

THE  
CARTER CENTER



# CARTER CENTER NEWS

FALL 2020



Health, Peace Programs Adjust for COVID-19

WAGING PEACE.  
FIGHTING DISEASE.  
BUILDING HOPE.

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FALL 2020

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## ON THE COVER

**A**lthough Aliou Abdoulaye of Niger's Zinder region is wearing a mask in this photo, it was taken before the pandemic hit. Abdoulaye is a trichiasis surgeon who corrects the in-turned eyelashes of people with the most advanced stage of the eye disease trachoma. Despite the pandemic, many such free Carter Center-supported surgeries were able to continue safely. Read more about COVID-19 and The Carter Center on page 4.



## From the CEO

### Center Makes Most of New Normal

I don't need to tell you what a strange and challenging year 2020 has been.

A pandemic has forced us to avoid close human interactions, but The Carter Center has been fortunate and is taking advantage of the opportunities that technology brings to keep moving forward with our mission to wage peace, fight disease, and build hope.

I joined The Carter Center in June and, like many of you, I worked—and continue to work—from

home. And while I would rather be meeting with my new colleagues in person, I have been impressed with all we have accomplished through online meetings and events.

In August, Jason Carter, grandson of Carter Center founders President Jimmy Carter and Rosalynn Carter and chair of the Board of Trustees, and I hosted a virtual version of Carter Center Weekend. This annual event is usually an in-person affair for 300 or so Carter Center supporters, but this year we more than doubled the number of participants who heard firsthand from our experts on Guinea worm eradication and elections, including what we are doing on domestic election work. It was a thrill to share special messages from President and Mrs. Carter, Jon Stewart, Willie Nelson, Lin-Manuel Miranda, and others. (The video is still available on our website and YouTube channel.)

And while we're using technology in new ways, one way we've always done business has made the pandemic environment easier—a reliance on in-country staff and community volunteers to carry out the work. We can provide technical expertise, but it's only in partnership with those at the grassroots level that sustainable change is possible.

For example, the effort to eradicate Guinea worm disease requires that hundreds of village volunteers ensure their communities filter drinking water and keep those infected out of water sources. These everyday heroes can carry out their work, pandemic or not.

Similarly, our Guatemalan staff who help their fellow Guatemalan women access government information did not need to evacuate the country. Like all our in-country staff, they are still invested and present in their communities.

We have over 2,800 staff in countries worldwide, and they are the real heroes keeping this work moving forward at such a difficult time. Together, we are ensuring the most vulnerable people are not forgotten.

As we navigate these uncharted waters together, I thank you for your continued support.



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

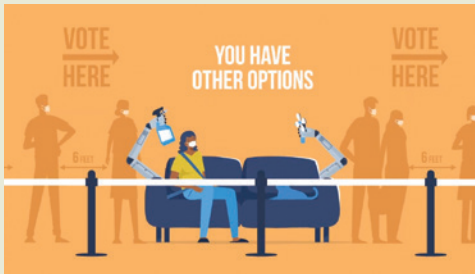
## U.S. Election Process Draws Center's Attention

This year The Carter Center became involved in a U.S. election for the first time, drawing on lessons learned over three decades observing 111 elections in emerging or distressed democracies.

The nonpartisan project aimed to help strengthen public trust in the electoral process by providing greater public information about it and by encouraging transparency.

Specifically, the Center and the National Conference of State Legislatures produced a report on the laws and policies across the 50 states and the District of Columbia for local observers to access.

The Center worked with the National Vote at Home Initiative and other nonpartisan groups to encourage election administrators to increase transparency in absentee ballot processing.



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

An animated video released on social media emphasized the importance of having a voting plan and voting early, by mail, or in person. A second video encouraged patience and calm while millions of absentee ballots are counted.

Other efforts sought to educate voters about the distinction between irregularities and fraud, aspects of a healthy electoral process, and accurate and transparent media coverage.

The Center also consulted with other nonpartisan groups on violence prevention and the peaceful transition of power.

## Center Names New Peace, Health Vice Presidents

The Carter Center has named new vice presidents to oversee its peace and health programming.

