

THE  
CARTER CENTER

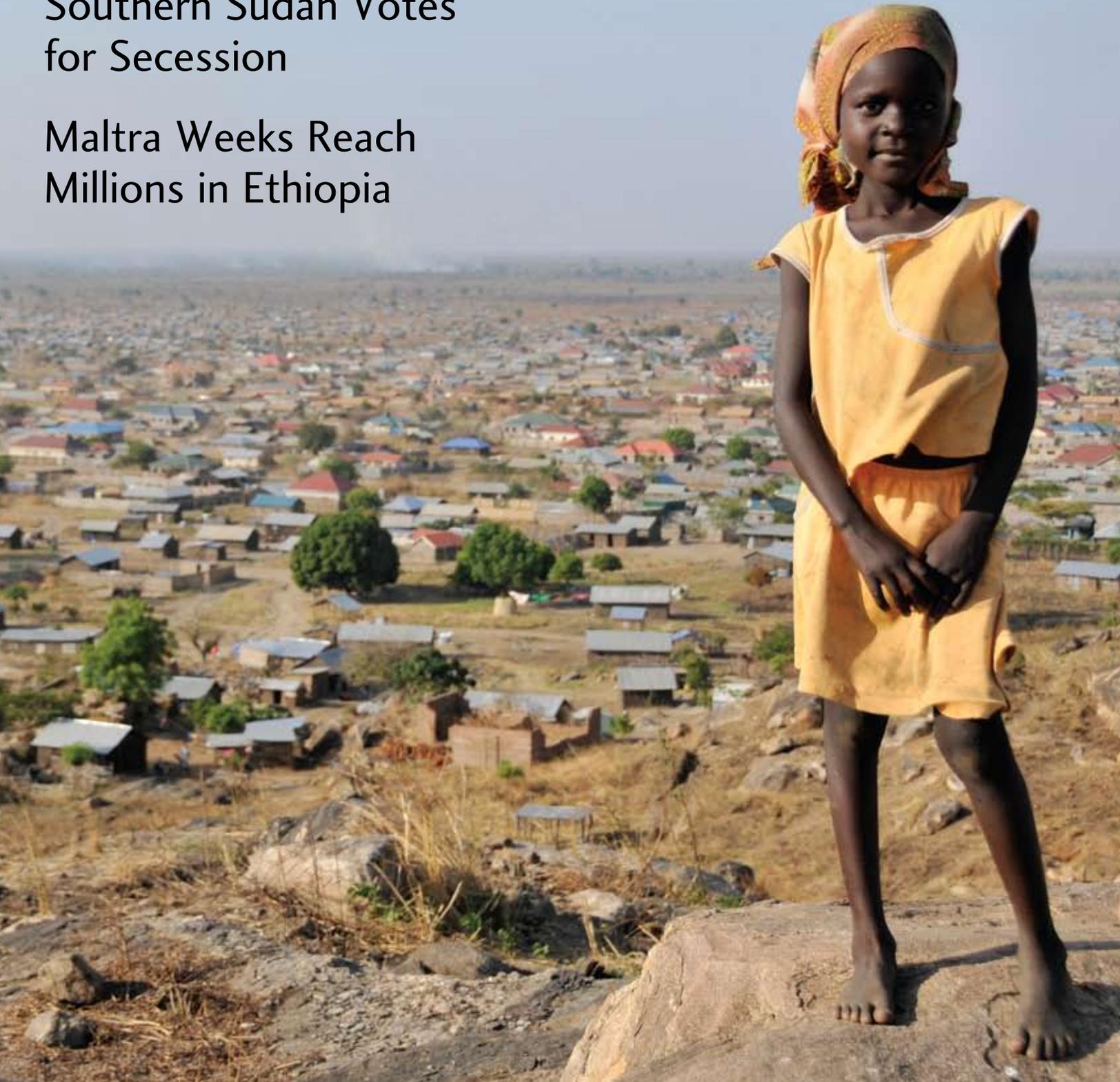


# CARTER CENTER NEWS

SPRING 2011

Southern Sudan Votes  
for Secession

Maltra Weeks Reach  
Millions in Ethiopia



WAGING PEACE.  
FIGHTING DISEASE.  
BUILDING HOPE.

# CARTER CENTER NEWS

SPRING 2011

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## ON THE COVER

A Sudanese girl stands atop a hill overlooking Juba, capital of Southern Sudan. In January, the region voted to secede from Sudan. The date of official separation is July 9, 2011. More than 99 percent of Southern Sudanese registered voters cast their ballots.



From the President and CEO

## Center's Spring Schedule Full But Targeted

The Carter Center's international work to wage peace, fight disease, and build hope touches millions of people in many of the poorest regions of the world every day.

While our agenda is always full, our work is very targeted and select. We go where we believe we can make a difference and where local communities have not only clear need but clear potential to implement and sustain solutions long term.



