

THE
CARTER CENTER



CARTER CENTER NEWS

FALL 2013

Center Aims
to Eliminate
River Blindness

Faith Groups
Call for
Women's Rights



WAGING PEACE.
FIGHTING DISEASE.
BUILDING HOPE.

CARTER CENTER NEWS

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IN THIS ISSUE

NEWS & FEATURES

- River Blindness Strategy
Moves to Elimination 4
- Faith Groups Asked to Bolster
Women's Rights 6
- Social Media Helps Map Syrian Conflict 8
- Colombian Journalists Investigate
Depression, Stigma 9

DEPARTMENTS

- From the President and CEO 2
- News Briefs 3
- Profile: Dr. Donald R. Hopkins 10
- Philanthropy 11
- Notes from the Field: Law Helps Liberian
Investigate Exam Failures. 12

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ON THE COVER

Alidu Kemisa, 47, of Uganda's far northern Moyo district, has suffered from river blindness disease for more than 10 years, including severe itching and pain, but received her first treatment two years ago. Read about the Carter Center's effort to eliminate the disease from Uganda and other countries on page 4.



From the President and CEO

Technology Aids Center's Work

The Carter Center is pioneering the use of today's newest technologies in our efforts to wage peace, fight disease, and build hope in the most isolated and inaccessible places on earth. As a result, we are helping people improve their lives more efficiently and cost-effectively than ever before.

Our work to eradicate and control diseases is a good example. In Ethiopia, the previously labor-intensive, monthlong process for evaluating progress and planning next steps now can be accomplished in only two days with the use of handheld computer tablets, unique on-screen Amharic-language keyboards, and specialized soft-



Using a computer tablet to collect data, Zemene Gedafaw interviews a school-age child for a trachoma impact assessment in Ethiopia.

ware. We are combating river blindness in Latin America and Africa with low-cost, in-country laboratories that let us analyze weekly hundreds of skin and blood samples, along with thousands of flies.

These new tools also are proving invaluable to our mental health program in Liberia. An innovative system of hardware, software, and training allows for patient anonymity, improves the knowledge and skills of clinicians, and facilitates communication even to the hardest-to-reach areas.

Additionally, special software developed for The Carter Center is enhancing our election monitoring capability. Now, vital information from even the most distant polling stations—from ballot availability to the presence of intimidation or inappropriate campaigning—is recorded on tablets and transmitted instantly to headquarters for evaluation.

Use of technology in Carter Center projects around the world already is having a powerful impact, and we are only beginning. Every day, new devices and applications are being invented that can extend the Center's reach and success.



John Hardman, M.D., is president and chief executive officer of The Carter Center.

Center to Observe Long-Awaited Nepal Elections

The Carter Center will observe Nepal's late November constituent assembly elections, a long-delayed vote to replace the assembly that was dissolved in May 2012 after failing to draft a new constitution. The Center was the first international observation mission to deploy monitors.

Working to build peace in Nepal since 2003, the Center observed the country's first constituent assembly elections in 2008, and then conducted long-term political and constitutional monitoring until June 2013. The Center's observers traveled to remote communities to gain an understanding of citizens' concerns on issues such as security, federalism, identity-based politics, voter registration, and land ownership. Findings were compiled into more than 20 public reports that were shared with government, media, and civil society.

The Carter Center hopes its long presence in Nepal will help build confidence in the current electoral process, fragile due to a breakdown in dialogue among the country's four major political parties and a boycott by the CPN-Maoist Party.

Six teams of observers are based across the country to assess pre-election preparations. The Center also is watching legal and political developments that may impact the election, as well as partnering with national organizations to advance citizen election observation skills and training. An additional 40 Carter Center short-term observers will deploy shortly before the elections.

Long-term Carter Center observers talk with a voter in Nepal.



Trachoma Treatments Reach 100 Million

This fall, The Carter Center reached a trachoma milestone: supporting the distribution of more than 100 million doses of the trachoma-fighting drug Zithromax, donated by Pfizer Inc. These treatments were provided over the last 11 years to trachoma-endemic communities in six African countries: Ethiopia, Mali, Nigeria, Niger, Sudan, and South Sudan.

