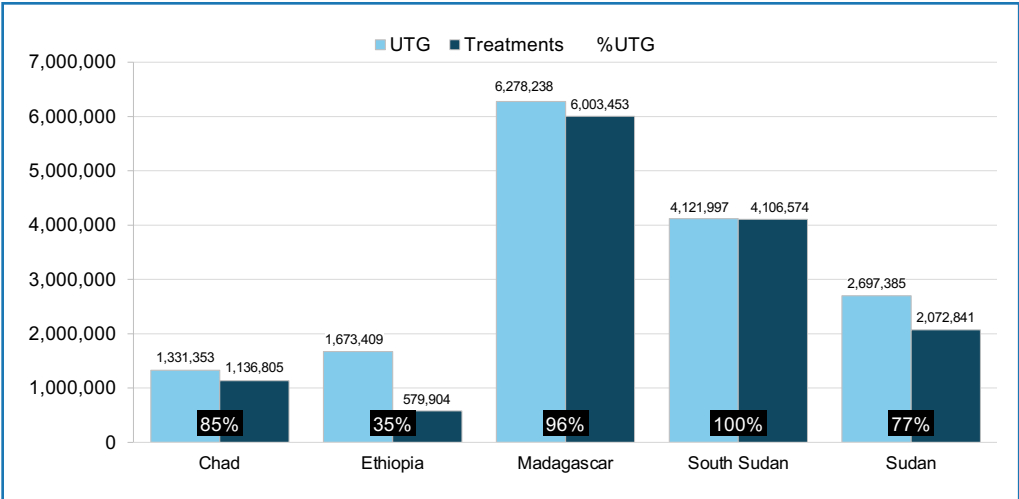


Figure 2: Ultimate treatment goals (UTG) and treatments of lymphatic filariasis in 2025 in areas assisted by The Carter Center.

collaboration with the Center’s Mental Health Program to expand service capacity through WHO’s Mental Health Gap Action Program training. The Carter Center’s work in Nigeria is carried out with federal and state ministries of health and support from the Reaching the Last Mile Fund; UK’s Foreign, Commonwealth and Development Office through the Eliminating Lymphatic Filariasis in Africa initiative, managed by Sightsavers; and the IZUMI Foundation.

Onchocerciasis Elimination Program for the Americas (OEPA)

OEPA is a coalition that includes ministries of health from the six affected countries in the Americas, The Carter Center, the Pan American Health Organization, and other partners. It continues to advance river blindness elimination in the Americas. The only remaining transmission zone is the Yanomami Focus Area along the Brazil-Venezuela border. In 2025, OEPA supported 58,903 Mectizan treatments in Brazil and Venezuela, achieving 82% of the 71,566 target. Venezuela administered quarterly treatment in 68 priority communities, while 647 endemic communities in both countries received treatment twice yearly. Impact assessments were

encouraging: More than 33,000 black flies tested in Brazil were negative by PCR testing, and preliminary results indicate none of 129 children under age 10 who were tested had detectable antibodies to the parasite that causes river blindness. An additional 363 samples are pending analysis. OEPA work is supported through partnerships with the ministries of health of Venezuela and Brazil, Merck, Lions Clubs International Foundation, STARR International Foundation, the I.A. O’Shaughnessy Foundation, and Schreiber Philanthropy.

South Sudan

Since 2024, The Carter Center has supported river blindness and lymphatic filariasis elimination in South Sudan with the Ministry of Health, Christian Blind Mission, and The MENTOR Initiative. In 2025, the program delivered 5,450,053 river blindness treatments in 35 localities, reaching 98% of the target, and 4,106,574 lymphatic filariasis treatments in 27 localities, achieving 100% of the target. A river blindness stop-MDA study in Magwi County found 0.91% seroprevalence among 3,288 children tested. This exceeds the WHO elimination threshold of 0.1%, meaning MDA should continue in Magwi County. The Center’s work in South

Sudan is supported through partnerships with the Ministry of Health and the Reaching the Last Mile Fund.

