

THE
CARTER CENTER



CARTER CENTER NEWS

SPRING 2012

Guinea Worm
Campaign
Closes In
on Success

Congo
Elections
Not Credible



WAGING PEACE.
FIGHTING DISEASE.
BUILDING HOPE.

CARTER CENTER NEWS

SPRING 2012

IN THIS ISSUE

NEWS & FEATURES

- DRC Elections Not Credible, Center Says ... 4
- Guinea Worm Campaign
Closes In on Success ... 6
- Egyptian Elections Poised to
Bring New Era ... 8
- Uganda Halts River Blindness in 3 Areas ... 9

DEPARTMENTS

- From the President and CEO ... 2
- News Briefs ... 3
- Profile: Dr. Yawei Liu ... 10
- Philanthropy ... 11
- Notes from the Field: Niger Fights
Trachoma with Multipronged Attack. ... 12

Carter Center News is produced by the Office of Public Information, The Carter Center, One Copenhill, 453 Freedom Parkway, Atlanta, GA, 30307, 404-420-5100, www.cartercenter.org.

Contributing photographers: Becky Brookshire: 3 bottom; Carter Center: 10 top, 11 right, 12 left; Gwenn Dubourthoumieu: 5 top and middle; David Evans: 5 bottom; Louise Gubb: 6, 7 top; Deborah Hakes: cover, 2 bottom, 3 top, 8 all, 11 top and left; Moses Katarbarwa: 9 all; Steve Maxwell: 10 bottom; Aryc Mosher: 2 top; Lisa Rotondo: 12 bottom; Emily Staub: 7 bottom; John Strelau: 4.

ON THE COVER

In northern Ghana, two children peek out from the doorway of their home. In 2011, Ghana saw no cases of Guinea worm disease for the first time since The Carter Center began interventions 23 years ago and will now enter a surveillance period.



From the President and CEO

Center's 30th Anniversary Marks Health, Peace Achievements

The Carter Center has been part and parcel of momentous political and social changes in the three decades since President and Mrs. Carter began their post-White House work in 1982 to wage peace, fight disease, and build hope around the world.

As a growing global movement toward democracy brought demands for independent election observers, the Center pioneered the field of election observation, monitoring some 90 elections in 36



The Carter Center's work to eradicate Guinea worm disease, which began in 1986, formed the foundation of our efforts to fight other diseases. Here, an Ethiopian woman distributes bed nets, which help prevent malaria and lymphatic filariasis.

nations to date to help countries fulfill democratic aspirations.

The Center also has become a trusted broker for peace. With access to leaders at the highest levels, the Center has bridged an important space between official diplomacy and grassroots peace efforts to help resolve armed conflicts. And, as a champion for human rights, we helped to strengthen both U.N.

channels to protect international human rights standards and the voices of a growing cadre of human rights defenders at the grass roots.

On the health front, The Carter Center is now a recognized leader in the eradication and elimination of diseases, spearheading the international campaign to eradicate Guinea worm disease. Not only is this horrible affliction nearly ended worldwide, but the effort has helped to create sustainable health care delivery systems in poor nations throughout Africa with few resources. Today, those networks are expanding to address additional diseases, such as trachoma and river blindness.

In the United States, The Carter Center has worked continuously to advance parity for mental illnesses in our health care systems, making much progress in policy and practice toward diminishing discrimination against people who suffer from them.

This year, as The Carter Center celebrates its 30th anniversary, we also honor co-founders President and Mrs. Carter, whose vision, courage, and heart have brought once unimaginable progress and hope to millions of people in more than 70 nations.



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

Latin American Countries Advance in River Blindness Battle

Three of the six countries in the Americas that historically have suffered from river blindness (onchocerciasis) have achieved milestones in their fight against the disease.

In November 2011, Colombia became the first to apply to the World Health Organization for certification of river blindness elimination, while Guatemala and Mexico announced they broke transmission of the disease.

“Colombia’s success will be an inspiration not only for the other five Latin American countries impacted by this disease, but also for the 30 African countries where most river blindness occurs,” said Dr. Frank Richards, director of the Carter Center’s River Blindness Program. “It will show that elimination at a national scale can be done.”

