

THE
CARTER CENTER

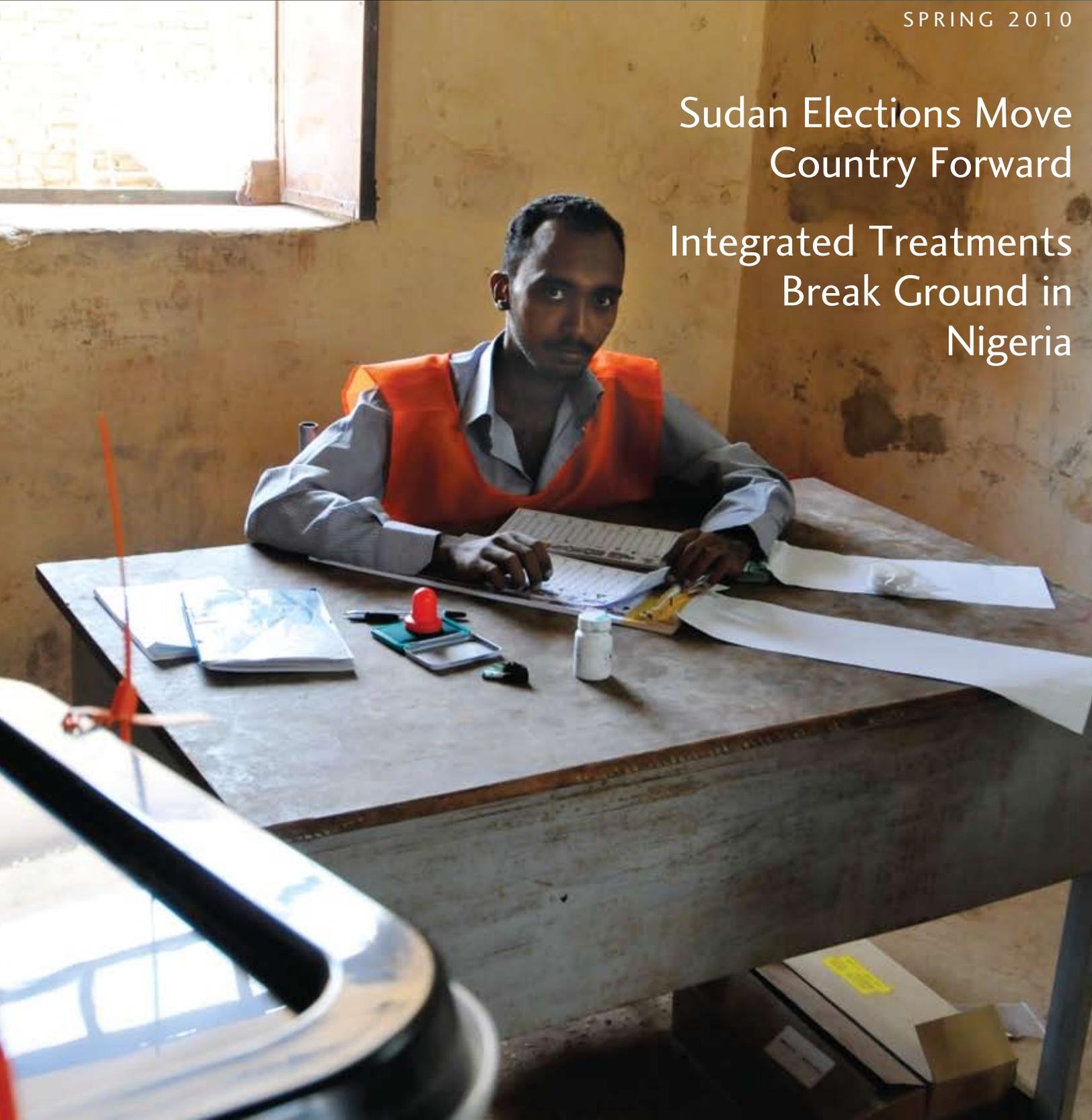


CARTER CENTER NEWS

SPRING 2010

Sudan Elections Move
Country Forward

Integrated Treatments
Break Ground in
Nigeria



WAGING PEACE.
FIGHTING DISEASE.
BUILDING HOPE.

CARTER CENTER NEWS

SPRING 2010

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ON THE COVER

During the first multiparty elections in 24 years in Sudan, a poll worker in capital Khartoum prepares to hand ballots to voters and ink their fingers. Voting was extended by two days after some voters had difficulty finding their names on the register and other technical difficulties.



