

AFRICA Today

Voice of the Continent

VOL.9 No.11

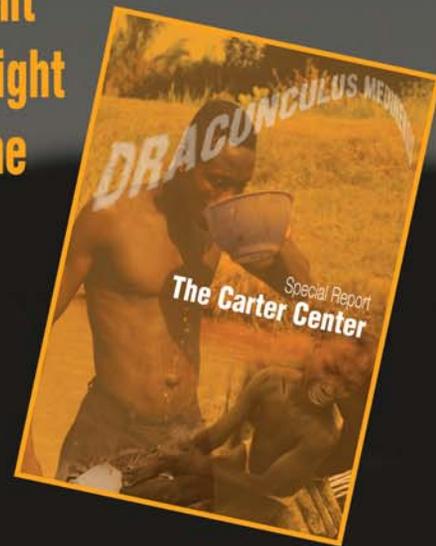
November 2003



JIMMY CARTER

Africa's Good Samaritan

Former US president
uses his clout to fight
Guinea worm on the
continent



NIGERIA: SEARCH FOR PEACE IN NIGER DELTA
LIBERIA: DAWN OF A NEW ERA
IVORY COAST: THREAT TO PEACE PROCESS

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by advancing peace and health worldwide; it seeks to prevent
and resolve conflicts, enhance freedom and democracy, and protect
and promote human rights worldwide.*

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A rare gem

Jimmy Carter, the former United States president, must be a good man in Africa. This edition of *Africa Today* is mostly about the Nobel Peace Prize Laureate in recognition of his humanitarian services to Africa since leaving the White House 22 years ago. But before talking about Carter, I want to draw our readers' attention to the story of Hetty van Dijk. He is a Dutch medical doctor who sent us a letter sometime ago having read the May edition of *Africa Today*, which dealt extensively with the issue of HIV/Aids in Africa. Hetty van Dijk had bought a copy at Shopright Supermarket in the Malawian capital city of Lilongwe. The stories around the pandemic that has killed and continues to wipe out millions of Africans, despite the easier access to drugs nowadays, were built around Grace Matnanga, a 30-year-old Malawi woman who had lost her husband and child to HIV/Aids, and whose life is being slowly sucked away too by the virus.

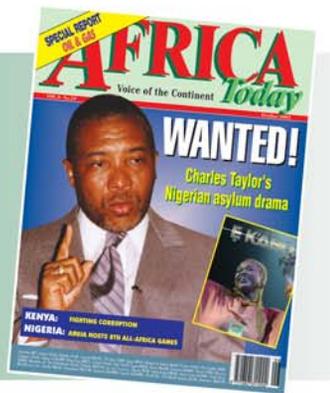
What took Hetty van Dijk to Malawi was to be a locum at the clinic of the British High Commission there. As a medical doctor, the issue of HIV/Aids in Africa should be of interest to him. So, on seeing that special issue of *Africa Today* on the newsstand in Malawi, he picked it up to read the moving story of Grace Matnanga. In his letter to me, van Dijk said his interest grew as he started reading "your very informative articles". The Grace Story "kept me awake – such a beautiful young woman with such a tragic history." Such was van Dijk's interest that after reading the stories, he amazingly decided to embark on a journey in search of Grace in Malawi. He was so moved by her predicament he wanted to offer her possible treatment with antiretroviral (ARV) drugs. His search was not in vain. He found her at her shop where she sells shoes in a market in Lilongwe, where our

special edition on her, with her picture on the cover circulated round the world, has made her a local celebrity, despite her pitiful fatal condition.

When they met, Grace told van Dijk, that she had been receiving calls from medical people from all over the world who had read about her in *Africa Today* that she was dying of Aids having lost her husband and child to the virus which is now easily contained with a cocktail of available drugs, but which, because Africans are too poor to afford them, continues to kill them in numbers. Those who had called wanted to help with treatment for her Aids, but, unfortunately, they did not know how to get help to her. On this occasion, when van Dijk came calling not only was help on the way, it was right there on her door steps. The Dutch doctor has come not just to discover her, but also to administer her with treatment.

As I read the letter, van Dijk's story became as moving as the story of Grace Matnanga, which in that edition was given the emotional title: "Saving Grace". The merciful Dutch doctor, in order to help Grace treat this virus, had found a Malawian medical doctor colleague, Dan Namarika, at the Lilongwe Central Hospital, to help co-ordinate and administer this treatment of Grace for two years. The drugs would cost money. And as we had revealed in the story, HIV/Aids drugs are so expensive in Africa, that victims cannot afford it. To solve this problem of money, van Dijk donated to a local bank all the money he was paid as a locum in the clinic of the British High Commission in Malawi to cover Grace treatment for the next two years! What an amazing spirit of human kindness and generosity.

Apparently, van Dijk bought all the copies of the May edition of *Africa Today* he found in that Malawi store. He gave them all



LETTERS

Please send letters to:
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Letters may be edited for space and clarity

Nigeria's not so nascent democracy

This phrase 'our nascent democracy' has been used to the detriment of our democracy itself and its use, this wise is what "... is capable of destroying the country and encouraging the khaki boys to roll out their tanks," to quote from one S. O. Abade's comment in your June edition. Our democracy should not be considered nascent as to allow any evil go unchecked. Considering what happened during the last election, the EU report is in fact too diplomatic, very soft and so did not do justice to the level of rigging during the election. The rigging was so massively and devilishly perpetrated that most of the electorate were confused and did not know what to do or how to react. They probably were thinking of not truncating our nascent democracy! The EU report was not so specific due, probably to the fact that the rigging was just too much – from north eastern Yola, Jalingo, to south western Lagos, and from south southern and eastern Ogoja, Uyo, Port Harcourt, Enugu, to north western and central Birnin Kebbi, Kano City (where however attempts were foiled).

A commissioner was lynched to death in the outskirts of Lafia in Nasarawa State, where some houses were torched; and there were killings and destruction of properties in many towns notably Bauchi and Ogoja. In Nyanya and certain other villages in the FCT, perceived opposition voters were not allowed to vote until they sent a warning signal to the INEC. The tension in Jos, the Plateau State capital, as in other areas of the state, created by the electoral mal-practice has still not been doused till today. Guns were brazenly displayed in Ilorin, the Kwara State capital and even in my ward in Jalingo by top PDP faithfuls! And yes policemen did help in stuffing ballot boxes, apart from intimidating opponents. INEC officials altered results (as in all senatorial elections results in Anambra State and the gubernatorial elections results in Lagos and Rivers States), all in favour of PDP to mention just a devastating few instances.

I am rather of the opinion these are the likely straws that can break the fragile back of our so-called nascent democracy. I do not believe that the majority of suffering Nigerians think that the actions, utterances and/or postures of our bigwigs in government and politics will save our democracy. Fuel prices have just been hiked again. Haba! I adore the response from Nigerians to the call to strike by the NLC. Only responses like this can save our not so nascent democracy.

I.S. Panni
Malabo Crescent,
Wuse II, Abuja, Nigeria

Poverty inducing policy

It is becoming increasingly clear that Chief Olusegun Obasanjo is really ungrateful to God and to the people of Nigeria. It would be recalled that this was a man God rescued from the claws of the deadly Abacha regime through the prayers and cries of the people of Nigeria. When he came to power, he promised Nigerians poverty alleviation. But little did Nigerians know that his intention was to eliminate the poor from the country. He increased the price of fuel from N20 to N30 in June 2000, barely a year after he took office. It took the great courage of the NLC and its 29 affiliated unions to force the president to reduce the price to N22 after a 5-day general strike.

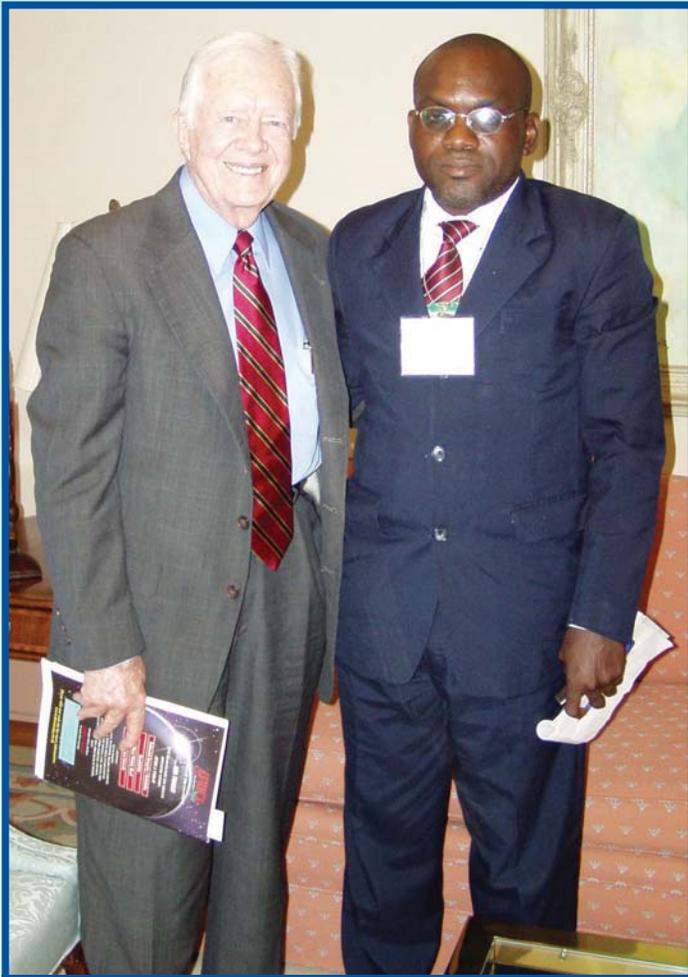
Uncle Sege was not satisfied. In the year 2002 he gave what he considered to be a warm new-year speech to the people of Nigeria by hiking petrol price from N22 to N26 per litre, diesel from N21 to N26 per litre and kerosene from N17 to N24 per litre. Attempt by NLC to get a price reversal through a strike was not as effective as the 2000 experience following arrests of labour leaders and an indecisive court of public opinion which felt a marginal increase of N4.00 was affordable. The hikes, according to him, marked the beginning of the liberalisation of the oil marketing industry.

Another obnoxious fuel price hike by the General Olusegun Obasanjo administration, which was made known to the public by Chief Rasheed Gbadamosi, the chairman of the Petroleum Products Pricing Regulatory Agency (PPPRA), on Friday June 20, 2003 was a confirmation of his pledge for "continuity" during his campaign.

