

THE
CARTER CENTER



CARTER CENTER NEWS

FALL 2021



Amazon Sees Progress
Against River Blindness

Center Fights Digital
Threats to Democracy

WAGING PEACE.
FIGHTING DISEASE.
BUILDING HOPE.

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ON THE COVER

In Venezuela, a boy stands in front of a measuring tape to determine proper dosage of the medication that helps prevent river blindness, a parasitic eye disease. Read more about the Carter Center's fight against river blindness in the hard-to-reach Amazon Rainforest on page 4.



From the CEO

Our Practices Change; Our Principles Don't

President Carter frequently reminds us of his high school teacher's words of wisdom: "We must adjust to changing times and still hold to unchanging principles." At The Carter Center, we practice this precept by holding fast to our founding commitments to defend human rights and relieve human suffering while continually seeking new and improved ways to accomplish our humanitarian goals.

New technologies in a range of fields offer us opportunities that were not imagined at the time The Carter Center was founded in 1982. In fact, some of the technology we use today didn't exist just 10 years ago. And yet here we are, not only making good use of Twitter, Facebook, Instagram, and YouTube, but also using satellites, GPS, drones, and botnets, which are algorithms that detect online robot networks spreading election disinformation.



The Carter Center developed open-source software for reporting on and analyzing election results. The system is now used in all elections observed by The Carter Center.

Our Syria Conflict Mapping Project crunches vast amounts of online data to determine which forces control which parts of Syria and how they are aligned. The Center's Digital Threats to Democracy Project develops and refines tools and techniques to analyze election-related disinformation on social media. We developed the digital ELMO system to modernize election monitoring. ELMO was then adapted to create a system for digitally collecting and analyzing data points that help us with disease elimination. We and our partners in 13 cities around the world are using social media to spread the word about women's access to information.

We put all this new technology to work in support of our unchanging commitment to wage peace, fight disease, and build hope—by any means available during these changing times.



Paige Alexander is the chief executive officer of The Carter Center.

Center Commends Zambians After Troubled August Elections

In its preliminary report on Zambia's Aug. 12 general elections, The Carter Center commended voters, polling officials, civil society, national observation organizations, and party agents for their democratic commitment during election day and throughout the post-election period. However, the mission noted that despite recurrent pledges of peaceful conduct from key stakeholders, the electoral process was tainted by instances of violence that resulted in the loss of lives.

The campaign environment was marked by increasing polarization and an unlevel playing field that limited the opposition United Party for National Development's constitutionally guaranteed freedoms of movement and association while the ruling Patriotic Front's activities went largely unrestricted. The Center also noted that the deployment of the army on Aug. 1 was unconstitutional because there was no public emergency or national disaster.

Nevertheless, the Center congratulated President-elect Hakainde Hichilema and praised incumbent President Edgar C. Lungu for conceding swiftly, allowing for a peaceful transition.

Center Forms Partnership With Liberian Observer Group

The Carter Center is working with the Liberia Election Observation Network (LEON) on a new, three-year project to advance democratic governance in Liberia.

The Center will support LEON's activities to advance democratic governance through evidence-based reporting and engagement with citizens and officials. This will include advocacy for election reform that reflects recommendations from election observers, observation of by-elections, and observation of Liberia's next national elections, anticipated in 2023.

LEON also will conduct national surveys on issues of public interest, and LEON's long-term observers will report on political activity across Liberia's 73 electoral districts.



The Carter Center is working with the Liberian Election Observation Network to advance democracy in the country on several fronts, including election observation and government transparency, over the next three years.

Additionally, the project will support LEON as it observes and reports on activity within Liberia's legislature to help increase transparency.

LEON was launched in May 2017 as a partnership between the Liberian Crusaders for Peace, the Catholic Justice and Peace Commission, the Federation of Liberian Youth, and the National Union of Organizations for the Disabled.

WHO Honors Rosalynn Carter for Mental Health Advocacy

Former First Lady Rosalynn Carter was recognized in May by the World Health Organization for 50 years of leadership to help improve access to health care for all people with mental health and substance use issues. During a virtual ceremony at the opening of the 74th World Health Assembly, WHO Director-General Dr. Tedros Adnom Ghebreyesus presented Mrs. Carter with the Award for Global Health.

