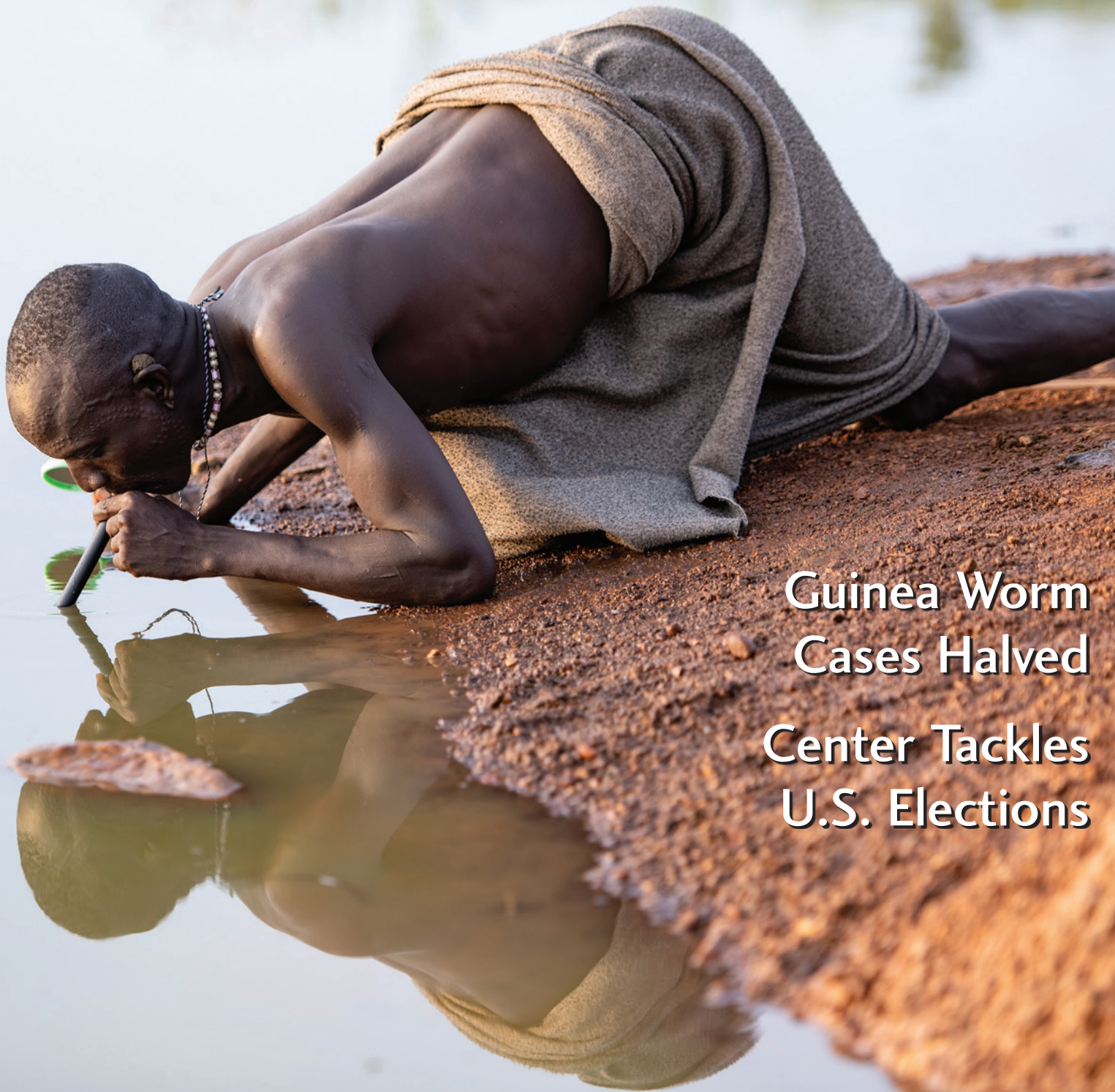


THE
CARTER CENTER



CARTER CENTER NEWS

SPRING 2021



Guinea Worm
Cases Halved

Center Tackles
U.S. Elections

WAGING PEACE.
FIGHTING DISEASE.
BUILDING HOPE.

CARTER CENTER NEWS

SPRING 2021

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ON THE COVER

At a pond in Eastern Equatoria state, South Sudan, a man demonstrates how pipe filters were used to prevent Guinea worm disease. Although the area was once highly endemic for the parasitic disease, his village has not had a case for about five years. Get the latest report on the Carter Center's Guinea worm eradication efforts on page 6.



From the CEO

Coronavirus Can't Compete With the Carter Center's Commitment

For many of us, the past year has brought personal and professional challenges that have been caused, compounded, or magnified by the COVID-19 pandemic. Some have experienced unthinkable loss, and unfortunately, the challenges are not over.

