

THE  
CARTER CENTER



# CARTER CENTER NEWS

FALL 2019

Staff Work  
to Keep Mali  
on Path to Peace

Reporting Leads  
to State Laws



WAGING PEACE.  
FIGHTING DISEASE.  
BUILDING HOPE.

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## ON THE COVER

Mali's civil war formally ended with a peace agreement in 2015, but Safi Inorano, who works at a U.N. base in northern Mali, still has two daughters living and going to school far away. The schools in her area continue to operate on a shoestring with untrained volunteers. The Carter Center is serving as the Independent Observer to the implementation of Mali's peace agreement. Read more on page 4.



## From the CEO

### Innovation Embedded in Center's Activities

In 1982, President and Mrs. Carter created a new kind of post-presidential institution, not a think tank, but an organization acting to alleviate suffering and advance human rights for the world's poorest people. Ever since, innovation has been part of the Center's DNA.

From the beginning, the Center looked for new paths to build peace and fight disease. Starting with the 1989 presidential elections in Panama, The Carter Center forged the field of election observation, demonstrating that the presence of independent outsiders could bring credibility and insights to the electoral process in nascent democracies. Today, the election observation field is robust,

*The Carter Center forged the field of election observation, demonstrating that the presence of independent outsiders could bring credibility and insights to the electoral process in nascent democracies.*

and we continue to shape the standards that result in more credible elections.

Likewise, in 1986, President Carter brought the Center into new territory with a commitment to eradicate Guinea worm disease, a neglected tropical disease that

afflicted 3.5 million people. More than three decades later, with cases of the disease down 99.9%, we have helped communities build new health delivery systems, including the use of village volunteers for disease surveillance and treatment.

Since those early days, The Carter Center has continued to break new ground, targeting old problems in novel ways. On the peace side, staff working on conflict resolution began analyzing social media postings of Syrian rebels, which developed into a dynamic conflict mapping tool that informs peacebuilding and humanitarian efforts in Syria. We were also the first to show that lack of access to government information keeps many women in poverty and out of policymaking. We now train women to help other women access the information they need to start small businesses, gain title to farmland, and obtain education for themselves and their children.

On the health side, The Carter Center has set a high bar for fighting disease. If scientifically possible, we aim to eliminate, not just control, neglected tropical diseases. Whether that means building tens of thousands of latrines in Ethiopia to eliminate blinding trachoma or providing drug treatments at a faster pace in Latin America to rid the region of river blindness, the Center continuously looks at new approaches to help communities live healthier lives.



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

## Forum Gives Voice to Human Rights Defenders

Human rights activists and scholars from 28 countries gathered at The Carter Center in mid-October to listen and learn from each other during the 12th Human Rights Defenders Forum.

This year's theme was "Building Solidarity Toward Equality for All," and session topics included global protection for activists, challenges for women defenders and peacemakers, and the importance of mutually supporting civil, economic, political, and social rights.

Former U.S. President Jimmy Carter attended the forum's final day, offering wisdom and support.

Today, he said, "We face tremendous opposition to truth and to justice and to democracy and freedom and human rights." It would be easy to give in to despair. But, he told the human rights defenders, "I'm very proud of the work that's been done here."

Participants valued their time together.

"This work can be under-appreciated and challenging, as evident by the stories you hear about the people who paid the ultimate sacrifice and lost their lives and freedom," said Bashir Y. Mundi, a native of Nigeria and the director of the Development Initiative of West Africa. "Events like this are special because it makes us appreciate other agents and agencies that are doing good work around the world."



*In Venezuela, 14 previously overgrown jungle airstrips have been rehabilitated for use in reaching remote Amazon communities to fight river blindness.*

## Rustic Airstrips Allow Access to Amazon Communities

For health workers fighting river blindness in Venezuela, reaching remote communities in the Amazon Rainforest is becoming a little bit easier. Fourteen old and overgrown jungle airstrips have been rehabilitated to allow small planes to land carrying much-needed medical supplies and personnel.

The Carter Center has been working in Latin America for more than 20 years, in partnership with endemic countries, to eliminate river blindness, a parasitic disease.

In these roadless areas, health workers previously could only get to the 366 scattered villages of Venezuela's indigenous Yanomami people by journeys on boat or foot that could take days and weeks. "We need to reach several of the most remote populations in the world," said Oscar Noya Alarcón, who works on Venezuela's national river blindness team.