Barbara Smith is the new vice president of peace programs. Smith is the founder of international development consulting firm Mountain Time Development and was a senior associate at the Center for Strategic & International Studies. Previously, she was the U.S. Agency for International Development's deputy assistant to the administrator in the Bureau of Policy, Planning, and Learning. She also co-created the seminal USAID 2013 Democracy, Human Rights, and Governance Strategy, which is applied across approximately 100 countries. Other positions at USAID included senior policy analyst, deputy coordinator for Middle East Transition Response during the Arab Spring, and senior field advisor for democracy and governance. At the National Security Agency, Smith was the White House's director for Afghanistan and Pakistan affairs.

Dr. Kashef Ijaz is the new vice president for health programs. During 18 years at the Centers for Disease Control and Prevention, Ijaz held successive leadership positions, most recently principal deputy director in the Division of Global Health Protection, Center for Global Health. He previously was deputy director for science and programs in



Dr. Kashef Ijaz

the Center for Global Health, and chief of the Tuberculosis Field Services and Evaluation Branch in the National Center for HIV, STD, and TB Prevention. He began his career as a medical epidemiologist at the Arkansas Department of Health. He has worked extensively in Asia, Africa, and across the developing world on malaria, tuberculosis, and Ebola.

## Journalists Awarded Fellowships for Mental Health Reporting

Since 1996, The Carter Center has awarded one-year fellowships to more than 200 journalists, connecting them with resources and experts to increase the quality and accuracy of mental health reporting around the world. Fellows have produced more than 1,500 stories, documentaries, books, and other works during and after their fellowship year. The journalists below comprise the 2020-2021 class.

Raya Al Jadir, freelance, United Arab Emirates

Christie Diez, WXIA 11 Alive News, Atlanta

Susan Greene, The Colorado Independent, Denver

Janelle Harris Dixon, freelance, Washington, D.C.

Abigail Jones, freelance, New York

Deena Kamel, business reporter, The National, United Arab Emirates

Mohamed Karmous, Qatar News Agency, Qatar

Yanick Rice Lamb, FierceforBlackWomen.com, Bowie, Md.

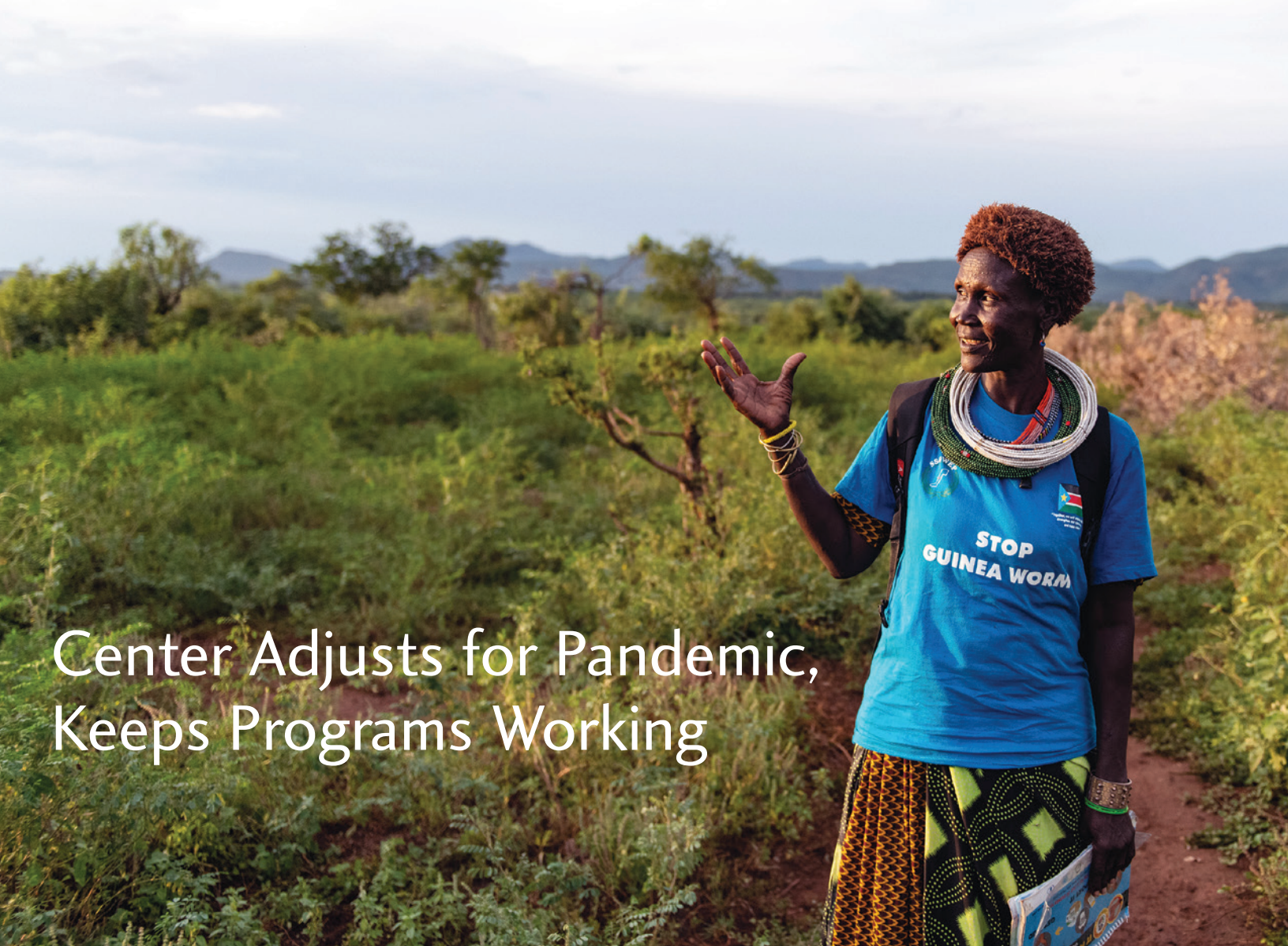
Clarissa Levy and Manoela dos Santos Bonaldo, freelance, The Intercept, Brazil