Nevertheless, the Carter Center's global team has worked together in a collaborative, positive, and generous spirit toward each other and the people we serve. And it has reaped results:

- Reported cases of Guinea worm disease fell by half, from 54 in 2019 to 27 in 2020, and reported infections in animals fell 20%.
- The Carter Center's Democracy Program observed elections in Bolivia, Côte d'Ivoire, and Myanmar, and engaged in a U.S. election for the first time.



The Carter Center observed two elections in Côte d'Ivoire in the last year. Here, an Ivorian woman votes in an election from several years ago, also observed by the Center.

- The Center-led Inform Women, Transform Lives campaign launched in 13 cities worldwide, aiming to empower women to assert their rights through access to information.

As these examples show, the coronavirus could not stay us from pursuing the goal of a healthier, more peaceful world. If anything, the physical distance we all have been forced to observe has underscored our interdependence and shone a light on the

human impulse to care for one another. This is what draws partners to support our work with good ideas, hard work, and yes, needed funding.

The pandemic is far from over, especially in the places where we work, regions often last in line to receive the help they need, and in this case that means access to vaccines. Using the lessons learned and protocols and strategies developed over the past year, we will keep promoting democracy, defending human rights, fighting diseases, and doing everything else that makes The Carter Center a beacon of hope for so many.

Together, we will all come through the coronavirus crisis with new insights on how we can be better people helping each other in time of need.



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

Center Observes Elections in Côte d'Ivoire

The Carter Center and the Electoral Institute for Sustainable Democracy in Africa (EISA) observed Côte d'Ivoire national assembly elections on March 6, 2021, and the presidential election on Oct. 31, 2020.

Observers found the October election process excluded some Ivorian political forces and was hampered by an active boycott by a segment of the population and a volatile security environment. Members of the mission expressed serious concerns about restrictions on civil liberties, freedom of expression, and the right to vote and be elected, counter to Côte d'Ivoire's stated commitments to democratic elections. The tense and polarized environment was fueled by President Alassane Ouattara's decision to run for a third term; the constitution limits presidents to two terms.

Observers saw improved political conditions surrounding the March assembly election, possibly because of a political agreement reached in December. Still, they noted voter participation was low, possibly owing to violence, detentions, and restrictions that surrounded the October election.

Most political parties or groups did not comply with a law setting a quota of 30% of women in their lists of candidates.

Nigerian States to Operate Public Health Project

Having assisted Nigeria with setting up the project, The Carter Center recently handed off ownership of the Nigeria Public Health Training Initiative to the six states where it operates.

The initiative provides tools, training, and resources to improve the preparedness of health-care professionals, including nurses, medical assistants, midwives, and others. The Carter Center has contributed classroom furniture, computers, laboratory equipment, textbooks, teaching and learning aids, computer training, and more.

Evidence of success can be seen in Sokoto state: The pass rate for the nursing

Landmarks Lit for Neglected Tropical Diseases



On World NTD Day on Jan. 30, more than 50 landmarks across 25 nations were lit up primarily in orange to celebrate progress in beating neglected tropical diseases (NTDs) and to bring attention to the continued fight against these diseases, which affect the world's most vulnerable populations. Pictured are a few of the sites in Georgia (clockwise from top left): The Carter Center, Mercedes-Benz Stadium, SkyView Ferris Wheel, and the home of former U.S. President Jimmy Carter and former First Lady Rosalynn Carter.

and midwifery exams increased from 65% in 2016 to 100% in 2019, said Alhaji Abubakar Tambuwal, provost of the Sokoto College of Nursing Science.

"The Carter Center has done its job here, and so have we," Tambuwal said. "We are now proud to be named the Sokoto State Public Health Training Initiative."

Bipartisan Town Hall Calls for Better Access to Mental Health Services

At a virtual town hall held on March 23, a bipartisan group of Georgia lawmakers and mental health advocates called for improved enforcement of federal law to make behavioral health services more available throughout the state.

