THE
CARTER CENTER

CARTER CENTER NEWS

FALL 2012

Egyptian Politics Advance Tentatively

Eyelid Surgery Brings Hope in Niger

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NEWS & FEATURES

DEPARTMENTS

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The Carter Center: 5 bottom, 11 left; Noah Friedman-Rudovsky: 8 all; Louise Gubb: 10; Deborah Hakes: cover, 2 bottom, 3 left, 4 all, 5 top, 9 top; istockphoto: 9 bottom; Moses Katabarwa: 3 top; Aryc Mosher: 6, 7 all; Lindsay Rakers: 12; Emily Staub: 2 top, 11 bottom.

ON THE COVER

At a polling station in Cairo, a mother prepares to vote in Egypt's historic presidential election in May. Her inked finger prevents her from voting twice. For fun, poll workers also inked the fingers of children who came to the station.

From the President and CEO

Center Staff Help People Help Themselves

When Dr. Emmanuel Miri, field office director for Carter Center health programs in Nigeria, recently received his nation's medal of honor for civilian service, I was reminded again of the capacity-building impact of our work.

Dr. Emmanuel Miri directs the Carter Center's field operations in his native Nigeria and recently received a national award for civilian service.

Dr. Miri has spent decades fighting devastating diseases in his homeland, the most populous African country and the only nation that has hosted all six of our disease prevention programs—Guinea worm, river blindness, trachoma, lymphatic filariasis, schistosomiasis, and malaria.

These diseases are usually found in impoverished rural areas, often remote and difficult to reach. Even training one health worker in a community leaves lasting infrastructure, and Dr. Miri and his staff have trained thousands to educate communities to treat these diseases and prevent unnecessary suffering.

Remarkable as this progress has been, similar examples of capacity building can be found everywhere the Center works.

After 13 years training 26,000 public health workers, mostly women in rural areas, the Carter Center-assisted Ethiopia Public Health Training Initiative was transferred last year to Ethiopia's federal ministries of Health and Education, enabling the nation to take full charge of its own health care destiny.

John Hardman, M.D., is president and chief executive officer of The Carter Center.

In post-war Liberia, we are working with the Ministry of Health and Social Welfare as they build a sustainable mental health care program by training health clinicians to identify and treat mental illnesses in the nation.

Our peace programs also are working with civil society organizations and traditional leaders in Liberia to strengthen rule of law and enhance dispute resolution as the nation restores a justice system. And in the Democratic Republic of the Congo, we have provided operational training to nongovernmental organizations working to prevent abuses of basic human rights.

At The Carter Center, we often talk about the value of helping people to help themselves. That's capacity building. We harness the power of local people—providing them with training, resources, funding, and organizational support—so they can overcome their own challenges.

Chinese Delegation Observes U.S. Elections

The Carter Center hosted a delegation from China to study the U.S. presidential election in November to learn more about election procedures and reduce misperceptions by the Chinese of the American democratic system.

The Center has organized study tours of every American presidential and midterm election since 1998. Participants include government officials, lawmakers, election experts, scholars, researchers, and contributors to the program's websites.

"We expose the group to as many aspects of the election process as we can to show them that democracy and elections are about people," said Yawei Liu, director of the Center's China Program. "It's not something that—as Chinese media often suggest—is manipulated by Wall Street financiers or political party bosses. It's a grassroots action, a mobilization process, about how to convince people that you are the right person to be their leader."

Two members of a Carter Center delegation that included officials and scholars from China review their notes as they watch U.S. citizens vote in the 2008 elections in Washington, D.C. The Carter Center has been bringing Chinese to the United States to observe elections for more than a decade.

Two study groups observed election procedures in Chicago and West Lafayette, Ind. and heard from experts about U.S.-China relations and China's upcoming political reform in the wake of leadership transitions in both nations.

A female community health volunteer measures a man in Abu Hamad, Sudan, to determine his dosage of Mectizan, which will protect him from the parasitic disease river blindness. Because Sudan announced in May that transmission of the disease had ceased, the twice-annual drug treatments will no longer be needed.