Spread by the bites of small black flies, river blindness can cause intense itching, eyesight damage, and blindness. The Carter Center sponsors the Onchocerciasis Elimination Program of the Americas, which aims to end the disease throughout the Americas.

Ecuador also stopped transmission of river blindness in 2010. Now, thanks to health education and mass treatment with Mectizan® tablets provided by Merck, cases remain only along the border between Venezuela and Brazil.

After nations stop transmission and halt drug treatments, a three-year surveillance period is required to ensure that the infection does not return. Colombia is the first country to complete this process.

In Mexico, a health worker explains how river blindness is transmitted. The country announced in November that transmission of the disease had been broken.



In Liberia, community legal adviser Linda Tokpah (right) suggests that a mother who is not receiving child support try mediation. A recently expanded partnership between The Carter Center and the Catholic Justice and Peace Commission provides free legal services to people in communities across the country.

Liberia Partnerships in Legal Services, Access to Information to Expand

Working in Liberia since 2006, The Carter Center recently expanded its work there to promote and strengthen access to information and provide legal support services.

In February, the Center and its local partner, the Catholic Justice and Peace Commission, extended the community legal advisers program to Montserrado County, enabling residents of capital city Monrovia and surrounding communities to benefit from free community-based legal services and alternative dispute resolution.

Since 2007, legal advisers have opened more than 4,750 cases across Liberia, and 10 new advisers will be added to the program to meet increased demand.

Also in February, the Center extended its agreement with Liberia’s Ministry of Information, Culture, and Tourism to continue collaboration on implementation of the 2010 Freedom of Information (FOI) Act.

Liberia became the first West African country to pass a comprehensive FOI act in September 2010.

The Carter Center is working with seven ministries and agencies that serve as models to effectively implement the act; the Center provides technical assistance and shares experience from other countries.

Revamped China-Africa Website to Launch

In May, the China Program launched a China in Africa website (www.sinoafrica.org), featuring original content from African contributors expressing their views on China’s impact in their communities.

The project aims to bridge the gap of understanding between Chinese decision makers and African communities about China’s impact on the African continent.

The bilingual information portal, presented in English and Chinese, is the only website that aggregates African voices on China-Africa relations and translates content into Chinese.

The goal is to amplify African voices and opinions in Chinese media and policy circles. The program hopes to make the website more accessible in Africa, developing features that allow people without computer access to provide their input through mobile phone messages.



DRC Elections Not Credible, Center Says

Although recent elections in the Democratic Republic of the Congo were largely peaceful, voting and tabulation were marred by serious irregularities, causing Carter Center monitors to conclude that the results lacked credibility.

“DRC faces a political dilemma,” said David Pottie, associate director of the Center’s Democracy Program, which organized an observer delegation to the Nov. 28 presidential and parliamentary elections. “The election results lack the confidence of many people, and the institutions designed to safeguard that integrity—the election commission and Supreme Court—are not

viewed by many Congolese as independent and trustworthy.”

The Carter Center recommended an in-depth examination of the entire electoral process, with the participation of all political parties and including transparent reviews of polling station-level results and other key electoral information.

Despite many missed deadlines in the electoral calendar, the election commission met the overall constitutional deadline and ensured respect of periodic elections.

The elections marked just the second democratic multiparty national elections in the DRC since it gained independence in 1960 and the first administered solely by the

A Congolese woman casts her vote during the November 2011 presidential and parliamentary elections.

country’s election commission. Elections in 2006 were overseen by the United Nations and also observed by The Carter Center.

During its six-month presence leading up to the November 2011 elections, the Center deployed observers throughout the 11 provinces to monitor preparation for the presidential and legislative elections, including candidate nominations, the campaign period, voting, and tabulation of results.

For the period surrounding election day,



Left: Election workers count votes in Kinshasa, capital of the Democratic Republic of the Congo. Although overall voting was largely peaceful, counting and tabulation were problematic.