A health worker checks a woman for nodules from river blindness. Guatemala has nearly stopped transmission of this parasitic disease.

Activities on our docket this spring illustrate both the growing need and growing success of our work.

In Liberia, a partnership between The Carter Center and the Catholic Justice and Peace Commission to provide free legal services to rural communities has been renewed to continue strengthening rule of law in this post-conflict nation. Citizen response has been overwhelming, with more than 3,000 cases opened since 2007.

In Amhara region, Ethiopia, another semiannual campaign to prevent and treat malaria and trachoma will reach millions of people in a single week. The project is proving the cost-effectiveness of delivering interventions against multiple diseases concurrently.

In early April, the Center's Human Rights Defenders Forum reconvened leading activists from more than 20 nations to address urgent concerns about challenges to women's rights worldwide. The forum is a safe place for the human rights community to coordinate efforts and plan action steps around global themes.

Finally, our disease eradication and elimination projects are expected to break new ground. Mexico and Guatemala are on the verge of joining Ecuador and Colombia as countries having stopped transmission of river blindness. With continued health education and mass drug administration supported by The Carter Center, we hope to eliminate this disease from the Americas by 2015.

And soon Ghana will join 16 other nations no longer endemic for Guinea worm disease. Only about 1,800 cases now remain worldwide in this eradication campaign led by The Carter Center.

We thank our donors and partners for making these great strides possible.



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

## Carters Visit Cuba, Push for Reforms

During a three-day visit to Cuba in late March, former U.S. President Jimmy Carter called for more human rights in the country and urged U.S. officials to end the prohibition on trade. President Carter traveled with his wife, Rosalynn, and a small Carter Center delegation.

“We should immediately lift the trade embargo the United States has imposed against the people of Cuba,” President Carter said. “It impedes rather than assists in seeing further reforms made.”

While in the country, President Carter saw Alan Gross, a U.S. aid contractor who was arrested last December and is now serving a 15-year sentence in a Cuban prison. President Carter urged that the American be granted a humanitarian release soon.

As he did during his groundbreaking trip to the country in May 2002, President Carter met with several political dissidents. He also met with Cuban President Raúl Castro.

“My own hope is that in the future there will be complete freedom for all Cuban people, for speech, for assembly, and for travel,” President Carter said. “There are many things that can be done between our two countries to improve relations.”



## Liberia to Create System for Mental Health Care

Building on nearly two decades of Carter Center efforts to foster peace and democracy in Liberia, the Carter Center's Mental Health Program launched a five-year initiative in late 2010 to help the Ministry of Health and Social Welfare create a sustainable mental health system. The effort is desperately needed—Liberia has only one practicing psychiatrist, limited access to psychiatric medicines, and millions of people suffering from trauma after the nation's long and brutal civil war.

Working together to implement Liberia's National Mental Health Policy, The Carter Center and the Liberian government have set the aggressive goal of improving access to mental health care to 70 percent of the population, ensuring more people have the chance to reduce their suffering and contribute meaningfully to their communities.

The new program will train a cadre of mental health clinicians, such as physician assistants and nurses, in Liberia's unique mental health needs and cultural contexts. The Center also will help create national antistigma campaigns to improve public understanding of mental illnesses and establish advocacy groups and educational programs to foster family and community support.



*A mother allows her infant to be tested for malaria via a foot stick during a survey conducted by The Carter Center in Plateau state, Nigeria.*

