

THE  
CARTER CENTER



# CARTER CENTER NEWS

SPRING 2018



South Sudan  
Interrupts  
Guinea Worm  
Messaging Aims  
to Thwart Terrorism

WAGING PEACE.  
FIGHTING DISEASE.  
BUILDING HOPE.

# CARTER CENTER NEWS

SPRING 2018

# IN THIS ISSUE

## NEWS & FEATURES

South Sudan Interrupts Guinea Worm Disease.....	4
Grass-roots Messaging Aims to Thwart Terrorism.....	6
Central Nigeria Halts Transmission of River Blindness.....	8
Election Moves Democracy Forward in Liberia.....	9

## DEPARTMENTS

From the CEO.....	2
News Briefs.....	3
Profile: Eve Byrd.....	10
Philanthropy.....	11
Notes from the Field: Inform Women, Transform Lives.....	12

Photo credits: K. Cade: 3 bottom; The Carter Center: 11 right; E. Cromwell: 11 left; G. Dubourthoumieu: cover, 2 top; L. Gubb: 4, 5 all; C. Joe: 2 bottom; K./C. Mackey: 12 top; R. McDowell: 8; A. Mukpo: 10 bottom; P. Rohe: 3 top; M. Schwarz: 10 top, 12 bottom; A. Tardy: 6 all, 7 all; S. Umstatt: 9.

Carter Center News is produced by the Office of Communications, The Carter Center, One Copenhill, 453 Freedom Parkway, Atlanta, GA, 30307, 404-420-5100, [www.cartercenter.org](http://www.cartercenter.org).

Follow The Carter Center on social media sites



## ON THE COVER

**A** South Sudanese boy, living in a refugee camp at the time of this photo, smiles. Although the people of South Sudan face many challenges, they have managed to interrupt transmission of Guinea worm disease with ongoing assistance from The Carter Center. South Sudan reported no cases of the parasitic disease in 2017. The country begins a multiyear period of disease surveillance. Read more on page 4.



From the CEO

## Small Victories Add Up

It's no secret that this world is full of problems—some big and terrifying, some small and trivial. It may seem overwhelming at times, but it doesn't have to be paralyzing.

Wisdom and experience teach us that when faced with a difficult situation, the best approach is to have faith in yourself and others and take action, step by step, to do what you can.

In this way, The Carter Center tackles big challenges—pursuing and achieving important successes within complicated and sometimes seemingly hopeless contexts.

For example, Nigeria is beset with a full menu of neglected tropical diseases, but we have managed to help eliminate or stop transmission of trachoma, river blindness, and lymphatic filariasis in two states. Corruption is rife in the Democratic Republic of



A woman crosses a mining area in Katanga province, Democratic Republic of the Congo. The Carter Center released a report last fall critical of the state-owned mining company's finances.

the Congo, but we have conducted investigations into the lucrative mining industry and issued reports that could lead to reform. Women are treated as second-class citizens in many places, but our Global Access to Information Program empowers women in three countries to claim their rights. South Sudan faces many challenges with very limited resources and internal conflict, yet with our help it has interrupted transmission of Guinea worm disease.

We don't shy away from big challenges, we chip away at them.



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

River blindness existed in six countries in the Americas in 1996, but we have worked with each of them to deal with their unique circumstances. One by one, those countries have rid themselves of the disease: first Colombia, then Ecuador, followed by Mexico and Guatemala. Now the Americas are free of river blindness except for a remote area deep inside the Amazon rainforest—and we're working on that with Brazil and Venezuela.

The longest journey begins with a single step. Thank you for walking alongside us.

## Center Named Observer of Mali Agreement

In December, the United Nations Security Council announced The Carter Center as the official Independent Observer of Mali's 2015 peace agreement. The Center was requested by the Peace Agreement Monitoring Committee.

Outlined in the agreement, the Carter Center's role is to objectively evaluate and report on the implementation status, identify obstacles, outline responsibilities, and formulate recommendations for the advancement of the agreement. To present its assessments, The Center will meet regularly with the signatories of the agreement and civil society.