Mrs. Carter accepted the award via a letter read by Jason Carter, her grandson and chair of the Carter Center Board of Trustees. She wrote:

"The Director-General's Award for Global Health is especially meaningful to

me in light of the Carter Center's long partnership with WHO to eradicate debilitating neglected tropical diseases and to promote the inclusion of mental health as an integral part of overall well-being. My hope is that this is the moment when all nations will make behavioral health a priority and create quality systems of care that are equitably delivered. I've been waiting a long time to see this happen. I urge all of you attending to use your influence and talent to ensure that it does."



In May, former First Lady Rosalynn Carter, co-founder of The Carter Center, received a global health award from the World Health Organization for her 50 years of mental health leadership.



River Blindness Declines Along Brazil-Venezuela Border

After years of hard work and international cooperation, the onchocerciasis elimination programs of Brazil and Venezuela have confined river blindness to the smallest area yet in the Amazon Rainforest. The achievement comes despite the disruption caused by the COVID-19 pandemic.

River blindness, also known as onchocerciasis, is a parasitic infection that can cause intense itching, skin discoloration, rashes, and eye disease that can lead to permanent blindness. The parasite is spread by the bites of infected black flies that breed in rapidly flowing rivers. It is treated and prevented with health education and the drug

Mectizan,[®] donated by Merck & Co., Inc.

In the Americas, the disease remains endemic only in what is called the Yanomami Focus Area, named for the main indigenous group living there. The area straddles the Brazil-Venezuela border along a section of the twisting, wild Amazon River. With a lack of roads and other infrastructure in the dense rainforest, the area and most of its 35,000 nomadic residents are difficult to reach and treat.

Reaching the Yanomami

Several abandoned airstrips have been rehabilitated in Venezuela to allow small planes to deliver health services to communities in

In the Amazon Rainforest, a health worker measures a child for proper dosage of the medication that prevents river blindness, a parasitic eye disease. In partnership with the Brazilian and Venezuelan governments, The Carter Center has been working in the region since 1996.

Progress in the Americas

Of the six countries in Latin America with river blindness transmission in 1996, the year The Carter Center began programming, four have eliminated the disease, as verified by The World Health Organization:

Colombia, 2013	Mexico, 2015
Ecuador, 2014	Guatemala, 2016

the rainforest. An airstrip in the country's southern Siapa Valley is the latest; it will facilitate access to indigenous communities that until now have been difficult to provide with Mectizan, other medications, vaccines, and health education.

"We expect that over 500 individuals in 16 communities in the Siapa Valley area will be routinely visited and delivered Mectizan treatments from now on," said Mauricio Sauerbrey, director of the Center's Onchocerciasis Elimination Program for the Americas.

Despite the daunting logistical challenges, the Venezuelan and Brazilian river blindness elimination programs have made significant progress. Thanks to over two decades and more than 20 rounds of effective treatment coverage in the Yanomami region, transmission is ongoing in just nine areas in Venezuela and four in Brazil, Sauerbrey said.

One key to the programs' success has been the use of indigenous health agents. These are members of the Yanomami community who are trained to assist in delivering health care services, including education about river blindness and, in Venezuela, to administer Mectizan. In Venezuela, most treatments are delivered by its 99 indigenous health agents; there are plans to increase the number by training more. In Brazil, Yanomami agents assist outside health workers in other ways, such as navigating the jungle to reach hard-to-find communities. They also act as cultural liaisons and interpreters, bridging the gap so that health care services are more readily



accepted in communities. Brazil has 147 such indigenous health agents.

“Increasing the participation of Yanomami residents in the delivery of this health program has really improved treatment coverage,” Sauerbrey said.

Pandemic Challenges

The COVID-19 pandemic hampered both countries’ programs in 2020. Brazil’s program had started treatment distribution during the first quarter of 2020, ahead of the pandemic, but COVID precautions drastically slowed work on river blindness and other diseases, Sauerbrey said. The result is that treatment coverage across both countries in 2020 and the first half of 2021 failed to reach the program’s goals, even when Mectizan distribution was paired with COVID-19 vaccination efforts.

“If we choose to see the glass half full, we are extremely grateful that treatment distribution continued at all,” and we are focusing on a full treatment recovery by 2022, Sauerbrey said.