## Center Helps Distribute More Than a Million Bed Nets in Central Nigeria

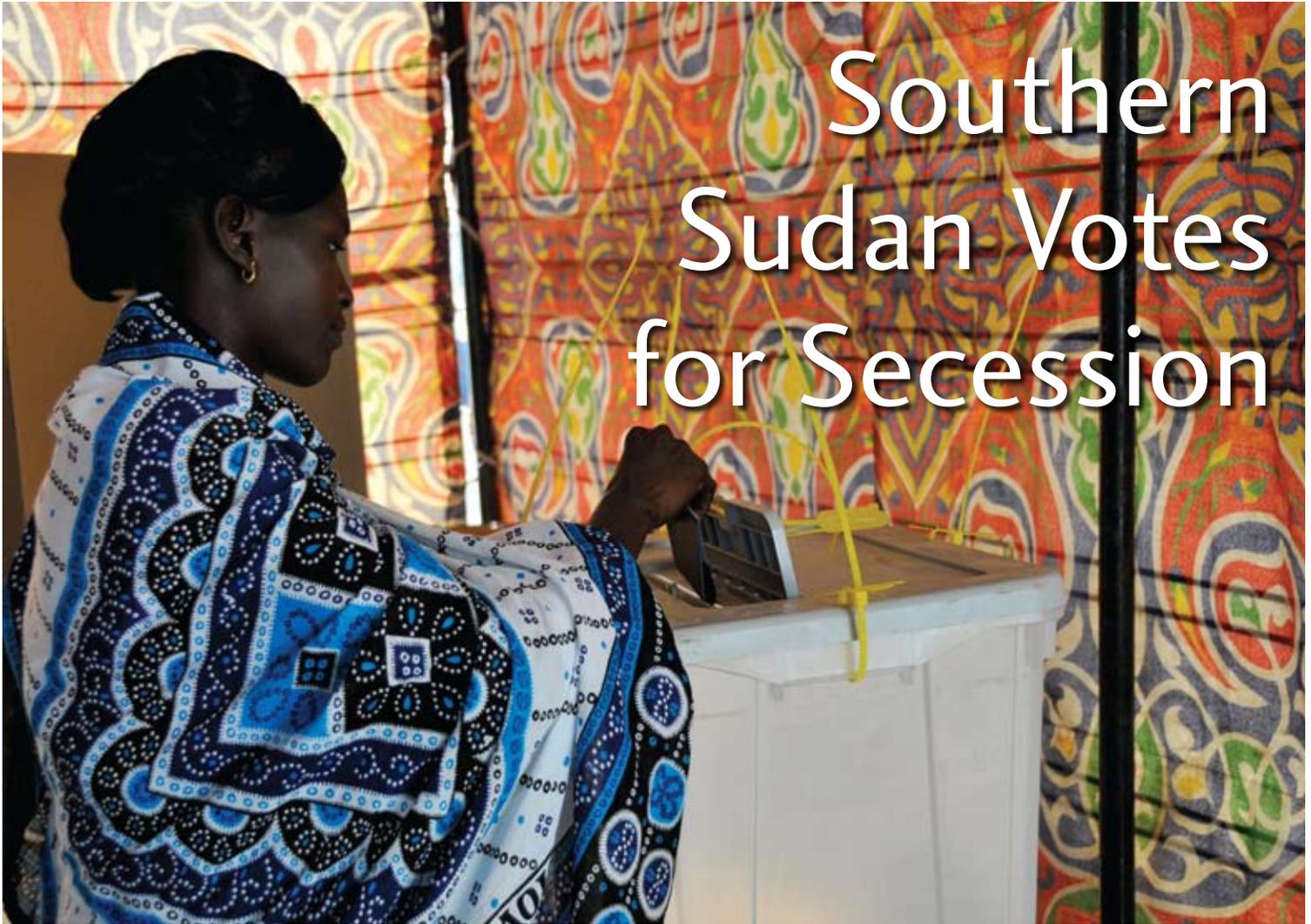
In 2010, The Carter Center made strides in its fight against two mosquito-transmitted diseases, malaria and lymphatic filariasis, by assisting the ministry of health of Plateau state, Nigeria, to distribute more than 1.4 million long-lasting insecticide-treated bed nets. The nets, purchased with funds provided by the Global Fund for AIDS, Tuberculosis and Malaria, protect people from the night-biting mosquitoes that spread the infections.

Malaria causes fever, anemia, and often death. Lymphatic filariasis is not fatal, but causes grotesque swelling of the legs and genitals.

The 2010 distribution of the bed nets (a twelvefold increase over the total nets distributed in 2009 in Plateau state) began shortly after expansion of the Carter Center's Malaria Control Program in Nigeria; Center staff quickly mobilized to help with this key aspect of the Ministry of Health's goal to increase national malaria prevention.

A 2010 baseline survey conducted by the Center before the massive scale-up of bed net distribution showed malaria prevalence in Plateau state to be over 40 percent. Earlier surveys of lymphatic filariasis showed one in five people infected.

*Cuba's President Raúl Castro, left, and former U.S. President Jimmy Carter wave during President Carter's departure from Havana, Cuba, on March 30. President Carter and former First Lady Rosalynn Carter visited the island for three days.*



# Southern Sudan Votes for Secession

As the sun rose across Juba on Jan. 9, Lulogo Market area resident Ibrahim, 33, already had waited in line for hours to be among the first to vote in Southern Sudan's historic referendum on self-determination. He clutched a small radio with antenna pointed toward the sky to hear news fragments from BBC and local stations about the referendum. Around him, hundreds of others also queued, some holding mattress pads—they had spent the night on the ground in front of the station—as poll workers unpacked materials, taped up signs, and sealed the empty ballot boxes.

"I've been anticipating this vote for a long time," said Ibrahim. "Every day I would check to be sure I still had my voter registration card; it's a very important day."

More than 100 Carter Center observers witnessed the birth of what will be the world's newest nation, following Jan.

9–15 voting, with an overwhelming majority of 98.8 percent voting for secession from Sudan. The new nation will be called the Republic of South Sudan.

Former U.S. President Jimmy Carter, former U.N. Secretary-General Kofi Annan, former Tanzania Prime Minister Joseph Warioba, and Dr. John Hardman, Carter Center president and CEO, led the Carter Center's international delegation. The Center's observers were deployed across Sudan and overseas voting locations to assess the referendum process and monitor polling, counting, and tabulation.