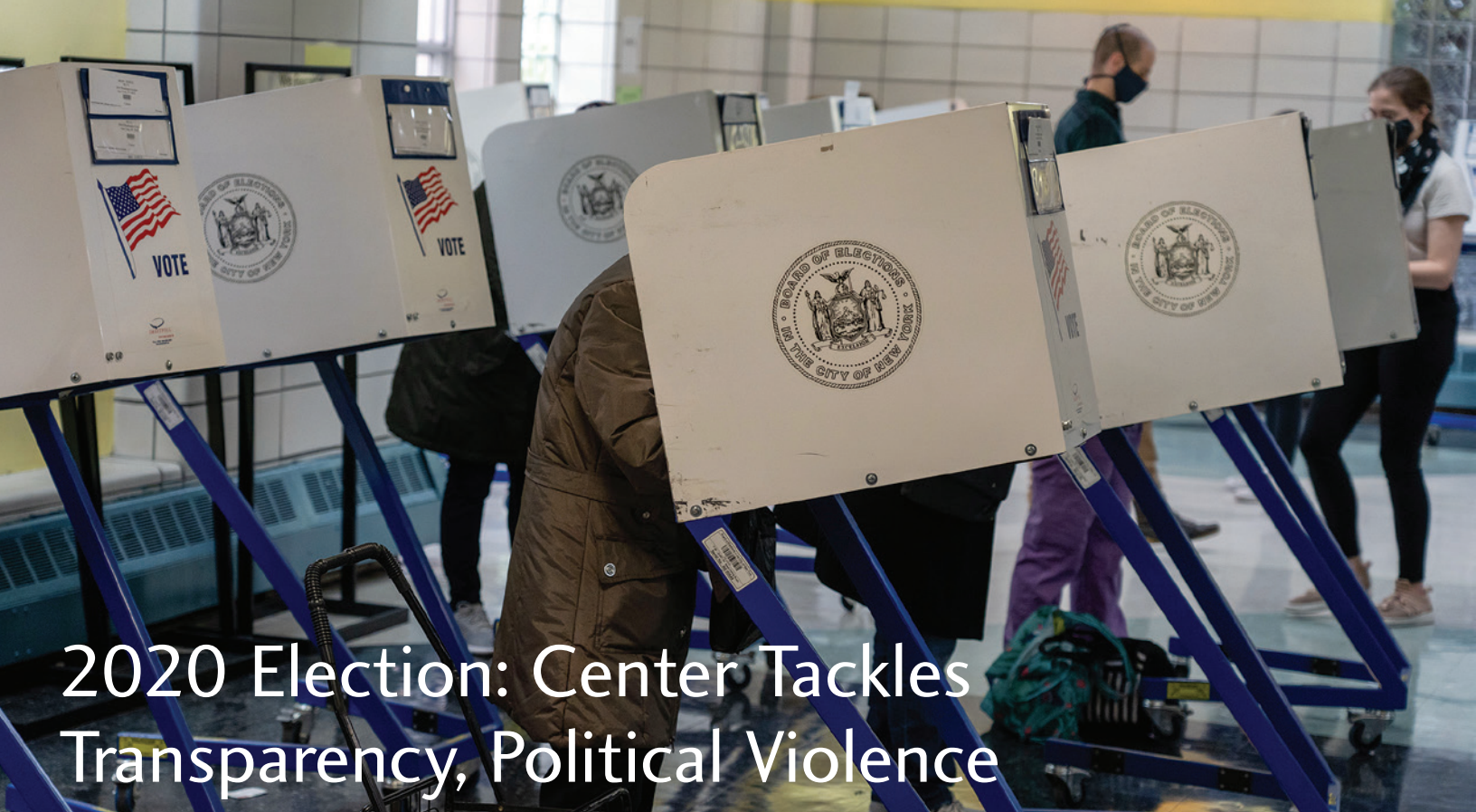
Speakers at the event, convened by The Carter Center and the Georgia Parity Collaborative, called for mental health parity in accordance with a recent Behavioral

Health Commission report and with the Carter Center's recommendations, released prior to the event.

The Mental Health Parity and Addiction Equity Act of 2008 requires insurers to cover illnesses of the brain, such as depression or addiction, no more restrictively than illnesses of the body.

However, studies have shown that mental health parity is not broadly enforced, posing a particular threat today as people experience increased levels of mental illnesses because of the COVID-19 pandemic. Experts also have seen a decline in mental wellness in people who were already living with mental health conditions or addiction before the pandemic.

"Lack of access to mental health care services is not acceptable," said Carter Center CEO Paige Alexander. "Behavioral health parity coverage by both public and private insurance companies should be a priority."



2020 Election: Center Tackles Transparency, Political Violence

The 2020 U.S. election was like none before it.

Polarization was at an all-time high, with many on both sides mistrusting each other and the process itself. The pandemic introduced further complications, challenging election officials to find ways to ensure accessibility while keeping voters safe.

Because of this, The Carter Center chose to do something it had never done before—get involved in a U.S. election.

“We saw that democracy in the U.S. was backsliding and facing unprecedented threats,” said David Carroll, director of the Democracy Program, “and we wanted to try to counter that, using techniques we’ve seen be effective in some of the 39 countries where we’ve observed elections.”

