Palestinian parliamentary election results surprised world leaders, international observers, and even Palestinians themselves when Hamas won a majority of the seats in January 2006.

The Carter Center, in partnership with the National Democratic Institute, sent an 85-member team to observe the election, which was found to be peaceful, competitive, and genuinely democratic.

Carter Center observers witnessed an orderly election day, with voters showing a clear preference for Hamas candidates even in historically strong Fatah communities. The delegation of observers in the West Bank, Gaza, and Jerusalem was led by former U.S. President Jimmy Carter, former Albanian President Rexhep Meidani, former Swedish Prime Minister Carl Bildt, and former Spanish Foreign Minister Ana Palacio.

Hamas captured 74 of 132 parliamentary seats, much better

Palestinian Elections Yield Unexpected Outcome

Education Key to Reducing Trachoma Across Africa

My mother believed you got trachoma from crying,” said Neter Nadew, a 36-year-old Ethiopian mother of four who suffers as her mother did from trachoma, a bacterial eye disease that can lead to blindness. Nadew’s mother was forced to pluck out her eyelashes to prevent the onset of blindness in the later stages of the disease. Today, thanks to the Carter Center’s Trachoma Control Program, Nadew knows face washing and good environmental sanitation prevent trachoma.

The leading cause of preventable blindness in the world, trachoma is found in communities with limited access to medical care, health education, and environmental sanitation. Because of their traditional role as caregivers, women are particularly vulnerable to this painful disease. Through their continual close contact

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Palestinian Elections, cont.

than had been predicted by most analysts. While recognizing the concern of many Western nations about a Hamas-majority government, President Carter emphasized the need to provide support. “During this fluid period in the formation of the new government, it is important that Israel and the United States play positive roles,” said President Carter. “Any tacit or formal collusion between the two powers to disrupt the process by punishing the Palestinian people could be counterproductive and have devastating consequences.”

The two countries have led a push to withhold much-needed humanitarian aid to Palestinians in the wake of the election. President Carter said it would be a mistake and would likely alienate the Palestinians, incite violence, and increase the domestic influence of Hamas.

The Carter Center has observed two prior Palestinian elections, beginning with Yasser Arafat’s election in 1996 and last year’s election of Mahmoud Abbas. The entrance of Hamas candidates in the elections for
Forum Tackles Global Poverty and Economic Development

The gap between the richest and poorest people on earth grows wider each day. In fact, the gross national product of 50 of the least developed countries is lower today than it was a decade ago.

The Carter Center's Global Development Initiative (GDI) has worked to stem this tide and, in December 2005, hosted a group of world leaders and policy-makers to tackle the complex issue of global poverty.

The forum provided an avenue for informal and candid exchanges about the obstacles poor countries face in their quest to become beneficiaries from the global economy. Former U.S. President Jimmy Carter chaired the meeting under the theme “achieving more equitable globalization” and was joined by President Amadou Toumani Touré of Mali and President Armando Guebuza of Mozambique.

“The necessary institutions are absent, particularly in the least developed countries, that would allow them to articulate, argue, and ultimately implement policies most suitable for their societies,” said Ed Cain, former director of GDI. “The current rules governing globalization mainly benefit wealthy countries, and the international community has shown little inclination to make the rules more equitable.”

According to forum participants, a key to effective use of foreign aid and meaningful reduction in poverty levels is the formulation of strategies that fit the unique needs of a particular country and that the country is able to defend in the international arena.

In addition to representatives from Mali and Mozambique, participants included officials from Guyana and Albania plus representatives from the International Monetary Fund, World Bank, donor governments, and international nongovernmental organizations.

Sékouba Diarra, technical adviser of Mali’s Ministry of Economy and Finance, participates in the Center’s fourth Development Cooperation Forum.

A Palestinian woman casts her vote in a polling station outside Bethlehem.
Profile: Matthew Hodes
Director Tenacious in the Pursuit of Peace

For Carter Center Conflict Resolution Program Director Matthew Hodes, peace can be as simple as watching the lights turn back on in Sarajevo after 12 months of ethnic conflict.