"The entire exercise was orderly, pleasant, and productive, and it is expected that The Carter Center will remain involved in both Sudan and South Sudan to promote peace, democracy, and better health and education," said President Carter.

In its Jan. 17 preliminary report, The

*At a Juba polling station, a citizen casts her vote in the January referendum to determine Sudan's future.*

Carter Center concluded that despite challenges, the referendum process was generally credible and marked by an overwhelming turnout of enthusiastic voters. At many polling stations in the South, especially on the first day, voters would cheer or sing as they left the polls and those in line would join in.

The scenes were often very different in the North though, where some southerners felt intimidated or did not want to vote, for various reasons. Hundreds of thousands of southerners living in the North moved back to the South ahead of the referendum, not necessarily realizing that one must vote where they registered. Only around 60 percent of those who registered actually

voted in the North, versus more than 99 percent in the South.

“I am Sudanese, my origins are from the South, my parents are from the South—but I’ve lived here in Khartoum for most of my life,” said Joyce Khamis, 29. “I didn’t vote because I believe in unity. Whether there is secession or unity, we remain brothers and sisters.”

The referendum process implements a major pillar of the 2005 Comprehensive Peace Agreement and represents the realization of the aspirations of the people of Southern Sudan to determine their political future.

In advance of the referendum, the Center deployed 16 long-term observers in September 2010 to report on referendum preparations, the campaign period, and political developments. In November, an additional 56 observers were deployed in Sudan and overseas referendum centers to monitor the voter registration process, a critical exercise determining who could participate in the referendum.

While the referendum itself was important, political decisions made by leaders in the coming few months will determine the future of this region. The North and South must resolve crucial issues such as border demarcation, citizenship questions, and the sharing of oil wealth before South Sudan officially becomes a country in July 2011.

*David Carroll (left), director of the Carter Center’s Democracy Program, former U.S. President Jimmy Carter, and former First Lady Rosalynn Carter consult with staff at a Southern Sudan polling station as they observe voting.*



*Above: Sudanese stood in line for hours at polling stations across Southern Sudan.*



*Right: In stark contrast to the atmosphere in the South, Northern Sudan polling stations often stood empty. Only 60 percent of eligible voters in the North went to the polls, whereas 99 percent voted in the South.*



# Maltra Success Measured in Millions



*Paul Emerson, director of the Carter Center Trachoma Control Program, in Ethiopia*

Twice a year, thousands of health workers and volunteers walk the countryside of Amhara region, Ethiopia, for a week. Their quest: treat every person at risk for the potentially blinding eye infection trachoma and screen as needed for malaria. In this Q&A, Paul Emerson, director of the Center's Trachoma Control Program and codirector of the Malaria Control Program, explains the remarkable results of these "Maltra"—malaria and trachoma—weeks.

## *Q: What is a Maltra week?*

Over the course of two Maltra weeks each year, one each for western and eastern Amhara, we aim to treat the entire regional population for trachoma with the antibiotic Zithromax,<sup>®</sup> donated by Pfizer Inc—that's a population approaching 20 million people. At the same time, we screen every person we see for malaria. If they have fever, we test them with the best rapid diagnostic tests available and

provide them treatment on the spot for anyone who tests positive. It's also an opportunity to reinforce the ongoing health education messages for preventing the two diseases.

## *Q: Why this region of Ethiopia?*

The Amhara region is the most endemic state in the most endemic country—the ground zero of trachoma. We are trying to eliminate trachoma as a source of blindness in this most difficult place. If it can be done there, it can be done anywhere in the world.