These rustic airstrips, typically just a cleared area of cut grasses or dirt, have allowed program staff to reach more people more quickly to provide river blindness

treatments with the medication Mectizan (donated by Merck & Co., Inc.). To halt transmission of the disease, each person in an at-risk area should be treated two times, and sometimes four, each year.

In addition to treating for river blindness, also known as onchocerciasis, health workers take full advantage of their time with the Yanomami by providing other medical care such as vaccinations and malaria treatments. They also count the number of people in each village.

"Despite the many difficulties we have in Venezuela due to its logistical, geographic, and cultural complexity, we are making every effort to achieve the goal of eliminating onchocerciasis," said Noya Alarcón.

## Conversations Series Addresses Today's Issues

The "Conversations at The Carter Center" annual lecture series gives members of the public a chance to hear from experts, policymakers, and other special guests about the issues that shape the world. Following their discussion, panelists take questions from the audience. The events take place at The Carter Center in Atlanta, Ga., and are webcast live on [www.cartercenter.org](http://www.cartercenter.org). All programs also are archived for future viewing. Join us for these upcoming events:

Tuesday, Jan. 14, 2020

**Atlanta's Role in the Global Mental Health Revolution**, 7–8:15 p.m. EST

Thursday, Feb. 27, 2020

**Tunisia: The Best Hope of the Arab Spring**, 7–8:15 p.m. EST

Thursday, April 23, 2020

**Digital Threats to Democracy**, 7–8:15 p.m. EDT (webcast only)



*Former U.S. President Jimmy Carter addresses participants at the Carter Center's Human Rights Defenders Forum in October. The forum drew activists and scholars from 28 countries.*



# Staff Work to Keep Mali on Path to Peace

One bright morning in mid-June, a U.N. convoy rolls through the small, dusty town of Kidal in Mali's northern desert.

The temperature is already well on its way to a high of 114 degrees, and few people are on the street to witness a Carter Center staffer in a blue flak jacket and helmet clamber out of the back of an armored personnel carrier—what a civilian might call a tank—into the brutal heat.

To reach this isolated spot in the Sahara, John Goodman has already taken a U.N. plane and a U.N. helicopter. Now, flanked by a team of U.N. peacekeepers on alert for possible attacks by extremists, he's headed to the first of the day's four meetings with community leaders and military commanders to learn more about the state of affairs in this oft-ignored region.

## The Aftermath of War

In 2012, separatist rebel groups teamed with jihadists to try to win independence for Mali's sparsely populated northern region, including the towns of Kidal, Timbuktu, and Gao. They took control of the north with ease and began making their way toward

the capital of Bamako. Then Mali's former colonizer, France, sent troops to help the government. The rebels retreated, and in 2015, the government of Mali, a rebel group called the CMA, and a pro-government militia group called the Platform all signed a peace agreement.

While that might seem like an end, it was really a beginning.

"Many people think a peace agreement is a simple document—a piece of paper promising an end to fighting—but these agreements are incredibly complex," said Goodman, an associate director in the Carter Center's Conflict Resolution Program. "Mali's agreement includes 78 individual items that one or more of the parties committed to doing to help achieve lasting peace."

In 2018, at the request of these parties, The Carter Center began serving as the Independent Observer of the implementation of the peace agreement.

The Center's Mali team, including Goodman, former U.S. Ambassador Bisa Williams, and several staffers based in Bamako, meets regularly with government officials in Bamako and makes frequent trips

*A convoy of U.N. peacekeepers escorts a Carter Center team traveling near Kidal in northern Mali, protecting them from possible attacks by jihadi terrorists. The Carter Center is the Independent Observer of Mali's 2015 peace agreement.*

to Kidal, Timbuktu, and Gao to talk with the people there. Their goal is to determine whether each of the agreement's 78 items has been completed, and if not, why. They publish reports that point out barriers to implementation and make recommendations about how to overcome them.

Four years on, progress is slow. Only about a third of the agreement's commitments have been fulfilled.

## A Process Stalled

During his three days in Kidal, Goodman hears the same message again and again: The government isn't doing what it promised.

Kidal has no running water, no electricity, no quality health care. Its schools, shuttered for most of 2012 and 2013, are now staffed largely by volunteers. There aren't nearly enough jobs to go around.

