

THE
CARTER CENTER



CARTER CENTER NEWS

FALL 2014

Center Committed
to Disease Eradication,
Elimination

Middle East Democracy
on Rocky Road

WAGING PEACE.
FIGHTING DISEASE.
BUILDING HOPE.

FALL 2014

CARTER CENTER NEWS

IN THIS ISSUE

NEWS & FEATURES

- Reaching Zero Is Programs' Goal..... 4
Road to Democracy Rocky in Middle East... 6
Carter Center Advances Media Ownership
Debate in Peru 8
Newspaper Reporter Tackles Parity, Affordable
Care Act for Mental Health Fellowship 9

DEPARTMENTS

- From the CEO..... 2
News Briefs..... 3
Profile: Laura Neuman 10
Philanthropy 11
Notes from the Field: Uganda Impressive in
River Blindness Fight 12

Contributing Photographers: The Carter Center, 2 top, 3 bottom, 6 center, 12 all; Omar Alva Castillo, 8 all; Mark Darrough, 10 bottom; Peter DiCampo, 5; Gwenn Dubourthoumieu, cover; Louise Gubb, 4 left, 11 left; Deborah Hakes, 6 top and bottom, 7 top; C. Joe, 9; Sidney Kwiram, 7 bottom; Carlton Mackey, 10 top; Emily Staub, 4 right; John Stremlau, 3 top.

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

Follow The Carter Center
on social media sites



ON THE COVER

This girl from South Sudan will grow up never knowing the pain of Guinea worm disease or its crippling effects. The country is on the verge of eliminating the parasitic disease; last year it reported only 113 cases, down from 522 the previous year. Read more about the Carter Center's long-term commitment to disease eradication and elimination on p. 4.



From the CEO

Center's Principles Put into Practice in Liberia

Long before I joined The Carter Center as its chief executive officer in August, I knew of its amazing work as an action-oriented nongovernmental organization improving the lives of people worldwide. It is a great honor to join this mission-driven group that pursues with such vigor and effectiveness the vision of President and Mrs. Carter for peace and global human rights.

I recently returned from my first trip with the Carters. Everywhere we went in China, people voiced great respect and appreciation for the values that the Carters embody and for the work of The Carter Center. Those values are reflected in core principles guiding our operations, including the imperative to take action, achieve measurable results, tackle difficult problems despite the possibility of failure, collaborate and form partnerships, and not duplicate the effective work of others, but instead fill gaps.



The Carter Center works with communities across Liberia.

Already, I have seen these principles applied in a critical way, as Liberian ministries and international health agencies recently asked us to help them communicate to the nation's rural population accurate information about

the Ebola virus. Our longstanding relationships with the Ministry of Internal Affairs and Ministry of Health and Social Welfare led them to reach out to us, and we were able to leverage our well-developed networks of customary and civil society leaders—who partner with us to advance access to justice and freedom of information—to disseminate accurate and culturally sensitive information about Ebola.

We are responding in other ways, too. Dr. Janice Cooper, a native Liberian who has headed our mental health clinician training in Liberia, returned this month to Liberia to directly support the Ministry of Health as it battles Ebola. Meanwhile, on short notice, President Carter taped public service messages about the disease prepared by the Centers for Disease Control and Prevention.

We are not Ebola experts, but we have been able to quickly repurpose our resources to help local people deal with their most pressing concern. This is only the latest example of the difference we can make when the Center puts solid principles into practice.



Ambassador (Ret.) Mary Ann Peters is the chief executive officer of The Carter Center

Ecuador Verified Free of River Blindness

On Sept. 22, the World Health Organization announced that it has verified that Ecuador has eliminated onchocerciasis (river blindness).

Since 1993, The Carter Center has been working with partners throughout Latin America to eliminate the disease through its Onchocerciasis Elimination Program for the Americas (OEPA). Ecuador is one of six countries in the Americas that have been working to eliminate onchocerciasis and is the second country in the world, after Colombia, to apply for and be granted verification of elimination of onchocerciasis.

