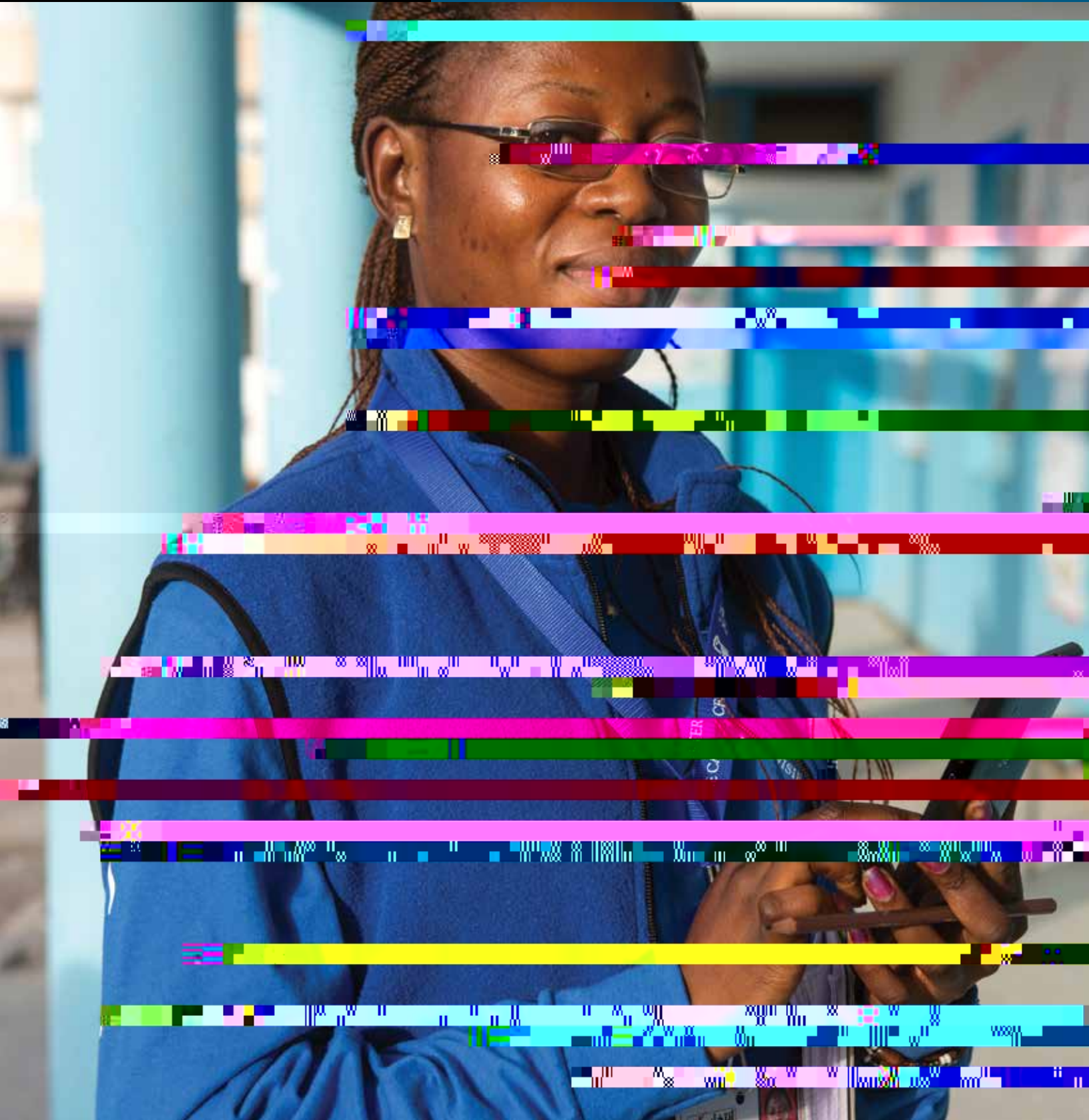


CAR THE CENTER



CARTER CENTER NEWS



The Carter Center operates under the firm conviction that people are capable of solving their own challenges, and our role is to provide them the tools and training to do it.