The Center launched a public information campaign designed to educate voters about election procedures and increase trust in the electoral process. It also worked with election officials to encourage them to be transparent about procedures. That effort included joining the new Georgia Secretary of State’s Bipartisan Task Force for Safe, Secure, and Accessible Elections, which provided guidance to Georgia’s top election officials.

The Democracy Program hired additional election experts and produced fact

sheets, Q&As, voters guides, statements, opinion pieces, and virtual panel discussions and interviews. The team gave more than 45 interviews to national and international news outlets.

It also created two animated videos—one that laid out options for voting and encouraged people to participate, and one that emphasized the importance of calm and patience in the days after Election Day.

“We chose animation because we wanted a lighthearted, entertaining way to deliver serious messages,” said Avery Davis-Roberts, an associate director in the Democracy Program. “And the campaign was very successful, reaching more than a million people through social media and online platforms.”

With political divisions raising the specter of possible violence, the Center’s Conflict Resolution Program also got involved, first analyzing data to identify communities where election-related violence seemed most likely. Working with partners, the team shared its findings with a dozen national networks who could direct violence prevention resources to at-risk communities.

It also worked directly with faith and community leaders in four metro areas—Atlanta, Charlotte, Raleigh, and Pittsburgh—to help them develop plans to push back against violence.

On Nov. 3, 2020, at a polling site in Manhattan, New Yorkers cast their votes in the U.S. election.

When it became clear that Georgia’s two Senate races would go into runoffs, focusing national attention on the Center’s home state, the two programs joined forces to draft a code of conduct and asked the candidates to sign. They also developed antiviolence messages for social media and brought in the Center’s Digital Threats to Democracy staff to analyze misinformation, disinformation, and violent rhetoric on social media.

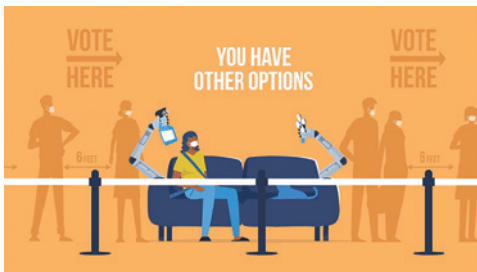
So how do the teams assess the 2020 election?

“There is a lot Americans can feel good about,” Carroll said. “This election saw the largest voter turnout in more than a century. Though there were numerous allegations of misconduct, investigations turned up no credible evidence of widespread fraud. And in the end, we had a peaceful transition of power.”

But there also was an unprecedented attack on Congress, and there are still tens of millions of Americans who reject the election results.

“Our nation has work to do to repair our deep divides,” said Hrair Balian, director of the Conflict Resolution Program. “It will take a concerted effort to restore civility and increase confidence in democracy.”

The Center is currently developing plans to continue to work on these issues. A first step is a series of virtual panel discussions on election reform co-organized with Rice's Baker Institute, led by former Republican Secretary of State James Baker III, who with President Carter led a commission on election reform in 2005.



A Carter Center video provided information on voting options for the 2020 election.

Center Observes Record-Breaking Georgia Audit

In November, the state of Georgia undertook the largest hand tally of election ballots ever performed in the United States.

And The Carter Center had a front-row seat.

Earlier in the fall, the Georgia Secretary of State's office and The Carter Center agreed that the Center would observe the state's planned risk-limiting audit of the presidential race—the first time The Carter Center has ever formally observed any part of a U.S. election.

Risk-limiting audits are new to Georgia and are considered the best way to determine whether the presumed winner did, in fact, win. Auditors use statistical formulas to randomly sample a certain percentage of ballots in every precinct. The closer the race, the larger the ballot sample.

Because Georgia's presidential race turned out to be so close, the ballot sample would have to have been very large, about 1.5 million ballots. Secretary of State Brad Raffensperger decided that given the time involved in pulling together a sample of that size, it would be faster to count every ballot — nearly 5 million in all.

Suddenly, The Carter Center had a much bigger project on its hands than it had imagined.

The Democracy Program, with an assist from the Center's events department, sprang into action, training 52 staffers and volunteers and deploying them to 24 counties, which together accounted for more than 60% of the votes cast in Georgia.

Monitors reported that the audit generally was conducted according to procedures and without significant problems. Despite the short lead time for planning or training staff, and the added difficulty of conducting a recount in the middle of a pandemic, county election officials provided meaningful access for observers and pulled off a successful audit by the state-mandated deadline.

The audit found a few thousand ballots that had gone uncounted because of human error but turned up no evidence of major problems, ultimately confirming that Joe Biden had won Georgia.

The process, according to the Carter Center's final report, should serve as the basis for increased confidence in Georgia's electoral system.



In Gwinnett County, Georgia, two workers count ballots by hand in an audit of the presidential election. The Carter Center sent observers to 24 counties in the state, representing 60% of the votes cast.