Sudan Breaks Transmission of River Blindness in Abu Hamad

In May, Sudan announced it had stopped transmission of the parasitic disease river blindness in its Abu Hamad area, successfully capping a six-year effort to eliminate the disease.

Abu Hamad, a community of more than 100,000 people, located in northeastern Sudan, was the most isolated area in the world fighting river blindness. The remote location played a role in the success of the elimination effort in that the flies that spread the disease could not bring the parasite in from neighboring communities.

Sudan's efforts to halt river blindness in Abu Hamad began in 2006. The Carter Center and the Lions Clubs' SightFirst initiative helped to provide health education and twice-per-year treatments with the drug Mectizan,® donated by Merck. With the announcement, drug treatment will no longer be needed.

The small black flies that transmit river blindness breed in rapidly flowing streams and rivers. The disease causes severe itching, eye damage, and often blindness but can be prevented with a treatment regimen of Mectizan.

Series Brings Public, Experts Together to Debate Global Issues

Hosted in Atlanta, Ga., the annual series "Conversations at The Carter Center" provides an opportunity for members of the public to hear from and question top experts about events around the world. The public is invited to attend the events in person, but they are also webcast live. Upcoming discussions include:

- "Beyond Stigma: Bringing the Conversation About Mental Illness Forward," Feb. 19, 2013
- "Venezuela's Political Future," April 18, 2013

The live webcasts and an archive of past events in the series can be found at www.cartercenter.org/conversations. Recent additions include a September presentation by former U.S. President Jimmy Carter and former First Lady Rosalynn Carter on the history of the Center, and an October panel discussion of the state of affairs in China.

Egypt's Political Transition Advances Tentatively

Despite several rounds of elections, Egypt's transition to democracy is moving forward unsteadily. Egyptians clashed violently in early October over new President Mohamed Morsi.

Since May 2011, The Carter Center has worked in Egypt to monitor the political transition and witness parliamentary and presidential elections. Egypt's transition to democracy often has been uncertain, and the country has enjoyed political progress but faced setbacks as well.

"This is a step-by-step process of a complete revolution from a 60-year military dictatorship to an absolutely free and unrestricted right of people to choose their own parliamentary members and president," former U.S. President Jimmy Carter said at a Cairo press conference last May. "It's a complete transformation, which took the United States more than 12 years from the Declaration of Independence to the Constitution. They're trying to do it in 18 months."

The Carter Center witnessed the People's Assembly elections that took place in three phases from November 2011 to January 2012, followed by the Shura Council elections in January 2012, and remained to witness the presidential election in May 2012. This marked the first time in Egypt's history that the head of state was directly elected by the people in a competitive election.

President and Mrs. Carter watch as a voter casts his ballot for president in May.

The Center faced many hurdles as it prepared to witness the presidential election and was one of only three international organizations even accredited by the election commission. Accreditation badges, necessary for witnesses to observe the process, were provided less than seven days before the election.

Additional restrictions included a provision banning public statements by witnesses prior to the completion of polling, a 30-minute time limit on witnesses' presence inside polling stations, and the prohibition of observing the final aggregation of results.

"In spite of these unprecedented restrictions from the election commission, The Carter Center ultimately decided to continue its mission to witness the presidential election," said David Carroll, director of the Carter Center's Democracy Program. "It was a very difficult decision, but we felt it was important to have an international presence for these critical elections. This is a unique exception, and the Center will not accept such restrictions in the future."

In the presidential runoff, Muslim Brotherhood candidate Mohammed Morsi narrowly won the presidency ahead of Mubarak-era Prime Minister Ahmed Shafiq.

The political context surrounding the vote created significant cause for concern, specifically a decision to dissolve the democratically elected Parliament, the reinstatement of elements of martial law on the eve of the runoff, and a constitutional addendum by the Supreme Council of the Armed Forces (SCAF) during vote counting that carved out a continuing, dominant role for the military within the Egyptian government. These issues called into question whether a truly democratic transition was still taking place. Since then, Egypt has continued to move forward politically with a degree of uncertainty.

In late May, the decades-old emergency law expired, and in June, a court sentenced ex-President Hosni Mubarak to life in prison for complicity in the killing of protesters during the 2011 revolution.