From the President and CEO

Volunteers Responsible for Success of Their Communities

Men and women around the world, many of whom live on less than a dollar a day, volunteer their time to knock on a neighbor's door to distribute medicines that prevent horrible diseases or sit watchfully at a polling station to ensure each person's vote is counted. Networks like these of active citizens across the globe are vital to the Carter Center's impact and reach.



Pedro Meji'a (front row center) volunteers to help stop the spread of onchocerciasis — also known as river blindness — in Santa Isabel, Guatemala. Some of his duties include distributing medicine and providing health education.

They include volunteers like water monitor Salefu Abdul-Karim in Savelugu, Ghana, who is helping to stop the spread of Guinea worm disease by ensuring that townspeople filter all of the pond water they collect for drinking.

In Guatemala, coffee plantation worker Jose Maria Pos volunteers his time as a health promoter

teaching his fellow workers how to prevent river blindness disease by taking the drug Mectizan.[®] His activism is crucial to the Center's goal to eliminate river blindness from the Americas by 2012 and is multiplied by thousands of local Lions Clubs members serving as health educators.

During the 79 elections The Carter Center has observed, thousands of domestic observers and those on our own monitoring teams have volunteered their time to meet with polling officials and voters, visit polling sites, and observe the ballot counting process. Their on-the-ground findings form the basis of influential public statements by The Carter Center as we work to strengthen democracy worldwide.

We support volunteers by giving them necessary knowledge and training to tackle big challenges in peace and health. But the credit for success is mainly theirs. Our work would not be possible without the optimism, passion, and commitment of these everyday citizens, who are creating extraordinary change and building hope for entire nations.



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

Groups Open Dialogue Among Andean Countries

The Americas Program is working closely with several South American countries through two dialogue groups—one aimed at improving relations between neighbors Ecuador and Colombia and another that will address interaction among five Andean countries and the United States.

Since 2007, The Carter Center and U.N. Development Program have facilitated regular meetings among a group from Ecuador and Colombia, which have a contentious recent history because of strains along their shared border.

“We’ve tried to construct a common view on a number of issues and transmit that to the public to assure that people



Francisco Diez, consultant for The Carter Center and International IDEA, addresses participants in the Andean-U.S. Dialogue Forum, who met in Atlanta in February to discuss ways the group can improve relations among five South American countries and the United States.

change their traditional views or stereotypes of how they see others—in our case, Colombians—and help them see us,” said Manuel Chiriboga from Ecuador.

Even though full diplomatic relations between the two countries have yet to be restored, the group succeeded in establishing cooperative ties. President Carter hosted a private, informal meeting between the foreign ministers in Atlanta that contributed to the Sept. 23, 2009, public announcement of the intent of the two presidents to reestablish relations at the level of chargé d'affaires in October 2009.

Capitalizing on the experiences of

the Ecuador-Colombia group, The Carter Center and International IDEA launched a dialogue initiative in February 2010 to strengthen cooperative relations between the Andean countries of Venezuela, Colombia, Ecuador, Peru, and Bolivia and with the United States.

Approximately 40 influential citizens from these countries and the United States met in Atlanta on Feb. 23–24 to analyze key challenges in relations and form a plan to move forward.

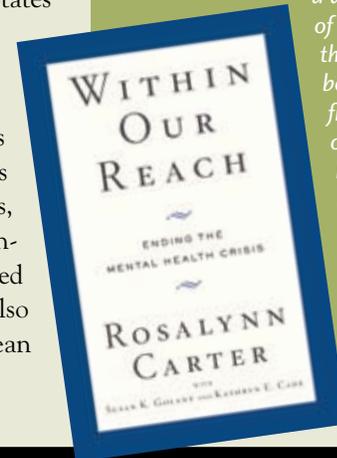
The Andean group will address concerns among the countries, such as illegal armed groups, drug producers, environmental damage spills to neighboring countries, and refugees. Strained relations with the United States also contribute to disputes among Andean countries.

Within Our Reach: Ending the Mental Health Crisis

By Rosalynn Carter



Former First Lady Rosalynn Carter has been a driving force in the field of mental health for more than 35 years. In her new book, she shares insights from her long history of work in the mental health field and issues a call to action for creating greater equity for mental illnesses in the U.S. health care system.



Nigeria, Niger Now Free of Guinea Worm Disease

Two more countries have eliminated Guinea worm disease. Nigeria and Niger, neighbors in West Africa, both treated their last indigenous cases of Guinea worm disease in 2008. Because of the yearlong incubation period of the parasitic disease, the ministries of health had to wait a full year after their would-be last cases to confirm that the disease had indeed been halted.

