Annual Report 1998-1999

WAGING PEACE

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FIGHTING DISEASE

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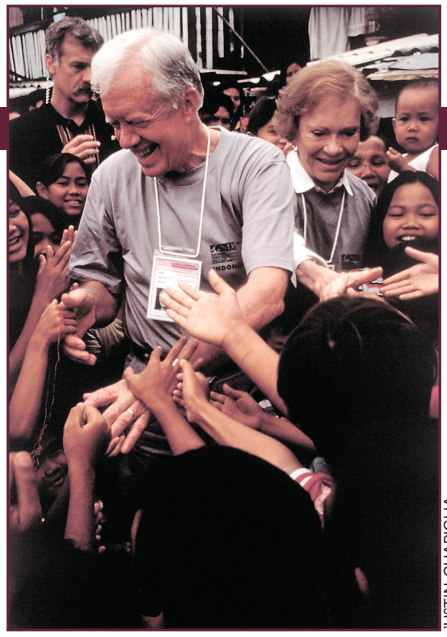
BUILDING HOPE

THE CARTER CENTER

JIMMY CARTER



JUSTIN GUARIGLIA

Children along the streets of Jakarta, Indonesia, welcome President and Mrs. Carter.

The Carter Center's work produces tangible results -- a farmer grows more food, a child is freed from Guinea worm, a mother will not go blind, bitter enemies resolve their differences. But the most important outcome of our work cannot be seen - the renewal of hope. And it's contagious. When people can exercise some control over their lives, the human spirit is rejuvenated. The Carter Center is there to help hope become a reality.

THE CARTER CENTER MISSION STATEMENT

The Carter Center, in partnership with Emory University, is guided by a fundamental commitment to human rights and the alleviation of human suffering; it seeks to prevent and resolve conflicts, enhance freedom and democracy, and improve health.

While the program agenda may change, The Carter Center is guided by five principles:

The Center emphasizes action and results. Based on careful research and analysis, it is prepared to take timely action on important and pressing issues.

The Center does not duplicate the effective efforts of others.

The Center addresses difficult problems and recognizes the possibility of failure as an acceptable risk.

The Center is nonpartisan and acts as a neutral in dispute resolution activities.

The Center believes that people can improve their lives when provided with the necessary skills, knowledge, and access to resources.

The Carter Center collaborates with other organizations, public or private, in carrying out its mission.

GABRIEL BENZUR

Located in Atlanta, The Carter Center houses offices for Jimmy and Rosalynn Carter and most of the Center's program staff, who promote peace and advance health worldwide. Field representatives also work in 20 nations in Africa and Latin America.

What is The Carter Center?

The Center is a nonprofit, nongovernmental organization (NGO) founded in 1982 in Atlanta, Ga., by Jimmy and Rosalynn Carter in partnership with Emory University.

What is The Carter Center's role?

"Waging Peace. Fighting Disease. Building Hope." These six words embody The Carter Center's mission in a world where people live every day under difficult, life-threatening conditions caused by war, disease, famine, and poverty. The ultimate goal is to help create a world where every man, woman, and child has the opportunity to enjoy good health and live in peace.

Who directs the Center's programs?

Resident experts and fellows, some of whom teach at Emory University, direct the Center's programs. They design and implement activities in cooperation with President and Mrs. Carter, networks of world leaders, other NGOs, and partners in the United States and abroad.

A board of trustees, chaired by President Carter with Mrs. Carter as vice chair, governs the Center. (Trustees are listed inside the middle back cover.) The board of councilors serves to promote understanding of and support for The Carter Center through prominent regional and local leaders. (Members are listed on Page 40.)

What are the Center's major initiatives?

Health

The Center's health programs fight disease and hunger by:

- Leading a worldwide campaign that has achieved 97 percent eradication of Guinea worm disease in Africa and parts of Asia. Guinea worm will be only the second disease after smallpox to be eradicated.
- Fighting river blindness in Africa and Latin America through a global coalition to educate people about the disease and distribute medicine to control it. Since 1996, Carter Center-assisted programs have provided more than 21 million drug treatments to people on both continents.
- Working to erase the stigma of mental illnesses and improve access to and the quality of care for the 50 million Americans who experience mental disorders every year.
- Helping more than 1 million farm families in Africa to double, triple, or quadruple their yields of maize, wheat, and other grains. For example, the number of farmers in Guinea using new growing methods more than tripled from 1997 to 1998. During the same period, farmers in Mali quadrupled the amount of land used to grow crops with improved seed varieties.

Peace

■ The Center's peace programs address the root causes of conflicts at home and in the developing world by:

■ Observing multiparty elections in some 20 countries to promote democracy.

■ Seeking peaceful solutions to civil conflicts in places such as Sudan, Haiti, Nicaragua, the Korean Peninsula, and the Great Lakes region of Central Africa.

■ Promoting democracy and economic cooperation in the Western Hemisphere.

■ Preventing human rights violations worldwide.

■ Strengthening human rights and economic development in emerging democracies.

■ Helping inner-city families and children address such quality-of-life issues as jobs, early education and after-school programs, and health care.

Where is the Center located?

The Carter Center is located in a 35-acre park two miles from downtown Atlanta. Four circular interconnected pavilions house offices for President and Mrs. Carter and most of the Center's program staff. The complex includes the nondenominational Cecil B. Day Chapel and other conference facilities.