To lead its efforts, The Carter Center has appointed former United States Ambassador Bisa Williams. Jean Ntolé Kazadi, former African Union official, will serve as Williams' deputy.

"This is an important responsibility," said former U.S. President Jimmy Carter. "We approach it with deep humility and an absolute commitment to impartiality."

For nearly 30 years, the Center has worked with Mali's government to improve health all over the country. The Carter Center also assisted in election monitoring, promoted food security, and helped improve access to information.



In this photo from February 2004, former U.S. First Lady Rosalynn Carter talks with Mali President Amadou Toumani Touré in Bamako. The Carter Center, which has a long history in Mali, is serving as Independent Observer to the country's 2015 peace agreement.



The Carter Center is working with MAP International to provide neuropsychiatric medication to Liberians, allowing mental health clinicians such as Esther Forkpa (pictured) to better serve their patients.

## Partnership Addresses Mental Health in Liberia

The Carter Center is working with MAP International—a nonprofit organization based in Brunswick, Georgia—to provide neuropsychiatric medicines to the Liberia Ministry of Health. These products will be distributed to qualified hospitals, health centers, and public and private clinics throughout Liberia. The first shipment arrived Feb. 25.

"Access to medication is a step in the efforts to bolster mental wellness in Liberians. We are grateful that this partnership with MAP International complements our work with the Liberian Ministry of Health to reduce suffering and increase the quality of life for those living with mental illnesses in Liberia," said Ambassador (ret.) Mary Ann Peters, CEO of The Carter Center.

More than a decade of civil conflict and the 2014–15 Ebola outbreak generated a mental health crisis in Liberia that has been exacerbated by misconceptions, stigma, and discrimination.

For the past eight years, The Carter Center has worked to help create a sustainable mental health system in Liberia by training clinicians, supporting the passage of a national mental health law, and empowering family caregivers.

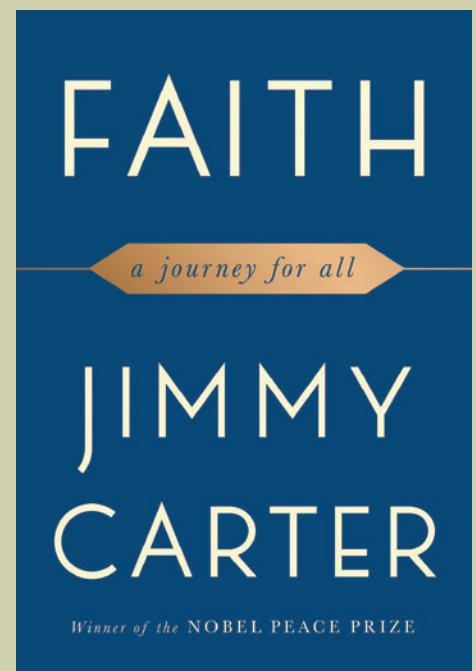
## Sudan Receives Equipment, Supplies for Training

During a ceremony on Feb. 20 in Khartoum, the Sudanese Federal Ministry of Health, with the support of The Carter Center and the Qatar Fund for Development, distributed critical educational supplies to health professionals and science institutions.

The ceremony marked the official delivery of textbooks, supplies, and equipment to be used in the training curricula of frontline maternal and child health workers. Mannequins, operating room equipment, anesthesia lab equipment, and computers were among the items donated.

The program works to enhance the teaching skills of nearly 500 health science faculty across 50 health institutions, responsible for training midwives, community health workers, medical and anesthesia assistants, operating room scrub attendants, and environmental and public health officers.

In his latest book, "Faith: A Journey for All," former U.S. President Jimmy Carter contemplates how faith has sustained him and how we may find it in our own lives. Examining faith's many meanings, he describes how to accept it, live it, doubt, and find faith again.





