

THE
CARTER CENTER

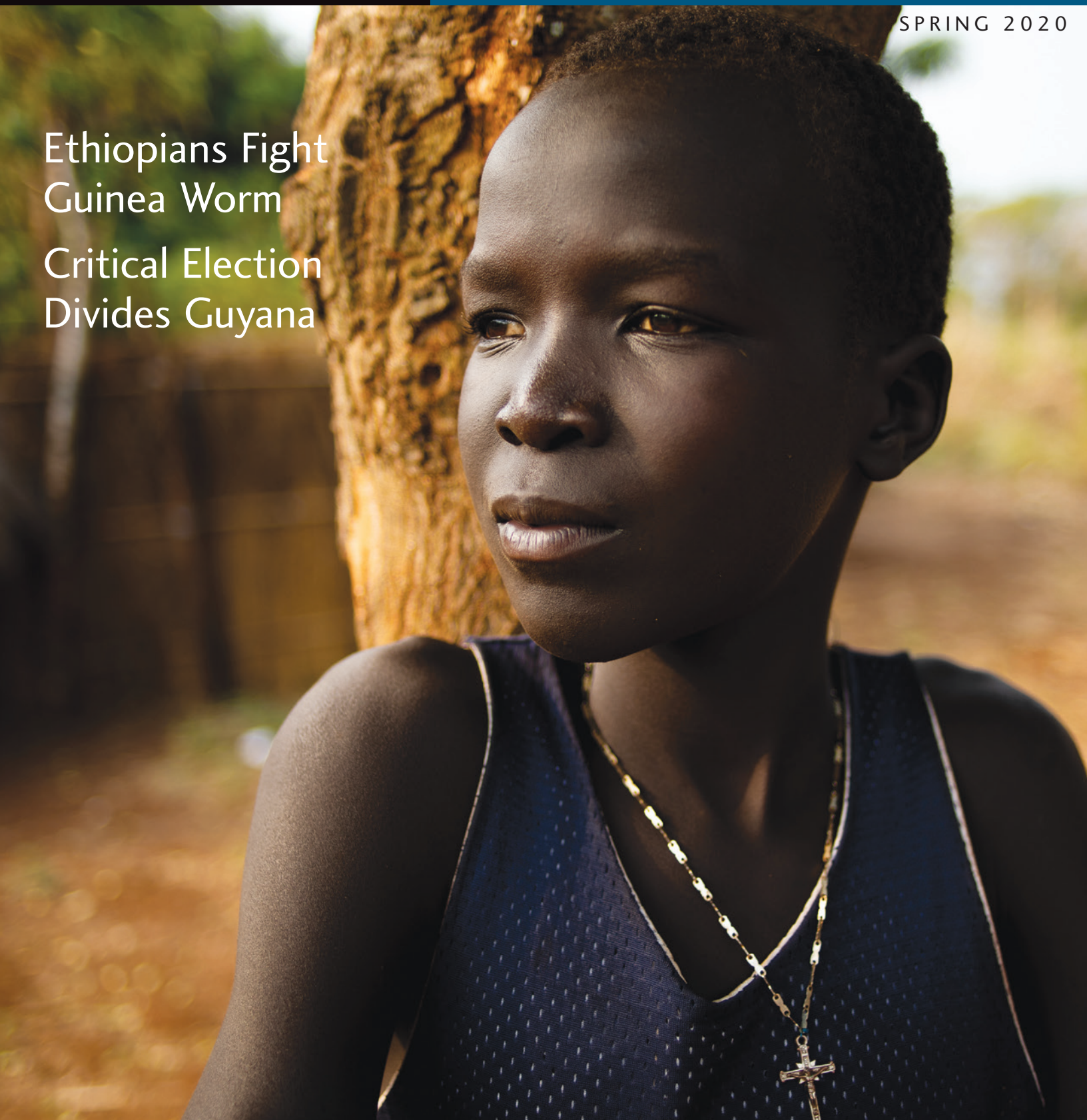


CARTER CENTER NEWS

SPRING 2020

Ethiopians Fight
Guinea Worm

Critical Election
Divides Guyana



WAGING PEACE.
FIGHTING DISEASE.
BUILDING HOPE.

SPRING 2020

CARTER CENTER NEWS

IN THIS ISSUE

NEWS & FEATURES

- Ethiopians Fight Guinea Worm Disease
on All Fronts 4
- Critical Election Divides Guyana 6
- Mental Health Services Key for
Georgia's Schoolchildren 8
- 'There Is a Demand for Human Rights' 9

DEPARTMENTS

- From the CEO 2
- News Briefs 3
- Profile: Dr. Nabil Aziz Awad Alla 10
- Philanthropy 11
- Notes From the Field: Uganda Community
Goes From Misery to Joy 12

Photo credits:

Lydia Banfield: 3 bottom left; Ron Borden: 6; The Carter Center: 10 top; 12 bottom; Gwenn Dubourthoumieu: 11 top; Kay Hinton: 12 top; Caroline Joe: 2; Moses Katarwa: 10 bottom right; Rikki Klaus: 7 all; Ruth McDowall: 11 bottom; Mark Pelletier: 10 bottom left; Michael A. Schwarz: 9; Rennie Sloan: 8 all; Ryan Youngblood: cover, 4, 5 all.

