

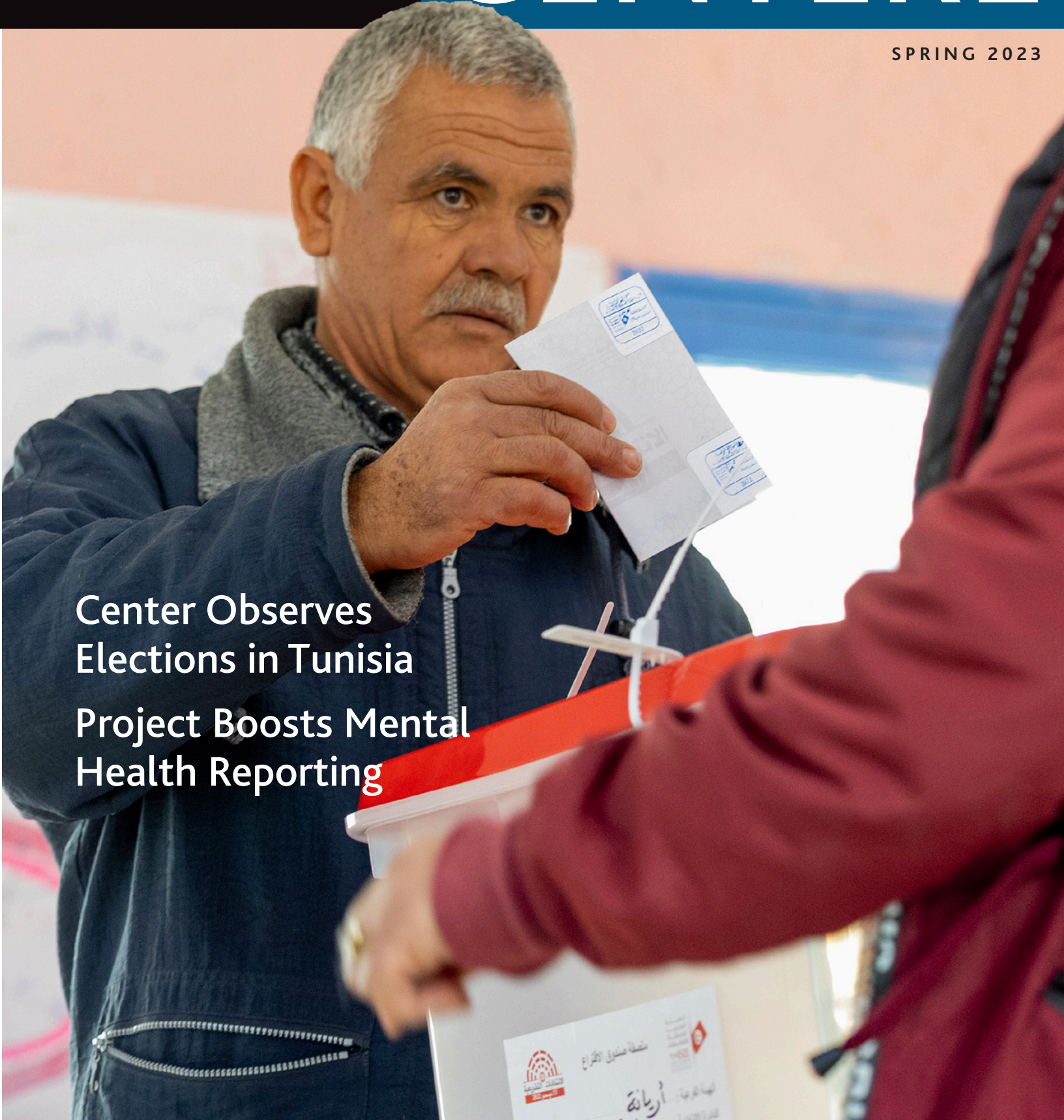
THE
CARTER CENTER



CARTER CENTER NEWS

SPRING 2023

Center Observes
Elections in Tunisia
Project Boosts Mental
Health Reporting



WAGING PEACE.
FIGHTING DISEASE.
BUILDING HOPE.

CARTER CENTER NEWS

SPRING 2023

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ON THE COVER

A Tunisian man votes in parliamentary elections last December. The Carter Center monitored the voting and returned for a January runoff, making a number of suggestions to help stop democratic backsliding there. Read more on page 4.