According to the new pump price structure, petrol was to sell for N40, diesel N38 and kerosene N38. As usual, he was forced to reduce the price through with the effort of the NLC and its affiliated unions to N34.00 per litre for each of the products.

Barely three months on, the president, who was not satisfied with the N34.00, now came up to announce another increase to N40.00 through the major oil marketers on the eve of Nigeria 43rd anniversary. This act of the government has clearly revealed the extreme callousness and insensitivity of the Obasanjo/Atiku administration, which has increased the prices of petroleum products four times since its inception in 1999 – a period of 4 years and some months – without giving thought to fixing the nation's four refineries.

S.O. Abade
Warri,
Delta State



President Jimmy Carter with *Africa Today's* Managing Editor Muiyiwa Akintunde

to Grace as he was leaving. He has now returned home in The Netherlands where he wrote to us, and from where he has decided to establish a Foundation that will be named "Saving Grace" after the title of our special report, "with the aim to try and save Grace and sponsor her, and, if there is enough funds, other victims of HIV (and malaria and tbc). The Foundation will be based in The Netherlands because it may be easier for donors to send money there than to Malawi."

His idea is that "donors adopt financially, a HIV positive person from Malawi. They should donate €25 every month. They will get a picture and a short story about their protégé. I have found reliable people prepared to organize this in Lilongwe," he said.

When *Africa Today*, in its usual campaigning journalism style, fights a particular cause, or draws international attention to some of Africa's plights, one can never tell who is paying

attention. Hetty van Dijk was not the only one that the Grace story touched. We also got a call from the prestigious Carter Centre in Atlanta, Georgia, in the United States. The Carter Centre is where the former President Jimmy Carter has his impressive presidential library. And it is from there that he does all the charitable and humanitarian work he has been doing around the world since leaving the White House 22 years ago. The Centre has become an illustrious part of the other prestigious Atlanta institution – the Emory University. And The Carter Centre has over the years been at the vanguard of an international campaign to eradicate Guinea worm in Africa and other parts of the world. The Center extended a rare invitation to *Africa Today* to come in collaboration with them to help publicise the good work it has been doing in Africa.

We considered it a great honour, and after several weeks

of discussion between The Carter Centre and *Africa Today*, agreement was reached on a collaboration and work started on the project. The outcome of the collaboration is the Special Report in this edition put together by our indefatigable Managing Editor, Muiyiwa Akintunde, who had to be flown to Atlanta from our West Africa Bureau in Lagos, Nigeria, to spend a whole week in September with staff at The Carter Centre to put the package together. The highlight of his one week at The Center is the exclusive interview with President Carter, which is published in this edition as part of the package. I was very proud when I read the president's remarks that he enjoys reading *Africa Today*. Muiyiwa was in the midst of other interesting people who were also there at The Carter Centre that week for a special international conference on Guinea worm. Amongst them was the former Nigerian Head of State General Yakubu Gowon. It was a pleasant surprise that the general agreed to grant *Africa Today* an interview. In my days as a foreign correspondent in London I had several encounters with him trying to get him to grant an interview. He was then in self-exile in the UK. General Gowon had utilized his exile days productively studying for and obtaining a PhD from Warwick University in England. My last encounter with him was on the very day of his graduation as a Doctor of Philosophy. He was dressing up with his family rushing to catch a train from London to Coventry for the graduation ceremony when my telephone call asking him for an interview came. Despite the fact that he knew he could not do it then, and he must have made up his mind not to grant me an interview, General Gowon was always very polite and nice to me whenever we talked on the phone. Before granting this interview in Atlanta, he told Muiyiwa that I was once his prisoner. Our correspondent was at a loss at that remark. I am the only one who could understand what the General meant. He is a perfect gentleman, very amiable and always easygoing. Dr Gowon

has been helping President Carter and The Centre with the Nigeria side of the Guinea Worm eradication project. It will not be a surprise, if having read and digested the whole special report, the thought should cross the minds of some of our readers as to why it has taken the generosity of a former American president to draw attention to Guinea worm, a disease which African governments and leaders themselves are only too familiar with, but have done little or nothing about to help their people cure and eradicate it completely.

One hopes that some of these African leaders, including the ex-heads of state some of who are still nurturing the ambition of coming back to power, will, instead of heating up the polity in their countries, see the fantastic work that President Carter is doing for humanity in his retirement and learn to do similar things with their time and resources instead of wanting to grab power again. It is instructive to read General Gowon's comment in the interview that seeing what President Carter and his wife, Rosalynn, are selflessly doing for Africa, especially with the Guinea worm eradication project, he felt a sense of guilt. The thought may have crossed his mind that there he was as Nigerian head of state for eight years who saw his citizens suffer from the horrible disease but did nothing to help eradicate it. The General needs not worry. He has done a lot of other good things for Nigeria and humanity since then for which he will be most positively judged by history.

I hope we have once again met your expectations with this special edition. And I use this opportunity to thank President Carter and staff at The Carter Centre that assisted us throughout to make the project not only possible, but also the success it has been. Saving Grace. ●



DRACUNCULUS MEDINENSIS

Special Report

The Carter Center



Battling Guinea worm: former President Jimmy Carter commissions a borehole

Hope amid despair

In a world blighted by poverty, disease and conflict, one man and his organisation have become the leading beacon of light, working tirelessly in more than 65 countries to improve the lot of mankind, reports *Africa Today's*

Muyiwa Akintunde, in Atlanta.

Former U.S. president, Jimmy Carter has nursed his baby into adulthood. At 21, The Carter Center has its feet firmly on the ground, and should Carter decide to retire finally, the humanitarian projects of The Center will only lose his personal charisma and direction. The former state senator and ex-governor of Georgia state was little known nationally and Americans wondered why the Democratic Party would gamble and give its 1978 presidential flag to a "Jimmy who?", but 22 years after he vacated the Oval Office, Carter remains in the world's consciousness not as a politician, but a man with a heart that cares. The Carter Center he founded with his wife, Rosalynn works for peace, democracy, health and human rights in 65 countries around the world, including 35 African states.

In the aftermath of his losing the 1980 presidential poll to Ronald Reagan, the former president had considered an uncertain future. He was only 56. "When I left the White House, four years earlier than I had anticipated, I realised that I had 25 more years of active life. What was I going to do with the rest of my life? I was a defeated candidate. I never was going to run for office again," Carter told the *Associated Press*, (AP). Jimmy and Rosalynn Carter decided to team up with Emory University to start The Carter Center. Like any new venture, they had a slow beginning. "There had never been an organisation like The Carter Center in history," he recalled. "There was a lot of scepticism about whether we could be effective or not." Fulfilling its mantra – waging peace, fighting disease, building hope – The Center is today a success story embraced by all. In fiscal year 2000-2001, more than 150,000

donors offered \$90 million in funds and in-kind gifts to support its projects.

The Center has carved a niche for itself. It is guided by the philosophy of Carter not to delve into projects other agencies are doing well. "I laid down, in the very beginning, several basic premises," he said. "The most important one is that we don't duplicate what anyone else does. If the United Nations or the World Bank, or the US government or Harvard University is meeting a need effectively, we don't compete with them. The Carter Center just goes to fill vacuums."

In waging peace, The Center focuses on conflict resolution, democracy building and a global development initiative. The conflict resolution programme is anchored by



Carter (left), with Dr. Hopkins and Gen. Toure at a conference in Mali

the International Council for Conflict Resolution, a group of experts who offer advice and assistance in mediating civil and international conflicts and advancing peace. In this assignment, The Center's staff support major mediation efforts by Carter in Sudan, Uganda, Liberia, Uganda, Ethiopia-Eritrea, North Korea, Haiti and Bosnia.

Often accompanied by his wife, the former president deploys his clout as an elder statesman to enter places and talk to people no one else would or could. When he ventured into Cuba in May 2002, he became the most prominent American political figure to break the barriers between two nations separated by 90 miles and 43 years of Communist rule. He arrived at a time ties between the two

countries were more strained than they had been in years. Carter called for an end to the US four-decade-old embargo against Cuba and appealed to the government of Fidel Castro to allow democratic changes. "Our two nations have been trapped in a destructive state of belligerence for 42 years and it is time for us to change our relationship and the way we think and talk about each other."

Carter had helped to diffuse a nuclear crisis between US and North Korea in 1994. He also mediated in the Venezuelan political crisis. On January 22, 2003, he offered two proposals for ending seven weeks of bitter stalemate between President Hugo Chavez and a broad coalition of opponents that had left the country's economy in shambles ▶

Carter: Why I'm waging Guinea worm war

Since he vacated the world's most powerful seat as president of the United States in 1981, Jimmy Carter has remained in international consciousness more for his humanitarian projects than for politics. He's today the world's acknowledged No 1 fighter against the Guinea worm epidemic. In his roomy office at The Carter Center in Atlanta, he told Managing Editor Muyiwa Akintunde the genesis of his crusade and the future of the Center.

Africa Today: I'd like to start by saying you are several thousand miles away from Guinea worm endemic areas yet you chose to lead the war against the disease.

President Carter: Yes.

Africa Today: Why did you choose to do this? And what was your first encounter like?

President Carter: Well The Carter Center has a policy of undertaking projects that other people are not addressing. If the World Bank or the

World Health Organisation or the United States government is addressing a problem successfully, we don't get involved. We don't compete with other people. We fill vacuums in the world. So when we realised that Guinea worm was so prevalent and so disastrous to individual people and could theoretically be eradicated, I decided to take it on as a major project for The Carter Center. We found Guinea worm in 23,000 villages. We've been to every village.

Africa Today: Oh, good.

President Carter: And we have eradicated Guinea worm in a number of countries already and made good progress. I have been to those villages – many of them – in Southern Sudan and Ghana and Nigeria and seen how wonderful progress can be made. So

it is a personal interest of mine and also we've had remarkable success so far. As you probably already know, we started out with three-and-a-half million cases of Guinea worm and we now have about 50,000. One country that has made superb



Former President Carter addressing a conference on Guinea worm at The Carter Center in Atlanta, Georgia

progress has been Nigeria. And we've had a lot of help from General Gowon, your former president, and also from leaders in office and I would say it's been one of the most gratifying projects of my life; to see ▶

SPECIAL REPORT ON THE CARTER CENTER

and its people poised for violence.