Carter Center News is produced by the Office of Communications, 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

At age 7, Obang endured a Guinea worm emerging from his foot. Now 14, he looks after dogs as part of his rural Ethiopian community's comprehensive effort to prevent the parasitic disease. Read more about a cluster of three Ethiopian villages successfully fighting Guinea worm disease on page 4.



From the CEO

Staying Positive, Building Hope

At this time of great challenges brought by the COVID-19 pandemic, I have been deeply moved by the commitment of our Carter Center staff to our mission to help the world's poorest people. Indeed, our aim to wage peace, fight disease, and build hope has never been more urgent than it is today.

Most of our 20 field offices and our headquarters have switched temporarily to a telecommuting model, and program activities have been modified to adhere to the distancing restrictions necessary to mitigate the spread of COVID-19 and keep our 2,500 worldwide staff and their families safe. Yet our good work continues.

The Guinea Worm Eradication Program is providing 24/7 support to community-based volunteers in Chad, Ethiopia, Mali, and South Sudan. In its last phases, the Guinea worm eradication effort relies on surveillance in rural communities, remote from urban areas. With personal distancing measures and safe practices, we can proceed to rid the world of this horrible parasitic disease.

Although we evacuated staff following the March 2 election observation mission in Guyana, we remain committed to promoting democracy and constitutional reform in Guyana, and we are willing to return when the electoral process resumes, assuming international travel is feasible.

In addition, we are exploring ways we might help the nations where we work deal with the coronavirus pandemic. Our Mental Health Program created a list of mental health resources for coping in the time of COVID-19, which is at mentalhealthjournalism.org. And our Rosalynn Carter mental health journalism fellows are publishing stories worldwide on the mental health impact of the virus.

When the Ebola crisis hit Liberia several years ago, The Carter Center was a trusted channel for disseminating disease prevention information. As COVID-19 spreads to sub-Saharan Africa and Latin America, our partner networks of health workers and volunteers, under the auspices of ministries of health, are being enlisted to provide critical prevention information to the public.

In Ethiopia, our digital threats project is exploring possible steps to find and flag online misinformation and disinformation related to COVID-19 using the same techniques with which they track information related to politics and elections.

Working together and staying positive, we can find renewal by building hope for others.

In June, Paige Alexander will succeed me as CEO of The Carter Center. It has been a great honor to serve in this role for nearly six years. My personal thanks to all of you, who so generously support the Center's work to wage peace, fight disease, and build hope.



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

IDPs Receive Trachoma Treatment

Last year, The Carter Center supported trachoma treatment for more than 25,000 people in two camps for internally displaced persons (IDPs) in South Sudan. Since 2014, armed conflict has uprooted about 40% of South Sudan's population.

The Center worked with the South Sudan Ministry of Health, the World Health Organization, and other agencies to provide care for the infectious eye disease at two camps in the capital, Juba.

"We want to ensure that displaced people don't risk losing their sight after they've already lost so much because of violence and disruption," said Angelia Sanders, associate director of the Carter Center's Trachoma Control Program.

Almost 130 camp leaders and

community volunteers were trained to provide education on prevention and treatment and how to conduct mass drug administration with the antibiotic Zithromax®, donated by Pfizer Inc. Half of those treated were younger than 15.

In addition, drug distribution and surgical campaigns were conducted inside two South Sudanese refugee camps in Sudan. Similar efforts have taken place in southeastern Niger, where Nigerians have fled rebels.

Conflict Data to Aid Landmine Organizations

The conflict mapping arm of the Carter Center's Syria project is helping identify communities that are likely to be home to large numbers of "explosive remnants of war," as they are called, and sharing that information with humanitarian organizations working to clear these hazards.

Since 2012, the conflict mapping team has documented conflicts in Syria using open-source information such as social media posts. When compiled and analyzed, the data painted a more robust, accurate picture of what was happening on the ground that the U.N. and other humanitarian groups used to help them with their work.

Now the team is crunching the numbers again to help organizations concerned with landmines.

"We learned that these organizations often lack information about the size or nature of a conflict event, which is important when you're trying to figure out how many explosive remnants might still be around,"

explained Kate Keator, manager of the mapping project. "Our data is granular, often listing exactly how many of certain types of weapons were used during a particular event."