In July, new Prime Minister Hisham Qandil appointed a government that has been perceived as excluding secular parties.

And in August, President Morsi ordered the retirement of senior SCAF members and amended the constitutional declaration, stripping the military of legislative powers, restoring powers to the presidency, and giving authority to the president to appoint the constitution drafting committee should current efforts fail.

The Carter Center continues to closely follow events in Egypt and hopes to monitor the constitutional referendum and subsequent parliamentary elections, expected sometime in the coming months.

Two Egyptian women check in at a polling station in May. The Carter Center's observation of the Egypt elections was very limited due to restrictions on access and time.

Center Watching High-Profile Elections This Fall

In July, The Carter Center conducted a limited election observation mission in **Libya** and found that, while improvements could be made, the tabulation process for General National Congress elections was credible and adequate to determine the results of the election accurately.

The Carter Center conducted an independent study mission of the Oct. 7 **Venezuela** presidential election and campaign and will issue a report in November for the international community about Venezuelans' perceptions of the electoral process.

Another study mission was deployed to the **West Bank** to assess the overall political and electoral conditions and the Central Election Commission's administration of the Oct. 20 municipal elections. The Center declined to observe the elections themselves because of a planned boycott by Hamas and because elections were held only in the West Bank, not Gaza. The mission focused on steps needed for national elections and reconciliation between the major political factions.

In **Sierra Leone**, The Carter Center will deploy an election observation mission for Nov. 17 presidential and legislative elections. As the country's third post-conflict elections and the first for which it will handle most of the logistics, these elections form a critical test for sustainability of democracy in the country.

Sierra Leone's presidential election is expected to be tightly contested between the incumbent and opposition leader, and the stakes are particularly high. Recently identified potential for oil reserves, along with revenues from diamond mining, means that the next government will control significant financial resources.

A poll worker calls out votes cast during Sierra Leone's elections in 2002, observed by The Carter Center. The Center plans to monitor upcoming critical presidential and legislative elections.