Alisa Roth, MPR News, New York

Bakari Savage, WBRC-Fox 6, Birmingham, Ala.

Eileen Truax, freelance, Ann Arbor, Mich.

Ronny Suárez Celemín and Carlos Francisco Fernández, El Tiempo, Colombia



## Center Adjusts for Pandemic, Keeps Programs Working

While the COVID-19 pandemic has brought tough challenges around the world, The Carter Center continues to find ways to wage peace, fight disease, and build hope.

The Center took a prudent pause in most field operations to ensure the safety of staff, local volunteer partners, and their communities. Despite the interruption, the Center was never still. Leadership and staff set to work applying the Center's expertise and resources to help partners across the world address new obstacles resulting from the pandemic.

"These challenges really provide us some opportunities," said Carter Center CEO Paige Alexander. "We're at a pivotal time."

In one example of a pandemic pivot, the Center's Human Rights Program quickly responded to a spike in quarantine-related domestic and gender-based violence in Liberia by partnering with government ministries to raise public awareness about resources and reporting procedures. Initiatives included

announcements and guest appearances on radio programs, mass text messaging, and discussions with traditional chiefs, town criers, and officials in the justice system.

The Center's mental health team in Liberia ensured mental health and psychosocial services were a standard part of managing COVID-19 cases. The team has also supported contact tracer and mental health training, deployed clinicians, and worked with the Mental Health Reporters Network to share information with communities.

"As the COVID-19 pandemic evolves, the Carter Center's global mental health team is helping lead with incident management and mental health services while forging ahead to help strengthen the existing mental health system as much as possible," said Janice Cooper, the Center's senior program advisor in Liberia.

Similarly, the Center's Democracy Program provided support for a play, an art show, TV and radio spots, short films, and

*Regina Lotubai Lomare Lochilangole is a social mobilizer, educating her fellow South Sudanese about preventing Guinea worm disease. Although foreign staff had to leave South Sudan and other countries due to the coronavirus pandemic, community work could continue with safety protocols in place.*

other public awareness efforts initiated by partner organizations addressing lockdown-related domestic violence in Tunisia and the Democratic Republic of the Congo.

Domestically, journalists involved in the Rosalynn Carter Fellowships for Mental Health Journalism have been documenting the toll exacted by illness, grief, and isolation associated with the pandemic and interviewing experts offering suggestions for ways to cope.