The team is sharing this detailed data directly with humanitarian organizations as soon as it's available and has published two reports on this issue on the Center's website. It hopes to complete this work for all of Syria by June.

Paige Alexander to Serve as Carter Center CEO

Paige Alexander has been named CEO of The Carter Center, effective June 16. She succeeds Ambassador (ret.) Mary Ann Peters, who is retiring.



Paige Alexander

"Paige Alexander will carry forward the vision and values of the Carter Center's founders, my grandparents, Jimmy and Rosalynn Carter," said Jason Carter, chair of the Carter Center Board of Trustees. "The Center's mission to alleviate suffering and advance human rights globally has never been more urgent."

Alexander has had a distinguished global career, with over two decades of experience spanning government and nonprofit sectors. She has held leadership positions at two regional bureaus of the United States Agency for International Development (USAID) and has had over a decade of nonprofit leadership roles. Since 2017, she has served as executive director of the European Cooperative for Rural Development (EUCORD) in Brussels and Amsterdam.

"My life's work has been to lift up human rights, justice and fairness, economic and social opportunity," Alexander said. "For years, I have admired the work of The Carter Center. Joining the Center at this time of transition, when the founders' vision, legacy, and mission are needed more than ever, is the privilege of a lifetime."



At a camp for internally displaced people in Juba, South Sudan, a boy takes a dose of antibiotic syrup as part of a mass drug administration to control trachoma, a bacterial eye disease.



Ethiopians Fight Guinea Worm Disease on All Fronts

From community engagement to water treatment and filtering to dog tethering, a cluster of villages in remote western Ethiopia is applying creative strategies to protect humans and animals from Guinea worm disease, and their diligence is paying off.

On a cloudy morning, 15 young men gather under a canopy at the Carter Center's Guinea worm compound in Gog. They are the captains of teams responsible for treating water sources with Abate®, a mild chemical donated by BASF that kills Guinea worm larvae. The captains meet regularly to plan and coordinate their work, ensuring every pond and well around the villages of Ablen, Wichini, and Atheti is treated every 28 days to help interrupt the worm's life cycle.

Community Captains

One of those captains is Wegwa Odol Othow, 21, who goes by the nickname Owick. He used to hunt baboons, which farmers consider pests, using dogs to chase

them down. One day a few years ago, Owick spotted a small baboon that didn't run away with the rest of its troupe. He easily caught the animal and found it had about 20 white worms emerging from its skin. Owick brought the crippled baboon back to town to show others. "I didn't think people would believe me if I told them," he said.

The worms were confirmed to be Guinea worms, which had not been seen in baboons before. Owick's discovery sparked an aggressive effort to monitor and apply Abate to watering holes used by baboons, even deep in the forest. When an animal—or person—swallows water infected with the water fleas that contain Guinea worm larvae, the life cycle of the parasite continues. The larvae develop inside an animal's or person's body for about a year, then emerge as adults up to 3 feet long through a wound in the skin.

Baboon hunters and wood gatherers are now paid to watch over watering holes and

Ethiopian teen Obang, 14, demonstrates how to use a pipe filter for drinking water when away from home.

help The Carter Center and health ministry monitor baboon troupes' movements.

After his discovery, Owick began volunteering with other youth to teach community members how to avoid Guinea worm infection. Later, he joined an Abate team and advanced to team captain. Owick and his team measure the volume of water in a pond, calculate the amount of larvicide needed, and apply it.

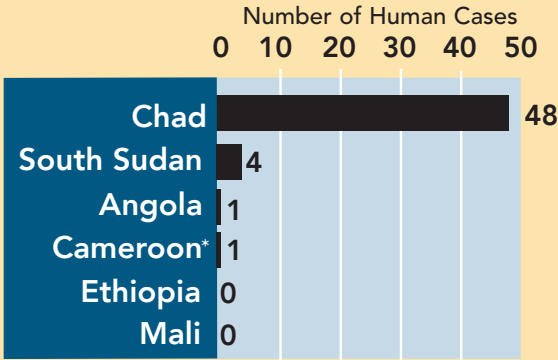
Because loose dogs are at risk of acquiring Guinea worm disease from the same water sources the baboons use, people in Gog agreed to stop using dogs for hunting and to keep them tethered to prevent them from entering the water. It's working.

"The people here have really owned this intervention," said Kylie Saunders, a Carter Center technical advisor who is well known in the villages.



With the assistance of a colleague, Wegwa Odol Othow (left) measures a pond for application of a safe larvicide that helps stop the Guinea worm life cycle.

54 Human Cases of Guinea Worm Disease Reported in 2019



*Believed to have been imported from Chad

Since 1986, 17 countries have stopped Guinea worm transmission: Ghana, 2010; Nigeria, 2008; Niger, 2008; Burkina Faso, 2006; Cote d'Ivoire, 2006; Togo, 2006; Benin, 2004; Mauritania, 2004; Uganda, 2003; Sudan, 2002; Central African Republic, 2001; Cameroon, 1997; Yemen, 1997; Senegal, 1997; India, 1996; Kenya, 1994; Pakistan, 1993.