Announcing President Carter as the 2002 Nobel Peace prize winner on October 11, 2002, the award committee recognised the recipient's "untiring effort" to find peaceful solutions to international conflicts and promote democracy and human rights in the two decades since he left office. It also cited Carter's "vital contribution" to the Camp David peace agreement between Israel and Egypt in 1978.

In Africa, The Carter Center's Conflict Resolution Programme has worked for more than a decade to mediate the conflict in Sudan and to try to improve the climate for a just and lasting peace agreement. The Conflict Resolution Programme has been dedicated to helping find ways to end the civil war, working with President Carter to directly negotiate between the parties and working to help focus local, regional, and international opinion on peace, not war.

how a village can completely eliminate this ancient disease just by doing a few simple things to correct the problem.

Africa Today: Can you, Mr. President, remember your first experience, your first encounter with Guinea worm? Can you?

President Carter: My first personal experience with Guinea worm was to visit ah, two little villages in Ghana, not too far from the capital. My wife and I went there, one village had 500 people, total population. Three hundred of them had Guinea

worm and many were still walking around. Others were stretched under the trees on the ground, they couldn't walk. And Guinea worms were coming out of all of them. And one woman, I remember, had a Guinea worm coming out of her breast. Later, after I left, she had 11 other Guinea worms emerge from her body.

Africa Today: Wow!

President Carter: In that village we installed a deep well, a big well, and my wife and I went back to that village a year later, zero Guinea worms. And they have never had another case of Guinea worm. We've done that in most of the villages in the world. So if the people will all filter their water, of course if they could have a deep well which is very costly, or if they will put pesticide in the pond, and follow our simple instructions, then at the end of one year, they never have Guinea worm again; because the Guinea worm has to go through the human body. It can't go through goats or sheep or other animals. So we've had very good luck with that. Ghana is still a problem, in that they were coming down very well and then they kind of levelled off. We started out in Ghana with 180,000 cases. Now last year they had fifty-five hundred, which as you see, is a 97 per cent reduction. But they've been at that level now for two or three years

Among the programme's achievements is the negotiation of the 1995 Guinea worm ceasefire, which gave international health workers, including The Center's own Guinea worm eradication programme, an unprecedented period of almost six months of relative peace, allowing health workers to enter areas of Sudan previously inaccessible due to fighting.

More recently, Carter brokered the 1999 Nairobi Agreement between the governments of Sudan and Uganda, in which the governments pledged to stop supporting rebels fighting against each other's country. In March 2002, President Carter visited Khartoum and Rumbek in southern Sudan, meeting with President Bashir and SPLM leaders. Later that month, he hosted Garang at The Center in Atlanta for further talks. He and the programme remain closely engaged in trying to support the

whereas Nigeria has continued to go down. So with the exception of southern Sudan, they have some villages we can't get to because of the war, Ghana is our main problem.

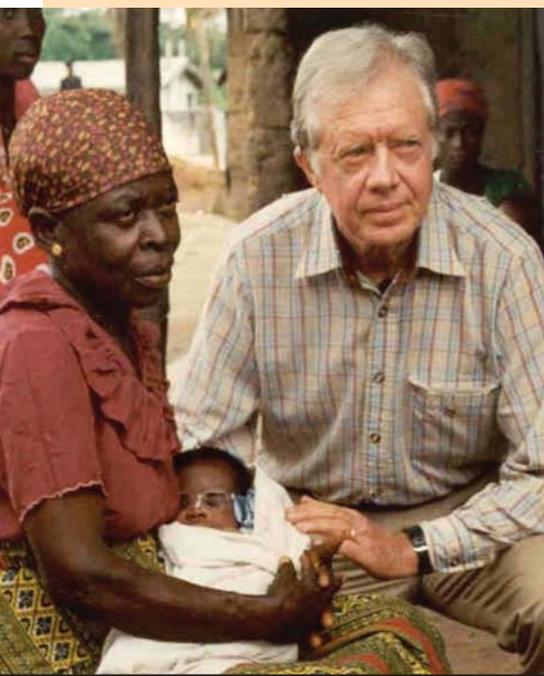
Africa Today: You've done so well eradicating Guinea worm but what are the other challenges that you still face in this war?

President Carter: With Guinea worm?

Africa Today: Yes, with Guinea worm.

President Carter: Well I would say Sudan is the biggest challenge because the war is still going on and although it's improving somewhat – we have a ceasefire temporarily – there are still some villages we can't reach to measure how many cases of Guinea worm they still have or to correct their remaining problem. So that is the No 1 problem. The No 2 problem is in Ghana where we have found that the effort for a couple of years was not maintained at the highest level. And we've found also that there's one tribe in northeast Ghana that is nomadic. It moves from one place to another. And they were carrying the Guinea worm from one place to another. But now we've concentrated our extra effort on Ghana and we believe that this year will show very good results.

Africa Today: In terms of support, Mr. President, for the Guinea worm and other health projects, which



Sharing their pain: Carter visits villagers to see the effects of Guinea worm firsthand

current peace process.

Guinea worm eradication remains the main act in The Center's health script and its giant strides have been documented in other sections in this package. But next in line in the sector is the river blindness scheme. The parasitic disease is spread by blackflies in fast flowing river waters. It is endemic to parts of Africa, the Americas and the Arabian Peninsula. Dr Moses Katarwa, Global 2000's Programme epidemiologist, explains to *Africa Today*: "What we have now is a programme of river blindness control covering Nigeria, Cameroon, Ethiopia and Uganda for Africa, which has over 99 per cent of cases worldwide. We have another programme for Central and South America. This is an elimination programme. By 2007 we should have eliminated onchocerciasis (river blindness) here. The programme in Africa is a control programme, so

there is no end. Current technology does not support elimination in Africa." Some insecticides can eliminate the source of the disease, and a single yearly dose (or, in the Americas, twice yearly) of ivermectin (donated by Merck) prevents its development. ▶



Guinea worm attack is devastating to farmers

countries and agencies are supporting you?

President Carter: Well we have a wide range of support from many countries in the world. For instance, from Norway, Sweden, The Netherlands, Great Britain, Canada and others. In some nations like Mali and for instance, Niger, about half the United States Peace Corps workers are helping us with Guinea worm. And then we have close support from the World Health Organisation and from UNICEF. So we have a wide range of partners who help us in individual countries.

Africa Today: The Carter Center is also involved in sustaining democracy in Africa.

President Carter: Yes.

Africa Today: You were in Ghana in '92 for the elections.

President Carter: Yes.

Africa Today: I was there too. I met you with a couple of reporters.

President Carter: Yes. Yes.

Africa Today: And so I want to find out from you sir, what should be done to give democracy a firm root in Africa?

President Carter: You know that is a difficult challenge. I would say we've had very good elections in South Africa. This year we had very good elections in Kenya. This morning President Moi was here (at The Carter Center). As you know, President Moi stepped down, and it

was an honest election. The Carter Center was there. But the main challenge is for incumbent leaders to be willing to establish a truly multi-party system, where any candidate who qualifies, according to the law, can have an equal access to the people to campaign, and so that on election day, the people can vote without intimidation and be sure that their votes will be counted honestly. And that doesn't always happen, as you know. The Carter Center has monitored more than 40 elections in the world. All the way from small elections, like we did the Palestinian election in 1996 where Arafat was elected president. The largest election we ever did was in Indonesia, which is the fourth largest nation in the world. But I think in Africa we have had a problem with incumbent leaders not being willing to risk their political future on a honest election.

Africa Today: At nearly 80 years, you are still very, very strong. But I know that you would be looking at the future. After you might have retired, what will become of The Carter Center? What are your post-Carter plans for The Center and its projects?

President Carter: Oh yes. Well, first of all, we have a partnership with Emory University, a great university here in Atlanta. We provide the action programmes and the

university provides their academic and research base. Secondly, we have developed a substantial endowment with enough money to continue The Carter Center's work for the next hundred years; still financing our individual projects because of their worth. We've reached out to other leaders in the world to join in with us. For instance, in this hemisphere, The Carter Center for the last 18 years has had a council of freely elected heads of government. We have 35 men and women who work with The Carter Center all of whom have been either president or prime minister of their countries. And so by bringing in leaders who work with The Carter Center for the next 20, 30 years, plus an adequate financial base, plus the partnership with a great university, that means The Carter Center's work will continue long after I'm no longer active.

Africa Today: I want to wish you many more years of a great job that you are doing.

President Carter: I thank you for that.

Africa Today: And we also give you our support. I give you these copies of our magazine.

President Carter: Thank you. It is a good magazine. I enjoy reading it.

SPECIAL REPORT ON THE CARTER CENTER

At the 11th annual Inter-American Conference on Onchocerciasis in Mexico City in November 2001, Carter announced: "Today The Carter Center has helped to deliver 50 million treatments directly to individuals in endemic villages, and we are now maintaining an annual rate of seven million, of which about 600,000 treatments per year are in the Americas. Our primary goal is to reduce the ravages of the disease, but we now have hope that onchocerciasis might become the next disease to be totally eradicated from the Americas, after smallpox, Guinea worm and polio." More than 120 million people are at risk for river blindness. It is estimated that 18 million people are infected with the disease, and of those, almost 300,000 are blind.

Last year alone, The Center assisted in providing nearly nine million treatments with Mectizan in 11 countries. This represents 96 per cent of the annual treatment objective. The figure however surpassed that of the year before by 12 per cent. In 2002, 97 per cent of the treatments were carried out in partnership with the Lions Clubs International Foundation and with the assistance of local chapters of the club.

In 1999, The Carter Center's Global 2000 programme started a process that would see to the eradication of lymphatic filariasis, commonly called "elephantiasis". Working with SmithKline Beecham, which is donating medication, The Center launched the campaign in Nigeria,

which has the second highest number of cases after India. Like in the case of river blindness, the programme is adopting that community-based medicine distribution system. It is working to eliminate lymphatic filariasis through distribution of drugs and health education.

"Elephantiasis," a parasitic disease, is transmitted to humans by the bite of infected mosquitoes. Victims are afflicted with grotesque swelling of the limbs or genitals. Inside the body, adult parasitic worms produce embryos called microfilaria, which circulate in the blood and frequently damage internal organs. Experts estimate that 120 million people in 73 countries are infected with parasites that cause the disease, and another 900 million people are at risk in tropical Africa, Latin America, and Asia. Global 2000 hopes that lymphatic filariasis will no longer be a health problem in Nigeria by 2015.