The 100 millionth dose was distributed in Ethiopia's western Amhara region in early November, during MalTra week, an intense effort for widespread treatment and prevention of trachoma and treatment of malaria. MalTra reaches millions of people each year; the eastern part of Amhara is treated in the spring and the western part is treated in fall. The event is a collaboration among Ethiopia's Ministry of Health, The Carter Center, and the Lions Clubs International Foundation. Amhara is one of the world's most trachoma-endemic areas of the world.

Former U.S. President Jimmy Carter joined Ian Read, Pfizer's chairman and CEO, for an early November event in New York City to recognize the treatment milestone.



Building on discussion at a Carter Center conference, the U.S.-China Perception Monitor website (www.uscnpm.org) provides a place for ongoing debate of relations between the two countries.

U.S.-China Relationship Debated at Conference

In early November, the Carter Center's China Program and Emory University brought together renowned China-U.S. leaders and scholars to discuss the importance and future of the bilateral relationship between China and the United States. Speakers included former U.S. President Jimmy Carter; Xu Kuangdi, president of the U.S.-China People's Friendship Association; Dr. Xu Kuangdi, former mayor of Shanghai; and Dr. James Wagner, president of Emory University.

The forum marked the launch of a new Carter Center project on U.S.-China relations that focuses on reducing misperceptions held in both countries, promoting greater U.S.-China cooperation in the developing world, and nurturing a young generation of Chinese and Americans to work together to build a stronger foundation for this bilateral relationship. Video from the event is archived at www.cartercenter.org.

Debate and discussion on the issues raised at the forum continue online at the Carter Center's U.S.-China Perception Monitor website, www.uscnpm.org, which aims to mitigate tensions between the two countries.

Now in her 80s, Jozefa Ortiz Rosa remembers facing the early symptoms of river blindness many years ago. “I used to have trouble with my sight, soon after discovering I had nodules,” the Guatemalan grandmother said, referring to the lumps of skin under which parasites live.

When medication to treat river blindness began to be distributed in her community with the assistance of The Carter Center, her vision loss was reversed, and her nodules disappeared.

“Now I can see again,” Ortiz Rosa said.

Fortunately, Ortiz Rosa’s children and grandchildren will never know the nearly unbearable itching and eventual blindness caused by this disease. Transmission of river blindness was broken in Guatemala two years ago.

It’s a different story in Africa, where 99 percent of river blindness is found. But with a new shift in strategy, The Carter Center wants to show it is possible to eliminate river blindness in Africa, not just control it,

as has been done in the past.

Control programs aim to keep the disease at a minimum level through continuous health interventions. Elimination programs, however, aim to halt transmission altogether so the disease does not return.

Jozefa Ortiz Rosa (center) was losing her sight until she began regular treatment for river blindness. Today, transmission of the disease has been halted in Guatemala, sparing Ortiz Rosa’s daughter and granddaughter (left and right, respectively).