Surgery Brings Hope to Nigerien Grandmother

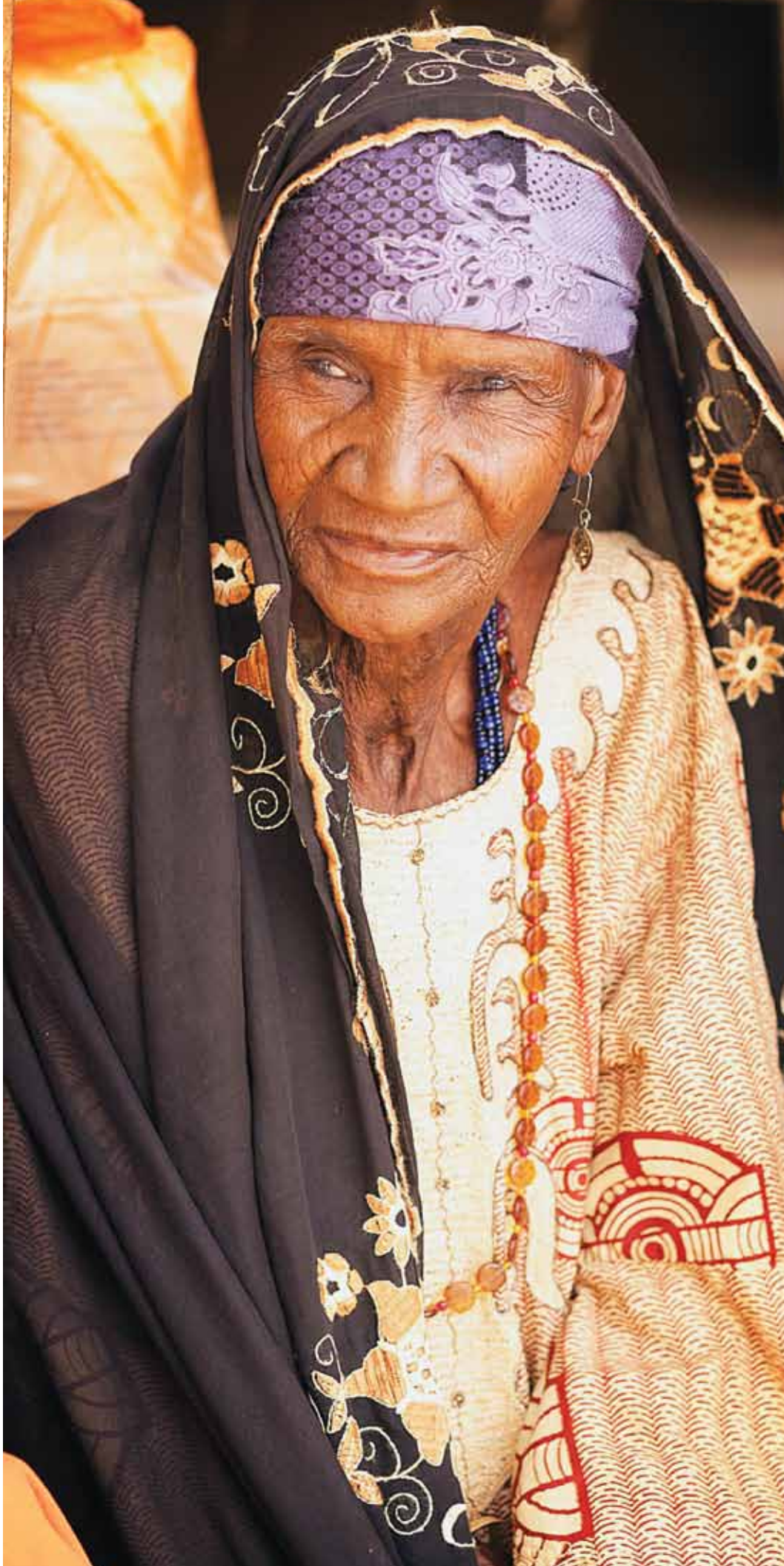
It was late afternoon in Dorum, southern Niger, when a middle-aged man and his elderly mother rode in on a motorcycle. The woman's calm façade belied the excruciating pain she felt. An hour-long ride outdoors through dusty roads in the midday sun comprised some of the worst conditions a woman with an advanced eye disease could face. But as agonizing as it was, the journey likely saved her eyesight.

Hajan Hassan, an 88-year-old grandmother, suffered from the bacterial disease trachoma for more than a decade. Repeated infections over the years had left her eyelids scarred, causing her eyelashes to turn inward and scrape her cornea with every blink.

A simple 15-minute eyelid surgery can reverse this condition, and Hassan had been looking forward to receiving the free procedure, offered at a surgery camp sponsored by The Carter Center in nearby Dorum. The Carter Center is working to eliminate blinding trachoma from Niger.

The Zinder region of the country, where Hassan lives, is one of the most trachoma-endemic areas in the world. Approximately 58,000 people need the surgery to correct deformities to their eyelids caused by this condition. Untreated, the disease causes victims' eyesight to deteriorate, possibly leading to blindness.

Hassan was not supposed to arrive for her surgery on the back of a motorcycle. She had intended to ride the free bus taking other trichiasis patients to the surgery camp—but missed it. She told her son what happened, and he sprang into action, quickly fueling his motorcycle and insisting



Hajan Hassan, 88, awaits eyelid surgery at Carter Center camp in Dorum, southern Niger.

Corrective eyelid surgery requires simple tools and can be performed in many settings, including health clinics and mobile camps.

The Carter Center is working to eliminate blinding trachoma from Niger.

Recovery time for surgery is relatively short — patients can often resume work and family chores in a few days.

she climb aboard.

Before her surgery, Hassan had to spend most of her days inside her hut, because the condition is aggravated by bright sunlight, debris in the outdoor air, and even smoke from cooking fires, said Aryc W. Mosher, assistant director of the Carter Center's trachoma program. The inability to contribute to family and community chores can cause victims of the disease to feel useless and a burden to others. "Trichiasis is not just a disease of the eyes, it is a disease of the spirit," Mosher said.

Hassan was not even able to keep watch over her grandchildren. "Children are always running, and I am sitting on my mat in my house," she said. "How could I care for them?"