Keeping an Eye Out

Owick quit hunting to devote all his time to Guinea worm work. He gave two of his dogs to his cousin, Obang, himself a volunteer in Ablen.

One of the duties of youth volunteers is to inspect every dog daily for signs of Guinea worm infection. Obang, 14, loves this part of his role. He starts with the dogs Owick gave him, whom he named Tchalla and Georgie, then checks his neighbors' dogs.

Until recently, dogs were strictly considered hunting animals in this part of Ethiopia. They weren't considered pets; they weren't even given names. That all changed when people started proactively tethering them. The dogs had to be fed, watered, and exercised, and before long they became part of the household. Dogs that once snarled and strained against their chains now wag their tails and happily roll over in anticipation of a young human rubbing them down, inspecting for signs of Guinea worm.

Ablen now is home to the first dog park in Ethiopia. Obang and other youths, as well as adults, walk their dogs to the park, for which the government donated land and The Carter Center provided fencing. There, dogs can frolic and become socialized.

Responsible young adults keep watch over the park, enforce rules, and clean up messes.

Filtering Water

Everyone in Ablen, Atheti, and Wichini wears a pipe filter around his or her neck. Every household uses a water filter when filling jerry cans at a well, pond, or river and filters the water again before using it

at home. Village volunteers like Okugni Oboya Nyum work constantly with their neighbors to keep them safe from infection.

"I help my community by giving them health education so they don't get Guinea worm disease," Okugni said.

The efforts are working. Great strides have been made against Guinea worm disease in humans and animals in Ethiopia.



Omod Olenga, who oversees animal health for the local government, examines a dog that previously received treatment for several wounds. Ethiopians in this area tether their dogs to help halt Guinea worm disease.



Critical Election Divides Guyana

In Georgetown, the capital of Guyana, a woman checks in at her polling station for the March 2 elections.

On March 2, citizens of Guyana went to the polls for what the country was calling “the mother of all elections.”

Every election is important, of course, but this one was deemed especially so because five years ago, Exxon discovered massive amounts of oil off the coast of Guyana. The first barrels hit the market in January. Now this small, poor nation is poised to become a very rich one. And the country’s two major political parties, which are divided largely along ethnic lines, desperately want to control the coming wealth.

The 2020 election came more than a year after a National Assembly no-confidence motion against President David Granger in December 2018. The ruling party challenged the motion in the courts for months but lost. The newfound oil revenue, many Guyanese believe, could keep the winner of the 2020 election in power for decades.

“The stakes in this election are very

high,” said David Carroll, director of the Carter Center’s Democracy Program. “One major political party’s base is mostly Afro-Guyanese, and the other is mostly Indo-Guyanese, and elections tend to bring longstanding ethnic tensions to the surface. Because The Carter Center has a long history in Guyana and is seen as a trusted partner, it was important for us to observe this election.”

The Center deployed a team of 10 election experts and long-term observers to Guyana in January, and in late February, they were joined by more than 30 short-term observers led by Aminata Touré, former prime minister of Senegal, and Jason Carter, chair of the Carter Center Board of Trustees.

“Guyana stands at a crossroads,” Carter said. “Not only is it critical that this election is seen as credible, it’s also essential that it serves as a springboard to a future that is more inclusive and so that all the people of Guyana can share in this new wealth.”

Election day proceeded smoothly. The Center’s observers sent back mostly positive reports from all 10 of the country’s regions. But tallying went astray in Region 4—which is the largest region and includes the capital of Georgetown—when, after only half the results for the region had been tabulated in the presence of observers, the returning officer responsible for the tallying abruptly announced the rest of results, which indicated that the ruling party had come from behind to win the election.

The Carter Center and other international observer missions denounced the declaration of unverified results, saying they lacked credibility, and called for a return to the verification process. The opposition party filed a lawsuit, and Guyana’s chief justice ordered a return to the previous tallying process. But the restarted process didn’t meet the standards set by the court, according to Carter Center observers and others.

Days later, the leaders of the two parties agreed to a recount supervised by



Guyanese voters wait in line to cast their ballots at a Georgetown polling station.



Jorge Guzman and Elizabeth Kingston, election observers from Colombia and Canada, respectively, take notes while monitoring voting. The Carter Center sent a team of more than 40 election observers to Guyana's pivotal March elections.

the Caribbean Community (CARICOM), but then ruling party supporters filed an injunction to block the recount. Though the injunction was eventually struck down, at press time the recount still had not begun.

And so the country, and the world, waits.