In Venezuela, treatment distribution in 2020 had not yet begun when the pandemic shutdown struck. Administrative delays, World Health Organization restrictions, risk mitigation planning requirements, and a fuel shortage meant treatments did not begin

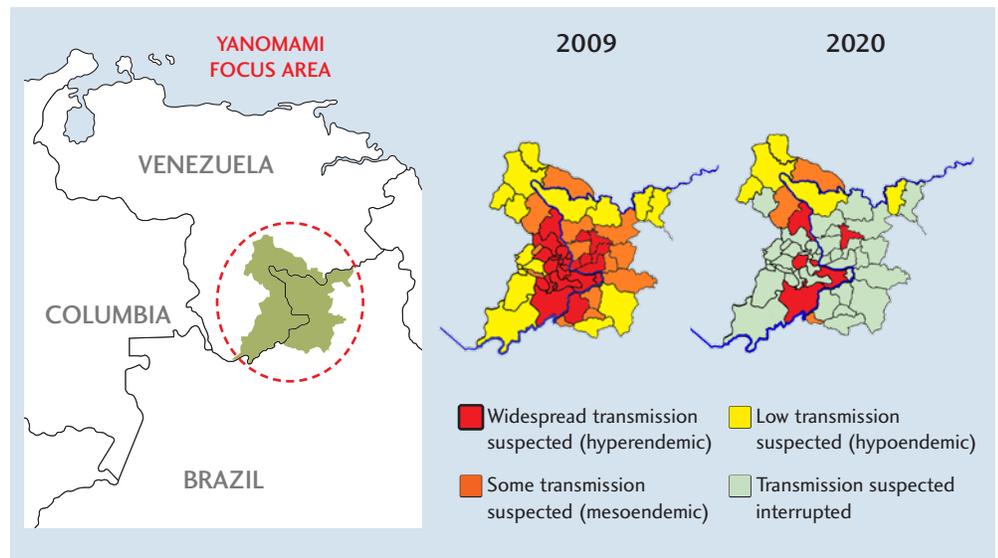
A helicopter with medical supplies flies over a Yanomami community. The nomadic people are difficult to reach because of their remote location in the Amazon Rainforest.

until August, and then only by boat or by foot. The suspension of flights was lifted in December, and the program conducted a full 16-day airborne operation.

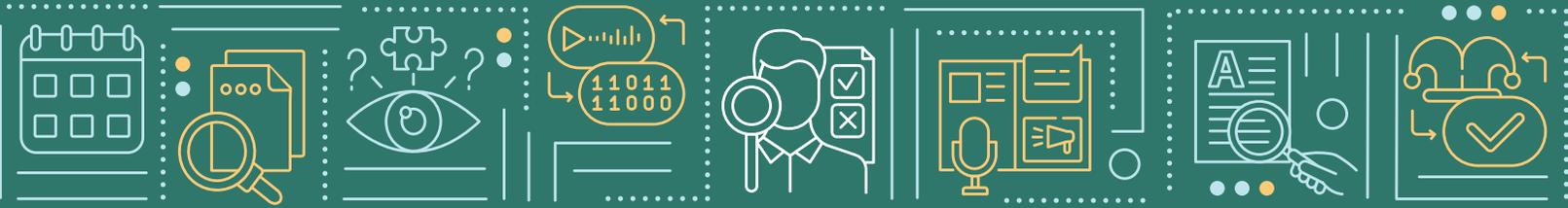
Although increased challenges in drug distribution logistics plague the Yanomami area, there remains reason to hope for the long-term success of eliminating river

blindness in the region. A recently published study of young children in Ecuador revealed that transmission of river blindness remained interrupted there, eight years after halting treatment.

“It confirmed what we already knew, but this was a much-needed piece of very good news,” Sauerbrey said.



Over 11 years, The Carter Center and the Brazil and Venezuela governments have made inroads to halt transmission of river blindness in the area along their shared border in the Amazon Rainforest.



Center Fights Digital Threats to Democracy, Human Rights



Two and a half years ago, recognizing that things that take place in the online world were increasingly having real-world consequences, The Carter Center launched the Digital Threats to Democracy Project.



Michael Baldassaro heads the Digital Threats to Democracy Project.

Following a pilot project to monitor social media for things like hate speech and disinformation during South Africa's 2019 election, the Center went on to conduct digital monitoring activities in Tunisia, Cote d'Ivoire, Myanmar, Bolivia, Honduras, Ethiopia, and, recently, the United States.