River Blindness Strategy Moves to Elimination



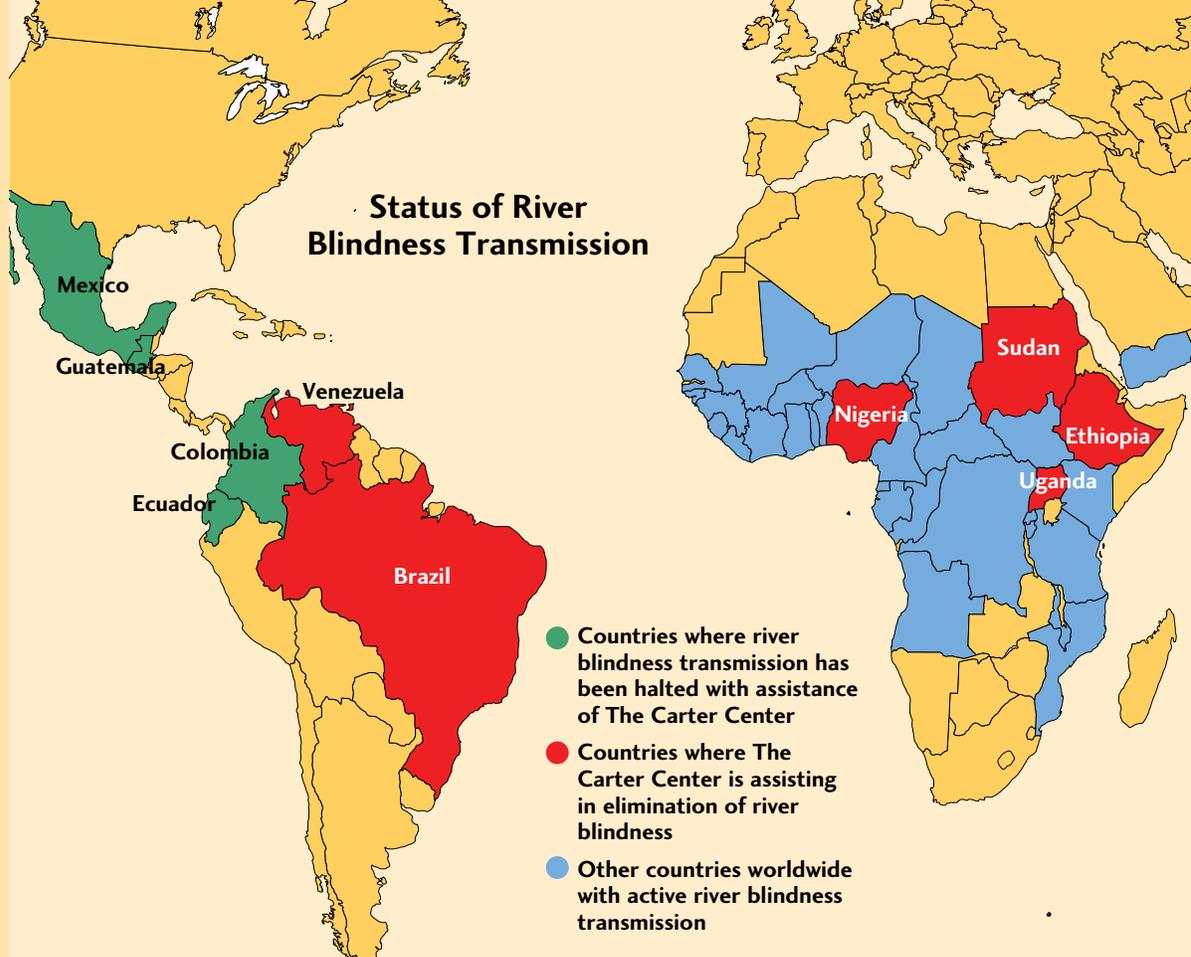
Success in the Americas

Since beginning operations in 1993, the Onchocerciasis Elimination Program for the Americas, led by The Carter Center, has halted transmission of river blindness in four of six endemic Latin American nations.

This year, Colombia achieved a global health milestone when it was recognized as the first nation in the Americas to halt this devastating disease through health education and use of Mectizan. It also was the first to apply for and be granted verification of elimination of river blindness earlier this year by the World Health Organization.



A piñata in El Xab, Guatemala, reminds schoolchildren that tiny black flies transmit river blindness.



Since the mid-1990s, elimination has been the goal in Latin America, where the disease existed in small pockets of six countries. Now the Center's program will add the four African countries where it works to its elimination campaign.

"This strategic shift could permanently protect 21 million people and their descendants in Africa from this horrible disease," said the Carter Center's Dr. Frank Richards, who directs the newly named River Blindness Elimination Program.

In the past, the continent's high disease prevalence and challenges to delivering health services contributed to a widely held belief in the scientific community that river blindness could only be controlled there.

Then success came to Uganda and Sudan.

One of the first endemic countries in Africa to aim for nationwide

elimination, Uganda challenged the "Africa-cannot-achieve-elimination" myth. A determined government and a dedicated cadre of health workers, with assistance from The Carter Center and partners, have led the country to stop the disease in nearly half its endemic areas.

Similarly, Sudan set its sights on elimination. Women, working within their family and community groups to improve treatment coverage, were a surprise weapon in this country's male-dominated health care system, and, in 2012, Sudan's Ministry of Health announced the Abu Hamad area in the Northeast was rid of river blindness after being plagued by the disease for centuries.

"Once elimination becomes the goal, it is no longer business as usual," said Dr. Richards. "A program and its partners must ratchet up interventions, and that's exactly what Sudan and Uganda are doing."

And that's exactly what The Carter Center will do in Nigeria and Ethiopia too: assist ministries of health to increase frequency of treatments with Mectizan,[®] the medicine donated by Merck that prevents and treats river blindness, and start interventions in previously untreated areas.

To grandmother Jozefa Ortiz Rosa, there's no question the results are worth the increased effort. "My vision has cleared," she said. "I can see again."