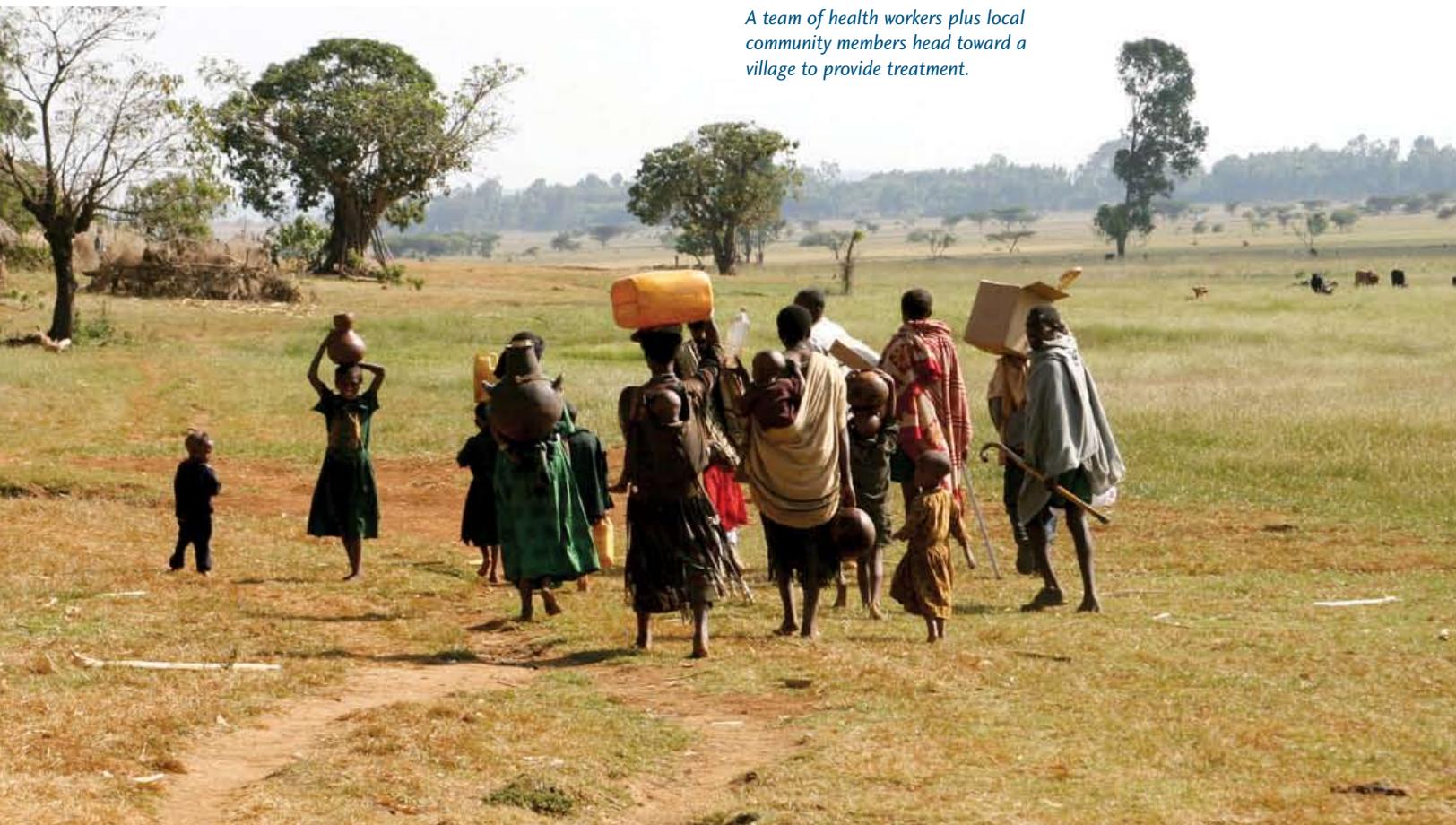
## *Q: What makes this area so endemic?*

It's a difficult question to answer. We know that trachoma affects people who are living in fairly crowded living conditions, are nutritionally compromised, and have problems with sanitation and hygiene, and these characteristics fit the Amhara region today.

## *Q: How do you pull together the manpower required for this semiannual campaign?*

Depending on your perspective, it is either the work of the dream team or a logistical nightmare. We had 4,559 teams last November, with most of the work being done on foot. The challenge is to make sure that each team in advance has logbooks, stationery, a height stick to measure the participants to determine proper medication dosing, the drugs that they need, plus the diagnostics and medication for malaria, and caps and t-shirts, all in the right quantity, in the

*A team of health workers plus local community members head toward a village to provide treatment.*



right place, at the right time. Fortunately, Ethiopia may be resource poor but it is capacity rich, and our staff is extremely capable of organizing all of this.

*Q: Maltra campaigns began in 2008. How have they evolved?*

In the beginning we were not sure how the campaign would pan out and whether people would want to participate, but we were amazed at the enthusiasm of the Ethiopian people. And, frankly, that initial enthusiasm has just been maintained. Now people have it on their mental calendars, and they're expecting to receive the Zithromax. In addition to trachoma, the medicine treats many other bacterial infections such as pneumonia, diarrheal disease, and skin diseases. The people have seen the benefits for themselves and don't need convincing. They come out in the millions.

*Q: Do any particular Maltra weeks stand out in your mind?*

One thing that I really have enjoyed seeing in the recent Maltra weeks, now everyone is primed for it, is the village fanfare. As a team is winding its way through the fields of crops coming into the village, boys with bugles will come out and blow their horns.



*A mother gives her child a dose of Zithromax.*



*In addition to providing drug treatment and screening during Maltra week, health workers conduct health education about trachoma and malaria. This van is equipped to show videos about preventing the two diseases.*

At that sound, everyone will stop what they're doing, gather their families, and come marching to the medication distribution point. By the time the team has entered the village and put its boxes on the ground, families are already assembling.

*Q: How does this high penetration in Amhara region fit into the global goal of eliminating blinding trachoma?*

The trachoma program in Amhara operates 52 weeks a year and targets 18 million people. It is the largest program in the world,

yet there are 100 million more people worldwide who would benefit from a comprehensive trachoma control program. To put the scale into perspective, 39 percent of the entire global donation of Zithromax for 2010 was consumed in the two Maltra weeks.