# South Sudan Interrupts Guinea Worm Disease

Marking great progress for a young, resource-poor country, the Republic of South Sudan has interrupted transmission of Guinea worm disease. By the end of February 2018, South Sudan had reported zero cases for 15 consecutive months, longer than the worm's life cycle.

The country now enters a multiyear surveillance period.

"Having known the suffering it inflicted, one is very happy today," Dr. Riek Gai Kok, South Sudan's minister of health, said on March 21 at The Carter Center. "Future generations will just read of Guinea worm in the books as history."

The last Guinea worm seen in South Sudan came out of a 13-year-old girl in November 2016. The country hasn't had an animal infection since 2015.

"South Sudan has made great strides despite the most complex Guinea worm transmission among humans of any country, vast territory, and poor infrastructure, as well as ongoing postwar insecurity," said Dr. Donald R. Hopkins, the Carter Center's special advisor for Guinea worm eradication.

Following a successful three-year (or longer) surveillance process, the World Health Organization could certify South Sudan as Guinea worm-free.

South Sudan became an independent country in 2011 after a long civil war. In 1995, former U.S. President Jimmy Carter negotiated a nearly six-month cease-fire in that war to allow humanitarian work—including Guinea worm treatment and education—to take place in

*A woman does her washing at a roadside dam in Terkeka County, South Sudan, next to a sign warning that a person with an emerging Guinea worm should not enter the water due to the danger of spreading the water-borne parasitic disease. The temptation to enter water is great because of the burning sensation caused by an emerging worm.*

the war zone.

"This is the fruit of good faith shown by all parties that agreed to the 1995 cease-fire during Sudan's terrible civil war, allowing health workers to start a campaign of interventions against this horrible parasitic disease," President Carter said in March.

Guinea worm disease is contracted when people consume water contaminated with tiny crustaceans that carry Guinea worm larvae. The larvae mature and mate inside the patient's body, and the male worm dies. After about a year, a meter-long female worm emerges slowly through a painful blister in the skin. Contact with water stimulates the emerging worm to release its larvae into the water and start the process all over again. Guinea worm disease incapacitates people for weeks or months,



A young South Sudanese woman demonstrates how a pipe filter works. Use of water filters is the primary way that Guinea worm disease is thwarted.

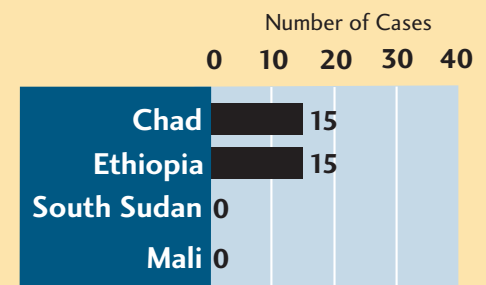
A surveillance team from the South Sudan Guinea Worm Eradication Program, led by Makoy Samuel Yibi (far left), explores an area of Eastern Equatoria state. Following up on every reported case of Guinea worm disease kept outbreaks at bay in recent years.



### Update: Guinea Worm Eradication

- When The Carter Center began leading the Guinea worm eradication campaign in 1986, there were an estimated 3.5 million cases annually in 21 countries.
- Only 30 cases were reported worldwide in 2017 — 15 in Chad and 15 in Ethiopia.
- All 15 cases in Ethiopia came from a single contaminated pond, and interventions are underway.
- Mali has not reported a human case in more than two years but cannot yet declare transmission interrupted because parts of the country are inaccessible due to an insurgency and because of Guinea worm infections in animals.

### Reported Cases of Guinea Worm Disease, 2017



reducing individuals' ability to care for themselves, work, grow food for their families, or attend school.

Without a vaccine or medicine, the ancient parasitic disease is being wiped out mainly through community-based interventions to educate and change behavior, such as teaching people to filter all drinking water and preventing contamination by keeping infected individuals from entering water sources.

The Carter Center leads the

international Guinea worm eradication campaign and works in close partnership with national ministries of health, the WHO, U.S. Centers for Disease Control and Prevention, UNICEF, and many other partners.