Below: Rupiah Banda, former president of Zambia, looks at a voter's registration card during polling. Banda was co-leader of the Carter Center's observation delegation.

the Center deployed a 70-person short-term delegation co-led by Rupiah Banda, former president of Zambia, and Dr. John Strelau, Carter Center vice president for peace programs.

“In such strained and compromised circumstances, it is only through inclusive political dialogue, a thorough review of the electoral administration, and the use of legal means that the people of Congo will be able to claim their rights,” said Dr. Pottie.

To cover the most ground in a country the size of Western Europe, the Center also supported the deployment of more than 6,000 domestic observers. This partnership allowed observers to reach even the most remote areas and also enhanced the Center's knowledge and understanding of political context in a complex country.

Following the departure of the Center's long-term observers in mid-December, members of the core team followed electoral developments and returned to Kinshasa in January 2012 to be present for final tabulation of legislative results.



Center Watches Elections in Nicaragua, Cote d'Ivoire

In addition to monitoring elections in the Democratic Republic of the Congo, The Carter Center also deployed a study group last fall to Nicaragua and an observation mission to Cote d'Ivoire.

In November, a small group, including several members of the Friends of the Inter-American Democratic Charter, visited Nicaragua during national elections. The

Friends called for serious review and reform of the country's electoral system.

“This last election was the least transparent and verifiable national election in the past 20 years in Nicaragua,” said group members in a statement. “It set a negative precedent for Nicaragua's democratic future and also for the hemisphere.”

The Carter Center has been involved in Nicaragua since 1989, monitoring elections in 1990, 1996, 2000, 2001, and 2006, but declined to send an observation mission in 2011 due to restrictive regulations.

A Nicaraguan man votes in the 2006 elections, observed by The Carter Center. Last December, a study group sent to the country by the Center said Nicaragua's electoral system needs serious reform.

In December, the Center returned to Cote d'Ivoire to observe December 2011 legislative elections, which took place in a fragile political and social context after 2010–2011 postelection violence. The elections represented an essential step in reestablishing constitutional order and solidifying peace.