In addition to addressing domestic violence and mental health, The Carter Center is also using its existing networks to provide information and correct common



as part of their daily routine, so those efforts never stopped. Carter Center foreign staff had to pull out, though, slowing down field research. Fortunately, in September, technical advisors—Center staffers who reside near villages and serve as Guinea worm prevention guides and mentors—started returning to the field in such places as Chad and South Sudan.

In another sign of edging back toward normal operations, the Center’s Democracy Program is undertaking an election observation mission in Myanmar, albeit without international personnel. The mission, conducted exclusively by Myanmar nationals, will assess electoral preparations and the electoral environment, the impact of COVID-19 on the electoral process, and other issues.

In addition, the Center is participating in an international mission to observe the upcoming presidential and legislative elections in Côte d’Ivoire.

Beating your wife is not only a crime, but a human rights abuse. Act now against domestic violence! Break the silence by reporting it to the nearest police station. Call for help or more info:

**0886270114 or 0775270114 or 116.**

This message is brought to you by The Carter Center in partnership with the Ministry of Gender, Children and Social Protection and the Ministry of Justice, and in partnership with the U.S. Government.

THE CARTER CENTER

*Domestic violence has spiked in many places since COVID-19 lockdowns began. The Carter Center is helping governments and agencies in several countries spread information about the problem and how to get help. This leaflet is from Liberia.*

misconceptions about COVID-19. For example, the trachoma program in Niger has long used community radio stations to spread messages about how proper hygiene prevents trachoma; this year, coronavirus hygiene was added to the mix.

“We’ve integrated COVID messaging into these programs because people need to know, and we already have those last-mile connections in the field,” Alexander said.

Mass drug administration programs to combat river blindness, trachoma, lymphatic filariasis, and schistosomiasis in several countries had to be suspended temporarily because of social distancing requirements. However, in early fall such programs were resuming or close to resuming with safety precautions in place in Uganda, South Sudan, Ethiopia, Niger, and Nigeria.

Much of the day-to-day work of Guinea worm disease observation and prevention is done by communities themselves



*Before the pandemic, The Carter Center provided radio messages in Niger about hygiene practices that would help prevent trachoma, a bacterial eye disease. Now, these same channels include COVID-19 health messages.*



# Ethiopia's Commercial Farms Play Role in Fighting Disease

Obang Adhom has a tough job, but somebody has to do it.

On the vast Mulé commercial farm in Ethiopia's Gambella region, he leads an encampment of men who treat a large, stagnant canal and 81 other water sources with a larvicide to prevent Guinea worm, a parasitic disease. The canal, ponds, and watering holes, many in hard-to-reach forested areas of the farm, form a perfect environment for Guinea worm disease, which is contracted when people drink water contaminated with larvae-carrying copepods.

Obang received training and supplies from The Carter Center, and the work his team does on the farm is critical to keeping Guinea worm disease from spreading among people and animals in this region.

Adhom keeps a detailed calendar to ensure every water source is treated with Abate® (donated by BASF) every 28 days to interrupt the worm's life cycle. The team—26 men during rainy season, 10 during dry season—has a hot, strenuous, dangerous job: the canal is teeming with crocodiles, the woods are full of snakes, and lions have strolled through the camp.

"It's very hard work," Adhom said, but he is committed to it. He formerly was a Guinea worm volunteer in his home village but agreed to go to the farm to meet the need. "I will stay until they call me back to the village," he said.

Unsafe drinking water puts agricultural workers on farms like Mulé at risk for Guinea worm disease, as evidenced by a 2017 outbreak that arose from a contaminated pond on another commercial farm in Gambella region. In addition to Adhom's team's preventative work, health agents and Carter Center-trained volunteers show workers photos of Guinea worm cases, remind them to always filter water before drinking it, and tell them about a cash reward available for reporting suspected cases.