Weeks after election day, Guyana still doesn't have a new president. After concerns about the stalled process, international travel restrictions brought on by the COVID-19 virus, and harassment of observers by ruling party supporters, The Carter Center made the difficult decision to pull its observers out of the country on March 20.

"We're still committed to observing the entire electoral process," said Brett Lacy, an associate director in the Center's Democracy

Program. "Nonpartisan observers have an important role to play. We report what we see and hear to the rest of the world. Whoever wins the election should want to ensure that their victory is seen as credible."

The Center hopes to send a small team back to observe the recount, and it also is committed to supporting constitutional reform in Guyana.

"The Carter Center has long believed that Guyana needs to reform its constitution and electoral laws to get rid of its winner-takes-all election system, which tends to exacerbate conflict," Carter said. "We believe it is critical for Guyana to make these changes to help make it possible for Guyanese to live together in peace and prosperity."

Center Observes Muscogee (Creek) Elections

In late 2019, The Carter Center observed its fourth election in Native America when it deployed a small team of international electoral experts to the Muscogee (Creek) Nation primary and general elections for principal chief, second chief, and members of the National Council.

Muscogee (Creek) Nation is a self-governed tribe headquartered in Okmulgee, Oklahoma, about 45 minutes outside of Tulsa. With more than 86,000 citizens, it's the fourth-largest tribe in the U.S. It has a little more than 18,000 registered voters.

The Carter Center team observed early in-person voting as well as voting in all 18 of the nation's in-person voting precincts for both the Nov. 2 primary and the Dec. 14 general elections. It issued a short report that included recommendations after the primary, and Muscogee officials implemented some of those recommendations before the general election.

In its report after the December election, the team commended the Muscogee people for a smooth electoral process. Both polling and the counting and tabulation of results went well, though the team noted the need for more candidate watchers and independent citizen observers at the polls and the counting to increase transparency and build confidence in the process.

Mental Health Services Key for Georgia's Schoolchildren

Should mental health care in schools be as accessible as school lunches?

That's the vision of The Carter Center, which is helping convene a series of forums and virtual meetings around Georgia to promote best practices in school-based behavioral health and eliminate policy barriers. The goal is for school-based behavioral health to be implemented widely and then sustained.

The stakes are high. "Almost 20% of children and adolescents in Georgia have a diagnosed mental health disorder," said Dr. Eve Byrd, director of the Carter Center's Mental Health Program. "And with the added stress on families due to COVID-19, children are at greater risk."

Held in partnership with the Georgia Appleseed Center for Law and Justice and Voices for Georgia's Children, the daylong forums have attracted educators, parents, policy leaders, behavioral health experts, mental health providers, and law enforcement. The first three events took place in the Georgia cities of Atlanta, Albany, and Dublin over the past year.

In a moving presentation at the forum held at Dublin High School, one student spoke about his emotional struggles and failing grades after a deterioration in his home life. He said that after talking to a



In Albany, Georgia, former First Lady Rosalynn Carter (center) is flanked by speakers and event organizers at a forum on school-based mental health convened by The Carter Center, Georgia Appleseed Center for Law and Justice, and Voices for Georgia's Children.

mental health clinician provided by the school in collaboration with its local mental health services provider, his anxiety went down and his grades went up.

In general, students are becoming more open about their mental health and asking social workers and counselors to see mental health professionals, according to Kelly Canady, a social worker in Dublin City Schools. As part of a state-sponsored program called Georgia Apex that provides grants to schools to increase services, Canady can provide students with access to mental health providers and arrange appointments.

It's a "win-win situation" for everyone "to provide school-based mental health services so that students can stay in school rather than missing it to go to appointments off campus," he said. And, he added, the services are more robust than a school social worker or guidance counselor can provide.

Even faculty benefit from

school-based services. "It alleviates a lot of the anxiety that teachers and school personnel have on how to best approach what the students need," Canady said.

Although the school year has been disrupted by COVID-19, Byrd said she expects the momentum gained during the first three forums to continue. The Carter Center and its partners hope to work with Georgia's Department of Education to assist schools in preparing for the mental health needs of students post COVID-19. "There is more interest than ever from a variety of community members in preventing behavioral health disorders and promoting mental health and well-being in children through school-based programming," she said.

"We are fortunate that in Georgia, every effort was made by Georgia Apex and its partners not to disrupt the provision of school-based behavioral health services during the COVID-19 school closures," Byrd said. "And we will continue to advance school-based behavioral health until 100% of Georgia's children's behavioral health needs are met."



Connie Smith, local coordinator of a Georgia program to provide school-based behavioral health services, speaks about her experience at a forum in Dublin, Georgia.