The governments of Guatemala and Mexico have both eliminated disease transmission, completed their three-year post-treatment surveillance period, and are preparing to request official verification from the World Health Organization. In the Americas, transmission continues only in the cross-border region between Venezuela and Brazil, commonly referred to as the Yanomami area. Interrupting onchocerciasis transmission from this final area in the Americas is the biggest challenge to the regional initiative, particularly due to the scattered migratory Yanomami population, who live in the dense, nearly inaccessible terrain of the deep Amazon rainforest.

Onchocerciasis is a debilitating disease caused by a parasitic worm that is spread by

the bites of tiny black flies, causing intense itching, eye damage, and irreversible blindness, reducing an individual's ability to work and learn.

Center Observes October Polling in Mozambique

The Carter Center and the Electoral Institute for Sustainable Democracy in Africa (EISA) deployed a team of 87 observers representing 40 countries to observe Mozambique's Oct. 15, 2014, presidential, national assembly, and provincial elections at the invitation of the Ministry of Foreign Affairs and Cooperation.

Although the polling process was conducted largely in an atmosphere of calm, EISA and Carter Center observers did note some isolated problems during the counting process, including a small number of violent incidents in Angoche (Nampula province), Nampula city, and Beira. These incidents were serious, but localized.

Observers reported that the tabulation process was disorderly and lacked clear, consistent procedures — and in some cases the transparency needed to enhance confidence in the process. Overall, observers rated the tabulation process as very good or reasonable in 73 percent of observed districts, poor or not credible in the rest.

The team visited 543 polling stations in 82 of 151 districts and was led by Raila Odinga, former prime minister of Kenya; and co-led by Denis Kadima, executive director of EISA; and John Stremlau, vice president of peace programs for The Carter Center.

These elections, the most competitive in Mozambique's history, come at an important yet challenging moment in the country's postwar development. They occur following a recently



A Mozambican poll worker shows a voter the ballot for the Oct. 15 elections. A team of 87 observers from The Carter Center and the Electoral Institute for Sustainable Democracy in Africa monitored polling.

negotiated agreement that ended fighting between government and opposition forces just before the campaign period began, and disarmament is not yet complete.

As tabulation concludes, the Center's website will provide updated election information at www.cartercenter.org.

American Museum of Natural History to Focus on Guinea Worm, Other Eradication Efforts

“Countdown to Zero,” a new exhibition about scientific and social innovations that are ridding the world of ancient afflictions, will open at the American Museum of Natural History, in New York City, on Jan. 13, 2015. The exhibition, developed in collaboration with The Carter Center, focuses on several global efforts that have been able to contain, eliminate, or eradicate disease. Chief among these is the 30-year campaign to eradicate Guinea worm disease, positioning it to become only the second human disease eradicated, after smallpox. The exhibition also highlights the ongoing programs to eliminate polio and prospects for more localized elimination of river blindness, lymphatic filariasis, and malaria. The exhibit aims to show that although the challenges of eliminating devastating diseases are enormous, successful strategies can bring about colossal social and economic benefits. To plan a visit, see the museum's website at www.amnh.org.

In Ecuador, health workers once traveled by boat to reach remote areas to treat people suffering from the parasitic disease river blindness, also known as onchocerciasis, as part of a six-country effort led by The Carter Center to eliminate the disease. In September, the World Health Organization verified that Ecuador is now free of river blindness.





Reaching Zero Is Programs' Goal

In 1999, Guinea worm disease took Nigerian farmer Abdullahi Rabiw to the edge. With a reported 84 worms exiting his body through skin blisters, Rabiw could do little more than hope to survive.

"The worms were there one after the other until I was down completely. I couldn't work. I couldn't move because the worms were coming from so many different places," he said of the parasitic disease that is caused when a person drinks water contaminated by water fleas containing Guinea worm larvae.

Rabiw said that, at the time, whenever

someone in his village died, people would start crying and shouting, "Maybe it's Rabiw." And they would rush to his house to find that he was still alive. Barely.