“South Sudan’s success shows that people can collaborate for the common good,” President Carter said. “We look forward to certification by the WHO in the next few years that South Sudan has won the battle against this ancient scourge. We are within reach of a world free of Guinea worm disease.”

Since 1986, 17 countries have stopped Guinea worm transmission: Ghana, 2010; Nigeria, 2008; Niger, 2008; Burkina Faso, 2006; Cote d’Ivoire, 2006; Togo, 2006; Benin, 2004; Mauritania, 2004; Uganda, 2003; Sudan, 2002; Central African Republic, 2001; Cameroon, 1997; Yemen, 1997; Senegal, 1997; India, 1996; Kenya, 1994; Pakistan, 1993.



# Grass-roots Messaging Aims to Thwart Terrorism

**D**aesh, the terrorist group also known as ISIS, has lost 98 percent of the territory it once held in Syria and Iraq.

On the one hand, that's good news. On the other hand, it increases the possibility that its would-be soldiers will carry out lone attacks in their native countries.

The best way to prevent such attacks is a topic of much debate, but The Carter Center is taking a unique approach. In 2014, it launched what is now called the Inclusive Approaches to Preventing Violent Extremism Project. Staff first conducted an in-depth analysis of Daesh's recruitment propaganda and then began training religious and community leaders to develop messaging to counteract extremist propaganda in all forms, whether it comes from Daesh or Islamophobic hate groups.

The first group of leaders—23 men and women from Morocco, Tunisia, Belgium, and France—have wrapped up their initial individual projects and recently attended a workshop in Switzerland to fine-tune proposals for new group projects and to learn about how Daesh is changing its propaganda

approach in the wake of its territory loss.

"This was our fifth workshop," said Houda Abadi, an associate director in the Center's Conflict Resolution Program. "Participants have already used the skills and resources they've picked up in previous sessions to produce more than 60 grass-roots projects. They've developed videos and other online messages, conducted religious outreach, and created youth engagement programs.

"In Phase 2," Abadi explained, "participants will use seed money from The Carter Center to work together on one larger project in each of the four countries. Meanwhile, we've begun training a second group of influential leaders from these countries as well as the United States and Libya."

In one of his initial projects, Imam Ismaiel Benzakaria worked with youth in an underprivileged neighborhood in Tangier, Morocco, eventually training 20 young women at risk of radicalization in psychology and sociology. These women now go into schools and teach students how to create initiatives in their communities.

They give them tools to be positive forces for change—to channel their talents and energy for good.

"This project was based on the workshop content," Benzakaria said, "and this is why I think it was successful. We made it relate to these women's daily lives."

Ismahane Chouder of France, who teaches at a journalism institute, said she has used the analyses and expertise picked up in the Carter Center workshops to help her in the fight against Islamophobia.

She has organized international colloquiums on Islamophobia since 2013 and said that being part of the workshops has lent her credibility, which is important because many in France don't take what Muslims say about Islamophobia and extremism seriously: "Because this work has been linked to The Carter Center and President Carter, it adds legitimacy. People believe me more."

The proposed group projects for each country cover a variety of areas, but most focus on youth.

The Belgian group, for example, is planning to teach 1,000 young people in three



*Pictured are some of the participants in a recent Carter Center workshop on preventing violent extremism.*

cities about how to collaborate with civil society organizations, politicians, and others in their communities. They will give them media training and teach them how to more accurately interpret the Quran.

They will focus on youth of Moroccan descent, who are subject to discrimination and face a staggeringly high unemployment rate. Many feel alienated, making them ripe for extremist recruitment.

“Youth of Moroccan descent often feel like strangers in Belgium, even though they are second- and third-generation Belgians,” said Yousef Chihab, a human rights activist. “We want young people to be able to understand society and be able to communicate—we want to give them the tools they need to be immunized against Daesh.”

The plan, he said, is to train 100 young people in 2019 so that they can help train 900 more the following year.

“Our model,” Chihab said, “is a virus—a good virus. We want to infect our community with peace.”