Beginning in late 1998, The Center began to focus on the prevention of trachoma through the distribution of antibiotics, education on proper hygiene, and improvements in environmental factors that can promote trachoma. These efforts are being advanced with surgery, performed by other partner organisations collaborating to correct existing cases of blindness caused by trachoma. Trachoma is a bacterial conjunctivitis that can persist for years due to frequent re-infection, causing inflammation and scarring of the inner upper eyelid and eventually leading to blindness. It is the leading cause of preventable blindness in the world and is endemic in poorer rural communities in developing countries in the Middle East, northern and sub-Saharan Africa, parts of the Indian subcontinent, southeast Asia, and China.

The Center's Global 2000 programme is also waging war against schistosomiasis, known by non-medics as "snail fever." This scheme started in 1999 in Nigeria where other Center's health programmes are already in operation. Schistosomiasis is the second most devastating parasitic disease in tropical countries, after malaria, due to its socio-economic and public health impact. Larval stages of the parasite penetrate the skin of persons exposed to contaminated water. The parasite lives for years in veins near the bladder and/or intestines, where they lay thousands of spiny eggs that tear and scar tissues of the intestines, liver, bladder, and lungs. School-aged children are usually the most affected.

Mrs Carter, who has worked on mental health issues for longer than 30 years including during her tenure as America's First Lady, provides the leadership for The Center's mental health programmes, which she describes as now moving "from advocacy to action." The programme, which forges partnerships among clinical, policy, and public arenas, has three main goals: to eliminate stigma; to achieve complete insurance coverage parity; and to institute early screening for mental and behavioural disorders. Other goals, according to Thomas Bornemann, director of the mental health programmes, include strengthening the

"Guinea worm is a terrible illness, but we are on the verge of defeating it for good. Every one of you can help bring us closer to victory."

Kofi Annan

*U.N. Secretary-General
2001 Nobel Peace Prize Laureate*

"Working together you can prevent the needless suffering caused by Guinea worm in West Africa, so your grandchildren need never know this disease."

Jimmy Carter

*39th president of the United States
Chair, The Carter Center
2002 Nobel Peace Prize Laureate*

"The world is very close to ending this horrible disease. This is why we must all join in the fight against Guinea worm disease. From school children to the Ministry of Health, from women at home to those who work in the fields—everyone plays an important role."

Yakubu Gowon

*former Nigeria Head of State
President, Yakubu Gowon Center*

Guinea worm public service announcements: www.cartercenter.org

organisation and financing of mental health services; incorporating evidence into practice; and developing ways to get greater funding for a research agenda.

At the 17th Annual Rosalynn Carter Symposium on Mental Health Policy in November 2001, Mrs Carter declared: "Parents, other family members, and teachers often miss the warning signs of mental illness, and doctors fail to adequately diagnose mental illness in children." She recently advocated better coverage of mental health issues to clear stigma. "When people know the facts, the stigma goes away."

Led by Nobel Prize Peace winner Dr. Norman Borlaug, Sasakawa-Global 2000 (SG 2000), a joint venture between The Carter Center's Global 2000 programme and the Sasakawa Africa Association, is helping farmers improve agricultural production. Since its inception in 1986, more than one million African farm families have learned new farming techniques that allow their grain production to be doubled or tripled.

Under the SG 2000 programme, farmers are provided with credit for fertilisers and seeds to grow test Production Test Plots. Following successful harvests, which usually exceed previous harvests by 200-to-400 per cent, the farmers teach their neighbours about the new technologies, creating a ripple effect to stimulate food self-sufficiency in the nation.

SG 2000 also helps identify local markets for the surpluses, because transporting them can be costly and inefficient. For example, local breweries sometimes can use home-grown maize and/or sorghum, thereby decreasing barley imports. SG 2000 projects also focus on post-harvest technologies, including methods for processing and storing. Neighbouring countries in the SG 2000 programme that share crop seasons are encouraged to foster lasting cooperative efforts.

At 79, Mr Carter has led The Carter Center to heal millions of broken hearts in diverse corners of the earth. And he feels more gratified being able to touch the ordinary people, more than his experience relating with the high and mighty as president of the world's most powerful nation. Asked by *The Atlanta Journal-Constitution* which one meant more to him between his former job as US president and his job at The Carter Center, the peanut farmer who remains a Sunday school teacher at Maranatha Baptist Church in Plains, Georgia replied: "The Carter Center work is much more personal... We go where there's a need that's not being met. This has given us an opportunity to relate much more intimately with the people in need than was the case in the White House."

Victory beckons

The fight against Guinea worm has achieved tremendous success in recent years, although more work still needs to be done to wipe it out completely in Nigeria, Ghana and Sudan



Appreciation: Carter is made a traditional chief in eastern Nigeria

So much in so short a time span, that is the story of former US President Jimmy Carter and his army of anti-Guinea worm warriors. The disease, branded the 'fiery serpent' as a result of the ferocious pain the parasite inflicts on its victim, might have been found in a corner of the world over 3,000 years, but it was not until about 17 years ago that global attention was beamed on it. That year, 1986 has now become the turning point for Guinea worm sufferers and millions others in danger of being afflicted. "I was shocked to find that this debilitating illness, which afflicts nearly five million people each year could be easily prevented," former President Carter recalled. That same year, WHO picked Guinea worm as the next disease, after small pox, to be kicked out of the face of the earth. Target: 1995.

That ambition is yet to be fulfilled, but the world is almost getting there. The facts: 3.5 million cases were reported in 20 endemic countries when the campaign started way back in 1986. But by the end of last year, only 55,000 reported cases of Guinea worm disease remained worldwide in 2002, a more



Working tirelessly: Jimmy and Rosalynn Carter

than 98 per cent reduction from the 3.5 million cases existing when the disease was first targeted for eradication in 1986. Of the 20 endemic countries in 1986, the disease has already been eradicated from seven—Cameroon (1997), Chad (1998), India (1996), Kenya (1994), Pakistan (1993), Senegal (1997), and Yemen (1997). Last year, four others reported 100 or fewer cases—Central African Republic, Ethiopia, Mauritania and Uganda.

Today, only three countries – Sudan, Ghana and Nigeria – in order of figures, account for 96 per cent of Guinea worm cases in the whole world. Over seven out of every 10 Guinea worm cases are in war-ravaged Sudan, which exported cases to neighbouring Kenya, Ethiopia and Uganda last year. The strategy adopted at the review conference of the three countries that experts and donors held in September in Atlanta, is to encourage the combatants in the Sudanese conflict to drop their guns and allow health workers to have access to the communities. If that is done, Ghana speeds up and Nigeria maintains its momentum, Guinea worm would in a short while become the first parasitic disease to be eliminated, unlike small pox that fell to the “magic bullet” vaccines years ago.

Outside these three big cases, Togo recorded continued reduction in cases for the sixth straight

month from October 2002. Between then and March 2003, the country reported 795 cases, as against 1,112 cases during the same peak transmission period of 2001-2002, a reduction of 29 per cent.

Neighbouring Burkina Faso improved its filter and health education coverage from 68 per cent to 90 per cent and from 82 per cent to 99 per cent between 2001 and 2002, in its determination to stop Guinea worm transmission by 2003. It contained 72 per cent of 591 reported cases, which includes nine imported cases, had at least one safe water source in 79 per cent, and used Abate in 64 per cent of endemic villages in 2002. In the first quarter of 2003, it reported only 12 cases, nine of which were contained.

In the same region Niger Republic reduced its cases by 65 per cent in 2002 when only 77 villages or localities reported cases, with half of these villages (38) reporting one case each. Case containment rates were low in Tera (44 per cent) and Tillaberi (58 per cent) districts, the country’s part of the tri-border problem area shared with Mali and Burkina Faso. To improve the situation, “worm weeks” were organised in both districts last May.

Backed by a world coalition, The Carter Center’s Global 2000 Guinea worm eradication programme has assisted 19 countries, primarily in Africa since 1986. Major partners of The Center include The Center for Disease Control and Prevention in Atlanta, Georgia, UNICEF and WHO. The Office for the Coordination of Humanitarian Affairs, UNDP, the World Bank and the World Food Programme, all UN agencies, also lend support. Governments and several international and local NGOs render assistance along the line.

While The Carter Center offers political will and technical expertise, their collaborators render financial and logistics support. In the battle, the Japanese government provides funding, water wells and vehicles, while the Japan Overseas Cooperation Volunteers provide hands-on support. The US Peace Corps volunteers have assisted in the crusade. So are

**Do your part to
stop unnecessary
suffering.**



several ongoing corporate and private donors. E.I. du Pont de Nemours & Company and Precision Fabrics Group supplied filter cloth valued at more than \$14 million; BASF provided the larvacide Abate®, valued at more than \$2 million; Johnson & Johnson donated enough medical supplies-like Tylenol®, forceps and gauze-to treat more than 3,000 villages; Hydro Polymers gave nine million pipes to provide personal water filters; and the Gates Foundation supplied generous funding.

The Global 2000 strategy for eradication includes

several components, primarily driven by health education and collaboration with local ministries of health. Its goal is to change behaviour and galvanise communities to improve the safety of their local water sources. Approaches that are introduced to the communities include: education on proper use of and distribution of nylon or cloth filters to strain out the intermediate host; monthly chemical treatments of stagnant ponds; direct advocacy with water organisations; and, increased efforts to build the safer hand-dug wells. Village volunteers who are ▶

Guinea worm must go by 2004

For over 20 years Dr Ernesto Ruiz-Tiben has been in the vanguard of the Guinea worm eradication campaign. The assignment has taken him across Africa and other affected countries. Today he is the technical director for the dracunculiasis (Guinea worm) eradication programme of The Carter Center's Global 2000.

Africa Today: You've been in the Guinea worm war for over 20 years. Tell me your major challenges.

Ruiz-Tiben: The major challenges are trying to translate the technologies needed to carry out the eradication effort and training people in the very remote areas where the disease occurs in Africa and to implement those technologies in a manner that cause reduction in a number of cases from year to year.

Africa Today: What are the difficulties?