"In recent years, we've seen how online activity can undermine democracy and human rights and increase political polarization and the likelihood of violence," said Michael Baldassaro, who heads the Digital Threats project. "If we want to safeguard democracy, we've got to address issues like disinformation, hate speech, online gender-based violence, and government cybersurveillance and internet shutdowns."

We asked Baldassaro to talk about what The Carter Center has done and plans to do to help protect democracy, human rights, and the rule of law:

Q. First, what constitutes a digital threat?

I tend to say that anything that touches the internet and can cause harm is a digital threat, but when the Center talks about digital threats, it's referring to:

- Systematic efforts to spread disinformation online.
- Unchecked hate speech and online gender-based violence on social media platforms.
- Measures taken by governments to restrict access to online information.
- Unlawful cybersurveillance that undermines the right to privacy.
- Cyberattacks that disrupt services and expose personal data.

Q. Can you tell us a little about some of the Center's past efforts in this area?

In Ethiopia, we collaborated with the Georgia Institute of Technology to provide training and tools to help a local partner monitor and identify disinformation and hate speech in real time and flag content for Facebook so it could down-rank or remove it.



In Myanmar, we collaborated with Privacy International to analyze the laws governing data protection and cybersecurity and identify weaknesses that need to be addressed to safeguard personal data, which we then advocated for in our election observation statements.

In Bolivia, we partnered with Chequea Bolivia, a nonpartisan fact-checking organization, to debunk content that could undermine trust in the election process or suppress voter participation.

We also collaborated with the cybersecurity company Cloudflare to support the development of a tool to monitor online traffic patterns around the world to identify internet shutdowns that restrict freedom of expression and access to information.

Q. What kinds of activities are you planning now?

We are constantly establishing new partnerships and developing new tools. For example, we are collaborating with the International Fact Checking Network and Lead Stories to help nascent fact-checking initiatives around the world

professionalize and establish formal relationships with social media platforms to reduce the visibility and reach of debunked content.

We've just entered a partnership with Microsoft to develop an artificial intelligence model that can quickly identify potentially false and misleading narratives that require attention by platforms and fact-checkers.

And we're planning to develop media literacy and digital security educational curriculums that could be used globally to help individuals critically evaluate information and sources and practice good cyber hygiene to protect their privacy and safety online

Q. How does this work strengthen democracy, human rights, and the rule of law?

By helping organizations around the world better identify disinformation, hate speech, and online gender-based violence, we can help blunt the reach and visibility of harmful content that could undermine elections or trigger conflict.

By shining a light on government internet shutdowns, we can help deter those who seek to silence human rights defenders and perpetrate violence.

And we see our upcoming media literacy and digital security modules as ways

to empower citizens to inoculate themselves against potential harms, rather than simply relying on governments and tech companies to protect them.

It's worth saying that none of these activities alone will fix these problems, and new

and unforeseen threats emerge all the time. We're going to have to work together as a society to develop solutions that protect the truth and uphold democratic norms without infringing on freedom of expression or the right to privacy.



A voter casts her ballot in Tunisia. As online interference increasingly has real-world consequences for elections in many countries, The Carter Center is looking at multiple ways to mitigate threats.

Center Analyzes Misleading Content on Facebook

Fact checkers have a term for media sources that repeatedly share false or misleading content: misinformation repeat offenders.

The Carter Center's Digital Threats team studied the prevalence of misinformation repeat offenders in right- and left-leaning Facebook groups during the 2020 U.S. election cycle and published its findings in October in a report titled, "The Big Lie and Big Tech."

The team found that while repeat-offender content turned up in 76% of the groups it studied, the volume of content in right-leaning groups was significantly higher.

In fact, while less than half a percent of links shared

in left-leaning groups came from repeat offenders, 20% of links in right-leaning groups came from repeat offenders — and that number jumped to 25% between election day and inauguration day.

For this study, the team used a list of repeat offenders provided by NewsGuard, a nonpartisan fact-checking organization, and then reviewed 2.93 million posts in nearly 900 partisan Facebook groups.

It found that the 20 most frequently shared repeat-offender links associated with voter fraud were shared 283,011 times in right-leaning groups, with a combined possible

reach of 31.2 million, yet only a few of those posts were labeled by Facebook as false or misleading.

The Center's report includes a list of concrete ways social media platforms can help prevent the spread of false narratives in the future — including by adding warning labels to content originating from repeat offenders.