From the CEO

Changing Times, Unchanging Principles

The announcement in February that former U.S. President Jimmy Carter, the Carter Center's co-founder, was entering hospice care touched my heart. It prompted reflections on how the Center has grown and evolved while remaining true to our founders' original vision.

President and Mrs. Carter initially imagined the Center as an institution where international adversaries could turn to resolve their conflicts and disputes, thereby ending or avoiding wars. That vision persists today in our robust Conflict Resolution Program, where we closely monitor activities in Syria, Mali, Sudan, Israel, and Palestine.



Former U.S. President Jimmy Carter observes the 1989 presidential election in Panama on behalf of The Carter Center. Today, the Center is as a trusted authority in the field of international election observation.

In the Center's early days, the Carters became aware of Guinea worm disease and began to act against the parasitic affliction endured by millions. Today, we are on the brink of eradicating the disease: Only 13 human cases in four countries

were reported last year. And the Center's work has expanded to include fighting an entire portfolio of neglected tropical diseases—river blindness, trachoma, lymphatic filariasis, and schistosomiasis.

In 1989, President Carter led a mission to observe elections in Panama. That set the stage for The Carter Center to monitor elections in emerging or struggling democracies around the world—114 in 39 countries to date. In the process, the Center has become a trusted authority on the standards and obligations for democratic elections.

While in the White House, President Carter emphasized respect for human rights as an essential pillar of his foreign policy. Today, The Carter Center upholds that ideal by supporting human rights defenders in the Democratic Republic of the Congo and around the world.

President and Mrs. Carter's vision for a better world—a world where peace, health, and hope reign—is at the center of everything we do. I'm proud to be a part of continuing such an honorable legacy based on timeless principles. I hope you are, too.



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

Carter Center Completes First Phase in Training Public Health Workers

In 2014, The Carter Center partnered with Sudan's Federal Ministry of Health to help medical institutions better train health workers to meet maternal and child health.

This work is especially critical in Sudan, where doctors are in short supply and 80% of babies are born at home.

Through the Sudan Public Health Training Initiative, which was funded by the Lui Che Woo Prize and the Qatar Fund for Development, the Center helped train more than 1,000 health sciences faculty. It also distributed nearly 10,000 educational materials—from computers to laboratory equipment to anatomical models—and updated curricula for a variety of medical professions, including midwives, medical assistants, and community health workers.



The project proved so successful that in January, the Center transferred full ownership of the initiative to the government.

Unfortunately, since January's handover ceremony, fighting has broken out between rival factions in Sudan, causing tragic loss of life and disruption of public services and medical interventions. The Carter Center remains committed to helping improve the health of the people of Sudan and stands ready to assist in helping bring about lasting peace.

Dominican Republic Opens New Molecular Biology Lab

With support from The Carter Center, the Ministry of Public Health in the Dominican Republic cut the ribbon in April on a new molecular biology laboratory in Santo Domingo that will help the country eliminate malaria and lymphatic filariasis.

The Carter Center works with the

Dominican Republic and Haiti to eliminate both diseases in both countries, which together make up the island of Hispaniola.

The Dominican Republic reported just 336 cases of malaria in 2022; it could eliminate the disease by 2025, according to the World Health Organization. Haiti reported 12,983 malaria cases in 2022; the total for the island represents a 21.6% increase from 2021. A mapping survey is underway to confirm elimination of lymphatic filariasis in the Dominican Republic, while gains are being made in Haiti.

"We must use every tool available to reach elimination, and the molecular biology laboratory will be a powerful one," said Dr. Luccene Desir, who manages the Carter Center's work in Hispaniola.

Zambian Event Addresses Political Participation for Marginalized Groups

The Carter Center and the Embassy of Sweden in Zambia brought together civil society, government officials, and other stakeholders in Lusaka on March 31 to discuss strategies to ensure equal participation and representation in Zambian politics of women, youth, and people with disabilities.

The meeting was held in conjunction with the second global Summit for Democracy, co-hosted by the United States, Zambia, Costa Rica, the Netherlands, and the Republic of Korea.

The March 31 event highlighted the benefits of involving more women in politics, and participants discussed the importance of including youth and people with disabilities in processes that ensure equal access to elections. They also explored the critical role that faith-based and traditional leaders can play as allies in the struggle for equal participation.

Attendees also addressed gender-based violence, which is increasing in Zambia and discourages women's political participation.