*Q: Can the Maltra week model of drug distribution, testing, and health education be applied to other diseases besides malaria and trachoma?*

Definitely. The concept of Maltra could be applied anywhere there is a strong health service and a strong public health system with the infrastructure to do it.

## Maltra by the Numbers in 2010

**2** number of intensive treatment weeks to cover entire Amhara region of Ethiopia

**7,855** number of four-person teams administering antibiotics and screening for malaria

**14.8 million** Ethiopians who received treatment for trachoma



# Liberia Advances Toward Open Records

Philomena Bloh-Sayeh is surrounded by mounds of documents in boxes stacked on shelves. “These are marriage documents,” she says. “You’ll see gaps in the years where some of them were lost during the war.”

Bloh-Sayeh is the director-general of the National Archives of Liberia. She and her staff have a monumental task ahead locating, organizing, and cataloging documents. Now that Liberia has enacted a comprehensive freedom of information act—the first of 16 West African countries to pass such a bill—the push is on to make public information available so Liberians can access records ranging from birth certificates and land deeds to legislative acts, Supreme Court decisions, and government budgets.

Since 2003, The Carter Center has been a leader in the implementation of access to information policies worldwide. Laura Neuman, who heads the Carter Center’s Access to Information Project, says freedom of information is a fundamental human right. “It allows citizens to participate in decision making, to hold their government

accountable, and to assure equal treatment and justice.” So when the Liberian government and civil society groups invited The Carter Center to help establish access to information policies, Neuman and colleagues set up a field office in Monrovia.

Alphonsus Zeon, a Liberian journalist, law student, and active participant in the freedom of information effort, was brought on board to coordinate the project in Liberia. Zeon explains that restricted access to information was one of the factors that led to Liberia’s recent 14-year civil war.

“The officials of government were not transparent,” says Zeon. “That closed governance system bred corruption and led to human rights violations. Freedom of information is directly related to the peace and stability of Liberia.”

Enacting a freedom of information act in October 2010 was a crucial step toward establishing an open government. But implementing the law, promoting public access, and monitoring the release of information remain difficult challenges.

The Carter Center is providing support and assistance to the government as well as to

*As Liberia continues to rebuild after a lengthy civil war, citizens gained the right to access government records in 2010, including documents such as birth and marriage certificates. Liberia was the first West African nation to pass such a law.*

civil society and the media. The Center will work with other nongovernmental organizations to arrange public hearings, facilitate dialogue between government agencies and civil society organizations, provide technical support and training in record keeping and publication, raise public awareness, and monitor government performance.

From her office at the National Archives, Philomena Bloh-Sayeh has a long to-do list: train employees in archival science, digitize records, secure climate-controlled storage. But as she and her staff tackle day-to-day tasks, they try to never lose sight of their role as public servants and their responsibility to provide Liberians with access to information.

“We are trusted with the country’s information,” she says. “We hold the public information in our hands.”

# Guinea Worm Cases Drop 44% in 2010

Cases of Guinea worm disease became fewer and farther between last year as more communities in Africa halted the parasitic infection. The international campaign to eradicate the disease, led by The Carter Center, is now focused on three areas.

In 2010, about 1,800 cases of the disease were reported, 94 percent hailing from Southern Sudan, with a handful of cases found in eastern Mali and western Ethiopia. In addition, a small outbreak occurred in Chad. Ghana reported just eight cases in early 2010 and no new cases since May 2010, a sign that transmission has likely stopped there.

“The last cases of any disease are the most challenging to wipe out, especially when stability is threatened in the endemic communities of Southern Sudan and Mali,” said Dr. Donald R. Hopkins, vice president for health programs at The Carter Center.

Guinea worm disease is a debilitating parasitic infection that affects people living in remote, poverty-stricken communities with no access to clean drinking water. The disease is contracted when people consume stagnant pond water contaminated with

infective Guinea worm larvae. After a year, a three-foot-long worm slowly emerges from the body through a painful blister in the skin. There is no vaccine or medicine to prevent or treat the disease. Health education and behavior change, such as using water filters, are the simple, low-tech tools employed in the fight against Guinea worm disease.

Although the disease does not kill its victims, it causes great pain and suffering. Incapacitated when a worm emerges, children miss school and adults cannot tend to their crops or chores, affecting the well-being of entire communities.

“This campaign is not just about reducing cases,” said Dr. Hopkins. “It is about improving lives.”