Sudan

Since 1997, The Carter Center has supported the Sudanese Ministry of Health in eliminating river blindness and, since 2022, lymphatic filariasis. Gedaref and Abu Hamad states have achieved elimination of river blindness transmission. Despite ongoing conflict since April 2023, the program made progress in 2025, supporting 2,072,841 lymphatic filariasis treatments across three states, or 77% of the annual target. In Blue Nile state, the government delivered an additional 59,950 treatments with Carter Center logistical support, bringing the total to 2,132,791. Entomological surveys conducted in Galabat state in 2024 found no evidence of river blindness transmission along the Sudan-Ethiopia border. Work in Sudan is supported by the Federal Ministry of Health and the Reaching the Last Mile Fund.

Uganda

Since 1996, The Carter Center has supported the Uganda Ministry of

Health in eliminating river blindness. In 2025, the program delivered 1,374,967 river blindness treatments, reaching 86% coverage. An additional 102,288 schistosomiasis treatments were integrated into the campaign, achieving 75% of the treatment target. In Upper Madi Mid-North, the last focus still receiving river blindness treatment, a stop-MDA survey found the local population met criteria to stop MDA, but seven Ov-16-positive children were identified in nearby refugee settlements. Because neighboring Magwi County in South Sudan did not meet WHO stop-MDA criteria, treatment also will continue in Upper Madi Mid-North. Overall, 14.8 million people no longer require MDA in Uganda, and 16 of Uganda's 17 originally endemic foci have stopped treatment. The program is supported by the Ministry of Health, the ELMA Foundation, and the Reaching the Last Mile Fund.

Chad

In April 2025, The Carter Center signed a memorandum of understanding with the Chad Ministry of Health to assist national river blindness and lymphatic

filariasis elimination activities. In 2025, the program conducted MDA in Mandoul, Moyen-Chari, and Logone Oriental provinces, distributing more than 2.2 million treatments for river blindness in 26 implementation units, and 1.1 million treatments for lymphatic filariasis in 14 units, with 85% programmatic coverage for both. A total of 4,929 community drug distributors were trained. The program is supported by the Ministry of Health and the Reaching the Last Mile Fund.

Madagascar

In 2025, The Carter Center formalized partnership agreements with the Madagascar Ministry of Health and the WHO Madagascar office to assist lymphatic filariasis elimination activities. The program was disrupted by political unrest in September and a military coup in October, delaying key activities. Despite this, two MDA campaigns in 24 districts, supported by nearly 13,500 community-based workers, reached more than 6 million people with 96% programmatic coverage.

Epidemiological data showed continued

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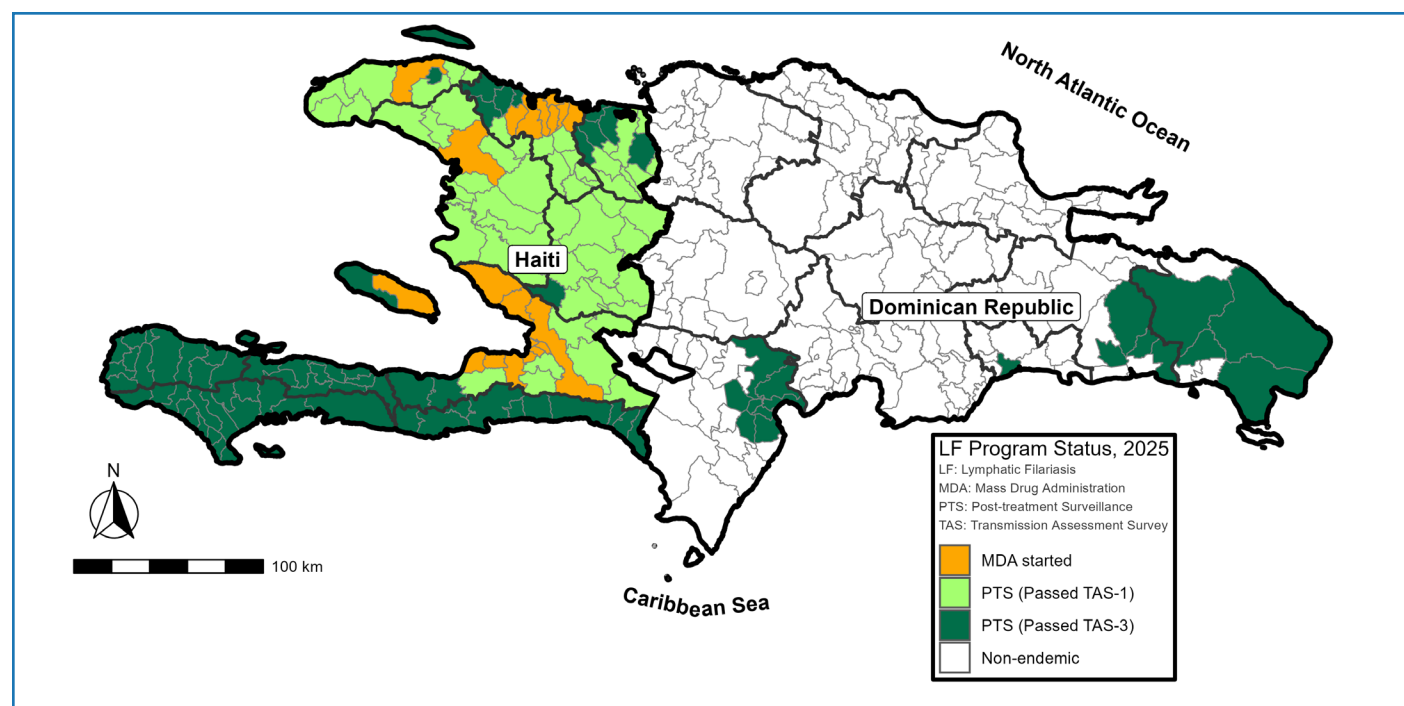