An Ethiopian man is treated for river blindness with medication. After successes in Latin America, The Carter Center now aims to eliminate the parasitic disease in four African countries.



Faith Groups Asked to Bolster Women's Rights

A group of 60 human rights defenders, religious leaders, and scholars representing 15 countries gathered at The Carter Center in June and called on all believers to work to seek solutions for violence against women and other gender-based violations of human rights.

"The tremendous influence exerted by religious leaders carries with it the moral responsibility for them to take action to address human rights violations of girls and women, including the global problem of sexual violence," said former U.S. President Jimmy Carter.

The stories of two "Mobilizing Faith for Women" forum participants appear



Zainah Anwar

below: Zainah Anwar, a Malaysian woman working for equality within her Muslim faith, and Aaronde Creighton, member of an anti-trafficking group based in Atlanta, Ga.

Zainah Anwar

Sisters in Islam, Malaysia

"God cannot be God if God is unjust."

All eyes were on Zainah Anwar as she spoke these words during the Carter Center's human rights conference in June. One sentence, seven words, embodied the three-day forum on the role of faith in women's rights.

"I always understood that the different treatment between me and my brother in the

home was due to culture and to tradition," she said, "never religion. But as an adult confronted with issues of domestic violence, polygamy, marital rape, obedience, and all forms of inequality and discrimination in the private and public sphere, justified in the name of Islam, I was outraged."

Other Muslim women in her Malaysian community felt the same way. So in 1987 a small group began meeting in Anwar's home to find ways to challenge the laws that discriminated against them. In Malaysia, as in many Muslim countries, the source of Islamic family law is the Quran. That led the women to examine the Quran with what Anwar called "adult eyes, feminist eyes." What the women found was liberating, she said. "We were searching for justice, we were searching for equality, we were searching for compassion, and we found that in the text."

The group of eight women formed



Church members and faith-based organizations should work for gender equality, said participants in a recent Carter Center forum.

Sisters in Islam. Anwar headed the group for the next two decades as it grew from a local to a global force promoting an Islam based on justice, freedom, and dignity and challenging laws that demanded women be subservient to men. “The obvious question arose that if we are equal in the eyes of God, how come we are not equal in the eyes of men?” said Anwar.

Over the years, the group’s focus on research and advocacy expanded to public education and legal counseling. And Anwar’s most recent cause for celebration is Musawah. The Arabic word for equality, Musawah was intended to be a one-time global meeting to bring like-minded Muslims together to discuss gender equality. But the 250 participants from 47 countries launched a movement that aims to advance justice and equality and challenge the concept of male authority within Islamic family law.

Anwar is focused on the big picture, but rejoices in everyday victories. “I receive letters from young people who say ‘finally I feel comfortable about reconciling my faith, my religion with my feminism,’” she said. “I’m very, very happy to get those kinds of messages.”

Aaronde Creighton

Street Grace, Atlanta, Ga.



Aaronde Creighton

Street Grace began in 2009 after a group of eight churches formed a plan to end domestic sex trafficking of minors in Atlanta, Ga. The need to combat sex trafficking may have come as a shock to many

Atlantans, but not to the folks at Street Grace, who knew the statistics issued by the Georgia governor’s office: Every month, 200 to 500 girls are commercially exploited for sex in the state.

Aaronde Creighton, who sits on the organization’s board of directors, believes the term “trafficking” is too polite for what he calls the rape of children for profit. “Trafficking is slavery,” he said. “We don’t like to use the term ‘slavery’ because of past connotations, so we’ve come up with this nice term called ‘trafficking.’ Unfortunately, they are one and the same.”

The strength of Street Grace is that instead of trying to solve the problem single-handedly, it mobilizes community resources and reaches out to public, private, nonprofit, and faith-based partners to amplify results that will bring an end to human trafficking.

Participating in the Carter Center’s human rights conference on faith groups and women’s rights, Creighton said he believes the opportunity to share information and experiences with scholars, activists, and religious leaders from around the world

From Other Forum Participants

“Throughout much of history, men have defined religious norms and texts, and women’s voices were silenced. It is time for women to reclaim their religion.”

Dr. Ziba Mir-Hosseini, a founding member of Musawah Global Movement for Equality and Justice in the Muslim Family

“For the first time in Liberian history we have 14 women represented in the national legislature. And it’s all because of the effort of women who said, ‘Our voices need to be heard.’”