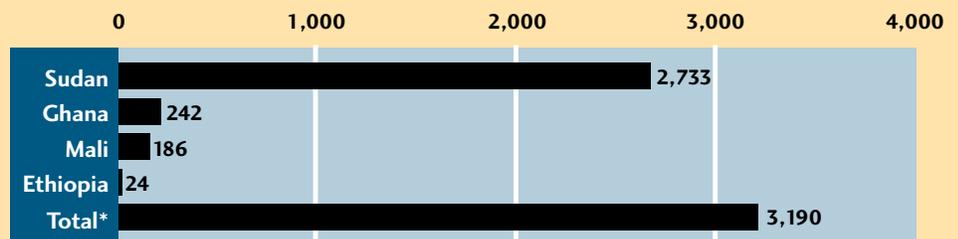
Nigeria was once the most endemic country in the world for Guinea worm disease. In 1988, there were more than a half million reported cases, by far the largest

number any endemic country had during its peak year after The Carter Center began tracking cases in 1986.

Nigeria and Niger join the 14 other countries that have rid themselves of Guinea worm disease since 1986.

About 3,200 cases of Guinea worm disease remain in four African countries: Sudan, Ghana, Mali, and Ethiopia. Southern Sudan remains the final stronghold of the disease, shouldering 86 percent of all 2009 cases. Cases fell 31 percent in 2009 compared with 2008.

Distribution by Country of 3,190 Cases of Dracunculiasis Reported During 2009*



* Includes 3,185 cases reported from the four remaining endemic countries and five cases exported to Niger (one from Ghana, four from Mali).

Since 1986, 16 countries have stopped Guinea worm transmission: Nigeria, 2008; Niger, 2008; Burkina Faso, 2006; Cote d'Ivoire, 2006; Togo, 2006; Benin, 2004; Mauritania, 2004; Uganda, 2003; Central African Republic, 2001; Chad, 1998; Cameroon, 1997; Yemen, 1997; Senegal, 1997; India, 1996; Kenya, 1994; Pakistan, 1993.

Sudan Takes a Step Toward Its Future

Voters wait in line in Juba, regional capital of Southern Sudan.

The Carter Center deployed more than 70 observers to monitor Sudan's first multiparty elections in 24 years, held April 11–15. The elections were the most comprehensive in Sudanese history. More than 16.5 million people registered to vote. Many in Southern Sudan, including the region's leading presidential candidate, had never before voted.

While the election fell short of international standards, it was an important benchmark in the implementation of the 2005 Comprehensive Peace Agreement that ended the country's decades-long civil war and outlined steps for a 2011 referendum on self-determination for Southern Sudan.

"The success of the elections will depend on whether Sudan's leaders take action to promote lasting democratic transformation," said former U.S. President Jimmy Carter, who led the Center's delegation along with former Algerian foreign minister and member of the Elders Lakhdar Brahimi, Justice Joseph Warioba, and Carter Center President and CEO Dr. John Hardman. "The limited political opening around the elec-

tions should be expanded to ensure respect for Sudan's constitutional human rights and fundamental freedoms, and leaders from all parties should engage in genuine dialogue to address the key challenges facing Sudan."

The Carter Center released a 21-page

preliminary statement on its observation mission on April 17, which commended the Sudanese people for a generally peaceful polling process and urged that the remaining stages of counting and tabulation be carried out transparently and accurately.



A woman receives her ballot to vote in a rural Juba polling station.

The Center's report also detailed a number of weaknesses in the electoral process, including the use of intimidation by security agents toward voters, candidates, polling staff, party agents, and observers; a lack of transparency needed to verify key steps and build confidence and trust in the process; problems with indelible ink, ballot box seals, and the voter registry; late delivery of materials; incorrect or insufficient ballots; and inconsistent procedures.