Although Rabiw eventually recovered from his ordeal with the waterborne parasitic disease, he lost a season of work in the fields. And he wasn't the only one. His Kufan Ruga farming community was in the midst of a Guinea worm outbreak that year, incapacitating many of its farmers during their most productive season.

Nine years later, Nigeria had broken transmission of Guinea worm disease. Rabiw

What's the Difference Between Eradication and Elimination?

Eradication: Reduction of the worldwide incidence of a disease to zero so no further control measures are needed.

Elimination: Transmission of a disease is halted in a single country, continent, or other limited geographic area, rather than global eradication.



Left: Children living temporarily at a Guinea worm case containment center in South Sudan wash their faces. Children and adults with active Guinea worms exiting their bodies can receive free treatment and boarding at the facility. Above: Nigerian Abdullahi Rabiw was on the verge of death 15 years ago when he had a reported 84 Guinea worms. He recovered and today is a healthy farmer in his community.

never had another Guinea worm and even was named Farmer of the Year in 2000 after a bumper crop.

It's for people like Rabiw that The Carter Center has led the international campaign to eradicate Guinea worm disease since 1986. Then, there were an estimated 3.5 million cases of the disease worldwide. Last year, only 148 cases were reported. The success of its Guinea Worm Eradication Program has paved the way for the Center to aim to eliminate other diseases, specifically river blindness and lymphatic filariasis.

"The potential for disease eradication to permanently improve quality of life worldwide is tremendous," said Dr. Donald

Hopkins, vice president for Carter Center health programs. When a disease that incapacitates people is eradicated—meaning gone forever—the health of individuals improves, and local and national economies benefit from more productivity.

Furthermore, resources once spent on ongoing treatment for people suffering from a disease can be reallocated for other priorities by nations and nongovernmental organizations, said Dr. Hopkins.

To date, 17 of the 21 African and Asian countries that were endemic for Guinea worm disease in 1986 are now free of the parasite.

Current Carter Center Disease Eradication and Elimination Initiatives

	Guinea Worm Disease	River Blindness	Lymphatic Filariasis
African Country			
Ethiopia	■	■	■
Nigeria		■	■
Mali	■		
Chad	■		
South Sudan	■		
Sudan		■	
Uganda		■	
Latin American or Caribbean Country			
Brazil		■	
Venezuela		■	
Dominican Republic*			■
Haiti*			■

*The initiative on the island of Hispaniola also targets malaria.

National Successes

Guinea Worm Disease:

The following countries have eliminated the disease since The Carter Center began its campaign in 1986: Benin, Burkina Faso, Cameroon, Central African Republic, Cote d'Ivoire, Ghana, India, Kenya, Mauritania, Niger, Nigeria, Pakistan, Senegal, Sudan, Togo, Uganda, Yemen.

River Blindness:

Four countries in the Americas have halted the disease since 1996: Colombia, Ecuador, Guatemala, Mexico.



Alba Lucia Morales Castro, left, talks to Jozefa Ortiz Rosa after checking her for signs of river blindness in Tarrales, Guatemala, in 2009. With Carter Center assistance, the country is now free from the parasitic disease.

On the other side of the globe, the Center has spearheaded efforts to eliminate river blindness, also known as onchocerciasis, from the small pockets of Latin America where it existed. Of the six countries there endemic for the disease in 1993, only Brazil and Venezuela are still facing active disease transmission along their shared border in the remote rainforest.

Raquel Lovato, technical coordinator of Ecuador's onchocerciasis program, remembers how rampant the disease was years ago in the areas along the Cayapas River. "I could see a lot of people suffering in these hyperendemic communities," she said. "They left in canoes with 400 to 500 people in a week to see the doctor." Transmission of river blindness was halted in Ecuador several years ago, but during the three-year surveillance period after the disease had been stopped, Lovato and her colleagues continued to visit more than 100 communities each year to ensure the disease would not return.