Francis Greaves, founder of Liberia’s Voice of the Voiceless organization

“Being a person of faith in a democratic culture, I expect to use my voice and to be required to use my voice.”

Sister Simone Campbell, executive director of Network, a Catholic social justice lobby

gave him a new perspective on modern-day slavery: “While the issues of domestic minor sex trafficking are very different from what you see in Southeast Asia or Eastern Europe, there are some things being done in these places that we can learn from and adopt here in Atlanta and the United States.”

What can other organizations learn from Street Grace? Creighton said Street Grace is an open book without territorial boundaries and with one aim. “Our goal is to see an end to commercial sexual exploitation of children,” he said. “And if that means getting another 500 organizations and 5 million people involved, then by all means we plan to do that.”

Social Media Helps Map Syrian Conflict

Chris McNaboe knows his Syrian rebels. For the current conflict, he can tell you exactly when a particular rebel brigade formed from previously separate battalions around Aleppo, Syria, how many people are in the brigade, their reason for forming, and what weapons they have.

The primary source for this top-level insider info? Facebook, Twitter, and YouTube.

“For a very long time people said, ‘We don’t know who the rebels are. We have no idea—should we support them? Should we not?’” said McNaboe, who works in the Carter Center’s Conflict Resolution Program. “But the truth is, the rebels have active public relations. Each group maintains a very strong online presence. We see Facebook pages, Twitter accounts, and YouTube accounts where they advertise their strengths and show off their accomplishments day to day.”

By documenting and analyzing information found through social media, McNaboe has been able to understand the players and structure of rebel groups in Syria. Groups that would have remained anonymous in the past now can connect with potential fighters, funders, and suppliers and spread their message much farther than previously possible.

McNaboe extracts the online data to draw a sophisticated conceptual map showing the connections among and evolution of armed groups.

“We’re drawing upon citizen journalism. By having that many primary sources—people pointing their camera phones at events on the ground—you can triangulate some sort of a truth from the chaos of data,” said McNaboe.

The Carter Center provides the information to neutral parties



From his desk at The Carter Center, Chris McNaboe, program associate, explains the connections between various armed groups in Syria. McNaboe mines social media sites to find information about rebels and their activities.

working toward a peaceful end to the crisis. The Center is among the first to use social media mining for the Syrian conflict in such a comprehensive way and, as a nongovernmental organization, is uniquely positioned to use the information to help push for a more nuanced and well-rounded political solution.

Collaborating with a team of independent researchers, The Carter Center now has a detailed database of all known battalion formations and can determine the structure of the opposition throughout the country.

But armed groups are not the only ones to use social media, so this approach also allows the Center to look at political and civil society organizations and activists to see how they relate to the online community.

The Center also has learned more about Syria’s civil society through a new partnership with Palantir software, which has created a platform for The Carter Center and a number of humanitarian organizations to share information. The aim is for the Center to be able to provide information about armed groups and opposition power structures in each region of Syria to the humanitarian organizations that operate in those regions, allowing them to work safely in a fragile area. The humanitarian workers will in turn be able to provide information to The Carter Center on their own distribution networks and relationships with the armed groups. When all the dots are connected in this way, the Carter Center’s understanding of the conflict will be enhanced, humanitarian aid distribution will be improved, and the budding civil society groups operating in Syria will be identified and supported.

“This Syria conflict mapping project not only enables us to respond better to the Syrian crisis, but will enable us to respond to future conflicts and hopefully prevent them,” said McNaboe. “Really, the question is why limit it to Syria?”



Syrians who join rebel groups make their identity known on YouTube and other social media sites. The Carter Center takes such information and turns it into a constantly evolving graphic that shows who belongs to what groups and how different groups might be connected.

Colombian Journalists Investigate Depression, Stigma

From their headquarters at Bogotá's Caracol television news, health reporters Paula Bedoya and Fernanda Hernández have covered the flu, prenatal care, eyesight, and cancer. But mental health is one medical topic these two journalists rarely, if ever, tackle.

"People with mental illnesses are afraid to talk about it with other people," said Bedoya. As a member of one of two Colombian reporting teams recently awarded Rosalynn Carter Fellowships for Mental Health Journalism, however, she will soon add stories on depression and stigma to the Caracol news broadcast.

Although the majority of fellowship recipients are U.S.-based journalists, The Carter Center also works to establish similar programs internationally. This year marked the beginning of a Colombian program.