One of the key commitments of the agreement involves integrating former rebel fighters into the Malian army. This would

have benefits for both sides, providing jobs for the former rebels while strengthening the national army, better equipping it to deal with extremists who still plague the area and with the recent rise of interethnic violence in the country's central region. But the troop integration still hasn't happened.

There are a few joint military units made up of soldiers attached to the government, the Platform, and the CMA. But on a tour of Kidal's bare-bones base, Goodman hears about supply and morale issues.

The next day, he meets with Islamic judges who were supposed to be incorporated into the formal justice system. That hasn't happened either.

"The government has to take the lead in the implementation of the agreement," Goodman says later. "But it's not fair to place all the blame for the lack of progress on the government. The CMA and the Platform were supposed to give up their weapons, and they haven't done that. The *cadis*, or Islamic judges, were supposed to work through the justice system to sanction war criminals, but while sanctions were issued, no one was

actually rounded up and punished."

Around Kidal, there are whispers that the CMA's leadership doesn't really want the government there, even though the agreement calls for its return. The CMA controls the area, people say, and it likes it that way. Residents themselves are so disconnected from their country that they refer to the government as "Mali" and to their home region as "Azawad."

One thing that might improve citizens' relationship with the government is decentralization. The peace agreement promised to replace governors appointed by the president with regional assemblies elected by the people. But that hasn't happened either.

### Searching for Solutions

"There has been progress made," Goodman says, "and it's important to remember that there has been no fighting among the parties since 2017."

The main thing The Carter Center can offer Mali, Goodman says, is an unbiased ear. Center staffers make the arduous trips to the north because it's important to hear

firsthand from the people there. It's just as important to hear from the government and from the U.N. and other members of the international community helping implement the peace agreement.

"We listen to all parties and then try to distill and translate what they're saying," Goodman said. "We can't make anyone do anything, but we can encourage positive behavior and call out destructive attitudes and actions."

Algerian Ambassador Ahmed Boutache, who heads the monitoring committee overseeing implementation of the agreement, calls the Center's reports comprehensive and helpful.

"I do hope a great deal of attention will be paid to the recommendations in this very important report," Boutache said. "Everybody here has been working to accelerate the pace of implementation, but we have not been able to make sizeable progress. Now more than ever, we need the signatories to come up with more determination, more sincere engagement, with implementing the agreement."

*During the trip, the team met with directors of schools in Kidal, including these two men. Since the rebellion in 2012, schools have operated with skeleton staffs made up mostly of volunteers.*



# Mental Health Reporting Leads to State Legislation

When journalists ask the right questions of the right people and understand an issue well enough to explain it clearly to the public with the right language, change can happen.

That's the principle behind the Rosalynn Carter Fellowships for Mental

Health Journalism, whose fellows have shone a light on mental health care inequities, inspiring better laws and policies for more than 20 years.

Radio reporter Christine Herman, a 2018–19 fellow, produced a series of stories for Illinois Public Media on a dilemma faced by parents of children with severe mental illnesses. In certain situations, parents in Illinois must technically abandon a child to obtain necessary

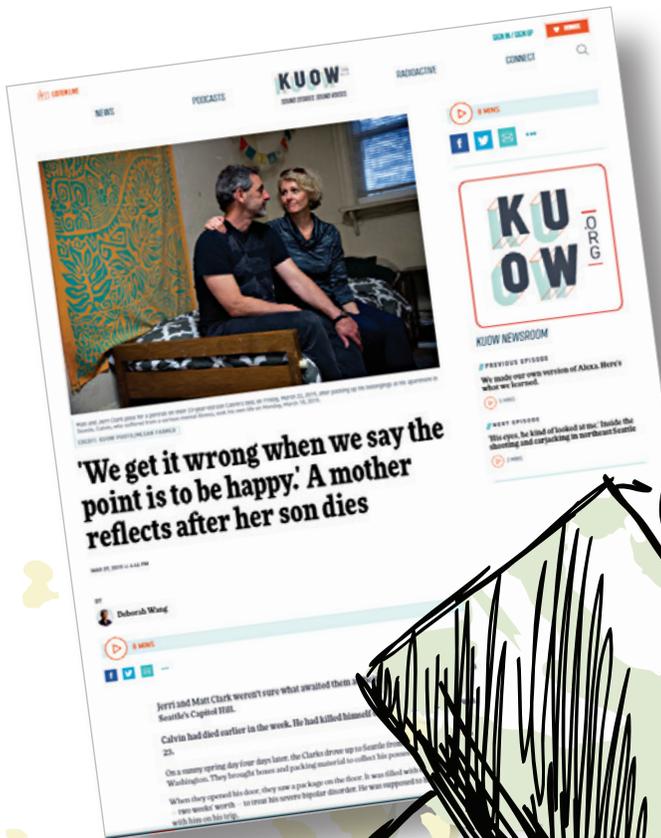
treatment for the child. The heart-rending choice puts the children in the custody of the state, which then becomes responsible for their very costly residential care.