Similarly, the island of Hispaniola—home to Haiti and Dominican Republic—also is a target for The Carter Center. The only island in the Caribbean that still has malaria, Hispaniola also contains more than 90 percent of all lymphatic filariasis remaining in the Americas. Both diseases are more prevalent in Haiti than in the Dominican Republic. The Carter Center is bringing the two countries together to collaborate on a plan for eliminating these two diseases. (See the sidebar for a full list of the Carter Center's eradication and elimination initiatives.)

No matter where the Center is working or on what disease, the end goal is the same. According Dr. Hopkins, "We want to help lift as much of the burden of these diseases as possible off the backs of these people in the rural communities so they can go about their business of supporting themselves, raising their children, and contributing to their communities and to the world."



Road to Democracy Rocky in Middle East

In December 2010, a 26-year-old Tunisian street vendor named Mohamed Bouazizi set himself on fire outside a municipal building after public officials who'd been harassing him for years confiscated his produce scale and refused to return it.

Bouazizi's action inspired a wave of protests that spread across the Arab world, as citizens revolted against corrupt and undemocratic regimes. The popular revolts, sometimes referred to as the Arab Spring, led to the overthrow of authoritarian regimes in Tunisia, Egypt, and Libya. The Carter Center has tried to aid democratic transitions in these countries by observing their electoral and constitution-making processes.

The going hasn't always been smooth.

"There's no set path or straight line," said David Carroll, Ph.D., director of the Carter Center's Democracy Program. "It's a difficult process that involves steps forward and steps backward." Below, Dr. Carroll and the program's associate director, Sarah Johnson, discuss the challenges these three nations face as they attempt to become democracies, and the role the Center has played in their efforts.



David Carroll



Sarah Johnson

Tunisians wait in line to vote in October 2011. It was a Tunisian street vendor who set himself on fire that provoked uprisings across the Middle East.

How would you describe the status of democracy in Egypt right now?

David Carroll: Unfortunately, Egypt has experienced a severe setback—in fact, almost a complete reversal—of the democratic transition that started when Egyptians gathered in Tahrir Square to demand that President Hosni Mubarak step down and peaked with the election of President Mohamed Morsi in 2012, in a process the Center judged credible and inclusive.

Who's in charge there now?

Carroll: Gen. Abdel Fattah el-Sisi. He came to power in a July 2013 coup that had significant popular support. But the process since he came to power has not been inclusive. After a new constitution was drafted with little outside input, Egypt held a constitutional referendum in January 2014 and presidential elections in May, in which el-Sisi was elected president.

Was The Carter Center involved in the 2014 elections?

Carroll: The Center did not mount normal observation missions. Instead, we deployed a small team of experts to conduct a political analysis. Because of the lack of political space, we decided that a large Carter Center presence not only wasn't warranted but might suggest that the elections were inclusive, competitive processes.

What's next for the Center in Egypt?

Carroll: We shut down our office in Cairo in August. We feel the process is going in the wrong direction and that the climate is increasingly one in which freedom of expression is being curtailed.

Let's move on to Tunisia. What's happened since the Arab Spring?

Sarah Johnson: The Carter Center observed elections for a constitutional assembly in October 2011 and has since maintained an observation presence. Our field team assessed the constitution-making process. Now, under the terms of that constitution, Tunisians are electing a new Parliament and president. We're observing those elections this fall.

How successful was the drafting of the constitution?

Johnson: This is a good point of comparison with what happened in Egypt. While the process wasn't perfect, it had broad participation, with input from across the political spectrum. Tunisian politicians and activists worked hard to achieve compromise and consensus.

Are there causes for concern as Tunisia moves toward democracy?

Johnson: Tunisia has experienced periods of intense political crisis since the revolution. Two prominent politicians have been assassinated, and there is a growing threat of terrorism. Not all citizens agree on the country's direction, and there are frequent demonstrations and strikes because of its economic situation and limited

employment opportunities. The next government will need to address these challenges, as well as secular and Islamist divisions in society.

What about Libya? What's going on in terms of democracy there?