Guinea Worm Cases Halved in 2020



In Ethiopia, Wegwa Odol Othow, called Owick, leads a team that is treating this pond with a larvicide to prevent development of the parasite that causes Guinea worm disease.

The Carter Center’s Guinea Worm Eradication Program reported just 27 human cases in six African countries in 2020, a dramatic 50% reduction from 2019. Guinea worm infections in animals also were down 20% from the previous year.

The program remained 95% operational in 2020 despite the COVID-19 pandemic for two main reasons: First, it doesn’t involve medications, so it was not affected by production and distribution interruptions that disrupted other programs. Second, Guinea worm surveillance and prevention rely principally on community volunteers, so international travel restrictions had little impact.

Chad

Only 12 human cases were reported in Chad, down 75% from the 48 reported in 2019. Animal infections fell 22%. The positive trend continued into the first months of 2021, as provisionally, only 86 infections in dogs were reported through March, compared to 436 a year earlier, an 80% reduction.

“The dramatic reductions we’ve seen in Chad may be an early indication that we’re turning a corner in the most Guinea

worm-endemic country,” said Dr. Kashef Ijaz, Carter Center vice president of health programs.

Infections in Chad occur mainly along the Chari River. Carter Center-supported researchers believe animals become infected by eating fish, frogs, and discarded fish entrails that contain live copepods (tiny water fleas) that harbor Guinea worm larvae. The Chad Ministry of Health and The Carter Center are concentrating on teaching people the importance of tethering animals to keep them out of the water and not letting animals eat discarded fish guts.

The program’s public information efforts are working: 85% of Chadians surveyed knew of the availability of a cash reward for reporting a case of Guinea worm disease. More than 134,000 rumors of possible infections were investigated in 2020.

Ethiopia

Ethiopia reported 11 human and 15 animal cases in 2020 from a remote area. The human cases occurred after people drank unfiltered water from ponds. A broken borehole pump in the area has been repaired, giving residents



A health worker extracts a Guinea worm from the knee of a South Sudanese woman.

renewed access to safe water. A new well also was installed in 2020 on a commercial farm where a contaminated pond was the source of an outbreak in 2017.

Internal security challenges have forced large numbers of Ethiopians to relocate, both within the country and across the border in Sudan and South Sudan, but these movements have had little effect on the Guinea Worm Eradication Program, program director Adam Weiss said.

Mali

One human and nine dogs were reported infected in Mali in 2020. To accelerate the country's push to interrupt transmission, The Carter Center helped facilitate a workshop in September that included representatives of Mali's Ministry of Health and authorities from districts where dogs likely become infected.

Political stability and support will be key to completing elimination of the disease in Mali and attaining World Health Organization certification, said Dr. Donald R. Hopkins, the Carter Center's senior advisor for Guinea worm eradication.

South Sudan

South Sudan appears to be at the brink of interrupting transmission of Guinea worm disease, according to Makoy Samuel Yibi, director of South Sudan's Guinea Worm Eradication Program. The country reported just one human case in 2020 and has not reported any animal infections since a single dog infection in 2015. The program screened over 280,000 people for the disease in 2020, investigated over 55,000 rumors, and found about 78% of people surveyed knew of its cash reward for reporting a case.

Angola

Angola was officially declared endemic in 2020 after reporting single cases in three consecutive years, all in the same province. In August, The Carter Center and the World Health Organization assisted Angola's Ministry of Health in officially starting surveillance by trained village volunteers in 54 at-risk villages.

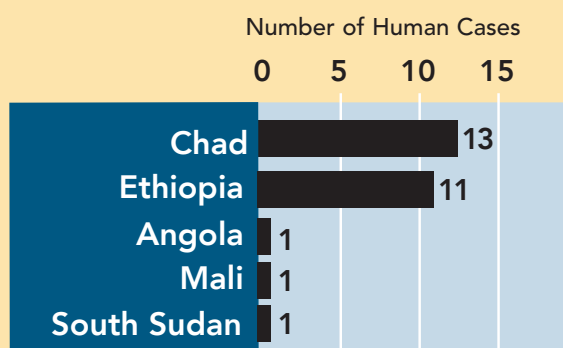
Cameroon

Just one human case was reported in Cameroon in 2020. That was a child in the



In Chad, Dollar Taissou (bottom right) pulls a Guinea worm from the leg of 2-year-old dog Martoussia. Controlling infections in animals is necessary to eradicate the disease.

27 Human Cases of Guinea Worm Disease Reported in 2020



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.

country's Far North region, which borders Chad. The girl had spent time in Chad in 2019, and that is where it is believed she became infected. Cameroon reported six animal infections. Water sources in northern Cameroon are being treated with Abate®

larvicide (donated by BASF) as a precaution, 285 health workers are conducting community-based surveillance, and thousands of leaflets have been distributed and radio messages broadcast to publicize rewards for reporting infections.