“It’s traumatic to the parents, it’s traumatic for the child, but it happens, and it happens to about a hundred kids a year in Illinois alone,” Herman said.

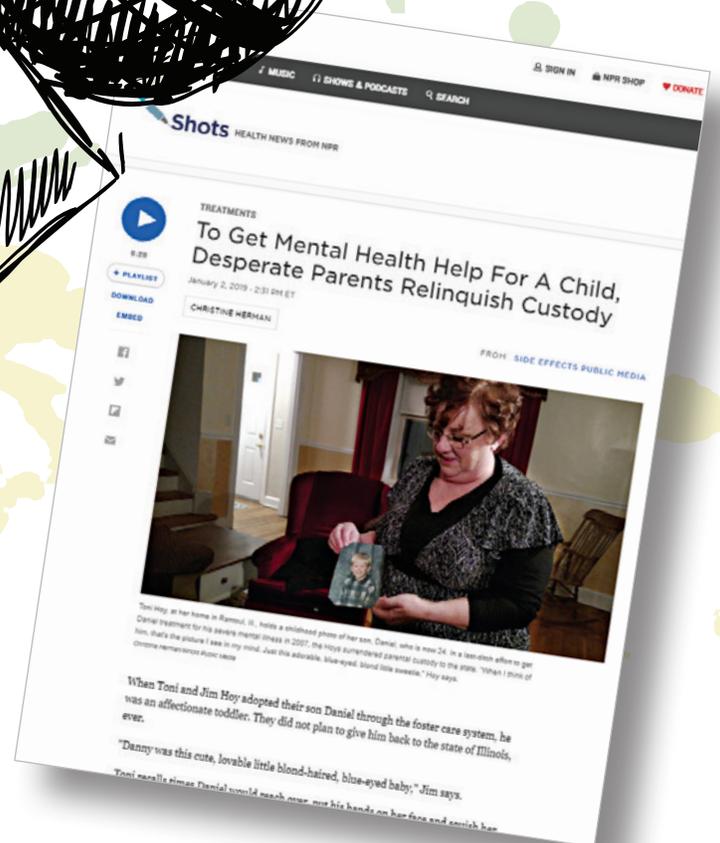
Herman’s series on “planned abandonment” aired nationwide on NPR’s “Morning Edition,” and Herman heard from parents across the country who were in the same situation. Soon after, Illinois enacted legislation that helps many families avoid the custody dilemma; another law enacted in July 2019 extends the coverage to some youths involved in the juvenile court system.

Herman said her Carter Center fellowship made it possible for her to do the story.

“I had not reported very much on mental health issues before,” she said. “I wanted to do it well, I wanted to do it right, I wanted to do it in a way



Reporters Deborah Wang and Christine Herman, who recently finished Rosalynn Carter Fellowships for Mental Health Journalism, published stories on mothers dealing with the mental health of their children.





*As she began her fellowship, Christine Herman of Illinois Public Radio said that “Within Our Reach,” by former First Lady Rosalynn Carter, provided valuable insight into U.S. mental health policy.*

that wouldn’t further stigmas, and I knew that having the extra support and training that comes with the Rosalynn Carter Mental Health Journalism Fellowship would be really beneficial.”

During his 2013–14 fellowship, Seattle Times reporter Jonathan Martin wrote dozens of articles, blog posts, and columns about the Affordable Care Act and the need to treat and insure mental health care on par with physical health care. A column he wrote sparked a lawsuit that eventually reached the Washington state Supreme Court.

In the column, Martin described a practice in hospital emergency rooms known as boarding.

“It’s essentially short-term detentions in ERs for people who had been involuntarily committed or held there because there was nowhere for them to go,” Martin said.