“The poorest of all people, who are often scorned or derogated,

Guide Aimed at Journalists Writing on Behavioral Health

Because words can both hurt and heal, the Carter Center's Mental Health Program has issued a helpful language and resource guide for journalists.

"Informed journalists can have a significant impact on public understanding of mental health issues as they shape debate and trends with the words and pictures they convey," said former First Lady Rosalynn Carter, chair of the Carter Center Mental Health Task Force.

The Carter Center Journalism Resource Guide on Behavioral Health



aims to increase accurate reporting of behavioral health issues, change stereotypes, and help journalists understand mental health and substance use issues and access expert resources. It can be accessed at <http://bit.ly/1PFLC6v>.

The Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration provided funding and subject matter expertise for the guide.

"Words Matter: Talking about Mental Health" is the subject of the final installment of Conversations at The Carter Center on April 21. Find out more at www.cartercenter.org/news/upcoming_events/conversations/index.html.



Technology Drives Faster Election Notes

Events can move quickly on election day, but The Carter Center has developed the technology to stay on top of them.

For decades, election observers used paper checklists to assess conditions at polling places. They would mark boxes asking whether the voting location opened on time, whether all the poll workers were present, whether the ballot box was shown to be empty before voting began, whether the environment outside was peaceful, and so forth. At the end of the day, all the observers would return to Carter Center election headquarters and submit their checklists or dictate their data over the phone. Then the slow process of collecting and crunching all the data would begin. The process could take a full day or more to complete, and even then analysis of trends was preliminary at best.

But that's changed now. ELMO (short for Election Monitoring) is a Carter Center-created electronic data collection and analysis system. Since its introduction in 2011, ELMO has gradually rendered paper checklists obsolete. Equipped with ELMO, observers can submit their checklist data—with more detail than ever before—to headquarters in real time using touchscreen tablets or smartphones. Computers continuously aggregate the data for staff to analyze.

“I did a better job observing because of this technology,” said Charlotte McDowell, who served as a short-term observer for The Carter Center during Egypt’s presidential election in 2012. “Knowing that we will be able to analyze large amounts of data quickly made me put more time and details into my observations and ensured I sent them quickly and correctly. I knew they were a valuable contribution.”

Because ELMO does the math, the opportunity for human error is reduced, allowing staff to focus on analyzing key patterns, said David Carroll, director of the Carter Center’s Democracy Program.

Carter Center election observers use a handheld device running ELMO to complete a polling station checklist.





Kinship Powerful in River Blindness Fight

When it comes to eliminating disease, sometimes it's not only what you know, it's also who you know.

River blindness is so pervasive in Africa that many global experts have believed it could only be controlled, not eliminated. But Uganda intends to rid itself of the parasite that causes the disease, and it's using one of its greatest resources to do it: women.

River blindness is an infection that causes intense itching, skin discoloration, rashes, and eye disease that can lead to visual loss and permanent blindness. It is spread by the bites of infected black flies that breed in rushing rivers.

Uganda's Family Ties

"Almost every family I know has someone fighting this disease," said Christine Akello, a river blindness patient in Uganda. She survived decades of civil war in Uganda only to become infected during peacetime.

"What is tough is thinking that you made it through a long, grueling war, that you can rebuild your life, raise your family well and have a little peace, only to be confronted with another war in your very own backyard," she lamented.

The good news is Akello's sight is returning after treatment with the medicine Mectizan®, donated by Merck. Twice-yearly doses effectively treat the disease and halt its transmission.

Uganda's government had been working with The Carter Center since 1996 to educate communities and distribute Mectizan, but the male-dominated volunteer distribution system failed to take advantage of traditional kinship structures and roles, Dr.

Moses Katarwa, the Carter Center's senior epidemiologist, found.

However, when the program shifted its strategy in 2014, everything changed.

The new approach moved away from village health teams—usually men appointed by health workers—to community-selected drug distributors, with an emphasis on selecting women. These drug distributors were asked to make sure everyone within their own extended families received river blindness information and Mectizan. This solved several challenges, including volunteer turnover, social taboos, and program penetration into all households.

In Uganda's Lamwo district, the proportion of the population covered by Mectizan treatment soared from 36 percent in 2013 to more than 90 percent in 2014. When The Carter Center in August 2014 celebrated its 200 millionth dose of Mectizan worldwide, the ceremony was held in Lamwo.