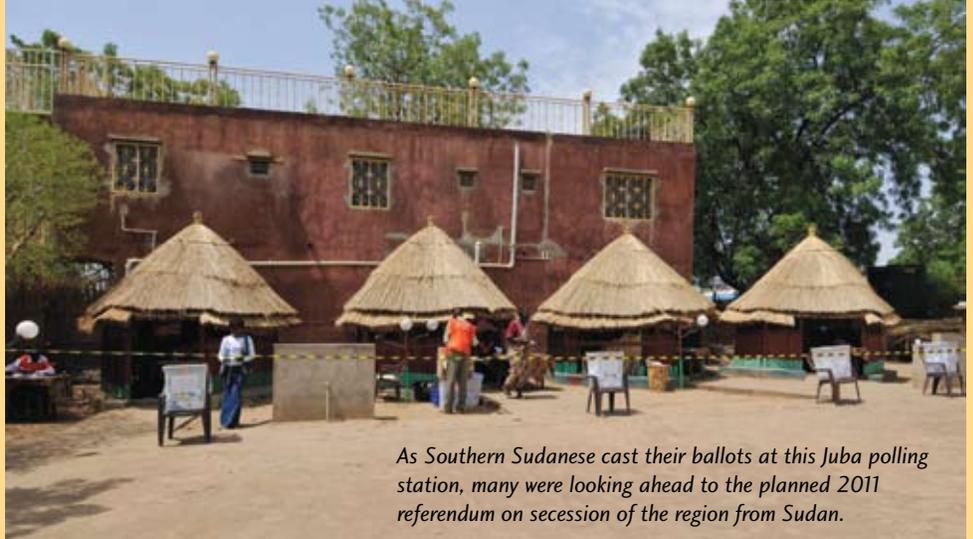
Even before voting began, the process was thrown into doubt when several major parties withdrew from the election in northern Sudan. While all candidates remained on the ballots, there was little competition in the race for the presidency and reduced competition in other races.

These challenges made the presence of an impartial observation organization such as The Carter Center even more important.

"The Center has now observed 79 elections in 31 countries, nearly all in difficult circumstances. By monitoring and reporting on the elections, the Center helps to strengthen democratic processes and institutions by providing recommendations for improvements in the future," said Sarah Johnson, assistant director of the Carter Center's Democracy Program. "These elections also have created a window of increased political and civic participation that should be capitalized upon."

The Center's observers remained in Sudan after the election to monitor counting, tabulation, and the postelectoral environment.

The Carter Center began assessing the electoral process in 2008 and deployed 12 long-term observers in late 2009 and four additional observers in March 2010. During the voter registration in November and December 2009, the Center sent an additional 20 observers, and for April 2010 polling, the Center organized an observation team that monitored voting in all of Sudan's 25 states.



As Southern Sudanese cast their ballots at this Juba polling station, many were looking ahead to the planned 2011 referendum on secession of the region from Sudan.



Above: A woman votes in capital Khartoum on April 11, the first day of balloting.



Left: Election staff count ballots in Khartoum as President Carter observes.



Learn more about the Carter Center's election-related work in Sudan at www.cartercenter.org/sudan-eom.

Integrated Drug Treatment Saves Time, Money in Nigeria

In Nigeria, rivers provide water for a community's every need — bathing, laundry, swimming. They also provide a breeding ground for the black flies that spread river blindness and the parasite that causes schistosomiasis.



Over the past three years, The Carter Center, in partnership with the Nigeria Ministry of Health, has introduced an innovative way of simultaneously treating several parasitic diseases in Nigeria. In this approach—known as triple-drug treatment—a health worker gives a community member three different medicines at one time that in combination treat river blindness, lymphatic filariasis, schistosomiasis, and several kinds of intestinal worms. In the interview that follows, Frank Richards Jr., M.D., who directs the Center's programs for fighting these diseases, discusses the benefits of the triple-drug approach.



Frank R. Richards Jr., M.D., visits with a group of children during a trip to Nasarawa, Nigeria.

Q: *Why is triple-drug administration a good fit for the Carter Center's work?*

FR: The Carter Center tackles neglected diseases, which are often found together in the same very remote and impoverished communities. In Nigeria, for example, many communities are endemic to multiple diseases at once, including river blindness, lymphatic filariasis, and schistosomiasis. For many years, we had been thinking about how we could bundle services, essentially piggybacking the distribution of other medications through our existing system for treating river blindness.

Q: *Integrating drug distribution seems like common sense. Why did it take so long for this approach to be used in the field?*

FR: First, you have to know it's safe to give someone all of these medicines at the same time. It wasn't until 2006 that enough research had been done to support the safety of administering these three drugs simultaneously. But there were also logistical hurdles. We had to carefully map out the communities where this approach would be used, ensuring that the people there did indeed have all three diseases. The next challenge was to make sure that the volunteers who would be distributing the three medicines in their villages could do so correctly.

How Triple Treatment Works

The medicines Mectizan® (ivermectin), albendazole, and praziquantel in combination treat three parasitic diseases:

- River blindness is treated with an annual dose of Mectizan (donated by Merck & Co., Inc.).
- Lymphatic filariasis is treated with an annual dose of a combination of Mectizan and albendazole (donated by GlaxoSmithKline).
- Schistosomiasis is treated with an annual dose of praziquantel.