"Social media companies aren't solely responsible for what happened during the election, but it is hard to overstate the authority Big Tech leaders have over content that appears on their platforms," said Michael Baldassarro, the report's lead researcher. "They can — and should — enact reforms well in advance of future elections to mitigate threats to election integrity."



Human Rights Sessions Focus on U.S. Social Justice

Josh Griffin, a young consultant in the Carter Center’s Human Rights Program, participated in the 2020 March on Washington for racial justice in the wake of the murder of George Floyd in Minneapolis. Standing at the foot of the steps of the Lincoln Memorial, Griffin heard inspiring words from several speakers, including the Rev. Martin Luther King Jr.’s son Martin III and 12-year-old granddaughter Yolanda Renee King.

“That’s when I knew I had to fight this good fight and get in good trouble,” said Griffin, using a phrase made famous by U.S. Rep. John Lewis, the civil rights leader who had died just weeks earlier.

“You know, John Lewis was only 23 when he spoke [at the March on Washington] in 1963,” said Zach Schreiner, a former U.S. Peace Corps volunteer and current social activist. “You come to the realization that it

doesn’t matter who you are or how old you are or what your level of education is, or anything like that. . . . Inaction at a time of injustice is [complicity with] that violence.”

Schreiner and Griffin were discussing the power of “peaceable assembly” as part of a series of Carter Center roundtables on social justice in the United States.

“The Carter Center has always had an international focus,” said Karin Ryan, the Center’s senior advisor for human rights. “But in the last couple of years, we’ve seen a need to address issues in our own country as well. We can’t ignore inequities and human rights abuses here in America even as we work abroad.”

Many of the online roundtables, which take place on forum.cartercenter.org, highlight using the arts to promote social justice. Past discussions have featured photographers, visual artists, and poets. The most recent roundtable brought together musicians for a look at “The Blues and Resistance: The Music of Struggle from the U.S. to Palestine.”

The session began with a blues song featuring traditional Middle Eastern instrumentation. The song’s musical collaborators then spoke about how the blues’ origins can be traced to Africans brought to the U.S. as slaves and about how protesters here and in Palestine have used singing and dancing to keep up their spirits and indicate their refusal to back down.

Music can connect people to the experiences and emotions of others. It can be educational without seeming preachy.

“Obviously, music isn’t going to change the power system,” said Ryan, “but maybe it will make us be more human with each other.”

For this reason, The Carter Center plans to continue the social justice through the arts series.

“I think the human rights world needs to do more with the arts,” Ryan said. “When we experience art together, something shifts, and we see our common humanity.”



Past human rights discussions have focused on (clockwise from top left) blues as music of resistance, artist Joseph Guay, social activist Chelsey Richardson, and the 2020 March on Washington.



★ To view past roundtable discussions, go to <https://forum.cartercenter.org/roundtables>.

Journalist's Interest in Mental Health Takes Flight

The travel industry was one of the hardest hit by the COVID-19 pandemic. Business and leisure travel stopped abruptly and have yet to fully recover. While many of us wondered last year when we might take our next airplane trip to visit far-flung family and friends, those who work in the airline industry feared for their jobs and health.



Deena Kamel, 2020-2021 recipient of a Rosalynn Carter Fellowship for Mental Health Journalism