## Tunisian Professor Empowers Youth to Protect Them

Mongia Nefzi Souahi, a professor at Zitouna University in Tunisia, knows what draws young people to violent extremism.

She spent much of the past year trying to insulate 100 at-risk young people in the town of Kasserine — which CNN has called “the Tunisian town where ISIS makes militants”—from the lure of jihadis.

The effort was an outgrowth of the Carter Center’s Inclusive Approaches to Preventing Violent Extremism project.

“The workshops have given me tools to know how to deal with young people who are prone to radicalization,” Souahi said. “I am an expert in terrorism and have been a professor dealing with these issues for 36 years, but the Carter Center experience has been a pioneering one. It has helped me develop my work.”

Souahi and two other professors started by giving a questionnaire to 300 young people identified by local advisors and choosing the 100 they deemed most in danger of radicalization.

Then they held interactive workshops on a variety of subjects: They taught them about Islamic civilization, about diversity, about cooperation and collaboration, about what the Quran says about coexistence and respect for others’ religious beliefs, about their roles and responsibilities in their families and communities.

They also introduced them to what Souahi called “the beautiful life” that many had never experienced by taking them to the beach, museums, and nice restaurants.

One of Souahi’s interventions involved theater. She gave them prompts — for example, “your sister has been recruited by extremists and you must change her mind” — and had them write and perform short plays with these themes.

“I empower the young people so that they can also be agents of change in their own families,” she said.

The project produced many success stories.

A young man who on the first day had told her that he was her enemy came to her at the end, kissed her forehead, and said she had saved him.

Two brothers, ages 19 and 20, who were on a path to radicalization turned their lives around after six months of working with Souahi — one became a carpenter and the other joined the Tunisian army.

A third young man — one she described as a thief and a terrorist — became a musician. At the project’s closing celebration earlier this year, he played the oud and sang a song about freedom that brought tears to her eyes.

Souahi has other projects in the pipeline, some working with young people and others with women. There is much to do. But she is confident that the grass-roots approach that The Carter Center supports will pay big dividends.



*Mongia Nefzi Souahi*

# Central Nigeria Halts Transmission of River Blindness

Nigeria has interrupted transmission of the parasitic disease river blindness in two large states and as a result is stopping mass drug administration for the disease there.

About 2 million residents of Plateau and Nasarawa states can stop taking ivermectin (Mectizan,® donated by Merck, USA) because testing shows the potentially blinding tropical disease is no longer being transmitted in the area. The government of Nigeria and The Carter Center have been working together on the mass drug administration program for more than 25 years.

“River blindness has burdened Nigerians since the days of our ancestors,” said Professor Isaac Adewole, Nigeria’s minister of health. “With the support of The Carter Center and other important partners, we are lifting this burden. What we need to do is complement this good work with careful surveillance to be sure the infection does not reoccur.”

River blindness, known in the medical field as onchocerciasis, can cause intense itching, skin discoloration, rashes, and eye disease that often leads to permanent blindness. The parasite is spread by the bites of infected black flies that breed in rapidly flowing rivers and streams. In Plateau and Nasarawa states, the fight against the parasite has been based on annual distribution of Mectizan, which kills the parasitic worms in their larval stage. The Mectizan tablets are distributed by a vast network of local volunteers who are selected by their communities.

Nigeria is the most endemic country in the world for river blindness, accounting for as much as 40 percent of the global disease



burden, said Dr. Frank Richards, director of the Carter Center’s River Blindness Elimination Program.

Dr. Yao Sodahlon, director of the Mectizan Donation Program, called the development “an unprecedented historical moment in onchocerciasis elimination.”

“This will be not only a first for Nigeria,” Sodahlon said. “It is the largest stop-MDA decision in the history of the struggle against onchocerciasis.” MDA stands for mass drug administration.

Tens of millions of Mectizan treatments have been donated and distributed in Plateau and Nasarawa states. The Carter Center onchocerciasis program also operates in Abia, Anambra, Delta, Ebonyi, Edo, Enugu, and Imo states.