At the sprawling Seife farm, water is drawn from a large dug-out pit and trucked out to the fields three times a day for the workers—as many as 400 during peak seasons—to drink. In accordance with guidelines from The Carter Center and Ethiopia's Federal Ministry of Health, the water is filtered to strain out copepods as it is transferred to barrels in the field. As an extra precaution,

*The Carter Center and Ethiopia's Federal Ministry of Health are working together to protect migrant farmworkers from Guinea worm disease, river blindness, and lymphatic filariasis. Safe drinking water is trucked to the fields, and workers are offered education and medication to prevent the diseases.*

workers are issued personal pipe filters when they are hired and encouraged to use them when drinking water.

"We don't want anyone drinking bad water and getting a Guinea worm," said Haile Teklay, manager of the Seife farm. "If our workers are not healthy, the planting and harvesting will stop, the crops will not be delivered, and the workers will not have income."

Agricultural laborers are at risk for other tropical diseases as well.

The Carter Center began outreach to commercial farmworkers with a malaria prevention project in 2013. Building on their successes with Guinea worm and malaria, the Center and Ethiopia's Federal Ministry of Health are seeking to eliminate river blindness and lymphatic filariasis (LF) across the country—a goal once thought impossible.

“To achieve elimination, we must ensure everyone in endemic areas is protected, including people who travel from all over the country for temporary work on commercial farms,” said Aderajew Mohammed, the Carter Center’s Ethiopia health program director.

Teklay, the Siefe farm manager, directs groups of laborers to stop working and listen as health agents and Center-trained volunteers explain LF and river blindness and their prevention. They learn how infected black flies transmit the parasite that causes river blindness, infected mosquitoes transmit the parasite that causes LF, and how the drugs Mectizan® (donated by Merck) and albendazole (donated by GSK) kill the respective parasites. The workers are then measured for the

proper dosage, handed the tablets and a glass of water—which they drink through a personal pipe filter as a precaution against Guinea worm—and registered in a record book.

All of these measures are part of a comprehensive effort to free all Ethiopians of a set of diseases that hinder the nation and its people from reaching their full potential.



*Obang Adhom, front left, relaxes with members of his crew on the Mulé commercial farm in Ethiopia’s Gambella region. They do the tough work of measuring and treating the farm’s 81 water sources with a larvicide on a rotating 28-day cycle to help eliminate Guinea worm disease.*

*Before workers on Ethiopia’s farms receive medications to prevent river blindness and lymphatic filariasis, they receive education about how these parasitic diseases are transmitted.*





## At U.S.-Mexico Border, Journalists Learn Mental Self-Care

*Journalist Myriam Vidal Valero snapped this photo of a woman helping a child with his artwork at a Mexican shelter along the U.S. border. She and her reporting partner, Rodrigo Perez Ortega, received a fellowship from The Carter Center that allowed them to follow an evolving story of migrants at the border.*

Sometimes journalists set out to find one story and end up telling a different one. When Myriam Vidal Valero and Rodrigo Perez Ortega received a joint journalism fellowship from The Carter Center in mid-2019, their plan was to document the emotional trauma faced by migrant families separated by U.S. policy at the U.S.-Mexico border.

But after the U.S. started requiring asylum seekers to stay in Mexico while awaiting decisions, family separation faded as an issue and overcrowding in Mexico's makeshift migrant shelters became the greater concern. And then the emerging COVID-19 pandemic complicated the situation. So, they pivoted.

"The fellowship gave us the flexibility to follow the flow of the story," Perez Ortega said.

Vidal Valero and Perez Ortega were two in a class of 13 journalists for 2019–2020 who were awarded Rosalynn Carter Fellowships for Mental Health Journalism to report on the mental health topics of their choosing over the course of the year.

The two conducted dozens of interviews in the border cities of San Diego and El Paso in the U.S. and Tijuana and Ciudad Juarez in Mexico. What they saw and heard was heartbreaking.

"I remember leaving [a particular] shelter and saying, 'Oh my god.' So many feelings; I didn't know where to start," Vidal Valero said. For the sake of her own mental health, she was glad to have a teammate who could relate.

"When you're working this kind of story, it can be really draining emotionally, and knowing you have somebody there with you all the time, someone to lean on, someone who will listen to you and understand what is happening to you, I think that was one of the crucial points for us," she said.

The two developed a practice of closing their workdays by writing reporting diaries, private notes to remind themselves of what they had seen and experienced. This was helpful not only for organizing their storytelling, but also "to kind of vent and let it all go," Perez Ortega said.