In many trachoma-endemic countries, the loss of an extra hand with children or in the fields can have far-reaching consequences. Niger consistently ranks among the least developed countries and has one of the highest infant mortality rates. Recent floods and food scarcity have compounded these difficulties.

The Carter Center began trachoma prevention activities in Niger in 1999, building on the trust of the local communities and networks of thousands of volunteers already fighting Guinea worm disease. Although Niger halted Guinea worm disease in 2008, the foundation for community health care remains in place.

The eye surgery that Hassan received in Dorum is only one part of a four-pronged strategy to stop trachoma. The Carter Center and its partners, including the Conrad N. Hilton Foundation, Helen Keller International, Lions Clubs International Foundation, and International Trachoma Initiative, help Nigeriens implement the World Health Organization's SAFE strategy: surgery, antibiotics (azythromycin, donated by Pfizer Inc), face and hand washing, and environmental sanitation improvement, primarily through construction of household latrines.

To date, in Niger, The Carter Center has supported the distribution of approximately 3.9 million doses of antibiotics and more than 21,000 surgeries. The Center also helps implement radio programs, theatrical performances during weekly markets, and educational activities at local schools to spread messages about trachoma prevention in more than 600 villages. In addition, nearly 75,000 household latrines have been built by Carter Center–trained masons using low-cost, local materials.

"All of our activities against trachoma are helping Nigerien communities reach their goal of eliminating blinding trachoma in the next few years," said Mosher.

And while Niger keeps its eye on halting the bacterial disease, Hassan will be busy keeping her eyes on her grandchildren.

Venezuela Media Aim for Balanced Election Coverage

Journalists participate in a Carter Center workshop about unbiased news reporting in June 2012 in Caracas, Venezuela.

As the October presidential elections loomed in Venezuela, this summer The Carter Center began a series of workshops in the country to encourage less partisan and more professional political reporting from the media.

"Balanced news and campaign coverage is crucial for voters to make free and meaningful choices at the polls," said Jennifer McCoy, director of the Carter Center's Americas Program. "Improved news coverage will lead to more informed citizen participation."

Venezuela's polarized media outlets both reflect and contribute to the country's deep political and social divisions. Partisanship often outweighs commitment to professional journalistic standards in making reporting and editing decisions. A group of leading journalists asked The Carter Center to conduct training because the media, in addition to political parties, are the primary source of information and analysis of the electoral process, including whether parties are complying with electoral regulations.

Workshops and webinars have focused on topics such as Venezuela's automated voting process, democratic election standards, and interpretation of public opinion polls.

"The Carter Center has taught me that what I have to do is journalism—not opposition journalism, not official journalism," said David Ludovich, a journalist who works with the nongovernmental organization IPIS, which monitors freedom of speech in Venezuela. "I bring only the data and an explanation to my audience."

Andres D'alessandro, who moderated the Carter Center's media training in June 2012, sees the polarization of Venezuela's news media as an unfortunate but persistent reality. "The space that the Center's training provides to bring together journalists from divergent media is an important contribution to lessening that polarization and strengthening Venezuelan democracy," he said.

"Journalists who have participated in Carter Center trainings are changing their approach to the news, even their approach to colleagues with whom they have differences," said Luz Mely Reyes, an investigative journalist at Venezuela's Ultimas Noticias newspaper, one of the few seen as providing balanced coverage in the country. "As a society, I think Carter Center trainings have shown us how we can resolve conflicts without the use of violence."

A Venezuelan man checks the day's news in capital Caracas. Newspapers and other media are the primary source of information about politics in the polarized society.

Venezuela's polarized media outlets both reflect and contribute to the country's deep political and social divisions.

For more than a decade, The Carter Center has conducted election observations, media training, and conflict resolution efforts in Venezuela, as it has undergone profound transformations.

★ To read statements from The Carter Center about the Oct. 7 Venezuelan election in which Hugo Chavez was re-elected, go to www.cartercenter.org.

Journalist Inspired to Help Transform Mental Health Care in Romania

Former journalist Emilia Chiscop discusses the Romanian mental health system while at The Carter Center in September.

"The Carter Center has changed my life completely," says Emilia Chiscop, 41, a former Rosalynn Carter Fellow for Mental Health Journalism.