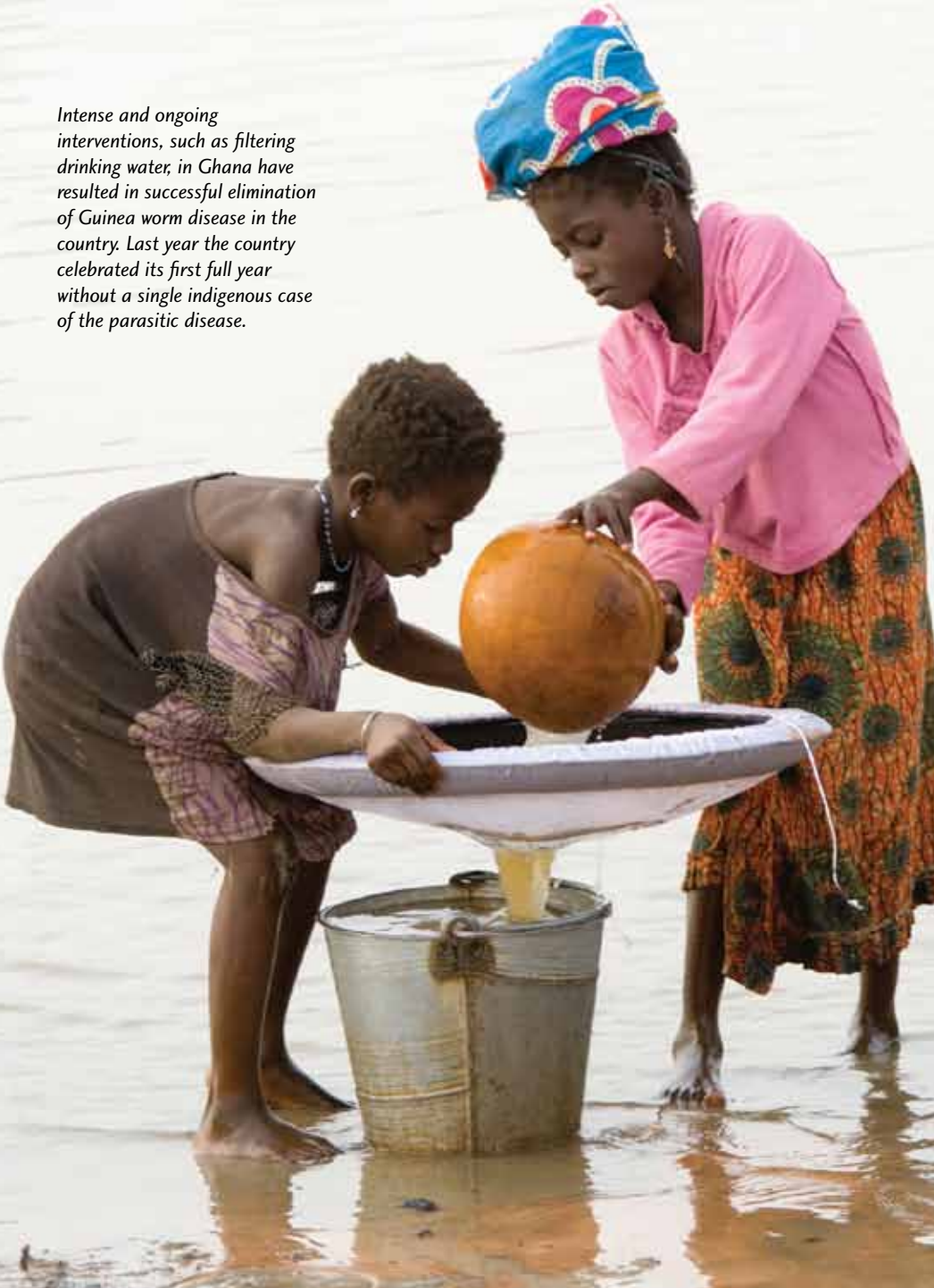
The Carter Center noted a generally peaceful voting environment, encouraged the government to pursue dialogue in a spirit of national reconciliation, and recommended that important electoral reforms be considered before a new electoral cycle begins.

The Center has been present in Cote d'Ivoire since 2008, also monitoring voter registration, verification of the provisional voter list, and 2010 presidential elections.



Guinea Worm Campaign Closes In on Success

Intense and ongoing interventions, such as filtering drinking water, in Ghana have resulted in successful elimination of Guinea worm disease in the country. Last year the country celebrated its first full year without a single indigenous case of the parasitic disease.



With fewer than 1,100 worldwide cases of Guinea worm disease reported in 2011, and only a handful of cases reported so far in 2012, experts believe the quarter-century-long

eradication campaign, led by The Carter Center, is at a crucial tipping point.

Once endemic to 21 African and Asian nations, Guinea worm disease, also known as dracunculiasis, is a debilitating parasitic

infection acquired from drinking contaminated water. No vaccine or cure exists—the only treatment is to extract the adult worm, which can grow up to one meter long, inch by excruciating inch over a period of weeks as it emerges from a burning blister in the skin.

Fortunately, through the use of simple tools like health education and fine mesh water filters, cases of Guinea worm have been reduced by more than 99 percent from 3.5 million in 1986. Key to the program's success has been ongoing partnerships with endemic communities, which have provided networks of tens of thousands of trained village volunteers to maintain surveillance for disease cases and to provide basic treatment for victims. In some areas, with Carter Center support, these same volunteers have taken on additional activities to tackle other neglected plagues like river blindness and trachoma.

Today, focus remains on progress being made in South Sudan—which harbors the vast majority of the world's cases. Since the 2005 peace agreement ended Sudan's civil war, courageous and dedicated local health workers have had more access than ever before to endemic communities and have reduced cases dramatically from more than 20,000 in 2006 to just over 1,000 in 2011. Continued stability in the troubled region will be critical to finishing elimination.

Work also continues in Chad, where an outbreak of Guinea worm disease occurred in 2010 and 2011.

Despite these challenges, Carter Center experts say they expect major progress to continue.