"Collective reflection and action are urgently needed to end violence against women, including in politics and elections, in Zambia," said Anne Mbewe-Anamela, executive director of the Non-governmental Gender Organisations' Coordinating Council.



Paige Alexander (top left), Carter Center CEO, examines an anatomical model in a Sudan classroom. The Center helped train health sciences faculty and distribute educational materials in the country for eight years before transferring ownership of the program to the government in January.



Center Sends Election Teams to Three Countries

The Carter Center recently sent election teams to the United States, Tunisia, and Brazil. Each situation was different, each required a distinct approach, and each had a unique result.

United States

In November 2022, the Center dispatched nonpartisan observers to polling places throughout Fulton County, Georgia, the state's largest county and home of The Carter Center. It was the first time the Center observed the voting process in a U.S. election after more than 110 in other countries. Observers watched to see that poll workers followed proper procedures, voters were not intimidated or harassed, and officials handled ballots properly. The Carter Center's observation efforts contributed to the closure of the state's investigation of Fulton County elections.

"Our observers reported no serious irregularities that could have affected the outcome in Fulton County," said Avery Davis-Roberts, associate director of the Center's Democracy Program. "There were a few minor glitches, most of which can be overcome with additional

training of election workers, but overall it was a very clean and well-run election."

After the election, The Carter Center observed the Georgia Secretary of State's risk-limiting audit, which is a statistical process that checks the accuracy of the vote count. Again, no problems were cited.

Election observation on a national scale would be hard to accomplish in the U.S., Davis-Roberts said.

"Observing a national election in the United States would be a big challenge because every state has its own set of laws and rules," she said. "We're looking at the possibility of a statewide observation, but even that would have some high legal and logistical barriers to overcome, depending on the state."

Tunisia

Two consecutive elections in Tunisia were marked by very low voter turnout, an indication of democratic backsliding in the country, said Sarah Johnson, Democracy Program associate director.

"Citizens in Tunisia don't see democracy working to improve their lives," Johnson said.

Residents of Fulton County, Georgia, vote in last November's elections. The Carter Center observed voting in the county.

And, in a context where the government is operating by presidential decree, Tunisians increasingly are concerned that their votes are meaningless.

Just 8.8% of the country's eligible voters cast ballots in the Dec. 17 parliamentary elections, a historically low turnout. The Jan. 29 runoff election again failed to motivate voters, generating just 11% turnout.

The Center made several recommendations to address Tunisia's democratic backsliding. It urged key leaders to engage in national dialogue and urgently address the following issues:

- The need for a new electoral law to reestablish an independent electoral body;
- Review and revision of the electoral system to facilitate effective national policymaking;
- The establishment of policies to address critical issues such as corruption, security sector reform, and public administration;



Carter Center observers Sarah Johnson (left) and David Carroll (right) and legal analyst Fadoua Ouni confer outside a Tunisian polling station in December. Voter turnout was less than 9%.

- Increased voter education as well as civic education to engage the public in national dialogue consultations and democratic reforms; and
- The need to strengthen political parties and increase internal party democracy to enable more effective political party representation, including by women, youth, and marginalized populations.

“The Tunisian people deserve a transparent government that seeks to address the pressing political, economic, and social issues that prompted the [2011] revolution” that overthrew the dictatorial president and installed a democratic government, the Center said in a post-election statement. “Tunisia’s leaders must deliver on these aspirations and return Tunisia to the democratic path it embarked on in 2011.”

Brazil

In contrast, in Brazil the Center did not mount a full, detailed observation, instead sending a six-person electoral expert mission. The Center’s team commended Brazilian voters and officials for the successful general election held on Oct. 2, 2022, and subsequent presidential runoff on Oct. 30.

The mission was made up of experts from Argentina, Germany, Portugal, Spain, and the United States. They focused on several key issues related to the functioning and transparency of the voting technology systems, disinformation about the use of those systems, and the legal framework governing the use of voting technology.

Broader election observation missions organized by Brazilian and international observers reported that the election was well-organized and conducted with timeliness and transparency, including in publishing final results.

“Brazil executed a very good election in a complex electoral environment,” said David Carroll, director of the Carter Center Democracy Program. “Widespread disinformation failed to discourage voters from casting their ballots on either day, and the outcome reflected the will of Brazilian voters.”