In addition to drug treatment, community members receive health education about the diseases and their causes.

to take. But I have been impressed by the attitude of the community members. They trust us because we've been working there for many, many years, and they've seen the impact of these medicines on their lives and on their well-being.

Q: It's obviously more efficient to distribute three drugs at one time, rather than in separate visits. Can the impact of triple-drug treatment be quantified?

FR: Our initial studies have shown a savings

of about 40 percent, in terms of the reduction in the cost of gasoline, training, and all of the other things that go into the distribution of medicine. All of our donors for these medicines have really stepped up to make everything happen when the communities need it, which sometimes requires them to coordinate production and shipping schedules. I also think the communities appreciate fewer drug distribution days, so they can spend the rest of their time in the fields or with their cattle.

Q: Is triple treatment itself difficult?

FR: It can be confusing. A person may need two of a certain tablet, one of another tablet, and two of yet another tablet. To prevent error, we created a color coding system where the bottles with each different medicine are spray-painted a different color on the top, and the dosing poles—which measure dose by height—are painted to match the bottles. We studied this approach very carefully and found that the dosing errors were under one quarter of 1 percent.

Q: How have community members responded to triple treatment?

FR: One of the first things we were concerned about was how people would react when they had in their hand six tablets



"I took this picture of this 14-year-old girl in Nigeria late last year. She's holding five different tablets — two Mectizan tablets, one albendazole tablet, and two praziquantel tablets. She had the same great smile on her face before she took the medicine and after she took the medicine. She looked the same, but for me, there was a big difference. Before she took those tablets, she had up to six different parasitic infections, but after she took them, she didn't. Her smile was a healthier one after that quick act of swallowing."

—Dr. Frank Richards, director of the Carter Center's programs for river blindness, lymphatic filariasis, schistosomiasis, and malaria

Health workers in Nigeria measure a girl's height to determine proper dosage of medication.

As Nepal Struggles, Observers Keep Information Flowing



A Carter Center observer walks through rice fields in the Tarai, Nepal's flat and hot south. On this trip, the observers visited several villages to talk with farmers, teachers, and other citizens about security concerns in the area.

For Carter Center observer Antonia Staats, traveling by car in the Western Region of Nepal is a blessing and a curse. A car is necessary for reaching all of the region's 16 districts, where for six months last year, she monitored Nepal's challenging path to a new government and long-term peace. But with poor infrastructure in many parts of the country, Staats and the other observers on her team often encountered roads that were submerged or blocked by landslides from a monsoon. The car would be left behind, and the team would walk for several days to reach remote villages.

The curse would become a blessing, however, because traveling on foot made Staats' job of talking with ordinary Nepalese about politics easier. "Driving straight up to someone's door in a Jeep can be intimidating to the person," she said. "You're much more likely to strike up a conversation about Nepali politics and local dynamics when walking next to someone on a footpath."

For the past two years, Carter Center observers have traveled around the country, assessing progress and reporting their findings as Nepal has undergone major transformation. Within the last five years, the Asian country has gone from monarchy to electing a constituent assembly charged with drafting a constitution.

Since the 2008 elections, which The Carter Center monitored, progress has been slow, hampered by a change in government, political infighting, and a climate of mistrust. Further, though the constituent assembly represents the most diverse elected body ever in Nepal, representing women and marginalized groups from all regions, opportunities for public participation and input have been very limited.

Now the assembly faces a May 28 deadline to create the constitution.

The work of the 15 Carter Center long-term observers is filling an information gap between what happens in the capital, Kathmandu, and what happens elsewhere. "Government tends to centralize in Kathmandu with the party leaders, so we have been paying attention to the local level to see what they understand of the process and listen to their beliefs," said David Pottie, associate director of the Carter Center's Democracy Program.

Carter Center observers have found that their job is a two-way street. By working first-hand with local citizens, the Center has been able to help inform parts of national debate that would have otherwise gone unnoticed.

"Our observers are individual bearers of information. They educate and get the opinions of people in remote villages who may not have even seen a government official since the 2008 elections took place," said Pottie.

The observers' findings form the basis of regular reports by The Carter Center, which provide information and insight based on visits to diverse destinations throughout Nepal and, most importantly, a cross section of the Nepali people when few other agencies or news sources do so. Carter Center staff maintain regular contact with Nepal's political leaders and meet with them formally several times a year to discuss findings.

With the constitutional drafting deadline looming, Nepal's assembly must clearly identify the constitutional points on which they agree and disagree if only to demonstrate to the people of Nepal what work remains to be done.