This summer, it is possible Ethiopia and Mali will announce they have stopped disease transmission after completing a full year without cases, leaving Sudan as the last remaining endemic country on earth.

“A hundred years from now, people will find it hard to believe that such a horrible disease existed,” said Dr. Donald Hopkins, vice president of the Carter Center's health programs. “Whether they believe it or not, I am confident they will marvel at the work their ancestors will have done to get rid of it.”



In Terekeka, South Sudan, babies play in a camp on the Nile River where cattle herders have migrated for water. Nomadic or transient populations present a challenge for the eradication of Guinea worm because the disease can be spread unknowingly through water, and the long incubation period makes the source difficult to trace when many groups of people move from place to place.



At a case containment center in Abuyong, South Sudan, in late 2010, nurse John Lotiki slowly pulls a Guinea worm from 7-year-old Ajak Kuol Nyamchiek's leg. Although 97 percent of the world's cases of the disease were found in South Sudan last year, the country is making significant progress. The country reported 1,030 cases of Guinea worm disease in 2011, down from 1,698 in 2010.

New Funding Ensures End to Guinea Worm Disease

New donations totaling \$40 million will enable the Carter Center–led eradication campaign to end Guinea worm disease by 2015.

The Bill & Melinda Gates Foundation has pledged \$23.3 million; His Highness Sheikh Khalifa bin Zayed Al Nahyan, president of the United Arab Emirates, has pledged \$10 million; and the Children's Investment Fund Foundation has pledged \$6.7 million.

The new grants, along with £20 million (approximately \$31 million USD) from the United Kingdom in October 2011, will fund Carter Center interventions against remaining cases of the disease and surveillance by the World Health Organization

to certify eradication of Guinea worm over three years once transmission is halted in all nations.

The Bill & Melinda Gates Foundation has been a valued and longstanding partner in the fight against Guinea worm disease, investing more than \$100 million in the effort to date and inspiring contributions over the past four years through a challenge grant of \$32 million in 2008.

One of the first to join the international campaign against Guinea worm disease, His Highness the late Sheikh Zayed bin Sultan Al Nahyan, the founding father of the United Arab Emirates, invested significant resources in the 1990s on behalf of the UAE to help launch the Guinea Worm

Eradication Program.

The Children's Investment Fund Foundation, based in the United Kingdom, works to improve child survival and development, primarily in sub-Saharan Africa and India.

In addition to support from the Bill & Melinda Gates Foundation, the UAE, the Children's Investment Fund Foundation, and the United Kingdom's Department for International Development, partnerships with communities, national ministries of health, the U.S. Centers for Disease Control and Prevention, UNICEF, the World Health Organization, and many other organizations and individuals continue to play a critical role in the eradication campaign's success.

Egyptian Elections Poised to Bring New Era



A Carter Center observer asks questions of poll workers during elections in Egypt.

The Carter Center witnessed Egypt's first free elections in the post-Hosni Mubarak era, sending observers to the country's upper and lower house parliamentary elections from November 2011 through February 2012.

The lower house People's Assembly election took place in three rounds from November to January, each in different regions of Egypt. Former U.S. President Jimmy Carter joined the 40-member Carter Center delegation to witness the third phase on Jan. 10 and 11.

Carter Center monitors found many voters to be enthusiastic and fully aware of the importance of the historical moment and the significance of their vote. Mubarak had served as president since 1981 and was ousted in February 2011 after 18 days of demonstrations.

"I want to make my voice heard," a 50-year-old woman said in Fayoum. "There was no point in going to vote under the previous regime. We knew the result while sitting at home. Today, things are different. I'm going to vote to support my country."

The election enjoyed broad participation and was a progressive step toward

democratic transition. While there were multiple shortcomings, the results appeared to accurately reflect the will of voters.

Center witnesses remained in Egypt to observe the postelection environment and the upper house Shura Council election, which also took place in three rounds in January and February.

In contrast to the People's Assembly election, the Shura Council election was characterized by a lack of interest. Uncertainty about the value and role of the council, along with the pace and direction of the postrevolutionary transition as a whole, contributed to the low level of engagement.