*A resident of Plateau state in Nigeria, Akusuk Abuga, has poor vision due to river blindness, but he’s one of the last in his village to suffer from the parasitic disease. Nigeria announced recently that, after more than two decades of treatment, there is no current transmission of river blindness in Plateau state and its neighbor, Nasarawa.*

In the Americas, The Carter Center has helped the ministries of health of Colombia, Ecuador, Mexico, and Guatemala to eliminate river blindness. Carter Center-assisted elimination efforts continue in a remote area of the Amazon rainforest straddling Brazil and Venezuela, the final bastion of river blindness in the Americas. Elsewhere in Africa, the Center has helped interrupt transmission at key locations in Ethiopia, Sudan, and Uganda.



# Election Moves Democracy Forward in Liberia

The year 2017 was historic for Liberia. “For the first time in most of their lives, Liberians saw power transfer from one democratically elected president to another,” said Jordan Ryan, vice president of the Carter Center’s peace programs. “This is something that hasn’t happened in Liberia since the 1940s. Other presidents were forced from power, died in office, or were murdered in coups.”

On Jan. 22, 2018, former soccer star George Weah was sworn in as Liberia’s new president, succeeding Ellen Johnson Sirleaf.

Sirleaf took office in 2005, following 14 years of brutal civil war and an interim government. She was re-elected in 2011 for a final, second term.

Twenty candidates ran to replace her.

The election was expected to be contentious. The Carter Center, at the invitation of the election commission and key political parties, launched an international observation mission.

Jason Carter, who chairs the Carter Center’s board of trustees, Ryan, and Catherine Samba-Panza, former president of the Central African Republic, headed the

Center’s short-term delegation to the Oct. 10, 2017, election.

On election day, the Center deployed 50 observers across the country. They reported seeing long lines made even longer by confusion over where to vote, but no evidence of widespread fraud or violence.

One person waiting in those lines was Jennivieve Smith, a 26-year-old student in Monrovia, who came to cast a vote for change.

“We need a good education, a good health center, and a peaceful environment,” she said.

Ultimately, Weah and Vice President Joseph Boakai won the most votes and the right to compete in a runoff, which was delayed by Liberia’s Supreme Court after some parties whose candidates finished behind Weah (including Boakai’s own ruling party) filed suit, alleging fraud.

The delay made an already jittery population even more anxious, as some worried that democracy—and peace—could be in jeopardy.

But the Supreme Court ultimately found no evidence of problems significant

enough to affect the election results. On Dec. 26, Liberians again went to the polls, choosing Weah as their next leader.

The Carter Center deployed 45 observers for the runoff, this time led by Ryan and Aminata Touré, former prime minister of Senegal. They found the process to be generally well-conducted, though they offered some recommendations for improvement.

“There are things that Liberia can do to make its next election cycle more fully democratic,” Ryan said. “But Liberians should be commended for carrying out this election process peacefully.”

## Polling in Sierra Leone

The Carter Center deployed a team of four experts in February to monitor key parts of Sierra Leone’s electoral process. The Center’s team did not conduct a comprehensive observation of the electoral process as a whole, nor of election day voting and counting processes.

The team issued a report after the first round of voting on March 7. It found that despite several aspects of the legal framework being inconsistent with international standards, the election provided a competitive and inclusive environment and generally conformed with international standards. Parties had an opportunity to present their platforms to the public through rallies and media, and voters could choose from a wide selection of candidates. The National Electoral Commission provided effective administration, and the atmosphere, with some notable exceptions, was generally peaceful. The election results were tabulated in a transparent fashion, and the outcome in the presidential race clearly necessitated the scheduling of a second round between the two leading candidates.

The experts offered about a dozen recommendations to improve Sierra Leone’s election process and citizens’ participation in it, including changes to the constitution.