The patients would often be strapped down in an ER hallway, unmedicated, to keep them lucid for court. A judge who read the Seattle Times column called a hearing and declared the practice unconstitutional. After many appeals, the state Supreme Court agreed.

Martin saw an opening for comprehensive reform in mental health care.

“We cannot have a narrow response



*During her fellowship, radio reporter Deborah Wang spotlighted a Washington state law that gave young teens independence in making decisions about their mental health care, often leaving parents unaware.*

that means a few more hospital beds,” he said. “You’re looking at the preventative system that’s been starved.... It’s a stars-aligning moment for mental health change.”

Years later, there is still room for improvement in Washington and elsewhere. Stories by public radio reporter Deborah Wang spotlighted a Washington state law that allows teens as young as 13 to initiate—or refuse—mental health care without their parents’ permission or input.

“It’s a complicated and sort of confusing set of standards when it comes to mental health care,” said Wang, a 2018–19 fellow. “This has been a problem for a lot of parents for a couple of decades.”

Before Wang’s yearlong fellowship ended, the Washington state legislature passed a law allowing parents more involvement in decisions surrounding their adolescent children’s mental health.

And the effects of good journalism go beyond legislative and policy changes.

“I think [my reporting] definitely has had an impact on families who have kids who are struggling,” Wang said. “I’ve heard numerous families say, ‘Thank you for writing these stories. This is exactly what my family has gone through.’ ... Just having the stories out there brings some comfort because they know they’re not alone.”

## Rosalynn Carter Fellowships for Mental Health Journalism

Since 1996, The Carter Center has awarded one-year fellowships to more than 200 journalists, connecting them with resources and experts to increase the quality and accuracy of mental health reporting around the world. Currently, the program operates in the United States, Qatar, the United Arab Emirates, Colombia, and Mexico. Previous countries were New Zealand, South Africa, and Romania. Fellows have produced more than 1,500 stories, documentaries, books, and other works during and after their fellowship year.

### 2019–2020 Fellows

Elizabeth Barber, The New Yorker

Alia Dastagir, USA Today

April Dembosky, KQED Public Radio

Stephanie Foo, freelance writer/editor/producer

Brittney Mejia, Los Angeles Times

Aneri Pattani, Spotlight PA

Melanie Saltzman, PBS NewsHour Weekend

Almudena Toral, Univision News Digital

Maryam Al Badr, Northwestern University, Qatar

Muhammad Saad Ejaz, Northwestern University, Qatar

Rodrigo Pérez Ortega, ¿Cómo Ves? Magazine and The New York Times en Español, Mexico

Myriam Giselle Vidal Valero, ¿Cómo Ves? Magazine and The New York Times en Español, Mexico

Oscar Parra Castellanos, Rutas del Conflicto, Colombia

# Surgery Repairs Damage to Young Mother's Eyes

**R**akia Ado, 20, was at home one day in Katirge, a remote village in southern Niger, when a team of government health workers and Carter Center staffers showed up. The workers, trained and equipped by The Carter Center, explained their mission and asked if they could examine Ado's eyes. She consented, and the diagnosis was quick: Ado had scarring of the inside of the upper eyelids caused by repeated infections with trachoma, a bacterial infectious disease that can lead to blindness. With trichiasis, the advanced stage of trachoma, the eyelashes turn inward and continually scrape the cornea, causing damage that impairs vision.

"I can feel my lashes picking at my eyes," said Ado, the married mother of a 2-year-old son.

Trachoma is spread by eye and nose discharge on fingers, flies, and objects such as clothing. Because of their constant interaction with children with dirty faces, women are four times as likely as men to suffer trachoma infections.

The health workers visiting Katirge offered to perform free corrective eyelid surgery at a nearby temporary clinic, and

Ado agreed immediately.

"I don't want to go blind so young," she said.

While someone went off to fetch the health team's vehicle, Ado hurriedly took down laundry that was hanging out to dry and arranged for someone to watch her child. She and two neighbors who also had been diagnosed clambered into the back of a sport-utility vehicle for the 15-minute ride. It was the first time any of them had been in an automobile.

At the clinic, the three women listened while a female health worker explained what was about to happen.

"I'm eager to fix this problem and get my full health back," Ado said.

She was led to the small building where the surgeries were being done. She washed her face and stepped inside.