It is believed that 2.7 million Ugandans are no longer at risk for contracting this disease, and that transmission of river blindness has been halted in 15 of Uganda's original 17 focus areas. With the Carter Center's help, the country hopes to eliminate river blindness from within its borders once and for all by 2020.

The kinship approach has since been adopted by the Ugandan government as national health policy and has boosted other programs such as malaria control and reduction of infant mortality.

A family walks to a community gathering in Lamwo district, Uganda. Women there have been asked to take charge of ensuring their families receive river blindness treatment.

Success in Sudan

The isolated endemic community of Abu Hamad in northern Sudan was declared free of river blindness after implementing a similar kinship approach.

Abu Hamad stopped transmission of the disease in 2012 and hasn't had a case since. The program relied on local volunteers — particularly women — to educate their own communities and see that each family member received a dose of Mectizan every six months.

“Overcoming river blindness in Abu Hamad is a historic achievement that all Sudanese can celebrate,” said Alkhair Alnour Alzubarek, minister of health in Sudan's Federal state. “I hope this success will further inspire us to do more, and encourage our African neighbors to tackle river blindness elimination.”

Dr. Frank O. Richards, director of the Carter Center's River Blindness Elimination Program, said Sudan's decision to try to eliminate the disease rather than just control it made all the difference.

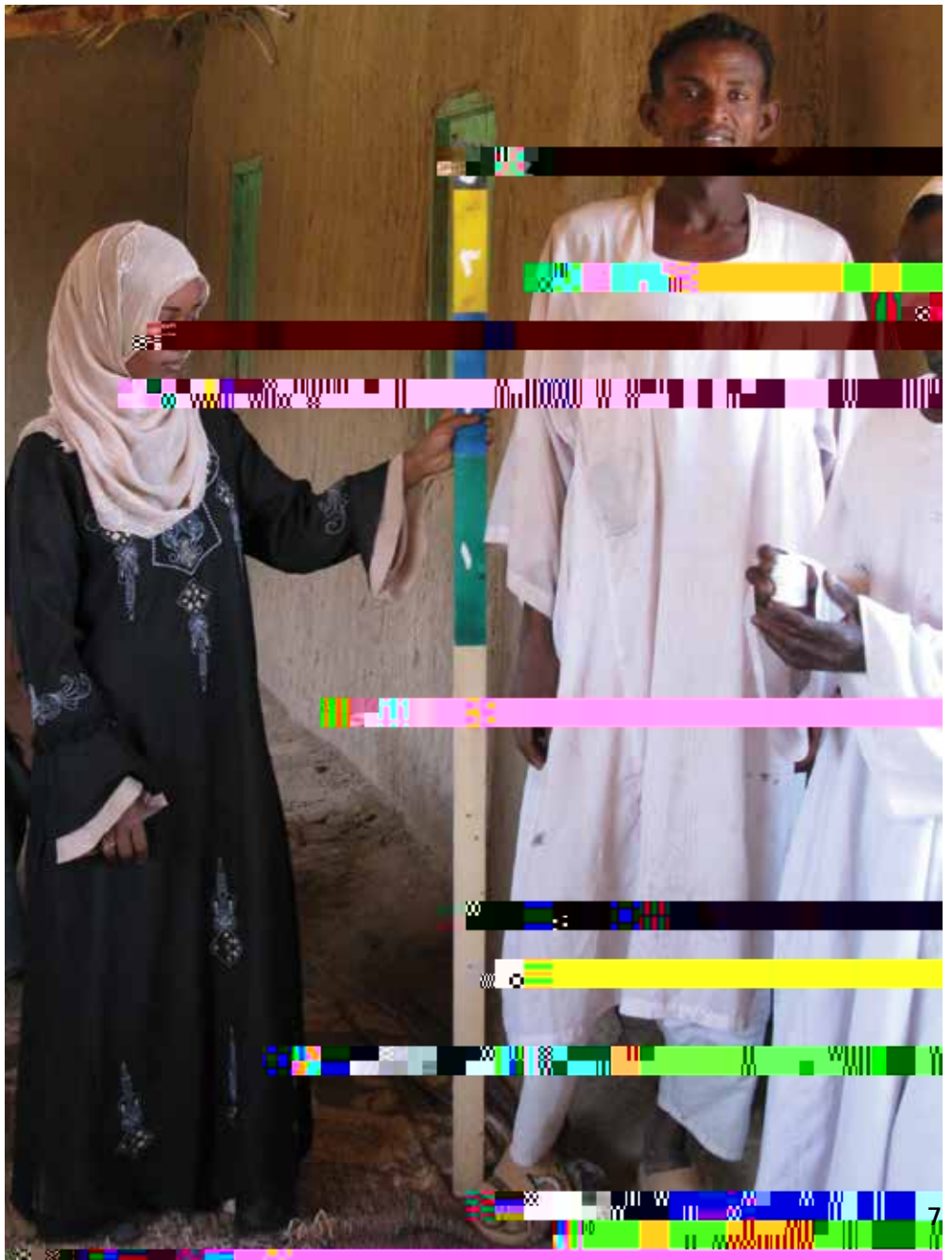
“Once elimination becomes the goal, it is no longer business as usual,” he said. “A program and its partners must ratchet up interventions, and that's exactly what Sudan did in Abu Hamad.”