One week after the new president, Luiz Inácio Lula da Silva, was inaugurated, a violent mob attacked the offices of Brazil’s three constitutional powers: the executive, legislative, and judicial branches. The Carter Center condemned the attack, reiterating that the election was fair and the results accurate.

“Political polarization exists in vibrant

Center Releases Updated Election Standards Manual

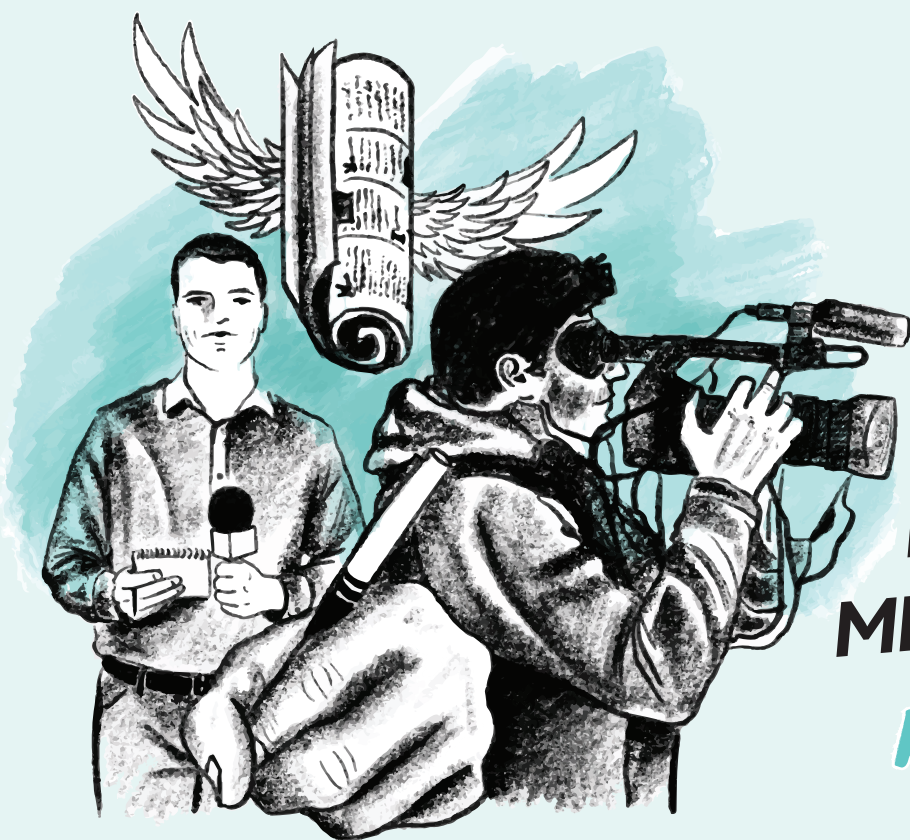
The Carter Center on March 28 released a new edition of its Election Obligations and Standards manual during the second global Summit for Democracy, held in Lusaka, Zambia.

The 326-page manual provides a detailed framework for assessing the democratic nature of elections, based on international standards rooted in human rights. It helps election observers, citizens, and researchers understand how fundamental rights and freedoms, such as the right to vote, freedom from discrimination, and freedom of assembly, apply to each part of the electoral process.

Many countries around the world experienced setbacks in democracy since the first manual was introduced in 2014. In addition, to address new developments and challenges that influence how we think about elections, the guide has been modernized to include updates on issues such as violence against women in politics, mis- and disinformation, accessibility for persons with disabilities, data privacy, and more.



democracies like Brazil,” the statement read, “but the rule of law provides mechanisms for peaceful dissent that do not include violence and destruction.”



PROJECT BOOSTS MEDIA COVERAGE OF *Mental Health*

In 1996, the breakthrough Mental Health Parity Act was passed—the first legislation to require that certain insurance providers cover mental health benefits the same as, or on par with, medical benefits.

Yet even after additional federal legislation was passed, parity between mental health care and physical health care is far from achieved. Millions of people struggle to find, receive, and afford appropriate mental health treatment.

For the past year, The Carter Center and The Center for Public Integrity have partnered with newsrooms across the country to bolster news coverage on mental health access and parity. In the Q&A that follows, program manager Nora Fleming explains the Mental Health Parity Collaborative and its impact so far.

Q: What is the Mental Health Parity Collaborative?