Figure 3: Status of lymphatic filariasis elimination efforts in Hispaniola in 2025.

declines in lymphatic filariasis transmission: 27 districts qualified for TAS-1, as antigen prevalence was less than 1% in each of them. A further 21 districts passed TAS or an IDA Impact Survey, meaning 4,913,864 people qualified to stop lymphatic filariasis treatment. The Carter Center's work is supported by the Ministry of Health and the Reaching the Last Mile Fund.

Haiti

In 2025, Haiti reported 35,859 malaria cases, a 7% decrease from 38,591 in 2024, while malaria-related deaths remained unchanged at 17. All confirmed cases were *Plasmodium falciparum*, though concerns remain about undetected circulation of other parasite species. The Center also continued supporting 59 community health councils in Grand'Anse and 35 in Sud. For lymphatic filariasis, TAS-3

surveys were completed in three evaluation units in the Ouest Department. The combined evaluation unit of Petit-Goâve/Grand-Goâve had zero positive cases out of 1,627 tested (0%), and Pointe-à-Raquettes had three positive cases out of 872 tested (0.3%). Both passed using WHO's revised 2025 guidelines of less than 1% antigen prevalence, meeting WHO epidemiological criteria for elimination of lymphatic filariasis as a public health problem. However, Anse-à-Galets recorded five positive cases out of 1,380 tested (0.36%), which exceeded the critical cutoff threshold of four and means the area likely will need to resume MDA (see Figure 3). Additionally, Hospital Sainte Croix recorded 367 lymphatic filariasis care visits. The Center's work is supported by the Ministry of Health, Schreiber Philanthropy, and the Global Institute for Disease Elimination.

Dominican Republic

In 2025, the Dominican Republic reported 910 malaria cases, a 27% decrease from 1,246 in 2024, and no deaths compared with three in 2024. Molecular testing of 5,940 samples by PCR found 67 positives (1.1%); 66 of those had previously tested negative by rapid diagnostic tests, suggesting possible pockets of asymptomatic infection. For lymphatic filariasis, the Ministry of Health continued preparing its elimination dossier for submission by mid-2026 and began planning post-validation surveillance. The Carter Center also supported capacity-building for clinical health workers to strengthen morbidity management and disability prevention services. This work is supported by partnerships with the Ministry of Health, the Global Institute for Disease Elimination, and Schreiber Philanthropy. [E](#)

The Carter Center Honors Departing Leaders in Nigeria

Dr. Emmanuel Miri, the Carter Center's longtime senior country representative in Nigeria, has been named the inaugural recipient of the Donald R. Hopkins Lifetime Achievement Award. Named in honor of the founding vice president of Carter Center Health Programs, the award is

given to an overseas staff member who demonstrates exceptional leadership and impact in the field of public health. Dr. Miri retired from The Carter Center in May after 30 years of distinguished service.