Haboubacar Mamane Nassirou, a 32-year-old nurse, has been performing these simple surgeries for two years, including all this day.

"I can operate on seven to 10 patients a day, depending on whether they need one eyelid or both eyelids done," he said.

Nassirou used a sterile hypodermic

needle to numb Ado's eyelid with xylocaine. After the numbing agent took effect, Nassirou, wearing surgical scrubs and a magnifying loupe, used a curved needle and thread to attach the eyelid to a spoon-like device that he used to invert the eyelid. As a colleague held a flashlight to augment the fading afternoon sunlight, Nassirou carefully made an incision along the inside of the scarred eyelid, allowing him to rotate the lashes back to their proper position.

Nassirou dabbed at the incision with sterile gauze and sutured it closed. The entire procedure took 18 minutes.

After moving the drape, Nassirou performed the same procedure on Ado's left eye. Nassirou and his assistant applied antibiotic ointment to both eyes, then covered them with a wide adhesive bandage.

A health worker helped the beaming Ado sit up. "I'm very pleased," she said. "There is no pain. My only complaint is that I can't see with these bandages on!"

She was told to return the next day so the bandages would be removed. Her eyes were expected to be completely healed a few days after the surgery.



*Rakia Ado's eyes are bandaged after her eyelid surgery, which reversed the effects of advanced trachoma, a bacterial eye disease. She was treated at a temporary clinic near her home.*

# Tunisians' Vote Shows Desire for Change



Tunisians went to the polls three times in just four weeks this fall to elect a new president and parliament.

They chose Kaïs Saïed, a retired constitutional law professor with no political experience, as their new president and selected a diverse group of political parties and independents to represent them in parliament.

“The results reflect Tunisians’ frustration with the slow pace of reform since the 2011 revolution that launched the Arab Spring,” said Sarah Johnson, an associate director in the Carter Center’s Democracy Program. “The continued decline in the economy, the rising cost of living, and the inability of established political parties to enact reforms spurred many voters to opt for political outsiders who they hope will achieve the goals of the revolution.”

The Carter Center deployed a team of more than 90 observers for each of the elections. The core team arrived in May, followed by 16 long-term observers in July. Three international figures shared delegation leadership duties: Salam Fayyad, a former Palestinian prime minister; Tana de Zulueta, a former member of the Italian parliament; and Karen AbuZayd, a senior U.N. official and a commissioner on the Independent International Commission of Inquiry on the Syrian Arab Republic.

The first election — a presidential contest featuring 26 candidates — took place on Sept. 15, parliamentary elections fell on Oct. 6, and the presidential runoff occurred on Oct. 13.

The elections weren’t supposed to be held so close together, but President Beji Caïd Essebsi died in office on July 25, and the constitution requires that a new president take office within 90 days of the swearing-in of an interim president.

“Essebsi’s death could have provoked a constitutional crisis, but parliament moved quickly to ensure a peaceful and orderly transition of power,” said David Carroll, director of the Carter Center’s Democracy Program. “And then the election commission pulled off three well-organized elections in a short time span. All of that is a credit to Tunisia’s young democracy.”

The percentage of registered voters who participated in the first two elections was significantly lower than in 2014, likely because of Tunisians’ disillusionment with current politics. And though parliament has more power than the president, the presidential race overshadowed all.

The main story involved the second-place presidential candidate, Nabil Karoui, a co-owner of Tunisia’s largest private TV station, who was detained on corruption charges just before the start of the campaign.

*A Tunisian man votes in October’s election. The country elected a president with no political experience and a diverse set of representatives.*

The timing of his detention, combined with parliament’s attempt in June to pass a law that would have effectively barred him from running, led many to believe it was politically motivated.

“The charges against Karoui date back to 2016, but he wasn’t detained until August 2019,” said Carroll. “That timing raised legitimate concerns about the equitable treatment of candidates, which is required by Tunisian law. While he advanced to the second round, he was not released until four days before the runoff. In the final poll, he won just 27 percent of the vote.”

The Carter Center has had a presence in Tunisia since the 2011 revolution and maintains a field office in Tunis that carries out various democracy-strengthening projects, often partnering with local organizations.

“Tunisia has made significant progress in the last eight years,” said Johnson. “Yes, there are problems—real problems—and the people have a right to feel frustrated with the pace of change. It will take time to build a strong democracy, but the trajectory is promising.”