“No class can prepare you to sit down at a table and negotiate with warring factions in delicate situations where failure will put the lives of people at risk,” says Hodes, who before coming to The Carter Center, worked on the U.N. team that brokered a five-month cessation of hostilities between the Serbs, Bosnian Croats, and Bosnian Muslims in the mid-1990s.

A lawyer by training, Hodes’ work in conflict mediation has taught him that the personal character traits of a negotiator are vital: “You have got to be persistent and tenacious in the pursuit of peace.”

Tenacity and hope are vital when, since the end of the Cold War, 59 major armed conflicts have occurred in 48 countries around the world; 95 percent of these have been civil wars.

The Carter Center monitors many of these conflicts in an attempt to understand why they are happening and what is being done to achieve an end to bloodshed. The Center only becomes involved in situations when invited to do so, but, as Hodes explained, the invitation alone is not sufficient.

“We must see clear evidence of the intent of each party to take a negotiation process seriously—that there is a genuine commitment to a process that will lead to a solution,” Hodes said.

The Conflict Resolution Program (CRP) also works with other Carter Center programs like the Democracy Program and the Global Development Initiative. In 2002, CRP worked with the Americas Program in Venezuela to negotiate a settlement between President Chavez’s administration and the opposition. “Political conditions inside Venezuela had deteriorated quite badly. The Center’s engagement between the opposition and the government was meant as a means of transitioning to what we hoped would be and turned out to be more of an electoral engagement on the part of the Americas Program,” Hodes said. After six months of intense negotiations, both parties reached an agreement to hold a referendum on whether President Chavez should step down.

One key to being an effective mediator is the ability to shift gears effortlessly and at a moment’s notice because one never knows where a negotiation may head. “You prepare for what you want to do, but you may end up doing something else,” Hodes said.

And such flexibility is possible only with meticulous preparation—deep knowledge of the conflict, its history, and key players. “Each of our phenomenal staff understands and embraces the notion of outstanding preparation as an essential element of meeting the needs of our clients,” he said.

Currently, CRP is actively involved in monitoring conflicts in Guinea-Bissau, Nepal, and Israel-Palestine. Hodes believes the Nepal conflict could be resolved if the parties returned to negotiations. “The disagreements are social and ideological,” Hodes said. “There are space and opportunity for the king, the political parties, and the Maoist insurgents to resolve their differences.”

Despite the many challenges in this line of work, the successes, even limited ones, are the fuel that keeps Hodes inspired.

“Every once in a while, when you’re trying to do the right thing and help people, it works out,” he said. “Seeing your work make an impact on others is quite a gift.”
In Nigeria, Guinea Worm Chapter Nears End

As spring brings new life and growth across the United States, a country on the other side of the world celebrates a new beginning too. Nigeria is poised to close the book on Guinea worm disease and look forward to a time when the anguish of the disease will no longer haunt its people.

Once the most Guinea worm-endemic country in the world, Nigeria reached a major milestone when it reported zero cases of Guinea worm disease in September and October 2005 for the first time.

In the last five months of 2005 and January 2006, traditionally the country’s peak transmission season, the country reported only five cases, compared to 148 cases during the same period in 2004. The 97 percent reduction in cases indicates a major breakthrough in the country’s journey to stop transmission.

“Nigeria’s progress is a huge step forward in a very important country,” said Dr. Donald Hopkins, associate executive director of health programs at The Carter Center. “As the most populated country in Africa, Nigeria’s amazing progress in the fight against Guinea worm disease sets a fast pace for the remaining endemic countries to end this painful chapter in human history.”

Shortly after eradication efforts began in Nigeria in 1988, more than 653,000 cases of Guinea worm disease were reported, the highest number of cases ever documented for any country. To combat the scourge, The Carter Center, in partnership with Nigeria’s Ministry of Health, helps promote health education to communities throughout the country, emphasizing the importance of water treatment using ABATE® larvicide and water filtration methods to eliminate the spread of the disease.