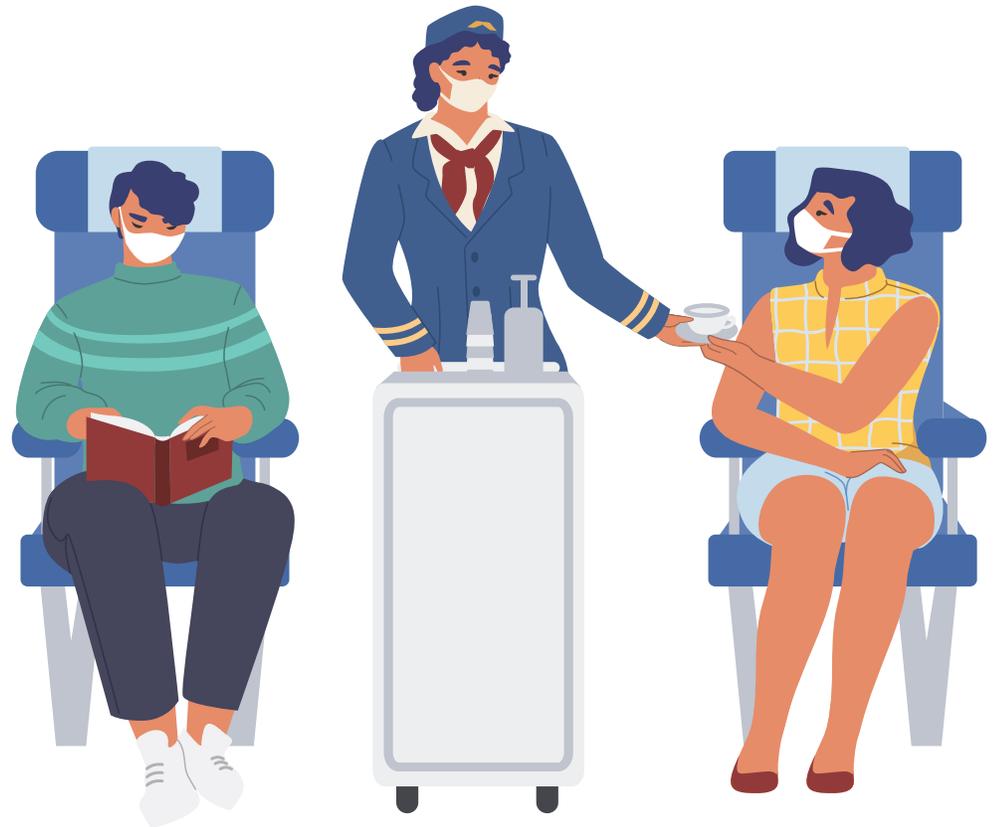
Journalist Deena Kamel has spent the last year looking at the mental health of airline employees. Kamel, a 2020-2021 recipient of a Rosalynn Carter Fellowship for Mental Health Journalism, is a business reporter at The National newspaper in Abu Dhabi whose beat focuses mainly on aviation and transportation. As Rosalynn Carter fellow, she and a cohort of journalists received resources and guidance to pursue the mental health topics of their choosing. The idea is that knowledgeable reporting on mental health issues can help reduce their stigma.

For her fellowship project, Kamel looked at the mental health of those in the commercial airline industry.

Thousands of airline employees—pilots, flight attendants, gate attendants, and ground crew—were furloughed or terminated as travel shut down early in the pandemic. Those whose jobs survived had erratic schedules and concerns for their own health when flights resumed, and they often had to deal with a surge in uncooperative or even combative passengers while in the air. Stressful jobs became even more so, leading to anxiety and depression for many.

“This has taken me to consider that my reporting should be solutions-based—in other words, not to just identify that there’s

a problem in the industry, but to talk to experts about how this problem needs to be addressed,” Kamel said.



Kamel said a study done in the United Kingdom found that members of the airline industry were more likely to suffer problems with mental health than the general public. About 58% of cabin crew surveyed were likely to suffer from moderate depression, compared with 23% of the U.K. general population, the study found. Many interviewees told Kamel they were reluctant to report mental health problems out of fear of losing their jobs or future opportunities.

Regulators do not require airlines to provide any mental health support for their employees. In fact, employees with mental health issues fear being discovered and deemed a safety liability for their employers, so they hide their conditions and don’t seek help, Kamel said.

“A lot of people said, just as airlines have to make their planes airworthy when they start flying again, they also have to make their people airworthy by helping them cope with mental health issues,” Kamel said.

Kamel said her year as a fellow changed the way she approaches her job.

“The fellowship has really got me thinking about ways of covering business news and my beat as an aviation reporter while also tackling mental health issues,” she said. “What that has meant is finding mental

Based in the United Arab Emirates, journalist Deena Kamel investigated the mental health of airline workers amid the COVID-19 pandemic.

health angles that I previously had not thought of—more and more asking questions related to mental health, where relevant. I’m also conscious of the need to keep doing this beyond the year of the fellowship because it adds an extra layer of depth and understanding to the reporting, which I’ve really come to value.”

It’s changed the way she approaches life, too.

“On a personal sphere, doing the fellowship in the year that we’ve had has really helped me to talk the talk and walk the walk,” Kamel said. “It’s really got me thinking about my own mental health journey, dealing with issues of anxiety and depression and being able to seek help for that, whether that’s talk therapy, meditation, breath work, whatever was needed to tackle this head on, having the courage to talk about it with more people, and finding there is less shame around doing so.”