When The Carter Center began spearheading the international campaign to eradicate Guinea worm disease in 1986,



*In 2008, children with Guinea worm disease are treated at the Savelugu Containment Center in northern Ghana. Three years later, the country may have seen its last case of the disease.*

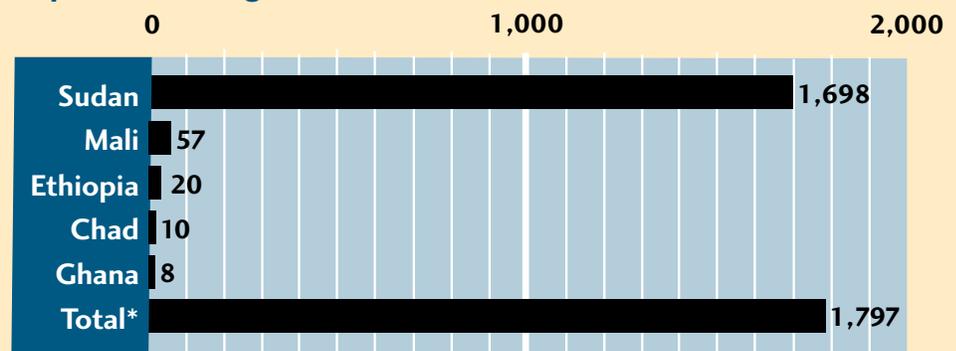
there were an estimated 3.5 million cases in 20 countries in Africa and Asia. Today, less than 1 percent of cases remain. The Carter Center collaborates closely with the ministry of health in each of the countries where Guinea worm is found, allowing the citizens to work to improve their own lives with the Center providing technical and financial assistance.

★ Videos and graphics about Guinea worm disease, plus the latest information on case totals, can be found online at [www.cartercenter.org/guinea-worm](http://www.cartercenter.org/guinea-worm).

## Niger and Nigeria Honored at Ceremony

In February, Niger and Nigeria received awards from The Carter Center as the latest countries to eliminate Guinea worm disease from within their borders. The ceremony was held at Carter Center headquarters in Atlanta, Ga., and recognized the two countries for 12 consecutive months without a single new indigenous case of the disease, a sign that disease transmission has been interrupted. Niger reported its last case in October 2008. Nigeria reported its last case in November 2008.

## Distribution by Country of 1,797 Cases of Dracunculiasis Reported During 2010\*



\* Provisional

Since 1986, 16 countries have stopped Guinea worm transmission: Nigeria, 2008; Niger, 2008; Burkina Faso, 2006; Cote d'Ivoire, 2006; Togo, 2006; Benin, 2004; Mauritania, 2004; Uganda, 2003; Central African Republic, 2001; Chad, 1998; Cameroon, 1997; Yemen, 1997; Senegal, 1997; India, 1996; Kenya, 1994; Pakistan, 1993.

Lauren Kent-Delany

## Coordinator Helps Interns Chart Career Path

Lauren Kent-Delany started at The Carter Center in the immediate aftermath of Hurricane Katrina—Aug. 30, 2005. But as the head of the Center’s intern program, Kent-Delany is no storm. Steady and calm, she manages a revolving door of more than 100 interns from more than a dozen countries each year.

“I find these students to be refreshing,” said Kent-Delany, director of educational programs. “They have such a broad perspective.”

One of the most unique features of the Carter Center’s intern

In addition to performing their everyday work, interns attend special speaker presentations, go to lunch with Center President Dr. John Hardman, and visit the archives of the Jimmy Carter Presidential Library and Museum.

Most interns also look forward to meeting President and Mrs. Carter during their trip to Plains, Ga., home of the Carters. “Listening to President Carter at his boyhood home was really interesting,” said Jennifer McDonald, a spring 2011 intern. “Mrs. Carter even took us on a personal tour of the Plains Inn.”

But while talking with a former U.S. president is a special perk for Carter Center interns, Kent-Delany focuses her efforts on mentoring the interns so they can reach their career goals, whatever they may be.

“Instead of taking that first job and committing themselves to two years, more people are choosing to spend a semester with us and gain some clarification,” said Kent-Delany.

Intern applicants must be juniors, seniors, graduate students, or have completed their degree within the previous 24 months. The selection process is highly competitive: for summer 2011, Kent-Delany received 460 applications for 42 positions.

Over the years, more than 2,400 interns have come through the Center. According to Dr. Steve Hochman, director of research at the Center, students have been working at the Center since its infancy in 1982—even before it employed any paid full-time staff.

Kent-Delany has personally overseen the most recent 540 interns, a role that requires many hats. “Sometimes I’m dealing with immigration issues regarding visas. I’m a career counselor, a personal relationships counselor, a financial aid officer,” she said. “I spend time helping interns clarify how their values relate to career choices.”

“Lauren is the best resource,” said intern McDonald. “Not only does she know a lot about The Carter Center and Atlanta, but she’s a great people person. Her door is always open.”



In November 2010, Lauren Kent-Delany (center) traveled to Cote d'Ivoire to learn more about the challenges interns face while in the field during elections. Here, she consults with fellow election observer Dominique Dieudonne (right) and their translator.

program is its structure. Although interns work in individual departments around the Center, such as the Democracy Program or Development Office, the students participate in many activities as a group, building cohesiveness.