Ruiz-Tiben: I think the major challenge now is to finish the eradication of Guinea worm disease outside the Sudan in 12 countries that have the disease, and to do so quickly. For that we need very strong political leadership and very strong supervision of the elements of the programme at the field level. This requires that everyone involved constantly pays attention to the programme. Without this level of constant attention there are going to be some lapses, or someone may not do what has been expected of him or her. And the consequences of any lapses like that is that the following year you would have cases. As you know for this disease, we don't have a drug or a vaccine or magic bullet to use to get rid of the problem. So it's one case at a time and any major lapses in carrying out responsibilities cost the donors and everybody else that support the programme another year. We are doing our best to work closely with our partners, particularly our major partners,

which are the national eradication programmes, to make sure that this work is done very carefully and it's of high quality and no lapses occur as much as possible. Each country has a national eradication programme and they are the people doing the eradication. It's not The Carter Center or WHO. It's the national programme. And at the village level, it is the village volunteers doing the eradication.

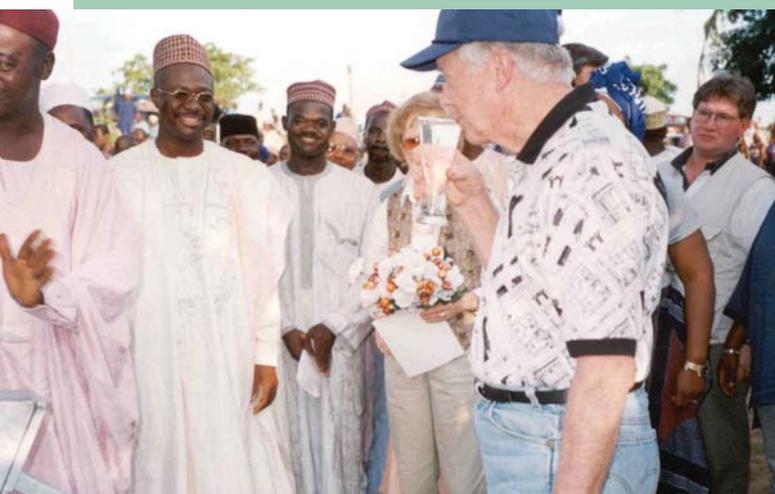
Africa Today: What are the care centres you have in



some countries all about? At what point do you get Guinea worm victims into the centres?

Ruiz-Tiben: It's all about two things. From the patient's point of view, it's the place where he or she can go and receive some primary care for the lesions, the wounds caused by the Guinea worm. As you know, in Africa every person that has a Guinea worm will invariably have that wound infected with other bacteria. So the secondary bacteria infections that occur exacerbate the lesions and prolong sometimes by weeks or months the process of healing of those wounds, and that incapacitate people. The victim is disabled and cannot harvest or weed or plant or ▶

whatever it is that he should be doing because of the Guinea worm. So the case containment centres are a way of offering Guinea worm patients a place where they can go and stay. From the Guinea worm programme point of view, the essence of the case containment centres is to bring those people who have the infections in very early, as soon as the worm emerges because that prevents the secondary bacteria infections. You immediately begin to provide some antiseptics and other medications that will prevent that from happening. But more importantly, the centre offers a nice place where people can stay for about seven days and during that time the people



Carter drinks water from a borehole

concerned are able to pull the worm out. And so the patient by virtue of being in the case containment centre is not ambulating around and has no chance to contaminate the water. So it makes the case containment process more effective. Actually what we're doing when we say case containment is to containing the transmission from one person to others in the village because the only way you can transmit the disease is if you go into the water with

trained, supplied, and supervised by the programme carry out monthly surveillance and interventions.

In the war plan, education takes prime place. Much of the spread is caused by ignorance and age-old beliefs. Two years ago, The Carter Center secured partnership with the Voice of America to win the battle of the mind. The air war started off in December 2001 when the first messages in a massive public service campaign were broadcast throughout Africa. Former Nigerian president Yakubu Gowon, a Guinea worm combatant, and ex-Malian president Amadou Toumani Toure joined President Carter in the radio campaign. "The Africa division of Voice of America is proud to work with The Carter Center in

the Guinea worm.

Africa Today: This being a water-borne disease, is there any collaboration The Carter Center is involved in to provide safe water for the endemic villages?

Ruiz-Tiben: The Carter Center is involved in health, in this case The Carter Center is involved in helping these countries to do their Guinea worm eradication. The Carter Center as an organisation is not involved in the provision of safe water. The funding we have is for Guinea worm eradication, not for provision of water. But what we have been able to do in conjunction with the national programmes and other partners is to make the listing of the endemic villages available to the organisations that are in the water sector, which are many. There are NGOs, there's the UNDP, there are bilateral donors, etc in every country that are in the business of providing safe drinking water to both urban and rural communities. And so, we and the national programmes and the other partners advocate with the water sector organisations for priority to villages that have Guinea worm. That is what is being done. Off and on, the governments or some other organisations make a special effort to target specific villages and that is fine.

Africa Today: Just as it's been done to small pox, at what point can Guinea worm be eradicated outright?

Ruiz-Tiben: It's a difficult question to answer categorically. We are hoping that by the end of next year or 2005, it can be done outside of Sudan. As you know, in Sudan it will require a period of four to six years, even perhaps longer because Sudan is a vast country. The infrastructure that was once there, at least in the south, has been destroyed and no longer exists. And so putting in place Guinea worm eradication programme in each of the endemic villages, communicating with all the village volunteers, supervising and coordinating actions in such a vast landmass without good infrastructure is going to be difficult.

its campaign to eliminate Guinea worm in Africa," said Gwen Dillard, Africa division director for VOA. "Part of VOA's broadcasting mission is to share with its listeners the information they need to live long and healthy lives. Radio is one of the best ways to share this kind of information."

Later UN Secretary General Kofi Annan teamed up with President Carter on the same mission. In public service announcements released to radio and television stations in Ghana, Togo, Nigeria and Mali, Annan said: "This is a terrible illness, but we are on the verge of defeating it for good. Everyone of you can help bring us closer to victory." The messages remind people to filter their drinking water and to

report all cases of the disease to health care workers. VOA has volunteered to broadcast the messages as its own contribution towards eradicating Guinea worm.

In the enlightenment campaign, the mantra is: don't enter the water with an emerging Guinea worm and don't drink unfiltered water. But the challenge lies in educating villagers to always filter their water and ensuring they have the necessary filters to do so. Teaching these practices can come in conflict with traditional beliefs. In Nigeria, Gowon had one such experience. But perhaps adopting part of the skills that won him the Nigerian civil war in the late 1960s, he conquered in the end. He told *Africa Today*: "We succeeded in the eastern part of the country, in Ebonyi state where I was told they refused Carter Center health workers that were applying abate to stagnant ponds because they said it is tampering with the souls of their ancestors. I said that tradition is important and even if the soul of their ancestor is in the fish in the pond, that the abate does not kill any of the animals in the pond and that it is quite safe. And that even the spirit of their ancestors would not be good ancestors if they watch them die from such preventable circumstances. I was told months later that they have accepted and they now allow the Carter team to apply abate on the water and there is now no report of Guinea worm cases in those areas."

The economic implication of Guinea worm disease is grave. It turns the victim into an invalid, cripples agricultural production and draws the curtain on the future of any country it chooses to ravage. Children cannot go to school, help their parents to harvest crops or attend to domestic chores. During one year in the mid-1980s in southeastern Nigeria, rice farmers lost \$20 million due to outbreaks of Guinea worm disease.

Infected worm larvae are spread by microscopic water fleas that infest drinking water fetched from a stagnant source. In most parts of rural Africa, water is sourced from ponds and wells. Once ingested, the larvae mature, during which patients show no symptoms of infection. By the time a threadlike, whitish Guinea worm burns a hole from inside, breaks through the skin, and forms a sore on the person carrying it, it has lived in the body for about a year. Traditionally, the infected person wraps the Guinea worm around a small stick and extracts it by rolling the two- to three-foot-long worm on it, a slow and painful process that takes many weeks.

Some worms can take up to two months to be completely expunged. The burning sensation caused by the emerging worm leads many victims to immerse their limbs in water, seeking relief, but the cycle of infection only begins again as the worm releases more larvae into the water. The emerging Guinea worm often causes fever, nausea, secondary

infection, and burning pain. Though the nontoxic larvicide Abate® kills the waterborne larvae, no medicine can prevent or kill the adult worms.

Delegates at the Atlanta conference agree that in the last leg of the eradication race, the tactic is to first get rid of Guinea worm in the other two most endemic countries outside Sudan. When Ghana and Nigeria get a clean bill of health, all hands can then be applied to pull the disease out of Sudan, which hopefully would have known peace. Eight years ago when Carter secured what is known as the "Guinea worm cease-fire" in Sudan, health workers visited 2,250 Guinea worm endemic villages in the six months the truce lasted.

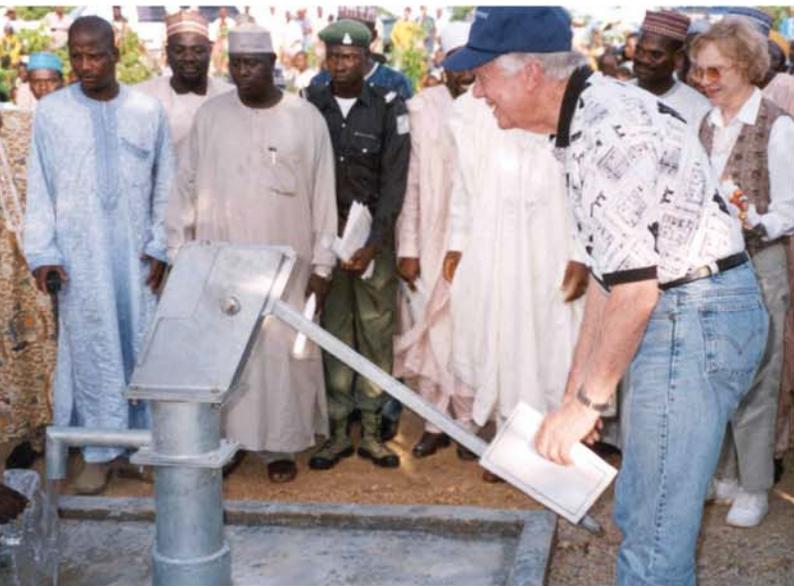
The dedication of village-based volunteers is making Guinea worm eradication a reality.





Rounding up the review session, President Carter said: "Guinea worm eradication is on the horizon, and it is achievable. With an even stronger public health focus on Guinea worm disease in West Africa and Sudan – which have made much progress against the disease – together we can end this needless suffering for the people of Africa." Victory is at the corner.