"Colombia is a post-conflict country, so there is a tremendous amount of trauma that the population has experienced," said Rebecca Palpant Shimkets of The Carter Center, referring to years of Colombian civil war. "The good news is that the country has a national mental health policy with a law that requires promotion and treatment of mental health, so there's government recognition that a stronger system is needed to support mental health needs." Over the years, the Center also has worked to establish journalism fellowship programs in New Zealand, South Africa, and Romania.

To report on depression in Colombia, Bedoya and Hernández plan to organize a series of focus groups to discover the population's beliefs and perceptions. "We want to get our own information," Hernández said. The team of two will then plan a series of reports to air on Caracol in the coming year.

"We work in a very influential platform," Hernández said. "We want people to become more aware about this topic and alleviate the suffering of many patients and families."

Bedoya and Hernández's television station reaches millions, so although the pair is based in Colombia's largest city, their



Colombian journalists Paula Bedoya (left) and Fernanda Hernández participate in a fellowship meeting at The Carter Center in September.

reports will touch rural and urban areas. "I think access to mental health care is a big issue in the rural areas, but the challenge is they're also some of the highest need areas," said Shimkets.

The Carter Center's in-country partner—Universidad de La Sabana—organized a training workshop this fall for journalists in Bogotá. "We've done this in Romania and South Africa and have found it to be very successful. Not only to mark the fellowship opportunity, but also to train a wider pool of journalists on mental health issues. Such events will broaden our reach."

Unique to the Colombian program are shared fellowships. Typically, one reporter received one fellowship, which includes training, a stipend, networking, and mentoring for a one-year period. Colombian journalists often work collaboratively, so Bedoya and Hernández are sharing one fellowship. Another two journalists who work on the most influential Colombian newsmagazine, *Semana*, will share a second fellowship.

"It's a privilege," said Bedoya.

"We're not going to save the world," said Hernández. "But at least we want people to start speaking and thinking about depression."

About the Rosalynn Carter Fellowships for Mental Health Journalism

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

2013–2014 Class

U.S. Recipients:

Christie Aschwanden
Independent Journalist
Cedaredge, Colo.

Rick Goldsmith
Independent Filmmaker
Berkeley, Calif.

Jonathan Martin
Editorial Writer/Columnist,
The Seattle Times
Seattle, Wash.

Naomi Jenise Morgan
Editor/Writer, The Florida Courier
Riverview, Fla.

Amy Standen
Science Reporter, KQED
San Francisco, Calif.

Cindy Uken
Health Care Reporter, The Billings
Gazette
Billings, Mont.

Colombian Recipients:

Silvia Camargo Abello and **María
Cristina Castro Pinzón**
Semana
Bogota, Colombia

Fernanda Hernández Martínez and
Paula Andrea Bedoya Sánchez
Caracol Televisión
Bogota, Colombia

Romanian Recipients:

Cosmin Bumbuț
Freelance Photographer
Bucharest, Romania

Elena Stancu
Deputy Editor-in-Chief,
Marie Claire Romania
Bucharest, Romania

Dr. Donald R. Hopkins

Hopkins Relentless in Quest to Halt Guinea Worm

Donald R. Hopkins, M.D., M.P.H., remembers his first encounter with Guinea worm disease. A sophomore in college in 1958, he turned the page of his biology textbook to see pictures of a 3-foot-long worm emerging from a woman's body. "It's such a dramatic infection," he said. "I never forgot it."

Some 22 years later, Dr. Hopkins was leading the charge to rid the world of the devastating parasitic disease, which numbered an estimated 3.5 million cases in 1986.

Today he's fewer than 150 cases from his goal.

The road to Guinea worm disease eradication has been long for Dr. Hopkins, the Carter Center's vice president for health programs. He spent the first part of his career at the U.S. Centers for Disease Control and Prevention (CDC) where he was a key figure in the eradication of another scourge—smallpox. After success with smallpox, he began to take a closer look at Guinea worm disease, which had been in the back of his mind since the textbook introduction.

"The tide turned when President Carter got involved," said Dr. Hopkins. Bill Foege, Hopkins' former director at the CDC, had moved to The Carter Center and, on behalf of Dr. Hopkins, convinced the former president to raise the issue of Guinea worm disease with Pakistan when he visited.

A year later, Dr. Hopkins retired from the CDC and began leading Guinea worm eradication full time for The Carter Center.



