Advocate Presses for Laws Protecting Human Rights

arcel Wetsh'okonda fights for human rights laws to be passed in the Democratic Republic of the Congo, a country where 1,000 people die each day from disease, hunger, and vio-

lence. It is no easy task.

Wetsh'okonda found support, however, at the Carter Center's Human Rights Defenders Policy Forum last May, where human rights advocates from around the

> world gathered to discuss ways they can make a difference in their countries.

Human rights defenders can be lawyers, policy-makers, or just ordinary people wanting to make a difference. They often work under pressure in fragile democracies to hold governments accountable for human rights standards.

Participants at last May's forum discussed how to help defenders working in new democracies to support human rights. Representing nations

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Humor Aids in Guinea Worm Education . . .





PEACE

r. John Stremlau views the recent elections held in the Democratic Republic of the Congo as both triumphant and tragic. "It was quite moving to see the Congolese people turn out to vote," he said. "At the same time," he added, "it was depressing to see how the country and its people have suffered so greatly." The elections were the first held in 46 years in a country devastated by five years of civil war where more than acmhsile turn



PEACE

Congo, where Wetsh'okonda works, elections were held in August for the first time in over 46 years. Though civil

Trachoma Study in Sudan Shows SAFE Strategy Works

hildren in the United States may not give grape-flavored cough syrup another thought, but in Eastern Equatoria, Sudan, children look forward to their yearly dose of an antibiotic that tastes like bananas. The medicine, azithromycin, is one part of a strategy designed to prevent blinding trachoma, a bacterial eye disease and leading cause of preventable blindness in the world.

A recent program evaluation by the Carter Center Trachoma Control Program showed that simple measures applied at the community level can nearly eliminate the devastating disease in one of the most neglected regions of the world.

The evaluation results, published in the August 2006 issue of the medical journal The Lancet, centered around the SAFE strategy, the four-pronged approach to controlling trachoma endorsed by the World Health Organization. After three years of intervention using the SAFE strategy in communities in southern Sudan, prevalence of active trachoma and unclean faces was reduced by up to 92 percent and 87 percent, respectively. The program was implemented with support of the Lions Clubs International Foundation in four districts with a combined population of almost 250,000 people.

The SAFE strategy refers to surgery, antibiotics, facial cleanliness, and environmental improvement.

"The evaluation data provide hope that if the strategy can be implemented with such success in southern Sudan, an area with limited resources, little infrastructure, and difficulties in access and insecurity, the strategy can be used to effectively wipe out the disease in all countries where it is found," said Dr. Paul Emerson, technical director of the Carter Center Trachoma Control Program and co-author of the Lancet paper.

Caused by bacteria, trachoma is prevalent in poor, rural communities that lack access to basic hygiene, clean water, and adequate sanitation. The disease is easily spread throughout a community via contact with dirty clothes, hands, and flies that are attracted to eyes.

"These disease factors have been aggravated by the prolonged civil conflict in Sudan. In fact, the trachoma situation in southern Sudan is dire, with one of the highest prevalence rates of blinding tra-

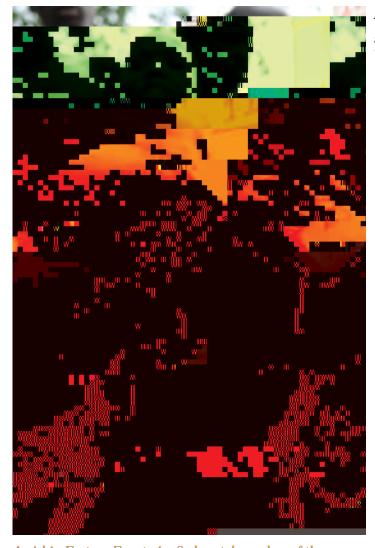
choma in the world," said Dr. Jeremiah Ngondi, co-author of the paper and Carter Center consultant.

The path to blindness from trachoma is slow and painful, as repeated infections cause the eyelid to scar and turn inward, allowing the eyelashes to scrape against the cornea. If left untreated, eyelashes constantly scratch the surface of the cornea, leading to scarring and irreversible blindness. For millions of people tortured by the end stages of the preventable disease, the world permanently fades from view, one painful blink at a time. Young children who rub their eyes with unclean hands and whose faces are constantly wiped by their mothers' skirts, bear the heaviest burden

of active trachoma infections and are the main source of infection for other people.