Campaign to Help Women Access Information That Benefits Them

This spring, The Carter Center launched the Inform Women, Transform Lives campaign, a global effort to help ensure that women can seek and receive information from their governments.

The campaign is (1) raising awareness about women's right to access public information; (2) working with 13 cities to help them get information to women about services; and (3) advocating for policymakers to build women's access to information into law. The campaign runs through Sept. 28, 2021.

Laura Neuman, director of the Carter Center's Rule of Law Program, discusses why this issue matters.

Q: What is the purpose of this campaign?

We're trying to start a global conversation. We want to make sure everyone knows that women have the same right to access public information that men do and that, most of the time, women don't have equal access to information. Public officials have to make conscious efforts to improve access



Laura Neuman

for women. Because when a woman can access information, she does amazing things with it.

Q: Can you provide an example of what women have done with access to information?

In Bangladesh, information helped a woman get streetlights for her neighborhood, making everyone safer. In Guatemala, it helped women take advantage of a government initiative that provided chickens for every family in their village, providing eggs they could eat and sell for extra income. In Liberia, it helped a woman start a microfinance program for female entrepreneurs in her community. The benefits of information usually extend beyond one woman to an entire family or community.

Q: Why focus specifically on access to information for women?

The Carter Center has been working to improve everyone's access to information

Three generations of Guatemalan women stand outside the eldest's home. Studies have shown that household duties and childcare can be barriers to women accessing public information.

since 1999. It's a powerful but often overlooked human right.

Over the years, we noticed that women seemed to have a harder time than men accessing public information that could really benefit them. We conducted studies in Liberia, Guatemala, and Bangladesh that confirmed our suspicions and gave us insight into the reasons—things like higher rates of illiteracy, time constraints because of household and childcare duties, limited access to transportation, lack of awareness of their right to ask for information, and cultural beliefs about gender roles.

Q: What sorts of projects are the cities in this campaign promoting?

Every city is doing something different. In Amman, Jordan, they're promoting a program that offers training to help women develop in-home businesses, get business licenses, and find market space to sell their wares. In Chicago, they're promoting the City Key, a free government ID that also functions as a library card, transit card, and prescription discount card. It's not just for women, but it can be especially useful for low-income or vulnerable women. In Colombo, Sri Lanka, they're developing and promoting a new program to help keep women safer on public transportation, where women often face harassment or assault.

Q: What can the average person do?

You can help by sharing the promotional materials we've created on your own social media accounts to spread the message to your friends and family. And you can encourage your local government to make specific efforts to reach women with information about municipal services and programs and to join the Inform Women, Transform Lives campaign.



A 90-second animated video and social media graphics for the campaign can be found on the Carter Center's website at [cartercenter.org/info4women](https://www.cartercenter.org/info4women).

Drug Treatments Resume With Safety Measures

The COVID-19 pandemic's relentless spread across the world forced Carter Center health programs to make drastic changes. The World Health Organization recommended halting mass drug administration for all neglected tropical disease programs in April 2020, and The Carter Center complied.

Mass drug administration, in which entire communities receive drug treatment to halt disease transmission, was interrupted or delayed, but intense work went on behind the scenes to develop sets of COVID-safe procedures.

"We worked harder in the past 12 months than I could have ever imagined, because we had to ensure we were not completely stopped by the pandemic," said Kelly Callahan, director of the Center's Trachoma Control Program.

Program staff developed new methods of delivering treatments, tailored to each location. They reviewed the new procedures with health ministries and other partners, procured equipment such as masks and face shields, planned complicated logistics, and devised ways to incorporate COVID-19 messaging and mitigation into their activities.

"Costs for the various activities increased tremendously compared to previous years because of the elaborate precautions put in place to prevent COVID-19 transmission," said Dr. Emmanuel Emukah, director of Carter Center health programs in Nigeria's Edo and Delta states.

With authority from the World Health Organization, drug distribution for river blindness in Uganda began again last August, among the first in the world. One by one,

other programs assisted by The Carter Center followed suit.

Pre-pandemic, community drug distribution often would take place at a community location, such as a health clinic or school. Now, most distribution takes place house to

Programs aim to distribute more than 115 million treatments in 2021.

house, outdoors, in a slower and more labor-intensive process.

Household members are first screened for COVID symptoms. In Nigeria, the height-measuring pole, which determines dosage, is leaned against a wall and measurements read from 6 feet away; in other places, a masked worker takes the measurement up close. Tablets are dispensed with a spoon that only

one person ever touches, and recipients use their own water and cups when possible.