Kent-Delany hosts an overnight retreat for the interns so they can get to know one another and learn more about all the programs of the Center. “I encourage them to engage not only with their individual program but with other areas as well,” said Kent-Delany. “Whether it’s peace and health, or human rights and conflict resolution, they can start to figure out how these things impact each other.”

*‘Instead of taking that first job and committing themselves to two years, more people are choosing to spend a semester with us and gain some clarification.’*

## CIDA Supports Election Standards Project

As a pioneer in the field of election observation, The Carter Center has taken the lead on a multiyear, multiphase project to build consensus among organizations for a common set of standards by which democratic elections are judged. The Canadian International Development Agency (CIDA) has been a key supporter of the current phase of the project, donating nearly \$1 million USD.

Formed by the Canadian government in 1968, CIDA administers foreign aid programs in developing countries. The agency has provided more than \$11 million USD in support to The Carter Center since 1996.

The Center's democratic election standards project will have benefits far beyond any one election. International observation organizations will be able to measure elections against consistent criteria, allowing for more collaboration among peer organizations and in-country civil society groups. Furthermore, countries transitioning to true democracy will understand the standards by which their elections will be judged.

With CIDA's support, the Center is producing handbooks on observation methodology, open-source templates and checklists for field use, and training modules on election observation. Last year, the Center debuted the Database of Obligations for Democratic Elections, which consolidates more than 150 sources of international law related to human rights and elections and can be found on the Center's website.

With its interest in developing nations, CIDA has supported both peace and health programs of The Carter Center. The agency's "A Developing World" map, available online, provides statistics on the quality of life in all countries, including life expectancy and standard of living.



*A democratic election standards project is helping observer organizations measure elections against consistent criteria.*



*A challenge grant from the Hussman Foundation will help fund Guinea worm disease eradication in South Sudan.*

## Hussman Foundation Fights Guinea Worm, Other Diseases



*John and Terri Hussman*

Through their charitable work, John and Terri Hussman are committed to providing life-changing assistance to vulnerable people. Since 2007, John and Terri have provided generous support to the Carter Center's health programs, both personally and through the John P. Hussman Foundation. Their partnership has enabled

the Center to fight disease in some of the most underserved communities in Africa.

Most recently, the Hussman Foundation issued a generous challenge grant to The Carter Center. Gifts from other donors in support of the Guinea Worm Eradication Program will be matched one-to-one by the Hussman Foundation, up to a total of \$1 million. Not only does the grant help to stop the suffering caused by this disabling parasitic infection, but it also inspires others to join in the global eradication campaign.

Based in Maryland, the Hussman Foundation supports initiatives to assist vulnerable individuals having urgent needs or significant disabilities in the United States and around the world. The foundation focuses on projects with the potential to have life-changing impact at a low cost per person affected, such as groundbreaking research on autism and other neurological disorders, educational programs, and the prevention of homelessness. In addition to Guinea worm disease, contributions from the Hussman Foundation have advanced the work of the Center's health programs in controlling malaria, trachoma, and schistosomiasis. The Carter Center is grateful to have John and Terri's partnership in working to improve global health.

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One Copenhill  
453 Freedom Parkway  
Atlanta, GA 30307

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WAGING PEACE. FIGHTING DISEASE. BUILDING HOPE.



*John Stremlau, Ph.D., is vice president for peace programs at The Carter Center.*

NOTES FROM THE FIELD

## Center's Observation Vital in Postconflict Nations

*By John Stremlau*

When a country asks The Carter Center to monitor its elections, we go where our expertise is most needed, often to nations just emerging from war. Last year I helped lead observation missions to two fractured countries, Guinea and Cote d'Ivoire, as they held their first open presidential contests since independence from France a half-century ago. Our task was to judge whether these elections were credible.

Our Ivorian mission began in 2007, under the terms of a fragile peace accord that halted a brief civil war. The Guinea mission was also rooted in a peace agreement, this one following a spike in violence and a December 2009 promise by a new military ruler to transfer power to an elected government in just six months.

Guineans went to the polls in May 2010. Nearly half the ballots were disqualified due to inadequate preparations, and fixing the problems took an unexpected five months. This complicated our mission, to be sure, but we were committed to seeing the elections through to their conclusion. When final votes were counted in early November, Alpha Conde emerged victorious, and his rival

graciously accepted the result. The Carter Center found that these elections represented the will of the Guinean people.

Cote d'Ivoire took a different turn. In the November runoff, the incumbent president, Laurent Gbagbo, lost to Alassane Ouattara but refused to concede, creating political chaos and fueling violence. The Center found the elections to be free and fair, and with the international community standing behind the election results, the people's choice eventually prevailed.

Voter turnout exceeded 80 percent in both countries, evidence to me of the faith the citizens have in transparent elections observed by The Carter Center and other organizations. These elections help form a basis for hope in one of the world's most troubled regions.



*Election workers in Guinea count ballots by lantern due to lack of electricity.*