Dr. Miri joined The Carter Center in 1996 and was instrumental in eliminating Guinea worm disease from Nigeria, along with major accomplishments against trachoma, river blindness, lymphatic filariasis, and



From left: Emmanuel Miri, Abel Eigege, and Cephas Ityonzughul

malaria. His leadership was marked by wisdom, kindness, and dedication to improving the lives of all Nigerians.

Dr. Miri said, "These diseases can only be defeated when we work as a team—from Atlanta to the country teams, states, local governments, and communities. This song must be sung together, in unison, with recognition that everyone in the chain is critical and deserving of respect ... no worm

can withstand the ... firepower of our collective efforts."

Two members of Dr. Miri's team also recently retired: Dr. Abel Eigege and Dr. Cephas Ityonzughul. Both were known for their commitment to public health and their ceaseless drive to improve programs.

We are honored to carry on their legacy and congratulate them on their next chapters. [E](#)

Madagascar Halts LF Treatment for Nearly 5 Million People

In 2025, The Carter Center began assisting the Madagascar Ministry of Health in eliminating lymphatic filariasis through the Reaching the Last Mile Fund and in partnership with the local World Health Organization (WHO) office. Twenty-one (25%) of the country's remaining lymphatic filariasis-endemic districts conducted stop-treatment surveys in 2025. All 21 met WHO criteria to stop mass drug administration (MDA). Transmission assessment surveys were conducted in seven districts that received at least five years of Mectizan (ivermectin) and albendazole MDA. Of the 12,303 children tested, 19 were lymphatic filariasis antigen-positive (0.15% prevalence). In 14 districts that received ivermectin-diethylcarbamazine-albendazole (IDA) treatment, 44,041 adults were tested in IDA impact surveys, 77 of whom were antigen-positive (0.17% prevalence). Only one was positive for active microfilariae infection. These results were well below WHO cutoffs for transmission interruption, meaning 4,913,864 people no longer require MDA for lymphatic filariasis.

An additional 27 districts conducted preliminary stop-MDA assessments. Among 16,954 adults tested, 51 were antigen-positive (0.3% prevalence), and none were positive for microfilariae infection, meaning that all 27 districts

passed and will proceed to transmission assessment surveys or IDA impact surveys. These results confirm the effectiveness of Madagascar's lymphatic

filariasis elimination program (see Figure 4) and offer hope for reaching the goal of national lymphatic filariasis elimination by 2030. 