'There Is a Demand for Human Rights'

Thirteen years ago, The Carter Center opened the Human Rights House in Kinshasa, capital of the Democratic Republic of the Congo. It is home to a small team of staffers who perform a large amount of work—providing training and assistance to more than 100 local civil society organizations, supporting a protection network that helps keep human rights defenders safe, and overseeing projects that spark youth engagement in democracy and human rights. In the Q&A below, the former manager of the house, Halidou Ngapna, discusses opportunities for bolstering human rights in the DRC.



Halidou Ngapna

Q. The Carter Center works with civil society organizations, the government, the general public, the U.N. and other international NGOs. How do you balance priorities and build trust among different groups?

Ngapna: We build our message on the fact that human rights contribute to the common good. They benefit the state by bolstering security and economic growth. They benefit the public because if people know their rights and they are involved in their protection, that builds a good relationship between the state and the people. In the middle, you have civil society organizations. People's confidence in civil society organizations is based on their results. If the organizations are assisting human rights victims, providing access to justice for the public, and supporting the government in their laws and training government officials, people will have confidence in them.

Q. Can you give some context for human rights in the DRC?

Ngapna: The Congo has a long history of violence and oppression. People don't trust the state because the state either has been nonexistent, or its existence has been problematic. There are also other groups, armed groups, who have been the main spoilers in the east. This context has also been marked by a troubled electoral process, where you

have political parties and groups of people that were excluded from the process. And the process was not transparent, in their opinion.

Q. The DRC has been scarred by conflict. But the country is also very rich in natural resources. How does this affect human rights work?

Ngapna: Congo is a melting pot of issues and opportunities. The mines, the soil—which is fertile—are opportunities for the country. But unfortunately, the recent history of the Congo has proven that its wealth is a problem for the people. We have this image that the closer you go to the mines, the poorer people are. It is striking when you visit regions of the DRC that are actually rich and see children with signs of malnutrition. But at the same time, you have the youth; you have this energy in people. There are good examples of people fighting every day to promote the rights of the people. And people understand that human rights in the DRC is the entry point for prosperity for all. There is a demand for human rights in the country. Now, it's our duty to give our expertise so that human rights can be embedded into the governance.

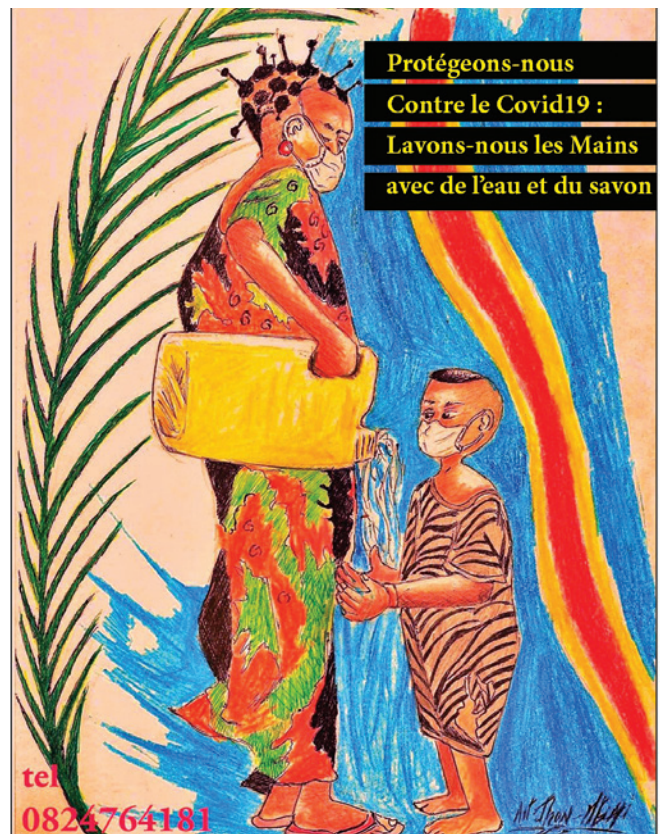
Q. How are women's human rights being addressed?

Ngapna: The Carter Center is currently implementing a project called Women's Voice and Leadership, funded by the Canadian government. We believe that if women are empowered, if they have economic autonomy and then access to political and public life, women's rights will advance. The new government appointed many women to government positions. It's

not enough, but the numbers are higher than before. Congo used to be labeled as the world capital of sexual violence, but the narrative is changing. There is still a long way to go. Women and girls, they face insecurities when they are going to fetch water, and even at school, which is supposed to be a safe environment. Sexual violence remains an issue.

Q. Can you identify an opportunity for advancing human rights in the DRC?

Ngapna: We have very conscious youth. They are the ones at the forefront of every battle for democracy. I've learned that you have to invest in the people, because they are the ones who are in touch with their country. If you do human rights education, that's investing in the people. That's how human rights will be embedded into the DRC.



The Human Rights House in Democratic Republic of the Congo looks for ways to engage youth in building peace and democracy. A recent winner of a Carter Center-sponsored democracy art contest, John Mbuyi, created this new poster to bring awareness of COVID-19 to his community. It says, "Protect us against COVID-19: Let's wash our hands with soap and water."