Adam Weiss

# Field Experience Provides Insight on Guinea Worm

Adam Weiss has pulled thousands of Guinea worms from the legs, arms, and feet of Ghanaians and Ethiopians. But a few stand out. He remembers one small boy in northern Ghana with a worm emerging from his scrotum. Weiss drove 15 minutes every morning at 6:30 a.m. to slowly, carefully extract his young patient's worm, little by little, for two weeks.

"I remember this overwhelming feeling of pressure," Weiss said. "I didn't want to ruin his life." Because, Weiss said, in Ghana it is important for men to become fathers, a wrong move by Weiss might break the emerging Guinea worm—sometimes 2 to 3 feet long—and cause irreversible damage in this sensitive area of the boy's body.

Weiss, who was named director of the Carter Center's Guinea Worm Eradication Program a little more than a year ago, brings to the position both experience in the field and at the Center's headquarters in Atlanta. With eight years living in Ghana and Ethiopia in many Guinea worm program roles, Weiss is uniquely positioned to understand the challenges of eradicating Guinea worm disease, an international campaign spearheaded by The Carter Center that has reduced cases more than 99.9% since 1986.

Weiss got his first taste of Africa in college when he spent a semester abroad in Tanzania, an experience he relished. He decided to enter the Peace Corps after graduating and was sent to a Ghanaian village to help with water and sanitation—and Guinea worm disease. All of it was new to him. "I had to get up to speed quickly," he said.

One year into his service, Weiss was asked to leave his village and help coordinate other Peace Corps volunteers fighting Guinea worm. He stayed on to work for The Carter Center in Ghana. On his last day in the country, he pulled the last worm out of the last person in Ghana to ever have Guinea worm disease. After a stint in Ethiopia, Weiss settled in Atlanta as assistant director of the program.

"I understand the demands that the program places on people, on the supervisors, and how that trickles down to the villages," Weiss said. Because some animals have become infected with the disease, something not thought possible in the earlier years of the eradication campaign, The Carter Center is implementing new intervention ideas and working with partners on research projects. Through it all, Weiss is the voice for the people on the ground.

"My bottom line is: How do these ideas play out at the village level in a way that stops Guinea worm disease as quickly as possible," he said. "We cannot get to zero cases by cutting and pasting the



Adam Weiss, M.P.H.,  
director, Guinea Worm  
Eradication Program

strategies that worked before to today."

But Weiss believes the staff are well-suited to face whatever comes their way. "We're a very different program than we were in 1986 or 2000 or even 2010," he said. "But that's a testament to how we are adapting to an ever-changing environment and a Mother Nature that throws curveballs."

Weiss believes the key to success is remembering that the people in endemic communities are the real owners of the Guinea worm program. "We need to respect that and empower them at every turn," he said. "We need to ensure the resources are there and they have the space to think creatively and to talk openly and candidly."

After 16 years dedicated to Guinea worm disease, Weiss hasn't lost his focus. "We're trying to make people's lives better," he said. "I think it's a reasonable goal."



Ten-year-old Fusini Adam winces as Adam Weiss examines the boy's leg for Guinea worm disease in the village of Nyujagyili in northern Ghana. Since this photo was taken several years ago, Ghana has eliminated the parasitic disease.

## Alwaleed Philanthropies Supports New Guinea Worm Challenge Fund

The Carter Center Board of Trustees announced in September that it is launching a \$40 million fundraising campaign, including a \$20 million Carter Center Challenge Fund, toward the eradication of Guinea worm disease, and Alwaleed Philanthropies, a global philanthropic foundation, said it would invest the first \$1 million in matching support.

The fund will match, dollar for dollar, donations to the Carter Center's Guinea Worm Eradication Program, up to \$10 million per year in 2019 and 2020, for a total of \$20 million in matching funds.

"Great progress has been made to wipe out Guinea worm disease, and we need to continue to work together to eradicate this painful disease," said Her Royal Highness Princess Lamia Bint Majed Saud Al Saud, secretary-general of Alwaleed Philanthropies.

The Carter Center, working with core partners including the World Health Organization, has led the global campaign to eradicate Guinea worm disease since 1986, when an estimated 3.5 million people a year in 21 countries were infected with the often 3-foot-long worms that slowly and painfully erupt from wounds in the skin. Cases of the disease have dropped 99.9% over the last 33 years.