The astounding success of the Nigeria program is due to the hard work of village volunteers, Carter Center and Ministry of Health staff, and former Nigeria Head of State General (Dr.) Yakubu Gowon. Thanks to these efforts, it is possible that Nigeria will end transmission in 2006.

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### Trachoma, cont.

with young children, who form the primary pool of infection, mothers are exposed to the repeated infection that can lead to severe trachoma and blindness. Three out of four people blinded by trachoma in Ethiopia are women.

Transmission of the disease occurs when bacteria move from the eyes of children to the eyes of an uninfected person via the feet of eye-seeking flies, mothers’ shawls, bed sheets, towels, or simply touching hands to eyes. Recurring infections lead to the inward turning of eyelashes that causes corneal abrasion and eventual blindness.

The Carter Center follows the four-pronged approach to controlling trachoma endorsed by the World Health Organization. Called the SAFE strategy, the method involves surgery, antibiotic therapy, facial cleanliness, and environmental improvement. The Center supports surgery and antibiotic treatment but emphasizes facial cleanliness and environmental improvement in its program because improved hygiene practices are most likely to lead to sustained trachoma prevention. And education about good hygiene is the best way to stretch limited resources to reach the most people.

One example of how the Center’s focus on good hygiene has improved the lives of people in trachoma-endemic villages is the rapid expansion of latrine construction in Africa. With overwhelming support from village leaders and low building costs, communities in Ethiopia, Nigeria, Mali, and Niger have surpassed latrine construction goals. Safe disposal of human feces limits breeding opportunities for the species of fly that transmits trachoma.

With its emphasis on preventing trachoma through education, the Carter Center Trachoma Control Program is making a difference for a new generation—a generation that can look forward to a lifetime of sight.

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**Table: Distribution by Country of 10,674 Cases of Dracunculiasis Reported during 2005**

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudan</td>
<td>5,569 (0)</td>
</tr>
<tr>
<td>Ghana</td>
<td>3,981 (4)</td>
</tr>
<tr>
<td>Mali</td>
<td>659 (3)</td>
</tr>
<tr>
<td>Niger</td>
<td>183 (8)</td>
</tr>
<tr>
<td>Nigeria</td>
<td>120 (0)</td>
</tr>
<tr>
<td>Togo</td>
<td>173 (3)</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>37 (8)</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>30 (6)</td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>10 (1)</td>
</tr>
</tbody>
</table>

*Numbers in parentheses indicate how many of the country’s total cases were imported from another country.
Benin, Kenya, and Uganda have stopped indigenous transmission. However, in 2005, Benin reported 1 case imported from Ghana, and Kenya and Uganda reported 2 and 9 cases, respectively, imported from Sudan. The 45 imported cases are included in the 10,674 cases reported during 2005.*

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To date, 11 countries have stopped Guinea worm transmission: Benin, 2004; Mauritania, 2004; Uganda, 2003; Central African Republic, 2001; Chad, 1998; Cameroon, 1997; Yemen, 1997; Senegal, 1997; India, 1996; Kenya, 1994; Pakistan, 1993.

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*Read about a key figure in Nigeria’s Guinea worm eradication, Dr. Emmanuel Miri, p. 6.*

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continued from cover page
**Profile: Dr. Emmanuel Miri**

‘Dr. Water’ Pours New Life into Rural Nigerian Communities with Carter Center Health Programs

His name means “water” and “life” in the Southeastern region of his native Nigeria, and perhaps no name could be more appropriate for Dr. Emmanuel Miri, resident technical adviser for the Carter Center’s health programs in Nigeria.