Kamel is currently finishing up her research and reporting, which will culminate in a two-part series for The National. The reporter said she started out expecting to tell “a doom-and-gloom story.”

“But it really wasn’t at all,” she said. “People will surprise you with their resilience.”

Dr. Kashef Ijaz

Doctor's Long Career in Public Health Leads to Center

As the sole medical resident at a small health outpost in 1991 rural Pakistan, Kashef Ijaz did it all. He saw 50 to 100 patients a day from a never-ending line outside his office. He sutured wounds, delivered babies, helped control malaria. He once helped an elderly man who was convinced that Ijaz's stethoscope could cure his arthritis.

Today, Ijaz works on a larger scale, helping people around the world as the Carter Center's vice president for health programs. But he's never forgotten how the Pakistanis relying on him at that small clinic lived.

Ijaz jokes that as a young man in Pakistan he could hardly escape becoming a doctor. His father was a surgeon, his uncle was the chief of medicine for the Pakistan army, six of his cousins are doctors today.



Kashef Ijaz, M.D., M.P.H., Vice President, Health Programs

He eventually settled in Arkansas as a medical epidemiologist after coming to the United States and earning a master's in public health from the University of Oklahoma. He had no idea he was moving to the epicenter of tuberculosis research in the United States, due to the state's historical burden of the disease.

With Ijaz's background, the researchers were excited to involve him in their work. "There was a dearth of people in Arkansas at that time who were trained in public health or qualified to be an epidemiologist," he said. Over time he became a tuberculosis expert and gained experience in other areas, working with marginalized rural populations in the state.

As lead epidemiologist for southeastern Arkansas, he faced public health challenges such as food-borne outbreaks, health disparities, and congenital syphilis. "I remember walking into a high school and the ceiling was literally falling down in places," he said. "There was poverty that you don't see portrayed on television or in the movies."

The U.S. Centers for Disease Control and Prevention in Atlanta eventually recruited him, and he began responding to tuberculosis outbreaks, traveling to places off the beaten path, such as Micronesia and the Marshall Islands in the Pacific.

'Mental health and the peace programs can go hand in glove.'

He also worked on developing the U.S. government's global health security agenda and helping countries better prepare for epidemics and pandemics.

After almost two decades at the CDC, Ijaz was ready for a new challenge and joined The Carter Center in 2020. He said he is still learning but can already see ways for the Center to expand its health programming into newer areas, such as strengthening the overall health systems in the countries where the Center works and collaborating more with the Center's peace programs.

Mental health is another area where The Carter Center has been influential and could make an even larger impact. "Mental health and the peace programs can go hand in glove," he said. "Think of refugees like the Afghan people coming to this country or internally displaced populations."

Ijaz believes climate change will likely play a role in the Center's work in the coming years, affecting the water sources communities rely on and famine that could cause people to migrate. Such changes may alter geographic spread of disease or disease vectors, such as flies and mosquitoes.

Ijaz's broad experience with local communities and international programs has positioned him to respond to the global health landscape as it evolves. At The Carter Center, we talk about helping people at the end of the road, Ijaz said. "I have lived at the end of the dusty road," he said. "It's hard work, but it's where you can find the majority of the population in this world."



In Santo Domingo, Dominican Republic, Dr. Kashef Ijaz, far left, visits the home of a community health worker in an area affected by a malaria outbreak. He is talking with representatives from the Ministry of Public Health and the Carter Center's local office.

Program Aims to Improve Maternal Mental Health in Liberia

A new program in Liberia will provide mental health support for women in the critical period immediately before and after delivery.

Maternal mortality in Liberia is among the highest in the world, with 1,072 maternal deaths for every 100,000 births. Infant and early childhood mortality are also staggeringly high. The new program—called Thinking Healthy—aims to improve these outcomes.

Developed in Pakistan and endorsed by the World Health Organization, Thinking Healthy is a psychological intervention of 16 sessions that begin during pregnancy and continue after delivery to address depression and other mental illnesses. Working with the Liberia Center for Outcomes Research in Mental Health and the Liberian government, The Carter Center is adapting the program for use in Liberia and, ultimately, training will be embedded into health force curricula and become a standard component of maternal and child health care delivery.