A partner with The Carter Center since 2003, Alwaleed Philanthropies has been a major donor to the Center's health programs through its support of river blindness elimination, trachoma control, and the mental health program in Liberia. His Royal Highness Prince Alwaleed bin Talal has also invested \$5 million in the Carter Center's future through its endowment fund.

## Microsoft Grant to Aid Syria Mapping

A new grant from Microsoft's AI for Humanitarian Action program will help The Carter Center in its mission to wage peace and build hope around the world. Specifically, the Microsoft partnership will assist the Center in better managing its large database of detailed information about the Syrian conflict. The goal is for Microsoft's artificial intelligence and machine learning technologies to help with the rote but necessary tasks involved in organizing the conflict data so that staff can spend more time on analysis that informs diplomats, mediators, and humanitarians.

The Carter Center has developed a reputation as a trusted, objective broker looking for alternative paths to a political solution in Syria. The capabilities provided by this grant will help the Center provide more information to help stakeholders as they continue to look for an end to the war and its catastrophic repercussions.

The Center is already seeing the positive impact of machine learning. For example, some of the oldest data used for mapping the



*A woman carries a basin of pond water in Tarakoh village, Chad, to her home. A new challenge grant will raise funds to support the eradication of Guinea worm disease in Chad and the handful of other endemic countries.*

Syrian conflict needed to be coded to show which military group controlled a geographic area at a specific time. When this task was automated with machine learning, the number of records that needed manual coding fell from 117,725 to 26,589. This equates to a 77% reduction in staff hours needed to work on the issue, from about 2,000 hours to 440 hours.

The grant was made through NetHope, a consortium of technology companies formed to solve practical problems for not-for-profit organizations.

## Auction Raises Over \$4.2 Million

The Carter Center raised more than \$4.2 million at its annual Carter Center Weekend Auction and Retreat last June at Lansdowne Resort and Spa in Leesburg, Virginia. All proceeds benefit the Center's ongoing peace and health programs.

The 202 items in this year's silent and live auction included fine art, dream vacations, and political memorabilia. The highest bid was for a cedar chest handcrafted by former U.S. President Jimmy Carter, which sold for \$1.25 million.

Other items that drew top bids in this year's auction included:

- An original oil painting, "Old Grist Mill," by Jimmy Carter: \$775,000
- Base Force One fishing boat: \$160,000
- A guitar autographed by the Rolling Stones: \$150,000
- "The Dream Fulfilled" memorabilia with signatures and photographs of Dr. Martin Luther King Jr. and former President Barack Obama: \$130,000
- Two photos of five U.S. presidents signed by each: one for \$110,000 and the other for \$120,000



*"Old Grist Mill" painting by President Carter*

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Laura Neuman is director of the Carter Center's Rule of Law Program.

NOTES FROM THE FIELD

## Courtyard Meetings Help with Benefits

By Laura Neuman

Selima Begum, 28, is the mother of a 7-year-old boy with cerebral palsy. They live in Tukur Bazar Union, Sylhet Division, Bangladesh. Since her divorce, Begum has struggled to provide necessary medical care for her son, at times having to forgo routine medical treatments because of a lack of money. Though she works as a housecleaner when she can, it often does not pay enough to meet all her family's needs.

Begum knew that disability allowances existed but was not familiar with the requirements or application process for receiving them. After several years of being unable to find this public information, Begum said she had lost hope of ever receiving the assistance.

However, more recently, Begum began attending village courtyard group meetings led by IDEA, a Carter Center partner in Bangladesh, where we have begun work to help women access government information. The courtyard meetings allow participants to identify issues and consider how increased access to information could help solve them.

In December 2018, with IDEA's assistance, Begum filed an information request with the *upazila* (subdistrict) level of the Ministry of Social Welfare office to determine the

application requirements and process. She received the information in January 2019 and used it to file the documentation required for the allowance.

After just a few days, the Social Welfare office informed Begum that she qualified for a disability allowance to support her son's care and immediately provided her a disability card.

Although the process was straightforward, it was inaccessible and opaque to Begum when she couldn't access the necessary information. Now, she said, "If women have information, they can do anything.... They will be able to change their lives."



Women in Bangladesh attend a village courtyard meeting to learn how to obtain information from their local government. The Carter Center is working in Bangladesh to help women access information via a law that was passed in 2009.