"You take as many precautions as you can, but you still have to get close enough to give them the medicine," said Angelia Sanders, associate director of the Trachoma Control Program.

On top of observing the universal protocols such as wearing face masks and maintaining social distance, programs encountered novel challenges. For example, in Uganda, no more than three people could travel together in one vehicle, so the River Blindness Elimination Program had to hire additional vehicles and drivers.

"Our frontline staff are just amazing, as are the volunteers, who gave extra time to do the work," said Lindsay Rakers, associate director of the Center's river blindness, lymphatic filariasis, and schistosomiasis programs.

Using the lessons learned from 2020, Carter Center-supported programs aim to distribute more than 115 million treatments in 2021.



In most places where The Carter Center works, community drug distributors, such as Stella Chibueze in southern Nigeria, now travel from house to house to provide treatments due to new COVID-19 procedures. In the past, gathering places such as schools and churches were often used as community distribution points.

Paige Alexander

CEO Takes Center's Reins Amid Pandemic, Turmoil

When new CEO Paige Alexander first saw the cafeteria in the Carter Center's Atlanta office, paper shamrocks and pots of gold adorned the walls to mark St. Patrick's Day. Only it wasn't March. It was June 2020.

With the office closed due to the COVID-19 pandemic and staff working from home, the cafeteria stood as it had been three months before. Little did Alexander know that the St. Patrick's Day décor would remain frozen in time long enough to celebrate the holiday the next year too.

The office may have been closed, but Alexander soon learned the Carter Center community was anything but. Resilient and dedicated, despite the challenges of the pandemic, they stood ready to bring the new CEO into the fold.

Although born and raised in Atlanta, Alexander never lived there as an adult. Positions with the U.S. Agency for International Development and other organizations kept her based in Washington, D.C., and working throughout Europe, Eurasia, and the Middle East. For the three years prior to coming to The Carter Center, she was in Amsterdam, running a nonprofit focused on agriculture in Africa. She traveled extensively, including trips to Rwanda, Uganda, Kenya, and especially Ethiopia. "Ethiopia is so dynamic—the difference between the bustling city of Addis Ababa and the far-flung communities in the Amhara region is striking," she said.

Preparing for her new position with The Carter Center, which she had accepted in January 2020, Alexander looked forward to meeting the frontline staff in person, whether in Chad for Guinea worm or Myanmar for election observation. Of course, those plans came to a grinding halt once the pandemic hit. "My previous travel in Africa was always related to agriculture and people's livelihoods," she said. "I'm eager to see these countries from a new perspective."

The challenges of 2020 kept coming. Summer brought protests and a racial reawakening across the U.S., and rhetoric around the November national elections put the country in further turmoil. As a pioneer in the field of international election observation, The Carter Center was particularly well positioned to act on the latter.

She turned to Carter Center founder and former U.S. President Jimmy Carter for guidance. "I felt we needed to get involved in election issues in a targeted way," she said. Along with Jason Carter, chair of the Center's Board of Trustees, "We were able to bounce ideas off President Carter. He is the compass for our big ship." In the end, the Center focused on election integrity and transparency, creating a public information campaign and undertaking a focused observation of a post-election audit in Georgia.

Alexander had been familiar with the Center mostly from its peace-building programs. She knew people who had been election observers and one organization she worked for, IREX, partnered with The Carter Center on its access-to-justice work in Liberia.

The Center's health programs, on the other hand, were new to



Paige Alexander joined The Carter Center as CEO in June 2020.

Alexander. She keeps a preserved Guinea worm on her desk as a tangible token of the Carter Center's mission to improve people's lives. "I'm continually learning," she said. "The health programs provide that to me on a daily basis."

Almost a year into her job, Alexander is looking forward to the office reopening and meeting people in person that she's known mostly on Zoom. And finally seeing new seasonal décor in the cafeteria.

"My goal is to build on the successes of the past 39 years," she said. "But we would be remiss not to take away important lessons from the last year. I firmly believe that with challenges, we are always able to find opportunities. I look forward to doing that with the Carter Center team."

Germany Supports Electoral Reform in Democratic Republic of the Congo

The government of Germany, through its Ministry of Foreign Affairs, is supporting a Carter Center initiative to strengthen democratic governance in the Democratic Republic of the Congo ahead of the next national elections, anticipated for 2023. This new project began in fall 2020.

As part of these efforts, the Center and its partner, Justice and Peace Congo, are working to strengthen the capacity of local civil society organizations to take the lead in advancing reform efforts by building on the findings and recommendations of their 2018 election observation missions. Recommended reforms aim to improve the implementation of elections and increase transparency of the electoral process, leading to more credible election results and a government accountable to the people.