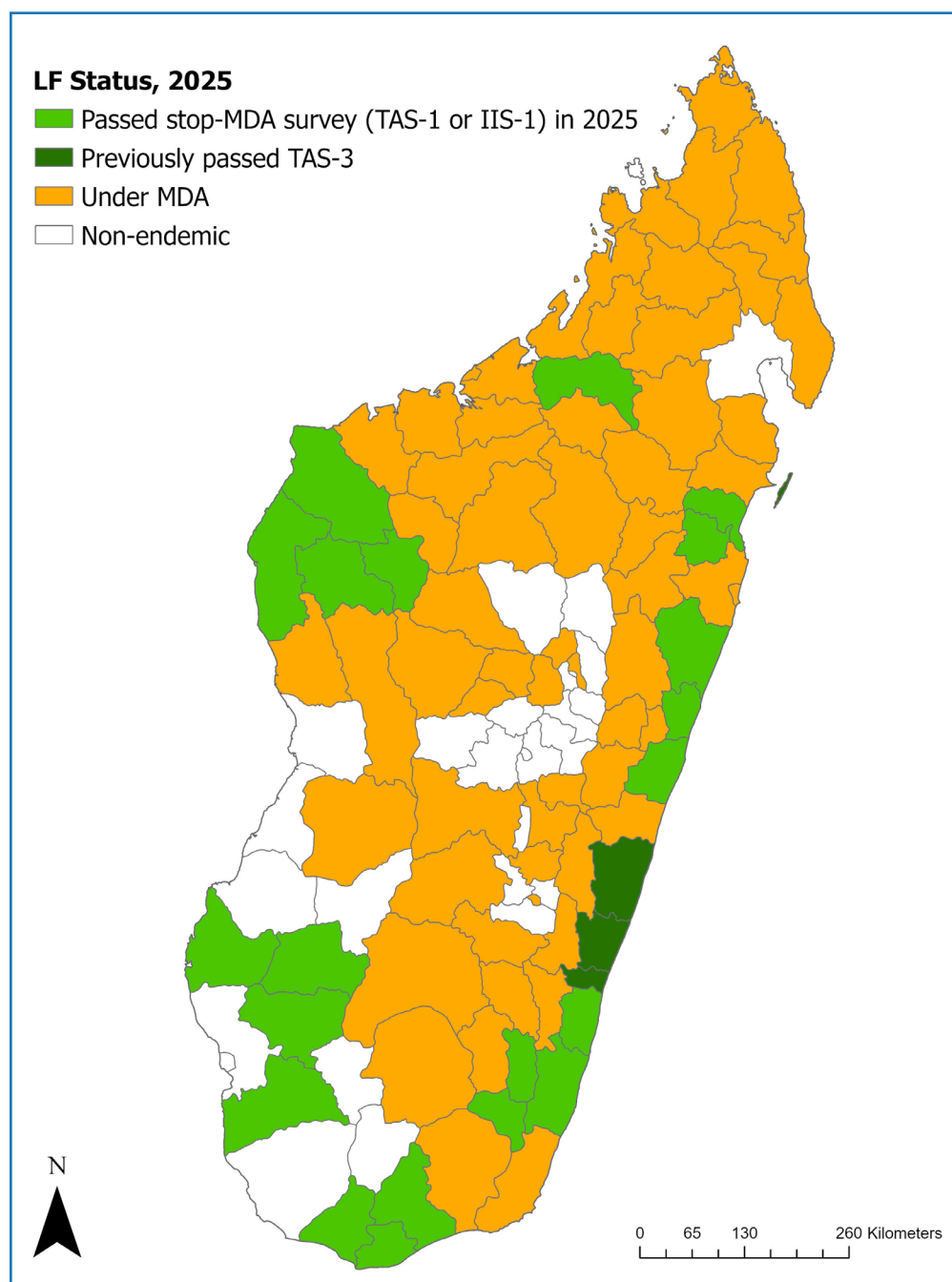


Figure 4: Lymphatic filariasis elimination progress in Madagascar.

With Low Infection Rates Confirmed, Mass Drug Administration for LF Stops in All Areas of Nigeria Assisted by The Carter Center

Lymphatic filariasis is a parasitic infection transmitted by mosquitoes that leads to disabling swelling of the limbs (lymphedema) or scrotum (hydrocele). People with these conditions are often affected by mental health issues, social stigma, and economic hardship.

Nigeria is the world’s second-most-endemic country for lymphatic filariasis. However, as of December 2025, mass drug administration (MDA) is no longer required in the nine states where Carter Center assists lymphatic filariasis elimination (Abia, Anambra, Delta, Ebonyi, Edo, Enugu, Imo, Nasarawa, and Plateau). Transmission Assessment Surveys (TAS-1), which determine whether MDA can stop, were conducted in the last four local government areas (LGAs) in Imo state where MDA was ongoing as of 2025.

TAS-1 in these LGAs were delayed for three to five years because of insecurity, and survey teams followed strict safety precautions. These surveys were conducted in primary schools among students in grades one and two. With consent from their parents, a drop of blood is taken through finger pricks

and placed on a rapid antigen test called a Filariasis Test Strip, or FTS. Children with positive results, along with their families, receive treatment with ivermectin and albendazole, along with bed nets to reduce exposure to potentially infectious mosquito bites.

Of the 3,712 children who were tested in the Imo surveys, only one child was FTS-positive—a sign of current or past infection. Confirmatory testing determined the child was not currently infected. The antigenemia prevalence in each LGA was less than

1%, the World Health Organization threshold to stop MDA. This work was supported by the Reaching the Last Mile Fund.

Thanks to Carter Center assistance, 41.5 million people in 141 LGAs no longer need lymphatic filariasis MDA—more than those still requiring MDA in all other Nigerian states combined. The Center will continue to support WHO-required post-treatment surveillance and to ensure the availability of care for those with chronic hydrocele and lymphedema. 

Guinea Worm Update

Reported Cases by Country: Guinea Worm Disease in Humans		
Country	2025 (Jan-May)	2026 (Jan-May)*
Angola	0	2
Cameroon	0	0
Chad	1	0
Ethiopia	0	1
Mali	0	0
South Sudan	0	0
Total	1	3
*Provisional figures		



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