Don Hopkins

Ernesto Ruiz-Tiben, Ph.D., Hopkins' colleague from the CDC and partner in the campaign almost since the beginning, has directed the Carter Center's Guinea worm program since 1998. "It's been an amazing story," Dr. Hopkins said. "And it's taken more than twice as long as we expected."

Indeed, deadlines for eradication have come and gone over the years, but Hopkins doesn't regret setting dates that proved unreachable. He found that such dates motivated him, his staff, and the endemic countries to push themselves. Still, he laments, "As this disease goes on, more people are infected and more people suffer. That's the real cost of a long campaign."

The agonizing disease is caused when a person drinks water contaminated with infected water fleas containing Guinea worm larvae. After incubation in the person's body for a year, a 2- to 3-foot spaghetti-like worm begins to emerge from a sore in the skin, usually on the lower leg. The worm comes out slowly and painfully, over several weeks, leaving its victim temporarily—and sometimes permanently—disabled.

Dr. Hopkins remembers the rocky early years of the program. It was harder to interest donors and governments than he had anticipated. At first, he thought Guinea worm could piggyback on the United Nations' push to make the 1980s the decade for bringing safe drinking water to everyone, because Guinea worm is a waterborne disease. But the slow, expensive, and political nature of wells and drinking water soon led the Carter Center team to focus on the other ways to halt the disease, such as water filters, health education, and a mild insecticide.

As cases have dwindled, Dr. Hopkins has enjoyed seeing people freed from the disease. But beyond that, he sees some of himself in the health workers in the field deriving satisfaction from their work. "I relish the thought that some of these young people will—as I'm doing now from my earlier smallpox work—go on later to apply this experience to combating other diseases."

Dr. Hopkins is known around The Carter Center for his focus on outcomes and tenacious use of data in the continual push to get the Guinea worm case count to zero. But he's never so caught up in the numbers that he loses sight of the reason behind the relentless work.

"I get really angry when I see children suffering from any preventable disease. It's a tragedy of unknown dimensions when those children cannot live up to their potential, either because they die prematurely or they're not able to go to school. Or because they're crippled or blinded," he said. "And that haunts me. It's something I think about all the time."



During a visit to Terekeka County in South Sudan, Dr. Donald Hopkins participates in a training for village volunteers and other health workers doing Guinea worm eradication work.

Vestergaard Donates Pipe Filters, Bed Nets

Vestergaard is an innovative global public health company that develops solutions for improving the lives of disadvantaged people around the world. Since partnering with The Carter Center in 1999, Vestergaard has provided \$1.2 million cumulatively through in-kind donations to the Center's campaigns against the parasitic diseases Guinea worm and lymphatic filariasis.

The 56-year-old company has donated pipe and cloth water filters that protect individuals from ingesting the parasite that causes Guinea worm disease. People in endemic communities pour their household water through the cloth filter or drink from stagnant



Pipe filters donated by Vestergaard protect against Guinea worm disease.

sources using the portable pipe filter to strain out the water fleas that contain Guinea worm larvae. Vestergaard also has donated its PermaNet® long-lasting insecticide-treated bed nets that help protect against lymphatic filariasis and malaria when hung above families' sleeping areas.

Vestergaard is headquartered in Switzerland with

offices in five continents. Contributions to The Carter Center are part of the company's commitment to prevent suffering caused by devastating global health challenges. The company is structured around a humanitarian entrepreneurship business model and is driven to help achieve the United Nations Millennium Development Goals by fighting disease, including HIV/AIDS, diarrheal diseases, and neglected tropical diseases.

Support from Partners Aids Congo Human Rights Work

The Democratic Republic of the Congo (DRC) is one of the toughest places on earth. Corruption, rape, and exploitation are a part of life in this vast nation with little infrastructure. Through support from a wide range of donors, however, The Carter Center is working to make a difference in the lives of the Congolese

people through several projects aimed at bolstering their rights.

The Center's work in the DRC is focused on three main issues: strengthening and protecting local human rights groups, advancing transparency in the mining sector, and supporting local efforts to improve future elections. Core support is provided by the governments of Sweden (SIDA) and the United States (USAID), which have each given grants of \$4 million.

That support provides training to a network of over 250 Congolese nongovernmental organizations. The U.S. State Department provided \$1.25 million to launch an alert system used to mobilize local civil society support, legal and financial resources, and diplomatic pressure when human rights activists are threatened. Funds from SIDA and the Open Square Foundation are expanding the system into eastern DRC.