Dr. Nabil Aziz Awad Alla

Terrain, Disease No Match for Sudanese Doctor

Dr. Nabil Aziz Awad Alla, the Carter Center's long-time country representative in Sudan, has not lived the quiet life of a pencil-pushing administrator. He's a hands-on boss who prefers to look his people in the eye and observe situations directly.

Nabil's preference for action over office has produced a pile of perilous episodes: He once made a field visit to a town while it was under armed siege; during a Guinea worm surveillance trip, he nearly died of cerebral malaria; and he's been stranded in the desert—once with no food and little water, and another time with three flat tires.

Nabil shrugs off these hair-raising incidents as part of the job.

"Unless you go to be with your workers in the field and unless you talk to them, things will not move," he said.

Under Nabil's leadership, things have moved. Sudan stopped transmission of Guinea worm in 2002 and hasn't had a case since. Transmission of river blindness was interrupted in Sudan's vast Abu Hamad focus in 2012, an achievement once thought impossible.

"Dr. Nabil is fearless. I never heard him say, 'I don't want to go there, it's a little too dicey,'" said Mark Pelletier, associate director of the U.S. Centers for Disease Control and Prevention's (CDC) Overseas Operations unit. Pelletier formerly was a Guinea Worm Eradication Program technical advisor in Sudan. "His courage gave me courage."

Nabil earned his medical degree from Łódź Medical College, Poland, in 1970 and a Master of Science from Royal Tropical Institute, Amsterdam, in 1977. In 1982 he received a fellowship to study administration and health planning at North Carolina State University in the U.S. He has been published in numerous peer-reviewed journals on Guinea worm, river blindness, trachoma, and a



Dr. Nabil Aziz Awad Alla, Carter Center country representative, Sudan

variety of communicable diseases.

As program coordinator for Sudan's Ministry of Health in 1995, Nabil was a key figure in the historic "Guinea worm cease-fire" during Sudan's long civil war. The truce, negotiated by former U.S. President Jimmy Carter, allowed health agents in conflict zones to treat not only Guinea worm, but also other diseases, including river blindness. Nabil recalls feeling awed while hosting a delegation of Carter Center leaders.

"I will never forget the day that I had to accompany President Carter and his wife, Rosalynn, on their trip to Juba to establish a proper Guinea Worm eradication program in South Sudan," he said. "In that day I felt the great responsibility I was shouldering and realized I had no way to escape."

Ross Cox, who worked with Nabil in the mid-1990s when Cox was with the CDC, said Nabil was able to bridge the political gulf between the north and the south because many of the people who were serving as the de facto government in the South were former colleagues and friends of his.

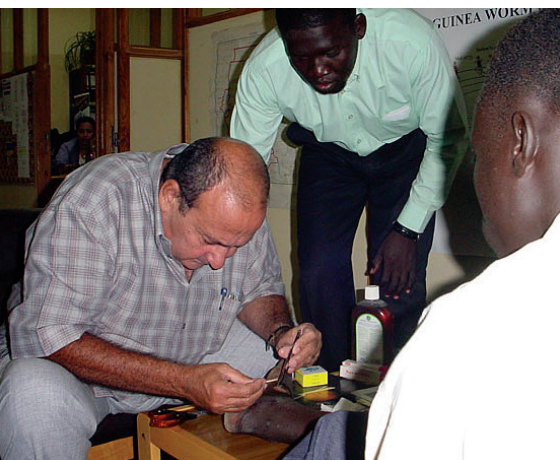
"His integrity and humanity made it possible for him to transcend the situation," Cox said.

Nabil became the Carter Center's Sudan country director in 2007. Dr. Donald R. Hopkins, former vice president of the Center's health programs and now its special advisor on Guinea worm eradication, first met him in 1994.

"From the beginning, Dr. Nabil was focused on doing what was necessary to stop Guinea worm disease," Hopkins said. "His dedication and effectiveness were respected by Sudanese and international health workers on all sides of the civil war."

The war came to an end, but Nabil soldiers on, preparing the next generation.

"Dr. Nabil motivates and supports his employees, and he inspires us during difficult times," said his deputy country director, Maymoona El Tayeb. "Whatever I can say will never express the amount of gratitude that I owe to Dr. Nabil."



Left: In this photo from 2002, Nabil works to remove a Guinea worm from the ankle of a man. Right: Nabil (center, seated) oversaw the interruption of river blindness transmission in Sudan's vast and remote Abu Hamad area in 2012.