"The life of the constituent assembly may be extended," said Pottie, "but it should not test the patience of a population still waiting to rebuild from the civil war, seeking jobs, and deserving of better policing and government services."

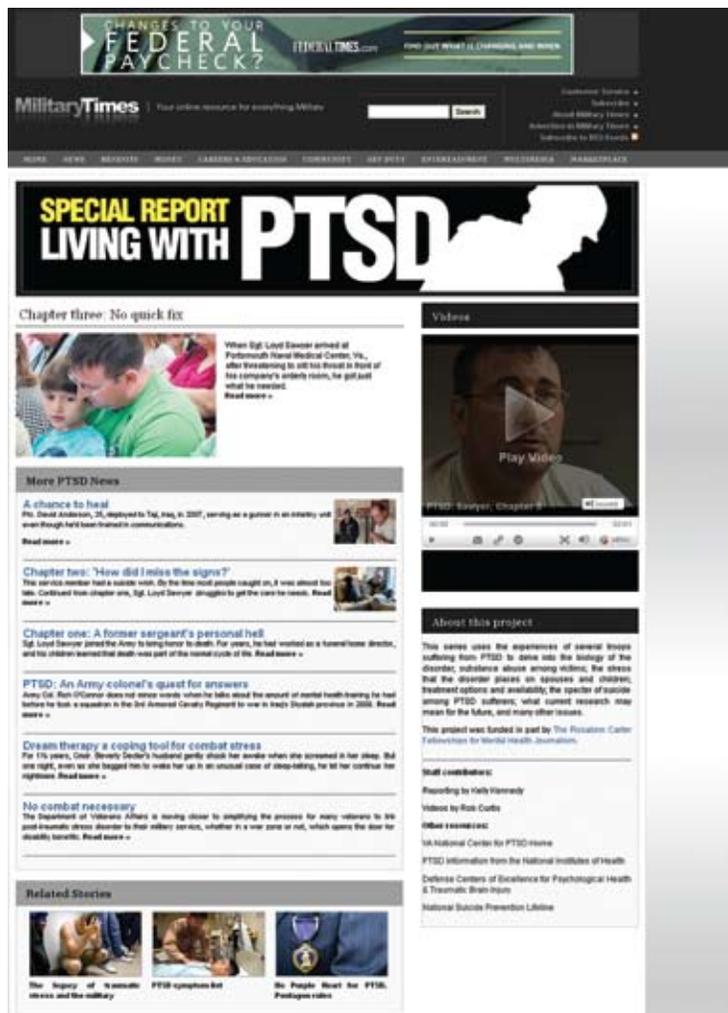
PTSD Manifests in Many Forms, Finds Journalism Fellow

A mortuary services soldier came home angry and suicidal, having processed the dead faces and body parts of numerous service members. A well-loved first sergeant killed himself in front of his men. A platoon that had just lost several soldiers refused to go back on patrol, fearful that their rage would lead to more death.

These are the faces of post-traumatic stress disorder (PTSD) in today's military and a recent investigative project from a recipient of a Rosalynn Carter Fellowship for Mental Health Journalism. Army Times medical science reporter and fellow Kelly Kennedy spent a year exploring PTSD in military personnel. Her work is being published in a yearlong series in her newspaper as well as in a book, "They Fought for Each Other," released in March by St. Martin's Press.

Kennedy, an Army veteran who served in Somalia in the early 1990s, has a master's degree in journalism from the University of Colorado. In 2007, she embedded with troops during a 13-week trip to Iraq. She went to the war-torn country hoping to learn more about PTSD. Little did she realize how much she would learn about herself and her subject.

Fellow Kelly Kennedy's newspaper series on veterans facing post-traumatic stress disorder also included a Web site.



At a meeting of Rosalynn Carter journalism fellows, Kelly Kennedy discusses her work with veterans of Iraq and Afghanistan facing post-traumatic stress disorder.

She recorded how the soldiers dealt with stress. One company in particular lost 14 men and mutinied.

"It was a pretty traumatic tour for them. The project grew out of that. What is PTSD? What does it look like? What does it feel like?" she said.

During the course of her fellowship, Kennedy was dealing with her own stress and anxiety. But like the steely soldiers she interviewed, she dismissed the symptoms.

"I was blowing through stop signs. It took me three hours to read the newspaper, and for about a year I was really sad," she said. "Right in the middle of that, I got the Carter fellowship. It helped me understand and learn about the guys and what they were dealing with. And it helped put me back together. I didn't know as much about PTSD as I thought I did."

Kennedy said the yearlong series and intensive time commitment probably wouldn't have happened without the fellowship, which is sponsored by the Carter Center's Mental Health Program.