Grants from Humanity United (\$165,000), Belgium (\$405,000), and the United Kingdom (\$220,000) are helping the Center push for transparency in the use of DRC's vast mineral wealth. The Center successfully advocated for the public release of a \$6 billion Sicomines agreement between China and the DRC. That and other information about mining contracts, operations, and revenue can be found on the Center's French-language mining website: www.congomines.com.



This Congolese child works in a copper mine in the Katanga province of the Democratic Republic of the Congo. An ongoing Carter Center project aims to expose inequities in the country's lucrative mining sector.

Carter-Mondale Alumni Active in Center Activities

The Carter Center welcomes people involved in the presidential campaigns and administration of Jimmy Carter and Walter Mondale. From administrators appointed by President Carter to people who went door to door to ask for votes, alumni are cordially invited to participate in the many Carter Center events held throughout the year. Events such as Executive Briefing and Carter Center Weekend give attendees an opportunity to meet other former administration and campaign members plus reminisce with President and Mrs. Carter. In addition, many alumni support the work of The Carter Center through contributions to the annual fund and planned giving arrangements. For more information, contact fellow alumnus Jay Beck at jbeck4@emory.edu or (404) 420-3809.

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WAGING PEACE. FIGHTING DISEASE. BUILDING HOPE.



Laura Neuman manages the Carter Center's Global Access to Information Initiative.

NOTES FROM THE FIELD

Law Helps Liberian Investigate Exam Failures

By Laura Neuman

When Liberian high school student George Toddy failed the math and science sections of his college entrance exam, he was disappointed but not surprised—he had heard that his region had a very high failure rate compared to other parts of the country.

After attending an awareness-raising activity held by The Carter Center to discuss Liberia's freedom-of-information law, he began to wonder: Why did students in the Southwest do so much worse in the exam than those elsewhere, and why were the low scores always in the math and science sections?

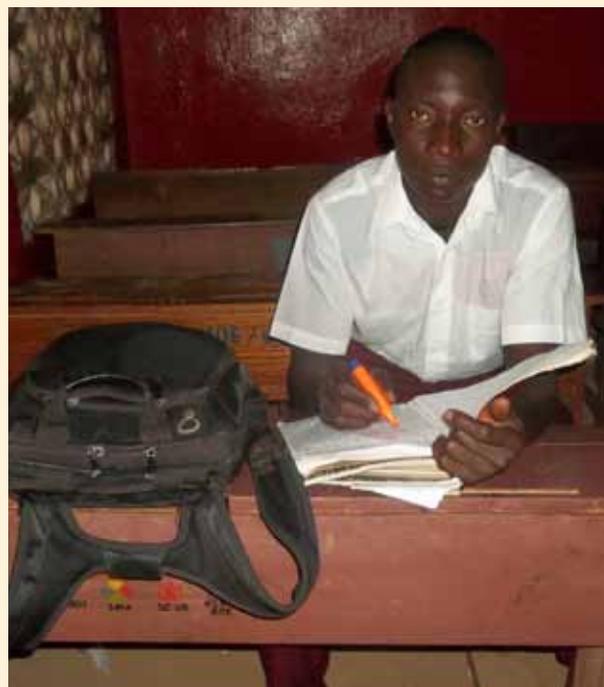
"I needed to figure out why this was happening. I wanted a fair chance to go to college like anyone else in my country," said Toddy.

With his newfound awareness of the law, he made a freedom-of-information request to his school and to the local department of education to obtain a copy of the math and science curriculum. He compared the national curriculum to the classes he had received and found that his teachers had been skipping a number of the requisite classes. That was why he and many of his friends were not able to pass the national exams. Toddy contacted his school and the district education office to inform them of the discrepancy.

Since then, new procedures have been put in place to monitor the actual classes taught to ensure consistency with the national curriculum. Toddy also helped launch a freedom-of-information club at his school so more students could learn about and use the resource.

Because of Toddy and his request for information, future students in the Southwest region now have a greater chance to pass college entrance exams and enter college the same as anyone else in Liberia.

The Carter Center has worked with Liberian civil society groups since 2009 to raise awareness of the country's freedom-of-information law and its ability to transform lives.



George Toddy, a Liberian high school student, used the country's freedom-of-information law to find out why his school and region had a lower rate of passing on college entrance exams.