Having spent decades fighting waterborne diseases in his homeland, Dr. Miri’s work and accomplishments are expansive. In Nigeria, which is the only country that hosts all of the Center’s disease programs—river blindness control, trachoma prevention, lymphatic filariasis elimination, schistosomiasis treatment, and Guinea worm disease eradication—Dr. Miri oversees programs that improve the quality of life for millions burdened by debilitating diseases that deter social and economic progress.

“These diseases are given little attention by national governments, as they are usually in impoverished rural areas, often remote and difficult to reach. They are not next door to the capital but at the very ‘end of the road’ in the most isolated and neglected areas,” Miri said.

But there is good news from “Dr. Water,” as he is affectionately known by many Nigerians, including former Nigeria Head of State General Yakubu Gowon, now a leader for Guinea worm eradication in Nigeria: These painful and debilitating plagues are not only treatable, they are preventable. Thanks to the dedication of Dr. Miri and his team of health workers and the commitment of the Nigerian government, endemic communities are now empowered to fight disease on the grassroots level.

“We have trained people at the community level so even in our absence, something is happening. Even one health worker’s visit is good enough because you have left infrastructure in the community that will carry on,” said Dr. Miri.

Training community members to prevent and treat these diseases themselves is just one aspect of a larger movement to increase the efficiency of health programs targeting isolated and impoverished areas. Although river blindness, lymphatic filariasis, and schistosomiasis can all be addressed individually, Dr. Miri and other Carter Center health workers have begun combining treatments and intervention programming to make the most of every visit to a village.

This integrated approach has meant a more efficient and effective use of time and resources that is vital to most developing nations with high disease burdens like Nigeria.

But for Dr. Miri, whose nearly three-decade public health career began in a rural hospital and has included service as director of preventive health for Nasarawa and Plateau states, real achievement is freeing the poor to enjoy good health.

“Most people in rural areas are farmers, and when you have a disease like Guinea worm, you are incapacitated, unable to continue with your work,” he said. “By preventing the hundreds of thousands of cases that we do each year, we are freeing up that many more people to farm so that they will have food and be able to take care of their families.”
In-flight Video Increases Support for Guinea Worm Eradication

The Guinea worm eradication campaign has a new ally — passengers on North American Airlines. The company launched an on-board program in December 2005 to raise funds to help eradicate Guinea worm disease.

Passengers on select flights view a video about the disease in which they are asked to make a financial contribution to the Carter Center’s Guinea Worm Eradication Program. The video features President Carter and shows footage of Guinea worm treatment and water filtration in the nine African countries where the disease still exists.

The donation program coincides with the airline’s new service to Accra, Ghana, the second-most endemic country for the disease behind Sudan. Sudan and Ghana account for more than 90 percent of the remaining Guinea worm cases in the world.

“Eradication of Guinea worm disease is a worthwhile commitment that will have a permanent impact on the quality of life in Ghana, and we are proud to join with The Carter Center for this humanitarian mission,” said Rob Binns, chief marketing officer of World Air Holdings, the parent company of North American Airlines.

Voluntary donations are collected during flights and, thanks to a challenge grant issued by the Bill & Melinda Gates Foundation last spring, all contributions up to $20 million received by The Carter Center for Guinea worm eradication will be matched, doubling the impact of passengers’ generosity.

To see the in-flight video, go to the Carter Center’s Web site (www.cartercenter.org).

Center to Observe Elections in Central Africa

As the Democratic Republic of the Congo struggles to recover following a five-year civil war that left more than 3 million people dead, mostly from starvation and disease, it is preparing to elect a president and national assembly members this summer.

With funding from the United Kingdom, United States, and Belgium, The Carter Center has set up a field office to observe the elections.

Belgium is a first-time contributor to the Center; the Democratic Republic of the Congo elections project will hopefully mark the beginning of an ongoing partnership between Belgium and the Center.

Founded as a colony in 1908, the Democratic Republic of the Congo gained independence in 1960. Once known as Zaire, the country has been ruled by a transitional government since the official end of the war in 2003.