The Carter Center found many of the same shortcomings again in the Shura Council election as in the lower house elections. Technical improvements were introduced but the atmosphere in which they were implemented and the associated low voter turnout made it difficult to assess their value.

The presidential election is scheduled for May 23 and 24 and will be Egypt's final step in the transition to civilian rule. A runoff will be held June 16 if necessary. At press time, a Carter Center delegation led

by President Carter was planning to monitor polling.

The ultimate success of Egypt's transition will depend on the earliest possible handover of power to a civilian government and an inclusive drafting of a new constitution protecting fundamental rights and freedoms and ensuring full civilian authority over the military.



Former U.S. President Jimmy Carter talks with voters in Egypt. President Carter co-led the Carter Center delegation that observed the third round of parliamentary elections in January.



As the presidential election unfolds in Egypt, The Carter Center will post statements on the home page of our website, www.cartercenter.org.

Uganda Halts River Blindness in 3 Areas

In February, Uganda made a historic announcement—Mt. Elgon, Itwara, and Wadelai areas had interrupted transmission of river blindness, freeing approximately 450,000 people from this devastating disease and challenging widely held beliefs in the scientific community that river blindness was too widespread and health infrastructures were too weak for it to be eliminated from Africa.

River blindness, or onchocerciasis, causes intense itching, skin disfiguration, eyesight damage, and often blindness. More than 100 million people worldwide, mostly in Africa, are at risk, though river blindness easily can be prevented through health education and treatment with the drug Mectizan,[®] donated by Merck.

“Already in Uganda some kids no longer know the existence of this disease,” said Dr. Moses Katarwa, Carter Center epidemiologist and native Ugandan, who has been fighting river blindness in Uganda since the beginning of his more than 20-year public health career. “It’s possible that my grandchildren will be reading about this disease in the history books.”

At the invitation of the government of Uganda, The Carter Center began assisting the Ministry of Health to control river blindness in 1996. In 2007, inspired by the success of the Carter Center–led Onchocerciasis Elimination Program of the Americas (OEPA) in the Western Hemisphere and other historic achievements in river blindness elimination, the Uganda government became one of the first two African nations to attempt elimination of river blindness using a semiannual treatment with Mectizan and targeted vector control or elimination. Sudan is also attempting elimination.

“Scientifically, we knew Uganda could and should eliminate river blindness,” said Dr. Dawson Mbulamberi, Uganda’s assistant commissioner for health services and national coordinator for the integrated control of neglected tropical diseases. “Pursuing elimination was more cost-effective than continuing control efforts indefinitely for 3.5 million citizens at risk.”

With Carter Center support, 18 endemic areas receive health education and semiannual distribution of Mectizan. Targeted rivers and streams receive an application of an environmentally safe larvicide (ABATE) to control or eliminate the breeding of the black flies that spread the disease.

Health education in Mt. Elgon, Itwara, and Wadelai will continue as drug treatment is halted, and a new laboratory, supported by The Carter Center, provides testing to verify progress of elimination efforts.

Uganda has set 2020 as its goal for nationwide elimination of river blindness.



James Katamanywa, senior vector control officer, and an assistant will use this crab trap to determine the degree of black fly breeding in an endemic area. In their larval stage, black flies, which transmit river blindness, attach themselves to crabs in some areas of Uganda.



Community drug distributors attend training about river blindness. Usually retired civil servants or teachers, these distributors will ensure that the members of their community receive Mectizan to treat river blindness.



Go to www.cartercenter.org to see a video about efforts to eliminate river blindness in Uganda.

Yawei Liu

Director Pushes for Reform in Chinese Politics

Food was so scarce in rural China that Yawei Liu's cousin resorted to eating the bark off trees to survive.

It was 1959 to 1961, called the Three Years of Starvation, and in China many were forced to such measures due to widespread famine. Yawei Liu, director of the Carter Center's China Program, was born amid the tragedy, in 1960 in Taiyuan, China.