MA



How to do it: Carter demonstrates the use of borehole pump to officials and villagers

Prior to the intervention of The Carter Center, Guinea worm had caused severe socio-economic damage in Nigeria. As reported elsewhere in this package, the disease ravaged the southeastern part of the country in the mid-1990s, causing a yearly loss of an estimated US \$20 million by rice farmers in the heavily populated region. But working with the Nigerian government's Ministry of Health, which set up the Nigeria Guinea Worm Eradication Programme (NIGEP), remarkable turnaround has been witnessed.

Dr Kamorudeen Ojodu, head of NIGEP, explained: "NIGEP activities which include case surveillance, case containment and management, health education and public awareness, advocacy, vector control, water filtration using filters and potable water provision started since 1987/88." The result: 653,620 reported Guinea worm cases in 1998 down to 1,224 cases by August 31, 2003. Globally, that figure represents seven per cent of the Guinea worm cases remaining worldwide. Going by projections, 1,920 cases may be recorded by the end of the year as against 3,825 for the whole of 2002.

Much of the work left to be done in Nigeria will be concentrated in three of Nigeria's six geopolitical zones. The North central zone (with 530 cases or 43 per cent), southwest (342 cases or 28 per cent) and southeast (246 cases or 20 per cent) jointly accounted for 1,118 cases or 91.3 per cent of the 1,224 cases reported in the first eight months of this year. The national average of case containment is 72 per cent, ranging from 63 per cent in the southeast to 92 per cent in the south south. According to Ojodu, the three zones notorious for Guinea worm cases "need to improve on their current rates of case containment." That way, Guinea worm would have been wiped out completely in Nigeria, Africa's most populous nation.

The dubious honour for the most endemic state in Nigeria goes to Benue, in the northcentral. It recorded 375 cases

A success story

Nigeria is making satisfactory progress in its efforts to control and eradicate Guinea worm, but there is still work to do.

between January and August, this year, amounting to 31 per cent of the national figure. Dr Emmanuel Miri, country representative of Global 2000 in Nigeria, explained to *Africa Today* that the belief in this endemic area is that Guinea worm is not a water-borne disease. "They think they are being haunted by some mysterious curses," he said. The few cases of Guinea worm infection in the neighbouring Nassarawa and Plateau states are attributed to migrant Benue folks.

A similar circumstance obtains in Nigeria's most endemic village, Isale Akao, located in Oyo state in the southwest. In this small farming community, 88 cases were reported in the first eight months of this year, which is 43 per cent of the total figure for the local government, Ibarapa North, and 29 per cent for the entire state of Oyo.

In terms of programme interventions during the year, safe water supply increased by six per cent from 60 per cent in 2002 to 66 per cent. "The safe water provision is receiving adequate attention from the governments (federal, state and local governments), collaborating partners and donor organisations such that the situation is expected to improve even at a much faster rate in the future," Ojodu said.

Former Nigerian leader Yakubu Gowon got a special



Piping a borehole

mention as the pivot of Nigeria's remarkable success in the Guinea worm eradication campaign. He's a tireless fieldworker, members of the Nigerian delegation to the Atlanta meeting confessed. Ojodu gave a special report of Gowon's advocacy and mobilisation activities between 1999 and 2003, which includes visits to 16 endemic states and 57 endemic local government areas and affected communities,

high level advocacy meetings with various levels of government, community mobilisation and health education meetings with community leaders and members, inspection and commissioning of water sources, and most important of all, follow-ups. Enamoured with this level of commitment by a high profile figure, Ghana immediately lobbied Gowon to come over and launch its rescue mission aimed at returning the ▶

Gowon: I felt a sense of guilt

General Yakubu Gowon holds the record as Nigeria's longest reigning military leader (1966-75) but when he was booted out of power he made the best of his exile years studying political science in the UK. Back in Nigeria, he returned to fame leading a movement to return Nigeria to God after a failed attempt to return to power via the ballot box. But his humanitarian engagement appears to have overshadowed all this. He leads the battle against Guinea worm disease in Nigeria and he has now been co-opted into a similar crusade in more endemic Ghana.

Africa Today: I've observed your level of commitment to the Guinea worm eradication programme and you have been singled out by the Nigerian delegation as the reason for the remarkable success of the project in Nigeria. What's your motivation?

Gowon: The commitment came from the feeling of concern for the underprivileged, the victims of this disease, the same way President Carter really challenged me to come and join him to deal with the last vestiges of this disease, which seems to have been very difficult to eradicate at that time. As you know, President Carter with his outfit, The Carter Center is undertaking this gigantic task of dealing with this particular disease throughout the world. They have done an excellent job of it. At a time there were 650,000 cases of Guinea worm in Nigeria. Thereafter there was a drastic reduction in the number, about 15,000. And then there was a bit of stagnation over a period and that was when he (President Carter) visited Nigeria in 1997/98 and he felt concerned that it hasn't moved beyond that level. He recruited so many good people. He wasn't recruiting private soldiers, but generals (general laughter). I felt a great challenge, that if he could come out from so many thousands miles feeling concerned about the plight of the people and doing something about it, who am I to say No? And I resolved to do my best. I saw the problem on the ground. I've been to a number of rural areas and see people live in abject situations and they had to fetch water from a pool. You won't believe the kind of water they consume. I remember in Borno state (northeast Nigeria), they

were looking for water and that day it rained very heavily. The water that was running from the ground was polluted by cow dung, faeces and whatever else. Could you believe that I saw people drink that water? Of course they removed the rubbish. Looking for water to use in any standard pond, people fight for it and they all end up in the same place and you may have Guinea worm because the water is polluted. I saw young children of various ages with Guinea worm coming out from various parts of their bodies; old people, women with Guinea worm coming out of their breasts. It is a very sorry sight. After seeing all that, I felt so sad and I asked: was the disease around during my time (as Nigeria's military ruler, 1966-75) and I did not do anything about it? That was the sort of guilt I felt as a former leader. All I said was that if it was a serious issue at that time, I know I would have done something about it because that was my policy. Seeing the problem as it is made me feel sorry for the ordinary people on the ground in these rural areas all because they've not been provided with good water. The disease makes you useless; you can't do anything in the farm. The Kanuri (a northeast Nigerian tribe) call it ngudi. The correct translation is that it impoverishes you.

Africa Today: No doubt The Carter Center and its partners are doing a great job of kicking the Guinea worm out of the face of the earth. But back home in Nigeria, the government itself is not doing enough to aid the crusade by not providing sufficient safe water points and other infrastructure. What kind of pressure are you exerting on the Nigerian authority? ▶



SPECIAL REPORT ON THE CARTER CENTER

country to Guinea worm winning ways.

One major recommendation of the conference for Nigeria is that the government should “facilitate the timely release of approved funding for activities at federal, state and local levels.” The reason: “The one-year incubation period for Guinea worm disease makes funding delays especially harmful.” The meeting urged heads of The Carter Center, WHO and UNICEF in Nigeria to write jointly to the Nigerian government stressing this point as well as the need to hasten

Gowon: When the (Nigerian) president assumed office, one was able to bring the situation to his attention and I’m pleased to say that the president undertook that as the government’s major responsibility in his poverty alleviation policy by ensuring that water provision is top priority especially to Guinea worm (and other water borne diseases) endemic areas. Some successes have been made but certainly not as complete as one expected. He has promised about a thousand boreholes or wells, but only a proportion has been achieved at the moment because of lack of funds and certain bureaucratic delays. At the state levels, when we go on advocacy visits to the states, we draw the attention of the state governors and their cabinets to the need to provide safe water and all that is required to make sure that the disease is gotten rid of.

Africa Today: In what ways can the Guinea worm eradication review conference help to sustain the victory already attained over Guinea worm and see to its total eradication in a short while?

Gowon: The conference is very encouraging particularly featuring the three most endemic countries in the world – Sudan, Ghana and Nigeria. It highlighted the problems and delegates rubbed minds on what can be done to deal with those particular problems. We have the various reports from the three countries, and the efforts they are all making to deal with the problem. We had members of governments and people involved with tackling the problem. In Sudan, the problem is that there are certain areas that you cannot go to because of the civil war. And we’ve just received good news about the peace meetings they’ve been having. There is some measure of success and agreement towards peace. If that happens, it means some of these areas will be accessible to deal with the problem. Thereafter all the other countries that have completely eradicated Guinea worm will now pull together to ensure that we help Sudan to get rid of that problem. Ghana, they are certainly not happy about their rating and they have listened to the ways in which others were able to deal with the problem and they’ve taken some lessons to be able to deal with the situation. One of the areas Ghana wished to take advantage of is that they feel a little jealous that Nigeria has somebody like me directly involved and that can make contacts at all levels, from the president to the community leader, and you get something done to deal with the problem. So they have asked me to visit them. This might probably ginger interest in some of their leadership to come forward and be part of the process. In the case of Nigeria, we were able to show that we have been able to reduce the figure

the implementation of surveillance and data management under government auspices and ensure prompt clearance of Guinea worm eradication programme materials from national ports of entry.

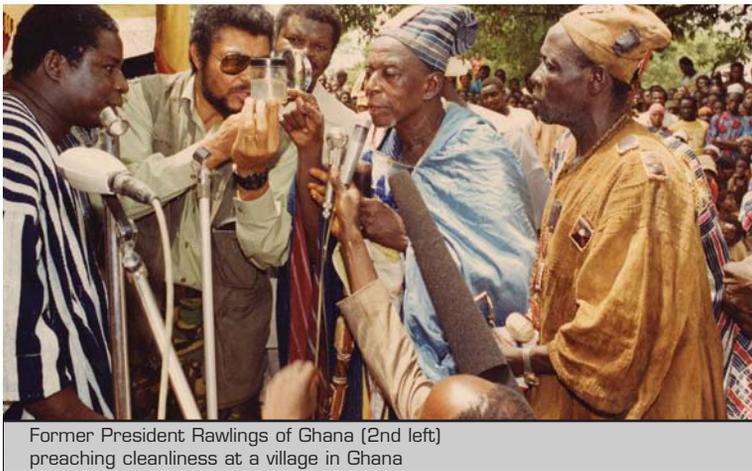
It is expected that the Nigerian government will be aggressive in its rural water scheme, particularly in the Guinea worm-prone areas and others at risk. It is only then that Nigeria can sustain its record and launch itself into the club of countries with zero per cent Guinea worm presence.

from 15,000 to now under 2,000 this year. With all the programmes that we have planned – provision of water sources – don’t be surprised by next year to get the news that we’ve been able to totally eradicate the disease. At the moment we have some difficult areas like in the Tiv, Obi areas in Benue (central Nigeria), and in Oyo state (southwest Nigeria) where questions of customs, tradition and beliefs are so entrenched. You cannot convince them that you get this disease from contaminated water. They say it has to do with ancestral curses. We will ask traditional and religious leaders to join us to talk to the people on the need to filter their water before they use it and to believe that it is from contaminated water that you get the disease. We succeeded in the eastern part of the country, in Ebonyi state where I was told they refused Carter Center health workers that were applying abate to stagnant ponds because they said it is tampering with the souls of their ancestors. I was there and spoke to the chief. Even the chief cannot do anything. Those in charge of the shrines are the ones in authority. We went to where they were and I spoke to them. I said that tradition is important and even if the soul of their ancestor is in the fish in the pond, that the abate does not kill any of the animals in the pond and that it is quite safe. And that even the spirit of their ancestors would not like it if their children on earth should die because of some kind of disease, and that they will not be good ancestors if they watch them die from such preventable circumstances. I was told months later that they have accepted and they now allow the Carter team to apply the abate in the water and there is now no report of Guinea worm cases in those areas.