Only a few years ago, Chiscop was working as a deputy chief editor for the social issues section of Iasi Daily Newspaper, a major newspaper in a cultural and academic hub in eastern Romania.

Chiscop said she was constantly confronted with the challenges facing her community, but mental health issues were never a part of the public dialogue. That is, until a colleague mentioned a Carter Center journalism training workshop on the subject.

"Many people in Romania are very hesitant to talk about mental illness because they view these diseases as a curse or a shame upon their families," Chiscop said. "Even the media focused mostly on sensational news stories about criminals who had mental illnesses."

Romania, like many countries with limited economic resources, has struggled to provide services for people suffering from serious mental illnesses—even though cost-effective treatments are available. Compounding these concerns, several nongovernmental organizations have identified pervasive human rights violations within state-funded psychiatric institutions. Reports of patients dying from neglect have been common.

After attending the Carter Center seminar, held in partnership with Romania's Center for Independent Journalism, Chiscop was inspired. She was eager to start a new, more humanizing conversation on mental illness, about regular citizens contributing to their communities despite their struggle with these disorders.

Chiscop hoped her stories would help fight stigma and also put pressure on the government to invest more in mental health services. She applied for one of two Romanian Rosalynn Carter Fellowships for Mental Health Journalism and was accepted for the 2008–2009 fellowship class.

In addition to receiving a stipend, Chiscop traveled to the United States for the Carter Center's annual fellowship meeting in Atlanta. There, she bonded with other fellows and received three days of expert training on how to develop her fellowship project, emerging science on the brain, and how to deal with the personal, emotional impact of what she would witness or cover as a mental health journalist.

Then, it was back across the Atlantic to her own newsroom in Iasi, where Chiscop worked closely with the Center for Independent Journalism. Her articles began to generate attention.

Across Romania, people are hesitant to discuss mental illnesses for fear of bringing shame to their families. After writing a series of newspaper articles on aspects of mental health care in Romania as part of a Rosalynn Carter journalism fellowship, Emilia Chiscop received emails from readers who said they needed help.

"I would receive email after email from people who had read one of my articles and needed my help. Even colleagues privately admitted to me their own personal struggles with mental illness," Chiscop said. "But what surprised me most was how compassionate people were in their online comments on my stories."

The more she listened to feedback from her readers, the more Chiscop began to feel she could build on her experiences to focus more on international mental health policy.

Since her fellowship, Chiscop has pursued advanced degrees in the United States so she can one day help Romania create a community mental health system. She received a master's degree in bioethics from Case Western Reserve University in 2011, and in September, she completed the Master of International Development Policy program at Duke University.

"Emilia's work during her fellowship year with The Carter Center is a powerful contribution to mental health reporting in Romania and beyond," said Rebecca Palpant, assistant director of the Rosalynn Carter Fellowships for Mental Health Journalism. "It is a valuable exemplar of the kind of reporting that the Rosalynn Carter Fellowships for Mental Health Journalism were designed to inspire and support."

"I've seen how important it is to give people hope or to help them see things differently," Chiscop said. "I know one person can't do it alone, but together we can create a wave of positive change."

PROFILE

Frank Richards

Adaptation Key in Director's Fight Against Parasites

In Guatemala 25 years ago, on a coffee farm situated at the slope of a volcano, Frank O. Richards Jr., M.D., sat under a thinly thatched roof talking with an old man. Chickens foraged on the dirt floor, and a mangy dog slept in the corner. As the day's last rays of sunlight streamed in, Dr. Richards asked the old man in Spanish, "What is the most important disease in this community?" Dr. Richards was field-testing survey questions to see how receptive people would be to taking a new medicine to treat the parasitic disease river blindness.

"Can you imagine that the poverty here in this community simply cannot be escaped?" the man said.

To Dr. Richards, the man's insight was profound. "It was like an arrow to my brain—the idea that poverty and hopelessness promote disease. It's a cause and a consequence," he said. "And a downward spiral."

As director of several health programs at The Carter Center, Dr. Richards has seen the link between poverty and disease around the globe. And although poor living conditions persist in the communities where the Center works, significant progress has been made since that day on the coffee farm.