Liu and his family learned about his cousin's desperation several years later, when she came to live with them. "We wondered how that could be," said Liu. "We were under the glorious leadership of Mao and the Communist Party."

Today he knows differently, and scholars who have examined census and other records now believe that some 30 million deaths occurred due to the famine. The Chinese government has never fully accounted for that period.

"It's one of the things driving me today," Liu said. "History has to be told in its real entirety."

As China Program director, Liu oversees several initiatives aimed at more government transparency and accountability, such as advising on China's implementation of access to information law, running a popular website on Chinese democracy, and observing village elections.

"There is no way for us to change China," Liu said. "China can change only when the people and leaders are ready. But what we're doing is facilitating that change."

He attended the University of Hawaii to study history, and originally intended to return to China. But after the 1989 protests in Tiananmen Square, Liu was offered the opportunity to stay in the States longer. He pursued a doctorate in history at Atlanta-based Emory University.



Yawei Liu (left) discusses U.S. presidential elections with a group of scholars from China.

By the time he graduated, Liu had already put down roots in Atlanta and was hired to teach history at Georgia Perimeter College. Bob Pastor, one of Liu's former Emory professors and a director at The Carter Center, called him soon after with a request for help.

"He said, 'The Carter Center just

started working on elections in China.' I said, 'What elections? I've never heard of elections in China.'" Pastor explained that these were village-level elections administered under the Ministry of Civil Affairs. Liu spent his spare time over the next two years volunteering his expertise for the elections project.

By 1998, he took a part-time post as head of the Carter Center's China village elections project and continued to teach history full-time. Ten years later, he left teaching altogether to expand the Carter Center program.

One of Liu's proudest achievements at The Carter Center is the China elections website (www.chinaelections.org), which turns 10 this year. Started as a side project, today the site serves as a hub for discussion about political reform in China. "Our values are clear," Liu said. "We are pro-democracy, pro-openness, pro-transparency, but we allow the other side to be heard. We're balanced and objective. Our job is to referee the debate."

Unfortunately, the Chinese government does not always share that view, and Liu and his staff, including several based in Beijing, perform a precarious balancing act with the site's content—provide information on reform while avoiding shutdown from the government.

The Chinese staff receive daily requests from the government to take down articles, and in April they were asked to voluntarily shut the site down for a month. Still, Liu remains optimistic.

"I do think that political reform is going to happen," he said. "We don't know at what pace and what scale. Either it's going to happen from the top down, or from the grass roots up."

In the meantime, Liu will continue to push for reform, backed by The Carter Center. "A job is one thing, but passion is another," he said. "This is a calling for me."



Chinese poll workers check a voter's registration in the village of Hetao.

Donors Back Election Missions in Egypt, Tunisia

European nations and a Middle East-focused initiative provided \$3.2 million in funding for Carter Center missions to observe elections arising from the Arab Spring.

In Tunisia, elections took place Oct. 23, 2011. A 60-person team of short-term observers, led by Carter Center President and CEO Dr. John Hardman and former President of Mauritius Cassam Uteem, witnessed polling that was peaceful and enthusiastic. The Tunisian mission was supported wholly by a \$1.65 million grant from the Middle East Partnership Initiative, a U.S. State Department program that assists reform efforts in the Middle East and North Africa. Founded in 2002, the program aims to strengthen civil society and rule of law and increase political participation, among other goals.

Egyptian elections are occurring in stages; People's Assembly and Shura Council elections took place from November 2011 through February 2012, while the presidential election is scheduled for late May. The following donors supported Carter Center observation of the assembly and council elections: Norway provided \$517,140 and the Norwegian Resource Bank for Democracy and Human Rights (NORDEM) provided \$43,186 plus direct coverage of some expenses, Switzerland provided \$474,667, the



An Egyptian woman votes in the People's Assembly election.

British Foreign and Commonwealth Office provided \$411,000, the Netherlands provided \$374,998, and Denmark provided \$203,104. (For details on the Egyptian elections, see p. 8.)