Nora Fleming: The Mental Health Parity Collaborative is a group of newsrooms across the United States that work with The Carter Center and The Center for Public Integrity to produce stories for their news outlet on mental health care access, inequity, and parity.

Q: What newsrooms are participating?

We partner with news organizations but work with a dedicated reporter or reporters and editor from those newsrooms. We had 15 news partners last year in six states and about 45 reporters and editors. Participants included The Los Angeles Times, Texas Public Radio, The Atlanta Journal-Constitution, the Chicago Tribune, and the Arizona Center for Investigative Reporting, to name a few. This year, 20 newsrooms in eight states will participate.

Q: What support does The Carter Center provide?

Last year, the journalists and editors attended training in three areas: One, mental health parity and policy; two, best practices in mental

health reporting; and, three, solutions journalism with mental health coverage. Going forward, we plan to tailor additional training: As journalists begin digging into their stories, their needs become more specialized. I've also identified a couple of people who could serve as coaches. Each of the newsrooms is different and they have different needs.

Q: The Carter Center already supports journalists through a fellowship program. What makes the collaborative different?

About 10 journalists a year are selected for our fellowship program, the Rosalynn Carter Fellowships for Mental Health Journalism. Potential fellows each pitch a single mental health topic through a formal application process and, if chosen, work with an advisor for a year. Some are freelancers, some write books, some work in news. This project—the



Nora Fleming manages the Mental Health Parity Collaborative for The Carter Center.

Mental Health Parity Collaborative—provides a way for The Carter Center to work with many more newsroom-based journalists and give them the training and resources to produce stronger mental health stories. There's no formal application process or topic agenda, so the journalists have flexibility. Their timeline is six to seven months for participating, rather than a full year, so the time commitment is lessened. Reporters who don't cover health care also can participate. For example, crime and education beats often intersect with mental health stories.

Q: What topics did the journalists cover last year?

Some stories followed popular national themes, such as mental health and the prison system and mental health care for schoolchildren. Other topics included insurance coverage, pandemic-related therapy needs, and funding for mental health programs, to name a few.

Q: Did any stories stand out?

All of them! Here's one to mention: Laura Bargfeld and Natalie Skowlund, graduate students from Arizona State University, went to the Navajo Nation to report about how traditional Native American practices can promote healing and better mental health. They wrote a long-form article, posted a video, took photos, and created an audio story. It was a whole package, and two students put it all together.

Q: Any other unique reporting?

Riley Bunch, a journalist from Georgia Public Broadcasting, reported on mental health crises among farmers in Georgia, the efforts to help them with care, and the stigma of accessing that care. April Dembosky from KQED looked at early interventions for people with schizophrenia and the challenges getting that care paid for in California. She had a real struggle getting people to go on the record, so her story took a long time to report. She ended up with a 30-minute radio special picked up by NPR.

Q: What impact does the Center expect from the project?

In addition to the obvious goal of reaching the public with accurate mental health reporting to decrease stigma, we're hoping to influence public policy too. Last year we worked with news organizations from six states—Arizona, California, Georgia, Illinois, Pennsylvania, and Texas—representing a cross-section of the country. Texas is ranked lowest for access to mental health care. Last year Georgia was working on progressive mental health and parity legislation. California has historically been more progressive, but there's also a lot of inequity. The reporting done under this project can raise the profile of mental health policy issues to state officials.

Q: What's next?

We are currently kicking off with this year's group of about 20 news organizations. Most are new, but a handful continued from last year. We're still partnering in most of our initial states but have added outlets in Tennessee, Oklahoma, and Colorado.

Q: Where can people find the stories from the collaborative?

The stories from reporters in the collaborative can be found at <https://mentalhealthjournalism.org/category/partner-news>. I encourage people to read the stories and see the great work these journalists are doing.



Arizona State graduate students Natalie Skowlund and Laura Bargfeld produced a comprehensive story about traditional Native American healing practices and mental health.



Riley Bunch, a reporter for Georgia Public Broadcasting, interviews U.S. Sen. Raphael Warnock following a roundtable with Georgia farmers to discuss mental health in the agriculture community.

Human, Animal Guinea Worm Numbers Improve in Chad

Seven countries reported finding Guinea worms in either humans or animals last year. Chad reported the highest numbers by far.

Chad reported a total of 1,102 Guinea worms in six humans and 606 animals across 270 villages in 2022. Those statistics sound high, but it's actually good news: The numbers were down from 2021.