"The fellowship gave me the kick in the pants," she said.

Kennedy was one of 10 fellowship recipients in 2008. The journalists report on a mental health topic of their choosing during their fellowship year and receive training and mentoring about issues in mental health. Since 1997, The Carter Center has awarded more than 100 fellowships. The goal of the program is to decrease stigma and increase public understanding of mental illnesses through accurate reporting in the media.



Projects from Kennedy and all previous journalism fellows are archived on the Carter Center's Web site, www.cartercenter.org.

Hrair Balian

For Balian, the World Is His Home

In Hrair Balian's family, the talk around the dinner table was not about traffic, bills, or schoolwork. Instead, he heard about war, massacres, and repression.

But when your parents are Armenian genocide survivors and you live in Beirut, this difference might be expected.

"I guess conflict was part of my blood from Day One," said Balian, who today is director of the Carter Center's Conflict Resolution Program. He has spent most of his professional life traveling from one battle zone to another.

But when he first left Lebanon for the United States as a college student in 1970, he had no intention to make war his life's work. "I was tired of politics and swore never to get involved in them again," he said. But he arrived in the United States the same day the Kent State shootings took place.

"The campuses were up in arms," Balian said. "A short time later, I found myself at the forefront of protests. So much for my decision to avoid politics."

Years later, as a lawyer who did pro bono work for asylum-seekers in the United States, he began volunteering in his spare time to undertake fact-finding missions in conflict areas—mostly in the Caucasus region, which includes Russia, Armenia, Azerbaijan, and Georgia.

These missions began taking more and more of his time; Balian eventually decided to leave the United States to work on conflicts full time.

For the next 15 years, he worked for a number of organizations, including the United Nations, International Crisis Group, and his own one-man operation in the early 1990s called "Covcas Center," based in Geneva, but spending one to two months at a time in the war zones of the Caucasus region to gather information that he published in an e-newsletter.

Although his travels were often dangerous—in Chechnya, shells exploded in the same building where he was, and he was nearly kidnapped—they served to sharpen his skills as a mediator. "It takes many preparatory trips before you get to negotiation: fact-finding, understanding, talking, building confidence with people," he said. "You spend a lot of time traveling before the parties come to talk to each other."

That kind of patience has come in handy since Balian began working at The Carter Center in 2008. He has

made more than a dozen trips to the Middle East in the last 24 months, meeting with people and collecting information. He often travels with President Carter but takes many trips on his own.

A top priority for Balian and the Conflict Resolution Program is the intra-Palestinian conflict, in which the West Bank is controlled by Fatah and the Gaza Strip controlled by Hamas. "It's solvable," Balian said. "It could be addressed relatively easily if outsiders left them alone—including our own country."



Hrair Balian

While Balian feels optimistic about the prospects of a unified Palestinian population, he is less so about the Israeli-Palestinian conflict being solved through negotiations. "It's not that people can't find a solution. The solutions are there," he said. "The problem is political will to make necessary concessions."

Balian's Lebanese past and Carter Center present intersected last year, when The Carter Center observed elections in his home country. He remembers growing up not a block away from the Sarai, a beautiful building that serves as the seat of the Lebanon government, but having never been inside. Last year, he attended meetings in that very building. "It's an interesting perspective to see Lebanon from inside the government now," he said.



Balian talks with a U.N. peacekeeper who patrols Lebanon's southern border with Israel.

Donors Work to Meet Gates Challenge Grant

Several major donations for Guinea worm disease eradication will be matched dollar for dollar by the Bill & Melinda Gates Foundation. The following donors have contributed \$1 million or more to The Carter Center since the start of the challenge grant:

- United Kingdom's Department for International Development (DFID)
- The Kingdom of Saudi Arabia and the Saudi Fund for Development
- Sultanate of Oman
- Khalifa Bin Zayed Al Nahyan Foundation
- Vestergaard Frandsen (in cloth filters and pipe filters)

In addition, the eradication campaign has received significant support from the following donors: The OPEC Fund for International Development, BASF Corporation (in ABATE® larvicide), National Democratic Institute for International Affairs, Dr. and Mrs. John P. Hussman, Keneda Fund, Dr. W.A. Baldwin Jr., Mr. and Mrs. Joseph F. Horning Jr., Dr. Donald Hopkins and Dr. Ernestine



In Ghana, volunteer Moshei Ziblim demonstrates proper care of Guinea worm filters to children in her community. Vestergaard Frandsen recently donated \$1 million in filter cloth and pipe filters to The Carter Center.