The study raises opportunity for future research on the collateral health benefits that the SAFE strategy can provide for children in trachoma-endemic areas of southern Sudan and elsewhere around the world.

"Just imagine how useful it is for people to have a yearly dose of a systemic antibiotic, plus hygiene promotion, plus access to water and sanitation, and imagine what effect that also is having on diarrheal diseases, infection with worms, pneumonia, and other communicable diseases. We can have a powerful effect on health and development through the vehicle of trachoma control," said Dr. Emerson.



A girl in Eastern Equatoria, Sudan, takes a dose of the antibiotic azithromycin to protect herself from the bacteria that causes trachoma.

HEALTH

Laughter Is the Best Medicine

Group's Humor Aids in Guinea Worm Education

wo actors take the stage and make wild cartoonish gestures and snappy remarks. This is not the latest sitcom in Hollywood or a new Broadway production but a drama about Guinea worm disease in rural Ghana.

Hundreds of people in the community of Tugu squeeze on top of school desks around the dusty village center, craning their necks to see the performance. For the crowd, the humorous plot is entertainment worth leaving their homes for. For The Carter Center and Ghana's Guinea worm eradication program, the drama marks one more avenue for spreading the word about how to prevent the disease.

Conveying public health messages can be a challenge in isolated communities where few people can read or write. Harkening back to ancient community theater in Greece and Rome, the drama brings education to life through the performing arts.

In the community of Tugu, Ghana, two actors perform in a play about Guinea worm prevention. The play uses humor to capture the audience's attention.

"You can organize a community meeting, and people won't come out. But if you mention that you are going to do a drama, you see everyone rushing out to see the group," said Nyohini Baba, producer of the Suhuyini Drama Group.

Dispelling the myths about a 3,000-year-old disease isn't easy. Many communities in northern Ghana hold strong beliefs that Guinea worm disease is the result of a curse or a genetic disposition that is passed down through generations. In truth, Guinea worm is contracted through drinking water contaminated with a larva that matures into a long, spaghettithin worm after a year in a human body. The worm exits the body through an agonizingly painful blister in the skin.

"Guinea worm is a thorn in our flesh. It brings poverty to the people because when one is attacked by Guinea worm, that fellow cannot go to the farm, that fellow cannot work," said Osmond Abdullah, Suhuyini's playwright.

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Abdullah has written seven plays on various aspects of prevention and treatment of the disease, including the importance of filtering water. In Tugu, a character that refused to filter his water becomes infected with Guinea worm. As he limped into view, he gripped his foot and screamed with each step. The audience shrieked with delight watching the big man cry like a child. To keep the audience interested, the plot is filled with action, comedy, and romance.

"Humor helps the audience feel comfortable with talking about the disease and, in effect, reduces the stigma associated with it," said Philip Downs, assistant director of the Center's Guinea Worm Eradication Program. "When stigma is reduced, people no longer hide their cases of Guinea worm, and health workers can contain all cases of the disease before infected people recontaminate the water source."

rish Aid has given The Carter Center a \$761,000 USD grant to help develop and build international consensus around election observation standards. A pioneer in the field, the Center will draw on its experience observing 65 elections in 26 countries and work with a variety of international partners to build common standards that could be implemented by all election observation organizations.

The Center's new work will build on the Code of Conduct and Declaration of Principles for **International Election** Observation that was endorsed in October 2005 at a meeting at the United Nations cochaired by President Carter, U.N. Secretarygeneral Kofi Annan, and Madeline Albright. The Carter Center was one of the key initiators of these standards.

After the program, Sheedy, who lives in St. Paul, Minn., found the Carter Center Web site. Impressed by the Center's mission, he made a donation online. Since then, his support for the Center has grown, and now he belongs to the Ambassadors Circle and the Legacy Circle and has

attended the annual Winter Weekend auction and other events. "I'm motivated by the way The Carter Center operates," he said. "With limited staff, the Center becomes an adviser to local people in countries where it has programs. These people are

NEWS BRIEFS

The Carter Center's new Web site, unveiled in late August, was designed to powerfully communicate stories of lives changed through the Center's peace and health programs.

Created with intuitive navigation,