*A Liberian man casts his vote for president last fall. The Carter Center sent 50 observers to monitor the election.*



Eve Byrd

# Passion for People Fuels Mental Health Director

Eve Byrd remembers a conversation she had with a nursing student in Liberia several years ago. A faculty member for a Carter Center program to credential nurses for mental health disorders, Byrd and her student nurse had just finished seeing a patient and were discussing the case.

The student asked, “Once I diagnose this person, who will take care of her?” In response, Byrd just looked at the student, whose eyes widened as she said, “I will.” “It was a remarkable moment,” Byrd said. “It hit home to both of us that without the program and what we were doing, there wasn’t anyone to take care of the individuals with psychiatric illnesses and epilepsy.”

Byrd, D.N.P., M.P.H., who became director of the Carter Center’s Mental Health Program in early 2017, has spent many years caring and advocating for people with mental illnesses. In Liberia, she taught nurses about how to recognize and treat mental health disorders in a country that had just one psychiatrist in 2010. But most of her career has been in Atlanta, Ga., where she worked as a psychiatric nurse in hospitals, homes, and clinics, learning firsthand about the needs of people with mental illnesses.

“It’s one thing to say you understand,” Byrd said. “But it’s another to have worked directly with someone who has been evicted or can’t get the right supports or has lost someone to suicide or overdose,” she said.

Although Byrd’s career has grown to include more and more administrative and leadership roles over time, she was always able to hold on to her clinical practice, something she values. “When people share with me their challenges related to a behavioral health condition, it is a privilege,” she said. “It is a time when people can be the most vulnerable.”

Byrd sees the stigma of mental illnesses as a major barrier to good care and believes that better health policy will go a long way toward improving resources for those who need them. “Unfortunately, in the United States we spend a lot of time and resources to rework a broken system of care,” she said. In contrast, Liberia—even with its lack of infrastructure—is building a system the



*Eve Byrd was named director of the Carter Center’s Mental Health Program last year.*

right way the first time with mental health services embedded with primary care.

According to Byrd, full implementation of insurance parity is one linchpin that could transform behavioral health care. “If your insurance covers mental health needs at the same rate as your other health coverage, it sends a very strong message that mental health is of equal importance to your cardiac health and your orthopedic health,” she said.

Byrd’s clinical and administrative experience put her in a unique position to work to change policy and fight stigma, actions The Carter Center is known for, due to decades of work by former First Lady Rosalynn Carter, founder of the Center’s Mental Health Program. “Because of Mrs. Carter’s legacy in mental health, we’re able to bring people with different experiences or differing opinions to the table to eliminate barriers and move this work forward,” Byrd said.

Byrd hopes that the end result of health policy and stigma work will be better access to behavioral health services, especially early intervention and community-based services.

“To have this platform for really improving behavioral health is the greatest honor,” she said. “And with it comes much responsibility.”



*In Liberia, family and friends celebrate at a graduation ceremony for nurses newly credentialed in diagnosing and treating mental health issues. Eve Byrd was on the faculty of this Carter Center initiative in its early years and also served on the program review panel.*

## Center Participates in Groundbreaking Study

A landmark study in which The Carter Center is participating could radically change the public health model in the developing world. The study, funded by the Bill & Melinda Gates Foundation and implemented by the University of California-San Francisco's Francis I. Proctor Foundation for Research in Ophthalmology, is examining the collateral benefits of an antibiotic used for trachoma.

The ongoing three-country study, known by the French acronym MORDOR and published in the *New England Journal of Medicine* in April 2018, confirms previous research that showed mass administration of azithromycin for the tropical eye disease trachoma significantly reduces mortality rates for children from one month to 5 years old. Pfizer Inc., which has donated more than 730 million doses of azithromycin, or Zithromax,<sup>®</sup> for the treatment of trachoma, provided the study drug, which was administered orally, along with a placebo made to match its look and taste.

"This study shows that azithromycin, which has been so effective in reducing trachoma, has the potential to save the lives of young children who live in places where a child dying before their fifth birthday is a tragically common event," said Rasa Izadnegahdar, M.D., M.P.H., a deputy director in the global health division of the Bill & Melinda Gates Foundation. "While we will need to keep an eye on antibiotic resistance and identify the best way to deliver this intervention in some of the hardest-to-reach communities where we partner, we are optimistic that this will be a new tool to help prevent childhood mortality."