There were bright moments. The

reporters visited a school bus that served as a mobile classroom for migrant children, "who have gone through a lot, but they're still kids and they still want to paint and have fun and sing and have joy," Perez Ortega said.

Once COVID hit, the nonprofit that ran the bus started a virtual school, including lessons on human rights—"all the things they needed to know to regain some dignity as migrants—especially the children, to know that they matter," Vidal Valero said.

The New York Times published their story about the school bus, and they later shared their experiences with the other journalists in the class of Rosalynn Carter fellows as they wrapped up their fellowship year in September.

One lesson the journalists learned through the fellowship was to be mindful of their own level of resilience amid massive change and trauma.

"Before being a journalist, I am a human being," Vidal Valero said. "It's important for me to be connected and it's important for me to take care of myself first."



# Center Monitors Fall Elections in Three Countries

The United States was not the only country in the midst of election season this fall; many countries around the world held or will soon hold elections, and The Carter Center worked on three of them.

COVID-19 means these missions will not look like any the Center has done before.

“In some places, we’ve seen delays and election dates change. In others, we’ve seen borders close or airlines cease operations,” said David Carroll, director of the Center’s Democracy Program. “We’ve had to be more flexible—and creative—than ever before. But given the serious threats that face elections and democracy around the world, we feel it’s more important than ever before to do what we can to help ensure credible elections.”

Plans may change between now and the various election days, but here’s what was in the works as of press time:

## Bolivia

Bolivia held an election a year ago, in October 2019, but there were questions about the validity of the results, and protesters took to the streets. A month later, the declared winner, Evo Morales—who’d held power for nearly 14 years—and several high-ranking officials resigned. Morales went into exile, and a new election was scheduled for May 2020.

The Carter Center had planned a full-scale mission to observe the May election, but the pandemic caused officials to postpone the vote to Oct. 18. Travel restrictions and high case numbers inside Bolivia made a large observation mission impossible, but the Center conducted a small, mostly remote expert mission, meeting virtually with candidates, political parties, election commissioners, and other stakeholders.

The team focused on the legal electoral framework, electoral preparations, the campaign environment, and respect for participatory rights. It also worked with a local partner to analyze social media political advertising compliance with existing Bolivian regulations and monitor election-related disinformation

with help from the Center’s Digital Threats to Democracy Initiative.

Two experts were able to travel to La Paz in early October to be there during the election, which Morales’ chosen successor won handily.

## Côte d’Ivoire

Côte d’Ivoire’s Oct. 31 election was steeped in controversy. Incumbent President Alassane Ouattara announced in August that he would seek a third term, arguing that a constitutional referendum held while he was in office reset his eligibility. Demonstrations ensued, and several people were killed, prompting the government to prohibit public gatherings for a time. The country’s top court upheld the president’s candidacy and ruled that only four of 44 would-be candidates fulfilled the filing requirements, excluding several prominent candidates.

The Carter Center teamed with the Electoral Institute for Sustainable Democracy in Africa for a joint observation mission in Côte d’Ivoire, with the Center deploying

several experts to join EISA’s core team and observers.

## Myanmar

The Carter Center observed Myanmar’s 2015 election—the first with genuine political competition since before a 1962 military coup—and observed the election there on Nov. 8.

The coronavirus and related travel restrictions changed the shape of this mission as well. For the first time, the Center used Myanmar citizens as long-term observers rather than foreign nationals. The Center briefed 24 long-term observers on its methodology for independent, neutral observation and sent them around the country once travel was allowed. A core team of experts and short-term observers joined them for election day.

This mission, too, included analysis of social media misinformation, disinformation, and hate speech—which is increasingly important because COVID-19 forced many parties and candidates to campaign virtually.



*In advance of the 2019 municipal election in Yangon, Myanmar, a woman distributes voting information to a passenger on a commuter train. The Carter Center was set to observe the country’s national election in early November of this year.*

Greg Noland

## Director Melds Passion for Field with Science

Growing up, Greg Noland voraciously read National Geographic magazines. From his home near Dallas, Texas, Noland became fascinated with other cultures and seeing the world.