Johnson: The Libyan state has collapsed, and there's a great deal of insecurity. Although there was a relatively good electoral process in 2012 to create an interim Parliament, the government's hold on power is tenuous. Two parliamentary bodies are competing for



Former U.S. President Jimmy Carter monitors polling in Egypt in May 2012. Egypt's transition to democracy has made an almost complete reversal.



Although voters in Libya went to the polls in 2012, violence since then has hindered political development.

authority. An assembly is ostensibly working on a draft constitution, but it has released little information. Strong regional tensions have come to the surface since the overthrow of Muammar Qaddafi, and the militias created during the revolution have stepped in to fill the power vacuum. Genuine political development can't proceed until there's greater security.

How has the violence in Libya affected the Center's efforts?

Johnson: We sent a team to monitor the National General Congress elections in 2012. Because of concerns about security and the broader context, we sent only a small team of experts to the constituent assembly elections last February. Security concerns have prevented us from doing more, and we have since closed our field operations.

Is it discouraging to see two of these three countries suffer setbacks?

Carroll: It's discouraging, but it's not hopeless. Libya and many places in the Middle East are in a period of ongoing social and political conflict, which will continue to threaten the possibility of democratic progress. Egypt is more stable but has reverted to a system that lacks genuine protection of democratic rights. But the people in these countries have been awakened and aren't likely to be content without improvements. And what's happening in Tunisia is especially important, because it shows what's possible.

Carter Center Advances Media Ownership Debate in Peru



The Carter Center facilitated a dialogue on media ownership held in Lima, Peru, in March 2014. From left to right: Fritz Du Bois, former director of El Comercio; Danilo Arbilla, former president of the Inter-American Press Association; and Gustavo Mohme, director of La República.

Peru's media landscape was shaken last year when El Comercio—one of Peru's oldest and most influential newspapers—acquired a majority stake in the media company Epsa. In response, El Comercio's biggest rival, La República, filed a lawsuit alleging monopolistic practices.

What is the government's role in protecting the rights of independent media?

"This conflict illustrates the fine line between protecting the freedom of press and working under a free market," said Jennifer McCoy, Ph.D., director of the Carter Center's Americas Program, which works in the region to prevent escalation of national and bilateral disputes.

In an effort to reduce mounting tension, The Carter Center invited key stakeholders and experts in the region to discuss the recent concentration of media ownership and its impact on freedom of

expression and democratic governance. The event, held earlier this year in Lima, Peru, brought together for the first time the directors of both major newspapers to discuss the conflict.

"The Carter Center was aware that it was dealing with a very serious topic and a host of powerful protagonists," said panelist Danilo Arbilla, former president of the Inter-American Press Association, referring to the passionate yet productive discourse at the meeting.

Was the acquisition of Epsa by El Comercio a cause for concern? During the event, it all depended on whom you asked. "The representatives of both newspapers were firm in defending their visions and interests, but without reducing

the quality of the debate," said Arbilla.

The director of La República opposed the acquisition, claiming it would distort free competition and give El Comercio disproportionate leverage to advocate for its own interests.

In contrast, the late Fritz Du Bois, former director of El Comercio, believed that any attempts to force divestment signified a violation of press and business freedoms. "El Comercio is the perfect example of economic success. It's a company that has been able to gain readership because of the quality of its products without hindering the access of print media in Peru," he said.

Despite the differences of opinion, the event was a positive experience, according to Arbilla. "It widened the knowledge and opened the debate for future contributions," he said.

This event was part of the Carter Center's Contentious Issues in the Americas project, which aims to prevent the emergence and escalation of conflicts through dialogue.

The Center has facilitated similar discussions in Bolivia, Chile, Ecuador, and Venezuela, enabling experts to debate issues specific to each country. A central concern at each event has been the fundamental question of what a government's role should be in promoting and protecting the rights of independent media in Latin American democracies.



The late Fritz Du Bois, former director of El Comercio, argues that any attempts to force divestment by media corporations violate press and business freedoms.

Reporter Tackles Parity, Affordable Care Act for Fellowship

Earlier this year Seattle reporter Jonathan Martin met the family of a 12-year-old girl who had been diagnosed with schizophrenia. The girl needed to transition from inpatient care to living at home again, and her parents decided it would be best for her to live with her grandparents for the safety of the parents' other children.