Chad reduced the number of villages with human or animal Guinea worm infections by 22%, the number of infected dogs by 32%, and the total number of Guinea worms by 27%.

In all affected countries, containment of infected animals — that is, keeping them away from water sources such as streams, ponds, and watering holes — is essential to interrupting transmission of the disease. Guinea worms that do not reach water do not reproduce. Chad contained 70% of its reported infected

dogs and 65% of its infected cats in 2022.

Proactive tethering of all household animals, whether they are known to be infected or not, also helps keep the water safe. In 2022, Chad increased the number of villages enrolled in proactive tethering from 276 to 313, and a total of 26,853 dogs and cats were tethered. Of villages that reported a Guinea worm in the current or previous year, 78% participated in proactive tethering in 2022, and the country

aims to reach 100% this year.

“The people in the villages are really open to the messaging delivered by team members from the Ministry of Health and The Carter Center regarding tethering dogs and cats,” said Karmen Unterwegner, associate director of the Center’s Guinea Worm Eradication Program. “Continued improvement in this activity will help Chad keep the eradication effort moving through its last mile.”

Guinea Worm Cases, 2022

Country	Total worms	Humans	Animals	Villages
Chad	1,102	6	606	270
Mali	61	0	41	21
Cameroon	43	0	28	11
Angola	10	0	7	2
South Sudan	11	5	1	4
Ethiopia	11	1	3	3
Central African Republic	1	1*	0	1
Totals	1,239	13	686	312

*Case believed imported from Chad

A dog in Chad is tethered to prevent the spread of Guinea worm disease. The number of human and animal cases of the disease in Chad dropped by 27% from 2021 to 2022.





Podcast Bolsters Young Congolese Women

Laetitia Muabila Bangu-Bangu wants to help women in the Democratic Republic of the Congo find their voices.

“We are Africans, and from our traditions and customs, it is difficult for women to come forward and speak freely, even in our churches,” she said. “Even women in prominent positions would scarcely take the opportunity to give their opinion. We thought that it was important to help women in that vein.”

Bangu-Bangu and her organization, Jem’ah Association, received a grant from the Carter Center’s Women’s Voice and Leadership Project that enabled her to create a podcast series by and for young people. She trained college journalism students in the art of podcasting, and then they went into schools to encourage students to sit for interviews on topics important to them, with an emphasis on women’s issues.

Bénédicte Tabitabi was one of the young interviewees for the podcast, called “Over to You.”

“Women don’t know themselves,” she said. “They don’t know their value; they don’t know the things they can help do or change. Every time they face something, instead of contributing, they will just step back because they don’t have confidence in themselves.”

Tabitabi and others involved in the project aimed to change that by encouraging women to speak out, even—or especially—on delicate topics.

Interviewees recorded podcasts on subjects such as early marriage, domestic violence, illiteracy, gender equality, and sex.

“The lack of communication about sexuality causes a lot of problems among young girls because when you don’t have proper information, you might have misguided information,” such as from ignorant talk or the internet, Tabitabi said. “That’s why there are a lot of abortions, a lot of undesired pregnancies.”

Open discussion can help young women take control of their lives and make better-informed choices, she said.

“There was a female student who spoke with me about abortion,” she said. “It’s difficult to have someone come forward and speak on such an issue as that one. It takes a lot of courage, and that pleased me a lot.”

More than 130 podcasts were recorded and uploaded on Spotify, said Marie-Josephine Ntshaykolo, coordinator of the Women’s Voice and Leadership Project.

“We chose to fund ‘Over to You’ because we thought it was important given the context in the DRC, where women and girls are usually discriminated against,” she said. “In our traditions and customs, the male is looked at as superior to the woman. The woman doesn’t have a say even within her own household.”

Podcast participants aren’t exclusively women, and not all men cling to the traditional outlook.

Charles-Gilbert Mbuyi (left) gives an interview for the “Over to You” podcast, recorded in the Democratic Republic of the Congo. More than 130 podcasts have been recorded and typically feature women discussing topics such as early marriage, domestic violence, illiteracy, gender equality, and sex.

“I have been interested to get involved in this project because in our country, and in general in Africa, women are marginalized. They don’t get a place to speak,” said Charles-Gilbert Mbuyi, a male medical student who was interviewed for a podcast on women’s leadership. “[But] women are human beings, too. They can become empowered so that they can play whatever role they are called to play in the world.”