He traveled to Europe in high school and once crossed the Mexican border, but it was a college study abroad trip to Zambia that finally scratched his explorer's itch. And it laid the foundation for his career to come as an epidemiologist and now director of the Carter Center's river blindness, lymphatic filariasis, schistosomiasis, and malaria programs.

A pre-med student, Noland spent two consecutive summers working at a rural hospital in southern Zambia. It was his introduction to malaria and other parasitic diseases.

"I spent most of my time in the lab, learning how to read malaria blood films, but I also saw the effects of malaria and other diseases not only on individual patients but also on their families and the larger community," he said. "That opened my eyes to public health."

After graduation and with an interest in malaria, he joined the U.S. Centers for Disease Control and Prevention, where one of his duties was tending its mosquito colonies for malaria research. "But as one of the great strokes of luck in my life, my supervisor was a parasitologist who insisted I learn about parasitic diseases broadly, apart from malaria," Noland said.

After completing his doctorate in molecular microbiology and immunology, Noland was ready to return to the field. He took a three-year assignment in western Kenya, directing a malaria research project. He spent his days driving to remote highland communities where he examined the development and maintenance of immunity in areas close to eliminating the disease.

Noland summed it up the way only someone who loves field work could: "I spent most days pushing Land Rovers out of the mud," he said. "Working in villages at the end of the road was a fantastic experience." (Incidentally, since joining The Carter Center in 2011, Noland has helped free stuck vehicles in Haiti, Ethiopia, and Nigeria.)

To Noland, the most fulfilling part of his assignment in Kenya was working with in-country students and scientists. "I loved seeing



Greg Noland, Ph.D.,  
M.P.H.

their ownership of the program," he said. "That perspective carries over to the work we do at The Carter Center—building relationships with in-country staff and developing local talent so they can lead the programs."

Noland was hired as an epidemiologist for the Carter Center's malaria work, but it didn't take long before he became involved with the Center's other health programs, particularly lymphatic filariasis, which is heavily integrated with malaria because both diseases are transmitted by mosquitoes.

Noland was promoted to director earlier this year, and he said he feels fortunate to have inherited the programs from Frank Richards, who led them for 15 years. "We're on the cusp of significant wins in the battle against river blindness in several places," he said, referring to Uganda, Nigeria, and the Americas.

Continued progress, however, will not be achieved easily. Noland said that since the programs rely on people voluntarily taking medication, community engagement is the key to success. Now COVID-19 is a threat, forcing the Center and others to look at the ways drug distribution can change and possibly improve.

Looking back at his nine years at the Center, one of Noland's favorite projects was overseeing blood testing in schoolchildren in Nigeria's Plateau and Nasarawa states to determine whether the

parasite that causes lymphatic filariasis had been eliminated. The disease can result in severe swelling and disfigurement in limbs and genitals.

Community volunteers, under the direction of the Nigerian Ministry of Health, and local Carter Center staff had distributed preventive drug treatments for many years, and the testing proved the impact of this long-term effort—the parasite had indeed been eliminated and some 7 million people were no longer at risk for the disease.

"It is satisfying to know these children will not have to face a life of physical pain or mental anguish," Noland said. "To me, that is a victory."



Noland confers with a member of his assessment team at a school in Plateau state, Nigeria. Blood samples taken from students confirmed the interruption of lymphatic filariasis.

## Donors Help Realize Mrs. Carter's Vision

This fall marks 50 years of former First Lady Rosalynn Carter's leadership for mental health care. Her pioneering work began in 1970, when Jimmy Carter was a candidate for governor of Georgia. In the decades since, she has become a steadfast champion for the rights of people with mental illnesses.

Under her leadership, the Carter Center's Mental Health Program continues to promote awareness about mental health issues, inform public policy, achieve equity for mental health care comparable to other health care, and reduce stigma and discrimination against those with mental illnesses.

It is only with support from many organizations and foundations that this work has been possible.

### Journalism Fellowships

As part of an international effort to reduce stigma and discrimination, The Carter Center awards annual Rosalynn Carter Fellowships for Mental Health Journalism, which provide stipends and training to journalists to support reporting on topics related to mental health and substance use issues. The William Randolph Hearst Foundation has supported the fellowships for the past 24 years. In addition, the foundation has given ongoing support to The Carter Center since 1984, almost since its inception.