Hopkins, John C. and Karyl Kay Hughes Foundation, and S.H.O.D., LLC, among others.

The grant from the Gates Foundation provided an outright contribution of \$8 million and an additional \$32 million in funds to match gifts from organizations and individuals. To date, The Carter Center has raised more than 70 percent of the total amount required toward the Gates challenge goal in matching gifts and pledges. See p. 3 of this newsletter for an update on the prevalence of Guinea worm disease.

Liberia Justice Project Extended

In January, The Carter Center entered a new three-year phase in its access to justice project in Liberia. The goal of the project, which started in 2006, is to educate citizens about their right to justice and appropriate legal avenues for dispute resolution, while providing technical support to strengthen the formal and traditional justice systems.

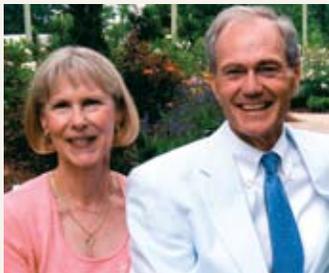
In the next phase of the project, the Center will consolidate and strengthen existing activities in four areas: (1) administration of justice; (2) education on rule of law; (3) access to justice for citizens; and (4) policy reform, including increasing access to information.

The Carter Center has received support from many partners for the Liberia project to date including the following:

- Humanity United
- U.S. Agency for International Development (USAID)
- United Kingdom Department for International Development (DFID)
- Irish Aid
- U.N. Peacebuilding Fund
- Open Society Institute

Details about specific activities in the four program areas can be found at www.cartercenter.org/liberia.

Donors Employ Unitrust, IRA Giving Options



Brent and Diane Slay

For 12 years, Brent and Diane Slay of Grand Rapids, Mich., have supported The Carter Center in many ways, including giving a substantial portion of their IRA and making the Center sole beneficiary of a \$200,000 charitable remainder unitrust.

Besides supporting the current and future work of the Center, these two avenues for

giving also benefit donors. By using part of their IRA as a gift to the

Center, the Slays also reduce their estate taxes. Using appreciated securities to fund the unitrust, the Slays receive a higher return than their stock provided, consistent income for their lifetimes, and a significant tax deduction.

In addition to IRAs and charitable remainder unitrusts, there are more than 100 ways to support the Carter Center's mission through gift planning. For more information on these and other options, please contact the Office of Gift Planning at (404) 420-3860, send an e-mail to barry.nickelsberg@emory.edu, or visit www.cartercenter.org/legacy.



Did you know The Carter Center has been rated a four-star organization by Charity Navigator? Find out more at www.charitynavigator.com.

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WAGING PEACE. FIGHTING DISEASE. BUILDING HOPE.



Former U.S. President
Jimmy Carter is co-founder
of The Carter Center.

NOTES FROM THE FIELD

Sudan Can Show World Eradication Is Attainable

By President Jimmy Carter

Oppressed by war and poverty for generations, the Sudanese have struggled with terrible hardships. But the people of this vast country have a window of hope to achieve progress by ridding both their nation and the world of a horrible disease forever.

I recently returned to Southern Sudan to visit an endemic Guinea worm village and met with ministers of health who are assisted in their Guinea worm eradication effort by The Carter Center and other partners.

Only about 3,200 cases of Guinea worm disease remain in the world—down from 3.5 million in 1986—and 86 percent of them are in Southern Sudan.

With a corps of more than 13,500 passionate and dedicated volunteer health workers under the effective leadership of the Sudan Ministry of Health, Sudan has reduced Guinea worm by 98 percent since the eradication program began there in 1995, and we expect even greater reductions in 2010.

But continuing insecurity is a major concern. In 2009, Guinea worm workers were forced at least 32 times to remain in their homes or offices or had to be evacuated temporarily due to violence or threatened

violence, and areas affected by violence reported at least half of all cases. Also challenging is the lack of safe drinking water in endemic villages, only 16 percent of which have even one safe water source.

To reach people with health education and water filters needed to fight Guinea worm, eradication workers have blazed new trails—literally—to prevent the disease in remote villages, and vast networks of volunteer health care workers for the eradication campaign now form the backbone of a rudimentary health care delivery system.

Whatever Sudan's political future, Southern Sudanese will show what progress can be made when nations are not distracted by war. This will be an important victory for Sudan and the world.

In Southern Sudan earlier this year, President Carter talks with a man being treated for Guinea worm disease. President Carter was accompanied by Dr. John Hardman (right), president and CEO of The Carter Center, and Makoy Samuel Yibi, director of Southern Sudan Guinea Worm Eradication Program.