The podcasts are important because they provide young women with crucial information.

“To claim your rights, you must know them first,” Tabitabi said. “The project helps women know what is in the law for them, what rights are enshrined for them, so that it can channel how they go about claiming them.”

The podcasts, said Ntshaykolo, have a positive effect not just on women but on their families and neighbors.

“A project like this empowers women and helps them contribute to the building of the community,” she said. “Now you can see women who are really excited about doing something. They are really blossoming.”

Stacia George

Director Looks for Opportunity in Dire Situations

From the time she was little, Stacia George knew two things: She wanted to help people, and she was going to travel to the Congo.

Growing up in a small New York town, George wasn't exactly sure how she'd accomplish her twin goals—or why, specifically, she felt pulled to visit the Democratic Republic of the Congo. With an insatiable desire to learn and curiosity about other countries, George visited the library, pulling every book she could off the shelves and writing to embassies in Washington, D.C.

In high school, her English teacher showed the film adaptation of “The Power of One,” a novel about one person’s ability to contribute to change.

“That’s what I want to do,” she thought. “I want to be one of those people fighting on the front lines to make change and fight for what’s right.”

Now the director of the Conflict Resolution Program at The Carter Center, George oversees work to prevent and mitigate conflict in the U.S., Mali, Sudan, Syria, and Israel-Palestine.



Stacia George was named director of the Carter Center’s Conflict Resolution Program in 2021.

On her way to the Center, George has carved an intentional path toward a career in conflict resolution. In college, she switched her major from nursing to international studies, a move that confused her parents.

In grad school, George focused on conflict resolution and economics and set her sights on a tactical role that would let her engage directly in bringing people together. But to get at the root of inequity—and to steer the resources necessary for change—she knew she needed to be in the development world.

Through fellowships and her positions at USAID, Caerus Associates, and Chemonics International, George amassed the skills and perspectives necessary to make change happen—and finally travel to the Democratic Republic of the Congo, or DRC.

In 2003, a peace agreement ended a brutal conflict there. As a representative of USAID’s Office of Transition Initiatives, George traveled to the country to reintegrate two sets of community members into society: rape survivors and the ex-combatants who had terrorized them. In 240 communities across the country, George’s team worked to support the disarmament process, provide resources that would discourage ex-combatants from returning to violence, and bring victims and offenders to the table to find a way forward.

“It was a hugely challenging task, but really important,” George said. “In 240 communities, we rebuilt the social fabric, and we did it when everybody else said it was too hard.”

In addition to President Carter’s legacy of conflict resolution, the Carter Center’s history of accomplishing what others say is impossible drew George here in 2021.

“I always derive excitement from finding opportunity in the most difficult of circumstances,” she said. “What drives me forward is the belief that all people in the world have a right to live without fear of violence and to feel safe.”

George is enthusiastic about the work the Center is doing in Sudan to help disenfranchised youth have a voice in their country’s future. The recent outbreak of fighting there has created new challenges, but George and her team remain committed to Sudan’s young people and to looking for solutions to bring lasting peace.

In the U.S., she is hopeful about efforts to build cross-partisan political networks—groups that can listen to each other, find areas of agreement, and ultimately help stem divisiveness. Her team’s early success has captured the attention of organizations looking to reproduce it on a national scale.

“I can see the direction our country has been going, and to play a part in trying to address that is extremely rewarding,” she said. “Our impact goes beyond these discussions; we’re leading others as they’re trying to figure out the realm of the possible.”

After more than two decades, George still asks herself one question: “So what?”

“I don’t just want to do nice things,” she said. “I want to make a tangible difference.”

Federal NTD Program Extended for 3 Years

A longstanding Carter Center partner, the U.S. Agency for International Development, has extended the Act to End NTDs | East program that helps fight neglected tropical diseases (NTDs) in 13 countries in Africa, Asia, and Latin America. This extension continues the program until September 2026 and increases the program's ceiling by \$125 million, for a total of more than \$420 million over eight years. The program is led by RTI International, a global nonprofit research institute and international development organization.

The Act to End NTDs | East program targets lymphatic filariasis, river blindness, trachoma, schistosomiasis, and soil-transmitted helminth infections.

Since 2018, the program has helped countries deliver more than 185 million treatments to people living in areas endemic for NTDs and train more than 538,000 people to provide NTD services, such as delivering medicines to treat and prevent NTDs, conducting surveys, and providing health education.