For the May presidential election mission, the following donors have contributed a total of \$1.56 million: the Swedish International Development Cooperation Agency, the United Kingdom, the Netherlands, Norway, Switzerland, and the British Foreign and Commonwealth Office.



The leadership team from the Carter Center mission discusses the Tunisian elections with journalists.

Annual Auction Raises \$1.3 Million

The Carter Center's annual Winter Weekend auction, held March 10, 2012, in San Diego, Calif., raised \$1,347,550 to benefit the peace and health initiatives at the Center.

The item receiving the highest bid at the fundraiser was an original painting by former U.S. President Jimmy Carter titled "Live Oak at Sunrise," which sold for \$250,000. More than 150 items were offered for public auction, including original artwork by former U.S. President Jimmy Carter, rare Camp David Accords memorabilia, and celebrity-autographed guitars.

"I want to thank all of our supporters who bought items at Winter Weekend and whose generosity will help improve lives for millions of people around the world," said President Carter.

A fly fishing fantasy vacation at the renowned Brigadoon Lodge in north Georgia that includes meals with the Carters garnered \$100,000. A rare and diverse collection of 21 books signed by the Nobel Peace Prize-winning authors who wrote them also fetched \$100,000. Another top item was a collection of items commemorating the signing of the Egyptian-Israeli peace treaty, including photographs, autographs, and a medallion, which received a top bid of \$25,000.

President and Mrs. Carter participated in the four-day retreat with friends and supporters at San Diego's Hotel del Coronado, which culminated in the auction for The Carter Center.

View items and their winning bids online at www.cartercenter.org/donate/winter_weekend/liveauction.asp.



"Live Oak at Sunrise" by President Carter received the highest bid at the recent Winter Weekend auction to benefit The Carter Center. The oil painting shows a scene from the lake behind his mother's pond house and has been hanging in the Carter residence in Plains, Ga.

THE CARTER CENTER
One Copenhill
453 Freedom Parkway
Atlanta, GA 30307

ADDRESS SERVICE REQUESTED

THE
CARTER CENTER



WAGING PEACE. FIGHTING DISEASE. BUILDING HOPE.



Salissou Kane is country representative for The Carter Center in Niger.

NOTES FROM THE FIELD

Niger Fights Trachoma with Multipronged Attack

Eliminating a disease from a country twice the size of Texas is no easy task. Salissou Kane, the Carter Center's country representative for Niger, learned this time and again during more than two decades fighting Guinea worm disease in his homeland. Now Kane is using his hard-won knowledge of Niger's complex multicultural communities to tackle the bacterial eye disease trachoma.

"In Niger, you can have Fulani, Tuareg, Zarma, Songhai, and Hausa ethnicities all in the same village," Kane explained. "When we started doing Guinea worm work, we used to select only two village volunteers, but if those volunteers did not speak all the languages, their message could not get through. So we've learned that you have to choose village volunteers within each ethnic group. Even then, you have to choose male and female volunteers for each community because of Islamic cultural restrictions."

The Carter Center has been working to control trachoma in Niger since

1998 but recently intensified its efforts in an attempt to eliminate the blinding effects of the disease in the arid West African country within the next few years.

Kane and his colleagues employ what is called the SAFE strategy for trachoma control, which includes the interventions of surgery, antibiotics, face washing, and environmental hygiene.

Latrines play a crucial role in the environmental hygiene component of SAFE. Kane remembers when The Carter Center started working on trachoma and less than 4 percent of the rural population had latrines. Now they are in demand.

"Latrines have become a status symbol, and other villages have started to ask for them," Kane said.

In 2009, with more than 40,000 latrines built, the Center expanded the program to include antibiotic distribution and surgery. The following year, The Carter Center distributed more than 1.1 million doses of the Pfizer-donated antibiotic Zithromax and averaged more than 100 eyelid surgeries per week.

With the trachoma program reaching more Nigeriens every year, Kane is optimistic that his trachoma fight will end much like Guinea worm did, with the people of his country no longer impacted by a devastating disease.



In Niger, Aisha Oumarou washes her daughter's face using the soap she has made. Face washing — with or without soap — helps stop the spread of trachoma.