Knocked off course

Ghana was on its way to eradicating Guinea worm, but there are signs progress has stymied as more cases of the dreaded disease are now reported.



Ghana's Guinea worm situation is troubling. Rather than reducing, the incidence is on the rise. Down from a 1989 high of about 180,000 cases, Ghana celebrated a sharp decline that stabilised at 5,611 cases in December 2002. But by July 2003, it was talking about 5,908 cases. Much of the cases are from one region. The endemic northern region is one third the size of Ghana with scattered rural settlements, poor roads network and poor infrastructure.

Twenty case containment centres were opened in the northern region, the last being in May, this year in Yendi district. Each centre costs between \$530 - \$5,000 with an average staff cost of \$125 per month and 40 patients staying for approximately 10 days at \$465. Dr Ernesto Ruiz-Tiben, technical director for the draunculiasis (Guinea worm) eradication programme of The Carter Center's Global 2000, explained the essence of the centre: "The case containment centres are a way of offering Guinea worm patients a place where they can go and stay. The centre offers a nice place where people can stay for about seven days and during that time the people concerned are able to pull the worm out. And so the patient by virtue of being in the case containment centre is not ambulating around and has no chance to contaminate the water. So it makes the case containment process more effective."

Dr E. K. Sory, regional director of health services, spelt out the hurdles the Guinea worm campaign in Ghana must scale. These include delay in the provision of safe water, slow response to reports by districts and zonal coordinators, laxity by district assemblies in Guinea worm eradication drive, inadequate supervision at districts, zonal and village levels, some infected water sources difficult to treat with abate and underreporting by some Guinea worm eradication staff in certain districts.

Guinea worm in Ghana hits mainly at school-age children and men who are essentially peasant farmers, traders or hunters. The prevalence rate is attributed to extensive movement of people.

Where does your country stand in the Guinea worm eradication effort?

THE CARTER CENTER



Lending a Guinea worm sufferer a helping hand

Ghana will soon be back on track

A member of the Ghanaian parliament, Hon. Moses Dani Baah was at the head of his country's delegation to the 2003 Guinea worm eradication review programme in Atlanta. As the deputy minister of health, it is his primary responsibility to ensure that Ghana gets back to the winning way in the march against Guinea worm

Africa Today: What are the gains of this conference?

Baah: The conference for me is any eye opener. It's a new experience and I think that we've learnt a lot, we've shared a lot of experiences and it puts us in a position whereby we can rethink about eradication of Guinea worm in my country. From the reports you could see that Ghana made initial progress, having started the programme in 1989 with a case count of 180,000. Within the first five years, up till 1994, we were able to reduce the prevalence of Guinea worm to barely 8,000 cases. Since then, Ghana has stagnated. There are several reasons accounting for this. For me one of the biggest obstacles is mostly on account of the geographical location of cases and also the conflict situation in the zone where we still have majority of the Guinea worm cases. From the reports you can see that the northern region of Ghana accounts for close to 80 per cent of the cases now, together with the Brong Ahafo and Volta regions. All of these fall within the Volta Lake area where we have several creeks out of the numerous tributaries of

As it is in Nigeria, the Ghana project also suffers from delay in the release of funds for the programme. In addition, water providers find it difficult to tap underground water. Due to the poor health of the economy, Sory reported that some communities find it difficult to contribute five per cent for safe water as demanded by the district assemblies. The situation is not helped by the interrupted shortage of case containment material cloth, pipe filters and abate at crucial times, Sory lamented, adding that inadequate transport for programme staff in the endemic region also slowed down progress.

Ghana projects a slight reduction of reported cases from August to December, 2003. It hopes for a better case detection through effective surveillance, case searches and worm weeks. Also expected is a significant increase in the provision of safe water by donors, which will lead to a huge case reduction in many districts next year.

Sory, who came to the Atlanta meeting in company of his country's deputy health minister and MP, Moses Dani Baah,



Volta Lake. And you know that Guinea worm exists in ponds basically where people go to fetch water for their domestic and social needs. Unfortunately most of these areas don't have potable water. They rely heavily on ponds for their source of drinking water.

Africa Today: One of the strong recommendations

of this conference is that "Ghanaian authorities should make clear to all concerned that eradicating Guinea worm disease from Ghana is a top national priority for which they will all be held responsible." This is an indictment. As the health minister, what measures should we expect regarding the battle against Guinea worm when you return home?

Baah: I'm part of government, being the deputy minister of health. But these challenges basically mean that government will have to take the issue more seriously than ever before. We have taken Guinea worm together with malaria and HIV/Aids as the most important public health concerns that this government will want to tackle. But Guinea worm has not really received that much public attention as it ought to be. Many top government officials and even community leaders do not see Guinea worm as a treat to human life, probably because Guinea worm does

made a pledge to round up his presentation: "I conclude by making a commitment to my government, our donors and other partners and all staff working in the region that I will provide the leadership necessary for the successful eradication of Guinea worm in the northern region."

Dr Andrew Seidu Korkor, national coordinator of the Ghana Guinea Worm Eradication Programme (GWEP), agreed that what is lacking is the leadership and guidance. If the trend continues, he projects that the other regions in the country might soon report Guinea worm cases through importation from the affected regions.

The conference made a powerful recommendation: "Ghanaian authorities should make clear to all concerned that eradicating Guinea worm disease from Ghana is a top national priority for which they will all be held responsible." Worried by the case rise, it mandated GWEP to investigate "why some areas reported as having very high percentages of implementation of key interventions in 2002 are reporting

not kill people instantly and it's appearing in remote places in the country. So many people are not exposed to the cases to appreciate the reality on the ground. What I will do after this conference is to try and reawaken the interest of the government and other opinion leaders in the fight against Guinea worm. Also there is a need for the global initiative that is set out to eradicate Guinea worm to work together towards this objective. We'll have to see that we're working in a global environment, we're not alone and we have to do it together. We'll need to bring this to the fore and ensure that both government and civil society participate.

Africa Today: Guinea worm being a waterborne disease, how much has your counterpart in charge of safe water provision done to help in the eradication and prevention of the disease?

Baah: As far as providing potable water to the rural communities is concerned the government has always taken it as a priority, not only because of Guinea worm but because it believes that water is life. Every community is entitled to have clean water. Over the last two years government has indeed worked very hard to provide water to rural communities in Ghana. I use my own constituency as a member of parliament as an example. My own district for the past 10 to 20 years before the coming into office of the Kufour government has not had a single borehole in the district. I remember that it was only during the Acheampong regime (1972-78) that some boreholes were dug. But in the last two years my district alone has received about 120 boreholes and villages which never had any source of water now have it. My district is one of the areas that have been freed of Guinea worm. Government has gone further to provide specific funds for providing boreholes and wells to Guinea worm affected communities. This year 180 boreholes are earmarked to be built. We're just waiting for the end of the rainy season for the drilling to take place.

high increases of cases in 2003."

But the situation in Ghana is not irredeemable. The authorities seem to be eager to record positive results. They have invited Nigeria's General Yakubu Gowon to join the campaign in Ghana. "We are going to work hard to ensure that Guinea worm is eliminated. And Ghana already has a ministerial committee for Guinea worm eradication, which is looking at the issues of potable water. We have a committee, which is also looking at interventions. There is something already going on and we will certainly continue along that line." That was the assurance coming from deputy minister Baah.



A villager showing the filter she uses to clean her water

Africa Today: I guess the concentration of these proposed boreholes will be in the north.

Baah: Yes. You know that the problem of potable drinking water is more acute in the north. But at present the project is nationwide. But for the Guinea worm eradication, the emphasis is on the 15 most endemic districts.

Africa Today: What assurances can you give that the recommendations of this conference will be carried out to the letter?

Baah: From the assurances that we give especially at the closing session, you can see that we are really anxious and eager to implement all the decisions. You can see that even without reference to my country and the president, we have gone ahead to more or less formally invite former President Yakubu Gowon to Ghana to help us in this Guinea worm eradication. So that is a clear indication that after this conference, we are going to work hard to ensure that Guinea worm is eliminated. And Ghana already has a ministerial committee for Guinea worm eradication, which is looking at the issues of potable water. We have a committee, which is also looking at interventions. There is something already going on and we will certainly continue along that line.

The last outpost

With war still raging in some parts of Sudan, efforts to combat Guinea worm are only achieving partial success. Only a cessation of hostilities can aid progress in this vast country.

Despite The Carter Center's engagement in the Guinea worm battle in Sudan over the past nine years, over 75 per cent of the world's remaining Guinea worm cases still reside in the country, the consequence of the conflict that has turned the East African nation apart for years. The year after the Center's intervention commenced, President Jimmy Carter secured the famous "Guinea worm cease-fire", which lasted almost six months. During that brief period of peace, health workers had access to more than 2,250 Guinea worm endemic villages. Moral: if the war ends today, Guinea worm will cease to exist anywhere in the world in a short while thereafter. The latest stretch of fighting has lasted almost 20 years, making conditions in the country severe, at best, for civilians.

Of the cases of Guinea worm currently in Sudan, 99 per



The scourge of Africa: a Guinea worm sufferer with her child

cent are in the southern part of the country, concentrated in the same region as the civil conflict. War has made those troubled southern areas uninviting, or worse, inaccessible, to foreign aid workers, such as those with the Guinea worm

Eradication Programme, who endanger their lives by working in the war zone to initiate treatments.