River blindness nearly robbed Christine Akello of her sight. With treatment, the Ugandan woman's vision is returning, little by little.



Christopher Olanya lost his sight to river blindness, but now that his Ugandan community is receiving ongoing treatment, he may be one of the last to do so.

In this photo from several years ago, a community volunteer in Abu Hamad, Sudan, measures a man to determine proper dosage of Mectizan, which prevents and treats river blindness. Today, the area is free from the parasitic disease.



22 Cases of Guinea Worm Reported in 2015

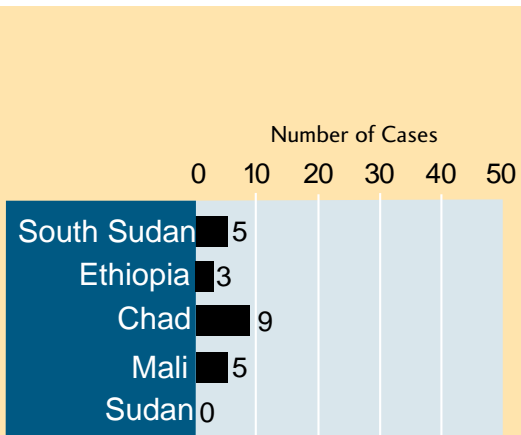
Nakal Longolio Acii is only 9 years old, but she's tough. She stoically brushes away a tear as a trained volunteer slowly tugs a long Guinea worm out through a burning blister in Acii's knee.

Torturous scenes like this one at a village case-containment facility in South Sudan have been playing out for thousands of years, but they are almost history. The Carter Center and its partners are close to eradicating Guinea worm disease from the earth.

The parasite, carried in drinking water from stagnant sources, incapacitates people for extended periods of time, making them unable to care for themselves, work, grow food for their families, or attend school.

"It's a terrible thing, but it can be prevented completely," said Dr. Donald Hopkins, who has led the Carter Center's Guinea worm fight from the start.

The Center in 2015 documented just 22 cases in four countries: nine in Chad, three in Ethiopia, five in Mali, and five in South Sudan. This was a scourge that in 1986 afflicted an estimated 3.5 million people across 21 nations.



Since 1986, 17 countries have stopped Guinea worm transmission: Ghana, 2010; Nigeria, 2008

In South Sudan, 9-year-old Nakal Longolio Acii puts on a brave face as a Guinea worm is pulled from her leg. The worm has been extracted little by little over many days to prevent breakage and possible infection.

Ethiopia's three cases were all in Gog district in the Gambella region. Ethiopia also reported three cases in 2014. Political will, security, and surveillance are critical to stopping Guinea worm disease there.

In Mali, insecurity that began with a coup in April 2012 has hindered the program. Nevertheless, security improved last year, and the program reduced cases by 88 percent, from 40 in 2014 to five in 2015.

South Sudan reported five cases in 2015 compared to 70 cases in 2014, a reduction of 93 percent. Despite ongoing political violence there, the Guinea worm program continues to function effectively.