Dr. Richards is still on the front lines of the fight against river blindness in Guatemala, and last year the country announced it had stopped transmission of the disease, which can cause severe itching and rashes and lead to blindness. The feat was accomplished through a 20-year program at the Guatemala Ministry of Health in partnership with The Carter Center and others, involving twice-per-year administration of the drug Mectizan® (donated by Merck) and health education.

"This success has been a tremendous thing for me both personally and professionally," Dr. Richards said.

A native of St. Louis, Mo., Dr. Richards followed in the footsteps of his father when he pursued a medical degree. But while his father was a practicing surgeon, the younger Dr. Richards began to pursue a career in global health with single-minded interest during medical school at Cornell University. "After a lecture on schistosomiasis, I was sold," said Dr. Richards, who also now heads the Carter Center's Schistosomiasis Program.

He specialized in pediatrics because he knew that in the developing world, children suffer the most. With a focus on preventive medicine, Dr. Richards wanted to give these children a better chance at healthier lives. "Besides treating children who are sick, pediatricians worry about vaccinations. They worry about growth and development. It's about keeping children well," he said.

After his internship at Children's Hospital Los Angeles, he headed straight for the Centers for Disease Control and Prevention and eventually landing a five-year assignment in Guatemala to research malaria and river blindness.

> *'We need to be flexible and aggressive.'*

"I worked on these two diseases from the human side and also the insect vector side," Dr. Richards said. A vector is the transmitting agent in infectious disease, a tiny black fly in the case of river blindness and a mosquito in the case of malaria. "One unique aspect of the Carter Center's work is our focus on the vectors," he said, noting that most nongovernmental organizations focus primarily on program implementation, rather than research.

Calling the approach "interventional research," Dr. Richards and his colleagues on the Center's health staff constantly monitor and evaluate their work, publishing results whenever possible in medical journals. Such an intense focus on analysis provides the foundation for swift adaptation.

"We need to be flexible and aggressive in our efforts to stop transmission of these diseases," he said. "A one-size approach does not fit all needs. Where interventions are not working, we alter or ratchet up our efforts."

Although the rigorous analysis is gratifying for Richards, it is also a means to an end—better lives for people in poor communities. "There is this interconnectedness with the science, an economic, social, political, and cultural fabric that relates disadvantage and poverty with these diseases," he said. "I think about that a lot."

Frank O. Richards, M.D., talks with children in Nigeria. Dr. Richards directs the Carter Center's programs in river blindness, schistosomiasis, and lymphatic filariasis. He also co-directs the malaria program.

Donors Make Long-Term Nepal Project Possible

Since 2009 donor support has allowed The Carter Center to observe and assess democracy building in Nepal.

Elections for a constituent assembly in 2008 in Nepal marked the country's end of monarchy and shift to democracy. Since then, the country has struggled to make the difficult transition to a new form of government.

Through the generous support of the U.S. Agency for International Development (USAID), Norway, and the United Kingdom's Department for International Development (DFID), The Carter Center has undertaken programming to provide Nepali and international stakeholders with accurate and impartial information on constitutional drafting, voter registration, and the prospects for long-term peace in the country.

A team of long-term observers from The Carter Center visits a village in Nepal's Eastern Development Region. The Center has a team based in all five of the country's regions to gather firsthand information from citizens and community groups.

Through reports and briefings, the seven staff members in capital Kathmandu and five teams based throughout Nepal have provided insight on conflict-era land commitments, federalism and constitutional issues, local peace committees, security, political parties and governance, and other topics. The goal is for Nepal's citizens to enjoy sustainable peace and democracy.

In May, the constituent assembly missed its deadline to adopt a new constitution, and the country has entered a period of political uncertainty with the potential for violence as the next round of elections draws near. A generous $1.6 million grant from USAID will allow the Center to continue monitoring the situation until December 2013. With further support, the Center hopes to field a full observation mission for upcoming elections, currently expected in the next six to nine months.

Want to become more involved with The Carter Center? Donors who make a gift of $1,000 to the Center's annual fund are eligible to join the Ambassadors Circle and receive special updates and invitations. To learn more about this unique group, please call Delita Marsland at (800) 550-3560 ext. 810 or email delita.marsland@emory.edu.