### Public Policy

From her days as first lady of Georgia and the United States to her work at The Carter Center, Mrs. Carter has sought to change public policy for fair treatment of people with mental illnesses. Today health care policy is shifting from a focus solely on the management of illnesses toward one that proactively creates health and well-being in individuals, organizations, and communities.

A constant Carter Center donor since 1983, Magellan Healthcare supported the Center's mental health policy work with a gift last year and a similar pledge for this year. UCB Inc. has also supported this work with regular gifts over the last five years earmarked for public policy in Georgia.

Atlanta is the Carter Center's headquarters, and several donors have supported school-based mental health work in Georgia. A recent gift from the J.B. Fuqua Foundation provided funding over the past two years. The foundation has been a regular donor to the Center for 10 years.

The Tull Charitable Foundation also provided a gift for school-based mental health in Georgia and has supported the Center's endowment in the past.

### Global Behavioral Health

For many years, The Carter Center has partnered with the government of Liberia and others to strengthen public mental health in the country. As regular supporters of the Center for the past 22 years, the Open Society Foundations provided a recent gift to help strengthen the mental health system in Liberia and West Africa



Since 1970, Rosalynn Carter has championed the rights of people with mental illnesses, first in her roles as first lady of Georgia and the United States and then later as co-founder of The Carter Center.

through adaptation of resources for caregivers, capacity building of the mental health workforce, and policy advocacy.

In addition, UBS Optimus supported the Liberia initiative with a three-year gift to help improve child and adolescent mental health.

Finally, the World Bank provided support in the immediate aftermath of the 2014–2015 Ebola outbreak in Liberia, when The Carter Center began working in Margibi and Montserrado counties to address the psychological effects of the crisis and to promote psychosocial health in the country.

The Carter Center appreciates these and all partners helping to advance mental health initiatives and continue Mrs. Carter's work into the future.

## Virtual Fundraiser Brings in More than \$2 Million



The first-ever virtual Carter Center Weekend fundraiser, held in late August, brought in \$2.01 million in donations and auction sales. The highest bid was for former U.S. President Jimmy Carter's original oil painting "Cardinals" (pictured), which sold for \$340,000.

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*Ben Spears is a senior program associate in the Carter Center's Conflict Resolution Program.*

NOTES FROM THE FIELD

## Youth Key in Sudan's Shift to Democracy

By Ben Spears

This is an exciting time in Sudan. After 30 years, a period marked by civil war in Darfur and other areas of the country, Omar al-Bashir was forced from power in a revolution led largely by young women and men. Now Sudan is working out a new identity as it transitions to peace and democracy, and young people can lead the way.

Despite Sudan's decades of turmoil, The Carter Center has continued to work there. In fact, President Carter is better known in Sudan for supporting peace and fighting Guinea worm disease than for having been president of the United States.

Now we are partnering with Sudan's transitional government to create a network of young citizen observers who will help monitor the changeover to democracy and sustainable peace. These youth—defined as people under age 35—will conduct assessments of the transition's progress and make recommendations from their community-based observations throughout the country.

"It is the youth of Sudan who have achieved the change in Sudan," Walaa El-Boushi, Sudan's minister of youth and sports, said during the announcement of the partnership.

Youth have identified themselves as the watchdogs of the transitional government, but they've largely been excluded from formal government processes over the past year. The hope is that this new partnership will help youth play a meaningful role in the transition.

The Carter Center will be working with youth nationwide to report on the implementation of Sudan's new Constitutional Charter and other commitments of the three-year transitional government. We will build the capacity of and support the Sudanese on impartial and independent monitoring and reporting processes, constitutional principles, and peace.

It's clear that in neighborhood committees and other youth-based organizations, young Sudanese men and women continue to fight for the country they deserve.

"To achieve the great revolution, [Sudan's young people] will continue to make miracles, and we are all committed," El-Boushi said.



*Young Sudanese street vendors await business on a road median in Khartoum. A new Carter Center initiative will train some 20,000 Sudanese under age 35 on democratic processes.*