Holding her youngest child, Asmau Ayub (left) visits with her mother. Ayub is a school counselor in Accra, Ghana, who has used techniques learned from a Carter Center partner to teach her young students about women's rights.

Asmau Ayub recalls witnessing the abuse of women and girls when she was a child, and having no idea what to do about it.

"I didn't have the voice to speak out," she said. "But as I grew up, I couldn't keep quiet. I had to speak out. I had to be a voice for the young girl."

Now Ayub, a counselor at the Ghana Lebanon Islamic Secondary School in Accra, has taken techniques she learned at a Carter Center-sponsored human rights training program run by the Center's partner, Tostan, and used them to introduce a human rights curriculum in her school.

Ayub's first pupils were junior high girls. She focused on their rights in three areas: the right to be free from violence and sexual abuse, the right to marry whomever they choose, and the right to an education.

The messages were empowering.

"I have the confidence to do anything when I go out, because Madame Asmau taught us to have the confidence," said

12-year-old Fatima Lartey, who wants to be a doctor someday. "It's not a matter of being afraid; it's a matter of using your rights that you have. You can do anything at all that you think is good for you."

Ayub enlisted the junior high girls to help her teach basic human rights to primary school students. The focus at that age is on the right to life, the right to education, the right to health, the right to play. During the sessions, the children often draw pictures illustrating their rights as they envision them.

Jordan Ryan, vice president for peace programs, may be relatively new to The Carter Center, but his connection to President and Mrs. Carter dates back to the '70s.

It all started at George Washington University.

"I arrived in Washington to start law school the day that Nixon resigned," Ryan recalled. "And I'd been a bartender in college, so I just called the White House and told them I was in town and needed a job. Needless to say the White House operator was surprised, but about four months later, I started working in the Ford administration as a butler. When the new administration came in, I made the transition and worked for a president named Jimmy."

Ryan stayed on through graduation, working his way up from clearing dirty glasses to serving at state dinners.

"It was one of the best jobs I've had," he said with a laugh.

Since, Ryan has worked at a law firm in Saudi Arabia, earned a master's degree in international development at Columbia University, and spent nearly 25 years with the United Nations Development Program, which focuses on eradicating poverty and eliminating inequalities and exclusion.

He started as a glorified volunteer in China, analyzing donor data, and ended as an assistant secretary-general, directing UNDP's Bureau for Crisis Prevention and Recovery in New York.

"We had programs to work on both natural disasters and

manmade disasters," he said. "We weren't the humanitarian side, but the development side, trying to get people back on their feet. So, for example, cash-for-work programs in Haiti after the earthquake, working with those affected by that incredible typhoon that devastated the Philippines."

During Ryan's time as the U.N.'s resident coordinator in Vietnam in the early 2000s, he worked to change the Communist-led government's approach to handling the rapid spread of HIV, which it saw as a social evil.

He created a consortium that eventually persuaded the government to let an HIV-positive person speak live on television.

"It was the first time that many people had ever seen a person with HIV," he said. "She was young, from a fishing village outside of Hai Phong, shaking like a leaf... She just looked straight into the camera and talked about what it was like to live with HIV and what it felt like to be discriminated against."

It was one of the most moving moments of his career.

Ryan also was moved by the horrors he saw while helping oversee the U.N.'s peacekeeping mission in Liberia following its 14-year civil war, recalling a country of devastated people, looted buildings, collapsed infrastructure. While there, he chose The Carter Center to serve on the steering committee he created to help disburse peacekeeping funds.

"The Center was very active and very well-regarded and well-respected," he said. "I had no idea that I'd wind up working here one day."

Ryan started at the Center in June 2015 and has spent his first months familiarizing himself with the Center's programs and operations. That included making a trip back to Liberia to see the Access to Justice Project, Global Access to Information Program, and Mental Health Program in action.

"We were able to travel into the countryside and meet the men and women whose lives have been changed because of The Carter Center," he said. "It was incredibly uplifting."

Ryan is looking forward to finding more ways for the various peace programs to collaborate with each other, and with the health programs, as they do in Liberia: "One of

Grants from the Conrad N. Hilton Foundation and the OPEC Fund for International Development (OFID) support the Center's work to fight trachoma in Mali and Niger. Trachoma is the world's leading cause of