"This extension enables the program to help countries achieve sustainability of their NTD elimination efforts, including strengthening health system capacity," said Lisa Rotondo, RTI International's director of the Act to End NTDs | East program. "We are proud to be a part of the journey in improving health to ensure their populations can thrive."

The Carter Center and its partner countries, supported by the Act to End NTDs | East program and others, have recently achieved several significant milestones. "Uganda and Nigeria are leading the way for river blindness elimination in Africa," said Gregory Noland, director of the Carter Center's River Blindness Elimination Program. "Millions of people are now free from the suffering caused by this debilitating disease."

Earlier this year, Nigeria announced that 18.9 million people across four states met World Health Organization qualifications to stop mass treatment for river blindness. The Carter Center has assisted Nigeria's program since 1995 (with USAID support since 2011), and in 2022, laboratories supported by the Center processed more than 52,000 fly and 12,000 human blood samples to show that disease transmission was no longer occurring. (Read more on p. 12.) This latest accomplishment follows the news from 2021 that Plateau and Nasarawa states—with more than 5 million people—were the first in Nigeria to have eliminated the disease.

Uganda, too, has found success against river blindness. With the support of The Carter Center, 14 of Uganda's 17 transmission zones have eliminated river blindness, and more than 5.4 million people are no longer at risk for the disease. One area is under post-treatment



Millions of Ugandans no longer need to fear river blindness, a parasitic disease that can cause severe itching and loss of sight. Disease transmission has been halted in 14 of 17 areas in recent years.

surveillance, while Ugandans in two remaining areas continue to receive treatment due to suspected cross-border transmission with the Democratic Republic of the Congo and South Sudan, emphasizing the importance of coordination among countries to halt the disease.

Annual Auction Set for June

Bucket-list trips and celebrity memorabilia are among more than 100 items to be auctioned on June 24 to benefit The Carter Center. Proceeds will support the Center's work to advance peace and health across the globe.

The event is part of a five-day retreat for Center supporters June 21–25 in Atlanta.

Bidders have the chance to win guitars autographed by artists like Bonnie Raitt and Jeff Beck, trips to destinations like a Bay area experience with a rare opportunity to visit Skywalker Vineyard, and one-of-a-kind artwork created with exceptional craftsmanship.

Catalogs for the live and silent auctions will provide detailed descriptions of the items and will be available on The Carter Center website (www.cartercenter.org) in advance of the event.



Rocker Bonnie Raitt autographed this guitar that will be featured in the annual Carter Center auction, taking place this year on June 24.

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Dr. Emmanuel Miri is the Carter Center's country representative in Nigeria.

NOTES FROM THE FIELD

18 Million More Nigerians Free of River Blindness

By Dr. Emmanuel Miri

In a historic decision last December, Nigeria's Onchocerciasis Elimination Committee determined that mass drug administration for river blindness was no longer necessary in four states. Covering 18 million people, it is the largest stop-treatment decision in the program's history. This was a great accomplishment for the committee and for us at The Carter Center, who have been assisting with river blindness elimination in Nigeria for almost 30 years.

As public health practitioners, we feel a great sense of satisfaction and fulfillment in this achievement. Elimination of disease is a contribution to humanity. Just as we eliminated Guinea worm disease in our country, we are working toward eliminating river blindness, lymphatic filariasis, and trachoma as well.

The path to success with river blindness has been challenging. There were times when logistical issues caused medication shortages, so we had to redistribute supplies from less endemic to more endemic areas. We also had to contend with migration prompted by flooding and erosion; insecurity that made it dangerous to work in certain places; the COVID-19 pandemic and monkeypox outbreaks; and turnover among community-based drug distributors, the heart of our program.

Together with our partners, we found

ways to overcome or work around all of these challenges. We follow all protocols to avoid COVID-19 and monkeypox. As for insecurity, the program works closely with security agents and traditional institutions for advice on where to go and where not to go. The solution to attrition was to employ more married women, who are less prone to economic migration than men and therefore more reliable. We make sure to reward our community-based personnel, supervisors, and community leaders who perform well. This could be a model for other countries to follow.

I invite you to join us in celebrating this moment, and I look forward to even greater things to come.



After decades of community health education (shown here) and treatment with antibiotics, Nigerians in four states are no longer at risk of the parasitic disease river blindness.