When the inpatient facility recommended the grandparents observe the girl's care in the hospital for two weeks, the insur-

ance company declined to support it, saying the girl had to be discharged immediately.

Over the course of his fellowship year, through dozens of articles, blog posts, and columns, Martin not only looked at how the Affordable Care Act implementation was affecting mental health care in Washington state but also addressed parity and denial of care. In addition, he followed a lawsuit related to mental health care sparked by a column he wrote and eventually appealed to the Washington state Supreme Court.

"The fellowships are incredibly valuable for journalists," Martin said. Fellows come to The Carter Center in Atlanta at the beginning and end of their fellowship year for an annual meeting where they learn about mental health issues from professionals and hear what other fellows are doing. "The exposure to experts and the opportunity to mix with other journalists who are highly motivated are transformational experiences. I always leave the meeting with about 15 new story ideas," Martin added.

Not that there was a shortage of mental health stories for Martin to cover back home. The lawsuit that made it to the Supreme Court was based on Martin's column about a practice in hospital emergency rooms known as boarding. "It's essentially short-term detentions in ERs for people who had been involuntarily committed—held there because there was nowhere for them to go," Martin said. The patients would often be strapped down in an ER hallway, unmedicated so that they would be completely lucid for a court hearing. A judge who read the Seattle Times column called a hearing and declared the practice unconstitutional. After many appeals, Washington state's Supreme Court agreed.

Considering the Supreme Court ruling,

the Affordable Care Act, and parity legislation that has been on the state's books but not enforced, the time seems right for a reform of the mental health system in Washington. "We cannot have a narrow response that means a few more hospital beds," said Martin. "You're looking at the preventative system that's been starved during the recession. It's a stars-aligning moment for mental health change."

About the Rosalynn Carter Fellowships for Mental Health Journalism

Each year, The Carter Center awards fellowships to journalists to report on a mental health topic of their choice. Recipients receive intensive training from leading mental health and journalism experts and a \$10,000 stipend (or a comparable amount for international fellows).

2014–2015 Class

U.S. Recipients:

Katti Gray
Independent Journalist
Monticello, N.Y.

Matthew Herper
Senior Editor, Forbes
New York, N.Y.

Nadia Kounang
Producer, Medical, Health, and Wellness Unit, CNN
Atlanta, Ga.

Mary Annette Pember
Independent Journalist
Cincinnati, Ohio

Megan Thompson
Producer & Correspondent, PBS
NewsHour Weekend, PBS
New York, N.Y.

Misty Rae Williams
Reporter, Atlanta Journal-Constitution
Atlanta, Ga.

Colombian Recipients:

Natalia Gómez Carvajal
El Tiempo

María Paula Laguna Trujillo and Laura María Ayala Rodríguez
Semana



Jonathan Martin, a newspaper columnist for the Seattle Times, received a 2013–2014 Rosalynn Carter Fellowship for Mental Health Journalism.

ance company declined to support it, saying the girl had to be discharged immediately.

"I compare that to someone who had just broken his back and needed additional time to set up treatment accommodations at home," said Martin. "I don't think there would be much question about it." The struggle of this family illustrated the problem of insurance parity in mental health for Martin, who had received a Rosalynn Carter Fellowship for Mental Health Journalism from The Carter Center. The annual fellowships program provides stipends to journalists covering issues in mental health.

Martin, who works for the Seattle Times, began his fellowship in September 2013 and planned to cover the Affordable

Laura Neuman

Director Passionate About Information

Ten years ago, Laura Neuman attended a gathering in one of India's poorest states to watch colleagues read public documents aloud to villagers.

One of the documents said that the government had given the local health clinic 16 beds.

"People stood up and said, 'Well, we don't have any beds. We have been to the clinic, and there are no beds,'" said Neuman, who directs the Carter Center's Global Access to Information Initiative. Actually, the beds had been stolen by the staff, and now the truth was out. "Later, behind the gathering, you could see nurses, people who worked at the hospital, bringing back the beds. You saw a parade of beds behind you."