The United Kingdom contributed 400 pounds (about $711,000 USD), the United States contributed $300,000 USD, and Belgium contributed 200,000 euros (about $240,000 USD) to the Center for this project.

OEPA Challenge Grant Completed Four Years Early

Thanks to the generosity of donors, The Carter Center and its partners have taken a leap forward in the quest to eliminate river blindness in the Americas by 2007 by completing a challenge grant from the Bill & Melinda Gates Foundation.

After donating $5 million to the Center in 2003, the Gates Foundation pledged to match all funds raised, up to $5 million, to fight river blindness in the Americas.

With support from the Lions Clubs International Foundation, Merck & Co., Inc., and more than 70 other donors, the matching funds were raised four years ahead of the challenge grant deadline.

River blindness, also known as onchocerciasis, is a parasitic disease caused by the bite of small black flies. The parasites, which are small, threadlike worms, cause an infected person to suffer intense itching, skin discoloration, and rashes. Once inside the eye, the parasite can damage eyesight and cause blindness.

The Carter Center, working with the ministries of health through the Onchocerciasis Elimination Program for the Americas, provides funds and technical assistance to national programs in the six endemic countries: Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela. The funds provided by the challenge grant will boost OEPA’s continuing health education programs and the distribution of semiannual drug treatments of Mectizan®, donated by Merck.

“In the Western Hemisphere, onchocerciasis only remains in 13 pockets in six countries,” said Dr. Mauricio Sauerbrey, OEPA director. “In the past, people living in endemic villages suffered from severe eye and skin lesions caused by onchocerciasis, but today their quality of life has greatly improved.”

The Carter Center is also fighting river blindness in Africa, where the goal is to control its spread.
Maps Reveal Media Ownership

Media play a significant role in today’s elections. Throughout the Western Hemisphere, publicity is usually the most expensive single item in a campaign budget for a national office, giving advantage to well-financed candidates in establishing name recognition and communicating their platforms. A new project from The Carter Center and its partners, the University of Calgary and the Canadian Foundation for the Americas, aims to increase transparency in campaign finance reform and democracy-building efforts by using Web-based maps to illustrate where media are located, how far they broadcast, who owns them, and what the demographic profile is of the electoral constituencies they reach.

The maps are housed on a Web site called Mapping the Media in the Americas (www.mediamap.info). Maps of Peru, Canada, and Guatemala have been launched; maps are planned for nine additional countries.

Center Taps Stremlau to Head Peace Programs

Dr. John Stremlau has been named associate executive director for peace programs at The Carter Center. He will oversee the Center’s work to foster democracy and human rights through programs advancing conflict resolution, democracy, and development in Africa, Asia, and Latin America.

Stremlau is an accomplished foreign affairs expert in conflict resolution and international relations. Most recently, he was head of the Department of International Relations and founding director of the Centre for Africa’s International Relations at the University of the Witwatersrand in Johannesburg, South Africa. Previously, he served as senior adviser in Washington, D.C., to the Carnegie Commission on Preventing Deadly Conflict and as an officer of the Rockefeller Foundation, directing its international relations division.

“Dr. Stremlau brings a wealth of experience in foreign relations,” said Dr. John Hardman, the Center’s executive director. “His knowledge and expertise will greatly benefit the Carter Center’s peace programs as we continue to advance peace and democracy throughout the world.”

Winter Weekend Auctions Raise $1.7 Million

A cabinet handcrafted by former U.S. President Jimmy Carter sold for a record $1 million at the Carter Center’s Winter Weekend live auction in Crested Butte, Colo., in February. John and Becky Moores made the winning bid for the cabinet. John Moores is chairman of the Center’s board of trustees. The live auction in Colorado raised $1.65 million, and an online silent auction raised nearly $50,000. Proceeds from the auctions benefit the Center’s work to build peace and fight disease. Other items that received top bids included a one-week cruise aboard a private yacht, a gold-sheathed Indonesian dagger, and a print of a painting by President Carter.