A Nigerian woman holds her baby. The Carter Center participated in a recent study in Niger and two other African countries that showed that the antibiotic used to treat trachoma also reduces mortality in young children.

During the first phase of the study, researchers distributed Zithromax or a placebo four times over two years in communities in Niger, Malawi, and Tanzania. After 24 months, mortality among children 1 month to 60 months old in the azithromycin-treated communities was 13.5 percent lower than in the communities that received the placebo.

The greatest improvement was seen in azithromycin-treated communities in Niger, where child mortality from all causes fell by 18 percent during the study period.

Ahmed Arzika, a Carter Center epidemiologist in Niger who is a co-author of the study, said: "If mass drug administration (MDA) can reduce childhood mortality (elsewhere) as it did in Niger, that's a win for public health and an endorsement of MDA for other programs in other places."

MORDOR was run in partnership with The Johns Hopkins University School of Medicine, the London School of Hygiene & Tropical Medicine, the Blantyre Institute for Community Outreach, the National Institute for Medical Research, and the governments of Malawi, Niger, and Tanzania.

## United Nations Funds Independent Observer

The Carter Center's role as the official Independent Observer of a Mali peace agreement is being funded by the United Nations, supported specifically by the governments of Canada, Luxembourg, and Germany. The grant of \$1.17 million to The Carter Center covers one year of the project, with the possibility of an additional year of support.

The grant is part of the United Nations' Multidimensional Integrated Stabilization Mission in Mali, known as MINUSMA, supporting stabilization efforts in the West African nation, following a rebellion in 2011 and a coup d'état in 2012. A peace agreement between the government and two coalitions of armed groups was signed in 2015. See the News Brief on page 3 to learn more about the project.



Malian women wash clothes in a river. The Carter Center is overseeing the implementation of a peace agreement in the large country.

THE CARTER CENTER  
One Copenhill  
453 Freedom Parkway NE  
Atlanta, GA 30307  
ADDRESS SERVICE REQUESTED

THE  
CARTER CENTER



WAGING PEACE. FIGHTING DISEASE. BUILDING HOPE.



Laura Neuman is  
director of the Carter  
Center's Global Access to  
Information Program.

NOTES FROM THE FIELD

## Inform Women, Transform Lives

By Laura Neuman

Access to information is a transformative human right.

And yet, a large portion of the world's population is unable to enjoy this right. Carter Center studies have found that women are not able to access government information as easily as men, leaving them disadvantaged and disempowered.

In our studies, we learned that there are myriad reasons why women do not get the information they need. Many are afraid to ask or do not know how to exercise their right. Others don't have the time or money necessary to travel to government offices to seek information. In many cultures, it is considered inappropriate for women to engage with public officials to obtain information.

And sometimes, government officials simply won't provide information to a woman.

The Carter Center's Global Access to Information Program has contributed to efforts to support women's rights through projects in Liberia, Guatemala, and Bangladesh to help connect women with the information they need to transform their lives.

What we are doing is threefold: working with partners to create a more conducive environment for women to exercise the right to information, training government officials to be more gender-sensitive; and working with civil society partners and within communities to help women file and follow up on requests.

In February, we did something that had never been done before: We brought together experts from around

the world to discuss ways to advance the right of access to information for women globally.

We know information makes a difference for women. We have seen it. Here are just two examples.

In Liberia, a woman made an official inquiry about the lack of staffing at a local hospital, which eventually resulted in more doctors and better health care for the entire community.

In Bangladesh, women who attended courtyard meetings conducted by local partners later exercised their right to information to find out how to enroll in vocational training programs.



Aminata Touré, former prime minister of Senegal, leads a discussion during the two-day International Conference on Women and Access to Information in February at The Carter Center. Some 100 experts on gender or information participated.