In-Kind, Financial Support Benefit Lymphatic Filariasis Program

With donations from the Bill & Melinda Gates Foundation, Vestergaard Frandsen, GlaxoSmithKline, Clarke Mosquito Control, the McKenna Foundation, and many individual donors, tremendous progress has been made against lymphatic filariasis (LF) in Nigeria. This parasitic disease causes gross swelling of victims' limbs. Based on criteria from the World Health Organization, The Carter Center concluded that the Ministry of Health that we assist in two states in central Nigeria had interrupted LF transmission in 2012.

Since 2001, the Gates Foundation has provided financial support of Nigeria's lymphatic filariasis program and supported the fight against several other neglected tropical diseases in this area.

In 2010, Vestergaard Frandsen donated 15,000 long-lasting insecticidal nets, the PermaNet 2.0, to the lymphatic filariasis program. The PermaNets were used to complete a study measuring entomological impact against LF transmission in Ebonyi state.

GlaxoSmithKline donates the drug albendazole used in Carter Center–assisted areas to fight LF. In addition, GlaxoSmithKline has provided more than $1 million in cash support since 1998 for program implementation. Beyond supporting the Center's LF work in Nigeria, GlaxoSmithKline also provided the medicine and funding to launch an LF elimination pilot program in Ethiopia, which is now broadening to include more parts of the country.

Since 2009, Clarke Mosquito Control has donated 103,000 long-lasting insecticidal bed nets, DuraNets, to The Carter Center for control of LF and malaria in Nigeria, a donation valued at more than $500,000. Through the Clarke Cares campaign, the company's customers joined with Clarke to provide the net donation. Their net donations have been used at the front lines of malaria and LF research in some of the world's worst-affected communities.

Finally, a key grant of $15,000 from the McKenna Foundation helped the Center make important gains against LF in Nigeria over the past year.

Due to the gross swelling caused by lymphatic filariasis, victims must deal not only with physical pain but also social stigma in the community.

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

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Lindsay Rakers is a senior program associate for The Carter Center.

NOTES FROM THE FIELD

Nigerian Village Prevents, Treats Schistosomiasis

By Lindsay Rakers

Eight years ago, the urine of 12-year-old Jude Ogwu was consistently red from blood. His father, chief of Aboh, a village in southeast Nigeria, took him to the hospital for treatment but received none. The hospital lacked medicine and the resources needed to treat Ogwu, who was suffering from schistosomiasis, a parasitic disease that damages internal organs.

Ogwu and his friends are particularly susceptible to schistosomiasis because they swim and play in a nearby stream where disease transmission occurs via snails.

With assistance from The Carter Center, Ogwu took his first dose of praziquantel, the medicine that treats and prevents schistosomiasis, when he entered primary school in 2005. Seven years later, when I visited Aboh last summer, I saw Ogwu take his annual dose. He said he feels better and no longer has bloody urine.

I have been traveling to Nigeria since 2005 and was there to witness schistosomiasis program implementation. Health education and drug distribution were to occur outside the local community center. As people gathered under tents, the police officers who had escorted us ran their sirens for several minutes. My Nigerian colleagues told me that this was to arouse curiosity and increase attendance. We keep careful records of who receives treatment; community members not attending the drug distribution would have to be visited in their homes or schools later.

We walked to the slow-moving, muddy stream that harbors schistosomiasis year-round. Local resident Patience Odogwu was cleaning beans when we arrived, scrubbing them with sand, then swirling them in the water. Children like Jude Ogwu are not the only ones at risk—the stream plays a role in the daily chores of all villagers. Aboh is fortunate in that it has a water pump in town that delivers clean, safe water. While a valuable resource, the pump's capacity does not alleviate the need for people to go to the stream for chores like washing clothes, bathing, or scrubbing beans.

It was a privilege to watch the Aboh community take strides toward healthier lives during my visit. And I was reminded that we've accomplished much, but we still have more to do.

Patience Odogwu scrubs beans for her family using water from a muddy stream in central Nigeria that harbors the parasite that causes schistosomiasis.