That, she said, is the power of information.

Neuman spent the early part of her career practicing law with Legal Action of Wisconsin, working with poor clients. Then a one-year sabbatical in the Dominican Republic indirectly led her to The Carter Center. Soon after she arrived in 1999, she gravitated toward a fairly new effort to push for access to information as a way of exposing and curbing corruption.

"When I practiced law, we used the Freedom of Information Act and state records law all the time to understand government policy and why some clients were getting benefits and not others, or how decisions were being made around extension of benefits, or how schools were being run," she said. "I saw how we were able to use these kinds of laws to get clients help."

One of her early assignments at the Center was helping the Jamaican government craft anticorruption and freedom of information laws. Later, she began working with governments across the globe, including in Bolivia, Nicaragua, Mali, and China. The initiative has been particularly active in Liberia, where Center staff supported the passage and implementation of a freedom of information law and continue to advance its use.

The Ebola outbreak there has put the initiative's scheduled work on hold. But the Ministry of Information has asked Neuman's team to help it more effectively gather and disseminate accurate, timely information about Ebola-related



Laura Neuman

government spending, quarantines, distribution of food, and the like.

In addition to assisting in Liberia, Neuman and her staff are focused on two ongoing projects.

The first is the Center's Access to Information Implementation Assessment Tool. The tool helps countries examine what Neuman calls the "plumbing" behind their information laws. It measures how well an agency is doing on items such as structures, rules, and training using a stoplight model: green (good), yellow (so-so), and red (bad). The goal is to help public agencies identify concrete, fixable problems.

The tool has been piloted in 11 countries and will soon be ready for use elsewhere.

The initiative's other major priority involves women and their right to access to information. The team recently conducted studies in Liberia and Guatemala that confirmed their suspicions that women don't have the same access as men.

"We witnessed women being ignored or derided, men being attended to before women," Neuman said. "And government employees themselves questioned why women would need information and whether they were coming just to flirt or find a husband."

Neuman's team hopes to conduct a similar study in Bangladesh soon. And it won't stop at pointing out the problem—it will work with governments to find creative solutions.

Women make up 70 percent of the world's poor and about 67 percent of its illiterate, so they especially need information that can empower them.

Neuman is looking forward to helping them get it. For her, the mission is somewhat personal.

"I have a 9-year-old daughter," she said. "I want her, when she grows up, to not just believe she is equal to men but to actually be equal."



Neuman addresses an audience in Liberia in celebration of International Right to Know Day. She heads the Carter Center's efforts to strengthen laws around the world granting citizens access to government information.

BASF Larvicide Donation Extended Through 2018

In September, BASF pledged to continue its donation of the larvicide used to fight Guinea worm disease. Abate® larvicide, which is sprayed on bodies of standing water where Guinea worm larvae develop to prevent their maturation, will be donated by the company through 2018. BASF, a multinational chemical company, has been a longtime Carter Center partner.

In 2000, BASF took over the Cyanamid crop protection division from American Home Products Corp. Together, these companies have donated more than 200,000 liters of Abate to The Carter Center since 1990, valued at more than \$4.2 million. The donation has been a key intervention against Guinea worm disease transmission in all 21 endemic countries in Africa and Asia.

BASF also donates Abate that is used in the Carter Center's fight against river blindness in Uganda, where black fly larvae develop in fast-flowing streams. BASF's existing pledge of larvicide to the Uganda program to fight river blindness extends through 2020.

Abate falls under BASF's crop protection division, which provides fungicides, insecticides, and herbicides to improve crop yields and quality.



In this photo from several years ago, teams of workers apply Abate larvicide, donated to The Carter Center by BASF, to Dukanani Dam in Ghana to prevent Guinea worm larvae from maturing. The application of Abate was one of the interventions that helped the country eliminate the disease.