Ermino Emilio, the 58-year-old Carter Center's regional coordinator for in Sudan's Bahr el Ghazal Zone, lamented this setback: "I know people outside Wau are suffering from Guinea worm disease, but we cannot go where the army doesn't go." Where Ermino is working, staff members must travel with army convoys to spend as much time as possible educating people about how to protect themselves from Guinea worm, treat it and distribute household and pipe filters, which are worn around the neck to permit safe



Dirty water: lack of clean water is the biggest problem in the fight against Guinea worm

drinking of available water.

Between January and July 2002, there were 23,619 cases nationwide, while 10,855 cases were reported in the same period this year. In the northern states, the eradication programme has implemented the Intensified Case Containment Strategy. The programme also plans to distribute 6,000 to 10,000 medical kits to coincide with the intensification of case containment during pre-transmission training from February to June, next year.

According to the Sudan Guinea worm Eradication Programme (GWEP) report, volunteers visited each household twice a month in the northern states, while

volunteers made efforts to reach each household once a month in the government of Sudan areas.

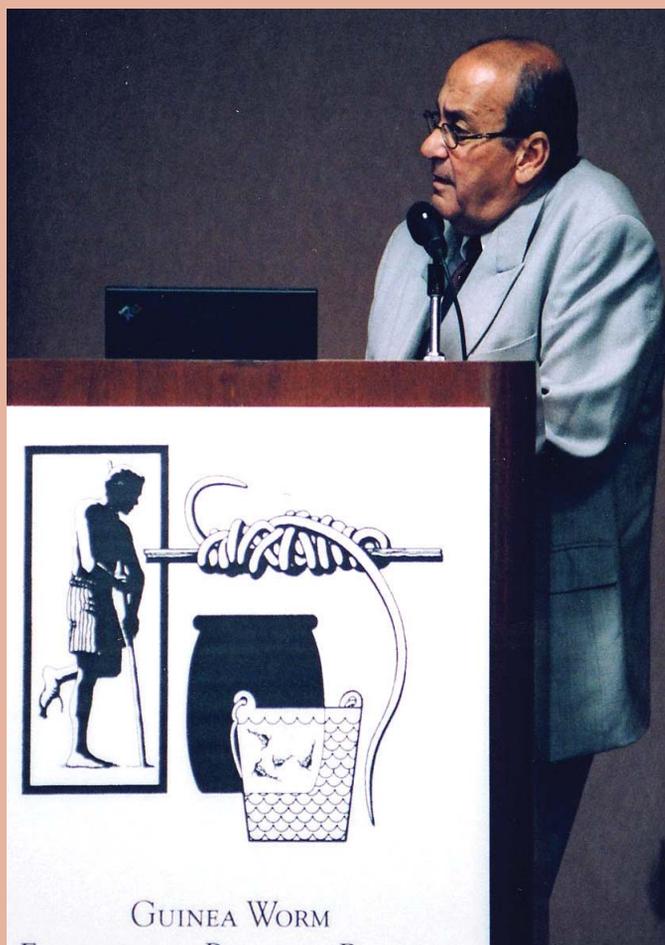
In 2001, The Carter Center's Guinea worm Eradication Programme, and partners such as Health and Development International, the Hydro Polymers of Norsk Hydro and Norwegian Church Aid spearheaded the Sudan Pipe Filter Project. In only a few months, the project manufactured more than nine million pipe filters – hard plastic straws equipped with nylon cloth for straining microscopic water fleas out of drinking water-for distribution to the men, women, and children of Sudan. The number of Guinea worm cases continues to dwindle, and, ▶

Slowly but steadily Sudan will kick Guinea worm out

Dr Nabil Aziz Nikhail has a daunting task. A senior director at the Federal Ministry of Health in Khartoum, he heads the Guinea worm eradication programme in a country that has the largest number of victims across the world. His assignment is not made lighter at all by the civil war that renders parts of the vast country inaccessible to health volunteers. But he is not discouraged in any way as he explains in this interview.

Africa Today: With the war raging in Sudan, how do you carry out the Guinea worm eradication project?

Aziz Nikhail: We operate with different NGOs. We thought at the beginning that this might be very easy. We do contact the NGOs, majority of these NGOs have their headquarters in Khartoum. But we found that the issue is more complicated. There's need for a sort of acceptance from the government of Sudan. Then we started tackling this issue of coordination. It is not a question of just requesting the NGOs, because when you contact them they are ready and willing. But you need to maintain a self-coordinating mechanism to ensure that the system works. And then we got the acceptance of the president (of Sudan) to open various channels of communication between the



national secretariat of the programme in Khartoum directly with operations in southern ▶

SPECIAL REPORT ON THE CARTER CENTER

with efforts like these, eradication is truly on the horizon.

At the Atlanta summit last September, it was recommended that the “Sudan GWEP should seek to hold

national Guinea worm eradication day as soon as possible after a peace agreement is reached, with a joint visit to one or more endemic areas by the highest leaders from both

Sudan in relation to Guinea worm eradication activities. President Carter has played a very great role in this respect. With the establishment of the Global 2000 office in Nairobi, they appointed technical advisers for the office. They established database. They opened a branch office at the bridge that leads to southern Sudan from Nairobi. And they were able to create good relations and good contacts with NGOs working in the area. Through this mechanism, we were able to have regular flow of information from areas under the SPLA directly to The Carter Center office in Nairobi and this information is collected from the NGOs working in the area. The Carter Center has appointed these officers from within the southerners themselves to supervise, collate and hurry up the process of reporting. This flow of data is reaching my office on a regular basis through email. The national secretariat in Khartoum has got all information in its database in relation to Guinea worm eradication in

all Sudan – north and south, including areas not belonging to the government. The second part is that we meet regularly every three months alternating between Khartoum and Nairobi. We sit together. We discuss the hot issues together. We discuss the standards of implementation together. We discuss everything. That is why I feel really that Sudan through this mechanism is running truly 100 per cent eradication programme.

Africa Today: We have an army of internally displaced people in Sudan as a result of the prolonged conflicts. In what ways are you educating these people to contain the spread of Guinea worm?

Aziz Nikhail: Internally displaced camps are too many in Sudan. They are scattered in different states. In endemic states we did establish a functioning programme for each displaced camp, consisting of village volunteers and supervisors who supply health education materials. But at the same time we have internally displaced camps in different states in the north, in Khartoum and many other big cities. Because of the expected signing of peace agreement, we have started already our health education in the internally displaced camps. We receive information through different sources, the UN office and the commissioner for humanitarian affairs in Khartoum to know how many displaced people are found in these camps. And we have started already introducing our health education activities for the displaced people concentrating on certain messages. No 1, what is Guinea worm? Secondly how can a person catch the Guinea worm disease? And how can he avoid it? By doing what? According to the figures, the total number of displaced population is estimated to be about three million. But those who are living in established displaced camps are calculated to be between 700,000 and 800,000. The remaining of the three million are living in different residential areas in the towns or around the towns, but not inside the camps. We are therefore conducting this health education programme through some NGOs. Through these organisations we are able to promote the messages to the internally displaced people in preparation for their expected repatriation, which we expect to take place soon after the signing of the peace agreement. Maybe the majority of them would be going back to endemic areas at least they should be aware of the disease.

Africa Today: One major issue in the Sudanese case is that of exported Guinea worm cases as a result of the war. I'm talking about Sudanese refugees found with Guinea worm in Uganda, Kenya and Ethiopia. Is there



Risky business: drinking untreated water from a river

sides of the conflict. This would help to establish the urgency of implementing Guinea worm eradication activities among the post-war development priorities in

any collaboration with NGOs or the governments in these countries to contain the spread of the disease?

Aziz Nikhail: I will be very frank with you. We at the moment as a nation, we're shouldering the highest caseload of Guinea worm. I'm not really interested in exportation because I have more important work to do. But I find at the same time good excuse and good arguments for our brothers in the neighbouring countries. But these countries cannot be certified as free of Guinea worm unless Sudan is certified free because we share borders that are porous. People come in and go out like anything. WHO is having good and effective notification of the cases. I'm notified on regular basis by WHO. For example in 2002, we exported to Ethiopia about 15 cases. We exported to Uganda 14 cases and to Kenya 16. We got the notification and these cases were received in their settlements. When I receive the notification, I do contact the state of origin from where this patient came from and if such patient belongs to the government of Sudan, I attend to him. If he does not belong to me, I'll send his case to the Global 2000 office. Each responsible person will play his part fully. When we reach single and small figures maybe I can pay attention to this exportation.

Africa Today: What are you taking away from the 2003 Guinea worm eradication review conference?

Aziz Nikhail: At the conference we got the chance to present our progress report in front of an audience of our counterparts, Global 2000, WHO and UNICEF. They were able to look at the figures, discuss it with us and listen to our problems. We were able to send our voice loudly to the international community that peace is a necessity for the Sudan (Guinea worm) eradication programme to accomplish total eradication. I think this is the most important thing. Secondly, this meeting this time has involved ministers. The Sudanese minister of health attended, the Ghanaian minister of health also attended and General Yakubu Gowon personally attended. I think that this in itself reflects a sort of commitment of the three governments towards the eradication of the disease. Our minister is very eager to have mobilisation campaigns taking place in Sudan. In the past we used to do this mobilisation campaign by ourselves. But hopefully this time our mobilisation campaigns will be headed by some very high political figure from the government of Sudan, both at the federal and state levels.

Sudan."

In 2003, health education was on the decline, from 87 per cent the previous year to 82 per cent, suggesting that there's trouble ahead. But the main worry is the increasing incidence of imported cases as a result of the movement of refugees from Sudan to Kenya, Ethiopia and Uganda, all which have been earlier certified Guinea worm free.

This is one issue that does not feature much in Dr Nabil Aziz Nikhail's calculation for now. As the head of Sudan GWEP, he says he has his plate already full with internal cases. He told *Africa Today*: "We at the moment as a nation, we're shouldering the highest caseload of Guinea worm. I'm not really interested in exportation because I have more important work to do. But I find at the same time good excuse and good arguments for our brothers in the neighbouring countries. But these countries cannot be certified as free of Guinea worm unless Sudan is certified free because we share borders that are porous. When we reach single and small figures maybe I can pay attention to this exportation."

Unless prompt steps are taken to address this drift, the Guinea worm fighters may have another battle on their hand in these posts.



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