One of the key goals of the reform efforts is to increase the political participation of women. In the last national elections, only 1,796 of 15,359 applications for parliamentary elections were women. In areas with the lowest participation by women, barriers include poverty, sociocultural norms, illiteracy, ignorance of the most basic rights and duties, lack of information and access to legal texts, and the ineffectiveness of the judiciary and other legal bodies.

A workshop by The Carter Center and Justice and Peace Congo involved more than 20 civil society organizations, providing a forum to discuss the barriers to women's political participation and hear firsthand from women in politics. The organizations that attended said the information they received at the workshop and the subsequent WhatsApp group would help them with their own advocacy efforts for women.

Noor Dubai Renews Support for Ethiopia Trachoma Program

The Noor Dubai Foundation has renewed its partnership with The Carter Center to eliminate trachoma, the leading infectious cause of blindness. Since 2013, the two organizations have assisted Ethiopia in the elimination of trachoma as a public health problem in more than one-fourth of the Amhara region, the most trachoma-endemic location in the world.

Noor Dubai's newest four-year commitment will contribute to the implementation of annual mass drug administration in Amhara. Over the next four years, the Noor Dubai-Carter Center collaboration will contribute to the delivery of 43 million doses of the antibiotic Zithromax® (donated by Pfizer Inc), projected to impact approximately 14.3 million people. Additionally, the partnership will support training sessions for more than 74,000 local health workers by 2025 and disease prevalence surveys over the next four years to assess impact.



A woman works at a polling site in a past election in the Democratic Republic of the Congo. The Carter Center is working on election reform in the country, including increasing the number of women who run for political office.

The newest chapter of the Noor Dubai-Carter Center partnership builds on a collaboration that began in 2013. Together with the Ethiopia Ministry of Health, Amhara Regional Health Bureau, many other collaborating partners, and thousands upon thousands of frontline health workers, the Noor Dubai Foundation support has contributed to:

- The elimination of trachoma as a public health problem in 29% of the Amhara region.
- The delivery of 87 million doses of antibiotics.
- The completion of eyelid surgery for more than 356,000 people to prevent blindness.
- The trachoma training and capacity development of more than 49,000 health workers, 37,000 teachers, and 7,000 surgeons and supervisors.

The ongoing Noor Dubai-Carter Center partnership represents a part of the UAE's larger, decades-long commitment toward global health and overcoming some of the world's most deadly and debilitating diseases, including malaria, polio, and neglected tropical diseases.

Carter Center Weekend Auction and Broadcast Show Set for June

Join The Carter Center online in late June for an auction and special broadcast show.

The Carter Center Weekend broadcast show will air June 26 and feature Carter Center leadership and staff discussing their peace-building and disease-fighting initiatives around the globe. The auction, which includes presidential memorabilia, artwork, and even vacations, opens Monday, June 21, and concludes Saturday, June 26. Proceeds fund the Center's work. Both events are open to the public. Visit www.cartercenter.org/cartercenterweekend for times, links, and additional information.

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Vanessa Scholtens is a program associate in the Carter Center Trachoma Control Program.

NOTES FROM THE FIELD

Trachoma Staffers Make Exam Scopes at Home

By Vanessa Scholtens

How do we know if a person has trachoma, a bacterial eye disease? A trained worker must examine a person's inner eyelid and look for the signs.

But when a geographical area becomes successful at eliminating the disease—which is, of course, the Carter Center's goal—it becomes hard to train trachoma graders because they rarely see real cases.

But there's now a suitable alternative: remote examination of high-quality magnified photos. One tool to get these photos: an ordinary smartphone with a not-so-ordinary case.

Developed by the University of California San Francisco and further adapted by the Carter Center's Trachoma Control Program, the 3D-printed smartphone case houses a magnification lens, two LEDs for external illumination, a rotating arm that contacts the patient's skin around the eye socket, and a battery to power the lights.

Working together, a colleague and I are fabricating two dozen of the scopes.

I already owned a 3D printer I use for a hobby. While working from home during the COVID-19 pandemic, I realized I could use it to print parts for the trachoma grading scopes.

Once the parts are printed out of a polymer, I send them to Drew Deathe, research manager for the Trachoma Control Program. He then solders the electrical components and assembles the full scope.

"While it was a bit overwhelming at first, this has been a great opportunity to get creative and hands-on during the pandemic," Deathe said. Deathe has assembled

seven scopes to date.

Over the next few months, Deathe and I will send the completed scopes to be used in research projects in Ethiopia, Niger, and South Sudan. We plan eventually to design versions tailored to fit a variety of mobile phone models.

It's been a real delight to repurpose one of my hobbies into something that is helping the program in a meaningful way.



Drew Deathe solders electronic components for a 3D-printed exam scope, which can be attached to a mobile phone for use in assessing trachoma.