Ambassadors Circle Offers Up-Close Look at Center

Do you want to become more engaged with The Carter Center? Donors who make unrestricted gifts of \$1,000 or more to the Center's annual fund qualify for the Ambassadors Circle and receive special updates and exclusive invitations. To learn more about this opportunity, please call Delita Marsland at (800) 550-3560 ext. 810, email delita.marsland@emory.edu, or visit www.cartercenter.org/ambassadors.



"Mountain Cabin," an original painting by President Carter, garnered the highest bid in the summer auction benefiting The Carter Center.

Auction Raises \$1.5 Million for Peace, Health Programs

The annual Carter Center Weekend auction held June 27–28 in Vail, Colo., raised more than \$1.5 million to benefit the not-for-profit Center's work to advance peace and health worldwide.

The highest bid was for an original painting by former U.S. President Jimmy Carter, which sold for \$210,000. More than 150 items were offered for public auction, including original artwork and woodwork by former U.S. President Jimmy Carter, rare books and photos signed by former U.S. presidents, and luxury vacations.

"Rosalynn and I thank all of our supporters who bought items at Carter Center Weekend. Their generosity will help improve the lives of millions of people worldwide," said President Carter. "Together with our partners, The Carter Center is helping some of the world's poorest and most isolated communities build a better future."

Other top bids in the live auction included:

- A collection of books by or about 31 U.S. presidents (from Fillmore through Obama) containing their original signatures, \$145,000
- Fly-fishing experience with the Carters, \$130,000
- A handmade coffee table by President Carter, \$110,000

All winning bids for the auction are available on the Carter Center's website. President and Mrs. Carter participate each year in the four-day retreat with friends and supporters—held this year at the Vail Cascade Spa & Resort—culminating in an auction to benefit The Carter Center.

THE
CARTER CENTER



WAGING PEACE. FIGHTING DISEASE. BUILDING HOPE.



Frank Richards is director of the Carter Center's river blindness, lymphatic filariasis, and schistosomiasis programs.

NOTES FROM THE FIELD

Uganda Impressive in River Blindness Fight

By Frank Richards, M.D.

I was in northern Uganda in August to celebrate a Carter Center milestone—the distribution of our River Blindness Elimination Program's worldwide 200 millionth treatment of Mectizan, the drug used to halt river blindness, donated to us by Merck.

The Carter Center is working to eliminate river blindness in the Americas and four African countries. The parasitic disease is spread by the bites of tiny black flies.

Ugandan Christopher Olanya, 60, received the 200 millionth Mectizan treatment. He was blind due to river blindness and said he began taking Mectizan too late for his vision to be saved. According to Olanya, the

medicine had improved his sight slightly over time. He also told us that his nickname in the village was Gwogweyi, which means “dog barks at you.” When he said that, many people in the audience laughed. But when you think about it, it is sad to have that nickname, and it shows how onchocerciasis and other neglected tropical diseases marginalize their victims.

After Olanya, the next treatment of Mectizan was given to a 14-year-old girl named Nancy Akanyo. She addressed the crowd at the ceremony, and everyone was greatly impressed by her outgoing character, energy, talent, and intelligence. We all agreed that she has a bright future, one that we will not let be destroyed by river blindness or any other neglected tropical disease.

In a sense, we have seen the past, represented by Olanya, and the future, represented by Akanyo.

Uganda was chosen as the site for this special ceremony because of its great progress in the fight against river blindness. Transmission of the disease has been eliminated, interrupted, or suppressed the large majority of originally endemic areas of the country, meaning some 2.7 million Ugandans are no longer at risk for the debilitating disease. Even more specifically, the district of Lamwo in far northern Uganda was chosen for the celebration because of its remarkable increase in number of people covered by treatment—from 36 percent a year ago to over 90 percent today.

We at The Carter Center are grateful for our partners in Uganda—the Uganda Ministry of Health, Lions Clubs International Foundation and the Lions SightFirst Initiative, and USAID and the ENVISION project led by RTI International.



In August, Christopher Olanya, 60, blinded by river blindness, received the Carter Center's 200 millionth treatment of Mectizan.