With help from The Carter Center and the Liberia Board of Nursing, the government of Liberia selected and trained 17 Liberian health workers to implement the program. Over 500 registered nurses, midwives, and mental health clinicians are expected to be trained to deliver Thinking Healthy by 2023.

Grand Challenges Canada, Grand Challenges Africa, and Open Society Foundations are supporting the adaptation and rollout of the program in Liberia.



A new program in Liberia will help improve the mental health of new mothers.

The Open Society Foundations provided a \$100,000 grant to The Carter Center in early 2020. Open Society strives to address gaps in the field of caregiver mental health in the context of early child development by assisting organizations that contribute to the process of integrating caregiver mental health into the global field of early child development.

Additionally, Grand Challenges Canada and Grand Challenges Africa provided grant support to the Liberia Center for Outcomes Research in Mental Health, a partner who will be key in measuring impact and sustaining the initiative. The Grand Challenges global mental health initiatives focus on innovations that improve treatments, increase access to care, and bolster the world's health workforce.

With this financial support, The Carter Center and the Liberia Center for Outcomes Research in Mental Health can help the Liberian government keep its commitment to improve perinatal outcomes, provide technical and advisory support for training in perinatal mental health, expand the intervention, and measure its impact. Lessons learned can assist other low- and middle-income countries also working to improve maternal and child health.

Annual Auction Raises \$1.9 Million

The 2021 Carter Center Weekend raised \$1,939,828 in donations and auction sales June 21–26 to support work to wage peace, fight disease, and build hope worldwide. Events included an online auction and broadcast featuring conversations with former Secretary of State Madeleine Albright, celebrity messages, updates from staff in Africa and Latin America, and a live auction of select items.



“Wood Duck,” an oil painting by former U.S. President Jimmy Carter, sold for \$1 million at a June auction to benefit The Carter Center.

The 117 items in this year's auction included fine art, woodworking, and presidential memorabilia. The highest bid was for former U.S. President Jimmy Carter's original oil painting “Wood Duck,” which sold for \$1 million. A surprise last-minute item—the cowboy hat worn by auctioneer Matt Robbins—brought a winning bid of \$300,000.

“We are thankful for every donation and each supporter who spreads the word about the crucial work of The Carter Center,” said CEO Paige Alexander. “Millions of people have been saved from debilitating diseases and have the right to vote in their countries because we have passionate supporters who believe in strengthening human rights for everyone.”

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Kim Jensen is an associate director in the Carter Center Trachoma Control Program.

NOTES FROM THE FIELD

Dedicated Team Tames Trachoma in Ethiopia

By Kim Jensen

Distributing medication to fight trachoma in Ethiopia's Amhara region is challenging under normal circumstances. It's a huge area with a large population and mountainous terrain. Amazingly, an estimated 14 million people in the region are treated with antibiotics for trachoma every year. Our Ethiopian colleagues have always been remarkably dedicated, but the complications of the coronavirus pandemic have really shown what they're made of.

One of the ways we fight trachoma, the leading cause of infectious blindness worldwide, is through widespread distribution of antibiotics. To do this efficiently, health workers typically hold large gatherings in central community locations. In the pandemic, this was no longer an option, so volunteers and health workers went door to door instead.

Community leaders spread the word so people would know to stay home when the distribution teams were coming. In early spring this year, each team visited an average of 49 households a day, treating a total of 14.9 million people. Some health teams screened household members for trachomatous trichiasis, the more advanced stage of trachoma that would require surgery later to prevent eventual blindness.

The Carter Center has been fighting trachoma in Amhara since 2001, assisting in the distribution of more than 200 million doses of the antibiotic Zithromax® (donated by Pfizer Inc) and tetracycline eye ointment.

Other interventions include face washing and environment improvement, like latrine construction and use. As a result of the extraordinary efforts in Amhara, I'm happy to report that, to date, more than 5 million people in the region no longer require antibiotic treatment to fight trachoma.

I get to be the one to tell you about our progress against trachoma in Amhara, but it's the thousands of health workers, community volunteers, local government and religious leaders, and our Carter Center Ethiopia staff who are on the ground making it happen. Their dedication inspires me daily and gives us real hope that eliminating trachoma as a public health problem is possible.



Ethiopian health workers visit a household in the Amhara region to distribute antibiotics and information to combat trachoma, a bacterial eye disease.