Global Affairs Canada Supports Women's Leadership

Since 2006, the Canadian government and Global Affairs Canada have supported the Carter Center's work on human rights, democracy, and access to information, with a specific focus on Egypt and Latin America. Most recently, Global Affairs Canada pledged \$8.7 million CAD for a new project to strengthen women's voices and leadership in the Democratic Republic of the Congo (DRC). And while the Carter Center's project focuses specifically on the Congo, it is part of a much larger program led by Global Affairs Canada to respond to the needs of local women's organizations in developing countries.

The Carter Center project is a five-year initiative to build capacity in civil society organizations and empower women and girls throughout the DRC.

The Center is partnering with local women's rights organizations, providing them with the tools, resources, and mentorship they need to strengthen their technical and organizational capacity.

The goals of the project are multifold. The Center hopes to raise awareness of women's rights and gender inequality issues, promote Congolese women's increased participation, collaborate with local civil society organizations to implement innovative and sustainable programming, and target key stakeholders to advocate for reforms in policy and practice.

Women's organizations are a key element in the promotion and defense of women's rights and leadership. And the fight for global gender equality is essential to the Carter Center's efforts to wage peace and foster hope worldwide.

UAE, Carter Center Mark 30-Year Relationship

This year, The Carter Center celebrates 30 years of partnership with the United Arab Emirates, which supports several of the Center's health programs.

One of the first to join the international campaign against Guinea worm disease, the late Sheikh Zayed bin Sultan Al Nahyan, founding father of the UAE, invested in the Center's eradication program in the 1990s. Since then, the UAE has become the third-largest donor to the Center's Guinea worm program and His Highness Crown Prince Mohammed bin Zayed Al Nahyan recently pledged an additional \$10 million, and \$4 million will be matched by the Guinea Worm Challenge Grant.

In addition, through its Reaching the Last Mile Fund, the UAE is supporting the Carter Center's programs to fight two other parasitic diseases, river blindness and lymphatic filariasis.



In a five-year project supported by Global Affairs Canada, The Carter Center will work with community organizations to empower women and girls in the Democratic Republic of the Congo.

The Center's trachoma program in the Amhara region of Ethiopia has received support since 2012 from Noor Dubai, a foundation of Sheikh Mohammed bin Rashid Al Maktoum, UAE's vice president and prime minister.

Finally, in addition to financial support from private Emirati individuals and foundations for the Center's health and peace programs, The Carter Center and its local partner, The National, jointly coordinate the first mental health journalism fellowship program in the Middle East. Working in concert with the Center's long-established Rosalynn Carter Fellowships for Mental Health Journalism, the UAE program helps journalists accurately report on mental health and mental illnesses.



Nigerian Emmanuel Mmadu lives with lymphatic filariasis, a parasitic disease that can cause extreme swelling. The United Arab Emirates' Reaching the Last Mile Fund supports the Center's work to fight this disease.

THE CARTER CENTER
One Copenhill
453 Freedom Parkway NE
Atlanta, GA 30307
ADDRESS SERVICE REQUESTED

THE
CARTER CENTER



WAGING PEACE. FIGHTING DISEASE. BUILDING HOPE.



*Peace Habomugisha is the
Carter Center's country
director for Uganda.*

NOTES FROM THE FIELD

Uganda Community Goes From Misery to Joy

By Peace Habomugisha

Steven Ocopcan, 77, remembers well how river blindness affected his community in Uganda when he was a child.

“At the time, people thought they had annoyed God and, in return, he cursed us,” Ocopcan told me. “Many people sacrificed cows, goats, and hens to God, but this didn’t work. People accused one another of bewitching others. It was bad.”

River blindness is not a supernatural curse. It is a parasitic disease that can lead to permanent blindness. Typically, those infected live near fast-running streams where black flies breed, bite, and pass on the parasite.

Ocopcan said that in his community in northwest Uganda, most people had itchy, leopard-spotted and sometimes stretched skin—classic symptoms of the disease—which made young men and women look old. People from his area were ostracized.

Ocopcan, who still has leopard skin scars on his legs and stomach, led me to a rock on a hill where affected people would scratch their backs for relief. Sufferers also used shards of pottery, dried maize cobs, rough sticks, and rocks to scratch themselves until they bled.

And then one day, everything changed.

“I remember one morning people came with measuring sticks and boxes of Mectizan,” Ocopcan told me. “They gave pills to almost everybody. They measured our heights to

determine how many tablets we were to take. We suffered for some days. Then, the itching stopped.”

The visitors were from the Uganda Ministry of Health. They educated his community about river blindness and its cause and began to train community members to administer the Mectizan. The once-skeptical locals embraced the new solution to the disease because they saw that it worked.

It worked so well that as of October 2019, treatment is no longer needed in the area for 600,000 people previously at risk. It was a joyful day, marked by a celebration.

I am thrilled to see communities in my native country freed of this disease.



Steven Ocopcan tells Habomugisha that people in his community were once thought to be cursed because of the symptoms of river blindness.