The Jimmy Carter Library and Museum, which adjoins the Center, is owned and operated by the National Archives and Records Administration of the federal government. The Center and Library are known collectively as The Carter Presidential Center.

How is the Center funded?

Private donations from individuals, foundations, and corporations financed construction of The Carter Center's facilities. These and others supported the 1998-99 budget with donations totaling approximately $68.5 million. The Jimmy Carter Library and Museum, also built with private funds, were deeded to the federal government after construction.

The Carter Center Inc. is a 501(c)(3) charitable organization, and contributions by U.S. citizens and companies are tax-deductible as allowed by law. To make a donation by cash or credit card, contact the Office of Development at (404) 420-5119.

How large is the Center's staff?

The Center has 160 full- and part-time employees, based primarily in Atlanta. More than 350 field representatives are stationed in 20 countries in Africa and Latin America.

How do people become involved in the Center's work?

More than 100 undergraduate and graduate students work with Center programs for academic credit or practical experience each year. More than 100 volunteers donate an average of one day of their time each week to the Center. They work with Center programs, assist with special events, and conduct a limited number of private tours.

For volunteer information, call (404) 420-5105. To learn more about internships, call (404) 420-5151 or visit our Web site at www.cartercenter.org.

Is the Center open to the public?

The Carter Center is open to the public by business appointment or for special events. Individuals or groups may rent space for meetings, conferences, dinners, receptions, concerts, and other events. For availability and pricing, call the Events Office at (404) 420-5112.

The Jimmy Carter Library is the repository for Carter administration records. The Museum of The Jimmy Carter Library is open Monday through Saturday, 9 a.m. to 4:45 p.m., and Sunday, noon to 4:45 p.m. It features exhibits on the American presidency, the Carter administration, and more. Admission is $5 for adults, $4 for senior citizens 55 and older, and free for children 16 and younger. For more information, call (404) 331-0296.

CONTENTS

2 Message from Dr. John Hardman

Waging Peace

4 Conflict Resolution

6 Democracy and Elections

9 Global Development

10 Human Rights

12 Latin American and Caribbean Program

Fighting Disease

14 Guinea Worm Eradication Program

16 Lymphatic Filariasis Program

18 River Blindness Program

20 Trachoma Program

22 Urinary Schistosomiasis Program

Building Hope

24 Agriculture Program

26 The Atlanta Project

28 Mental Health Program

30 Donors and Support

39 Carter Center Staff

40 Board of Councilors

43 Financial Statements

We believe that hope is a basic human right, and everything we do is guided by a commitment to this and other fundamental rights.

To millions of people in Africa, Asia, South and Central America, and even the United States, the notion that they can profoundly influence their own futures for the better is often a startling – and exhilarating – concept.

These people include the poorest of the world's poor, for whom success is measured not in material terms, but in the simple ability to withstand physical or emotional pain for another day.

They may be oppressed by war or government corruption, suffering from disease or hunger, or economically crippled by generations of poverty.

The Carter Center, working with other nonprofit organizations, governmental agencies, and private industry, is dedicated to alleviating the conditions that foster not only physical poverty, but also the mental toll that oppresses the human spirit. The relentless, difficult work toward achieving a better quality of life – a future of promise – necessarily begins with the idea that solutions are possible.

Everything we do at The Carter Center is guided by a fundamental commitment to human rights and a firm belief in the power of hope. We approach our work on two fronts – waging peace and fighting disease – through a dozen mutually supportive programs aimed at mitigating specific problems.

The Center actively works for peace through our Conflict Resolution Program. We monitor all the world's conflicts – mostly civil wars – and provide behind-the-scenes as well as public mediation assistance when requested by all parties involved with a conflict. This year, we have been active in Africa and Asia.

Peace is fostered, we believe, when individuals have the freedom and ability to participate in their own government. By monitoring elections and working with various government leaders and agencies to ensure that civil society has a voice in policy-making, our Democracy Program strives to close the gap that too often exists between the government and the governed. The program promotes awareness and compliance with the basic democratic concept that the rule of law should apply to everyone.

In addition, The Carter Center's Global Development Program helps countries formulate national development strategies leading to a comprehensive blueprint for economic, social, and democratic development. The process emphasizes consensus, broad-based participation, and a realistic balance among economic, social, and environmental goals.

We also help citizens determine their own destinies through The Carter Center's Latin American and Caribbean Program which promotes a common agenda among the nations of the region and the United States to strengthen democracy, reduce corruption, and decrease inequities among citizens.

Good health, which is basic to an individual's ability to influence his or her future, is another fundamental component of The Carter Center's global mission. We are now working to eradicate or control five diseases in developing countries – Guinea worm disease, lymphatic filariasis, river blindness, urinary schistosomiasis, and trachoma.

The conquest of these debilitating diseases involves strong public health initiatives, improving personal hygiene practices, and medication. In the case of Guinea worm disease, it also involves improving drinking water sources. The infrastructure developed to eradicate Guinea worm has provided a basis for addressing the other diseases because of similarities in treatment-delivery methods.

On a day-to-day basis, hunger and malnutrition are perhaps the most important health issues facing millions of the world's poor. The Center's Agriculture Program teaches farmers to become self-reliant through traditional agricultural techniques, improved farming methods, and crop diversification. In addition, the program helps village farmers improve grain storage methods and develop viable commercial markets for their crops.

The Carter Center's Mental Health Program promotes public awareness of the biochemical nature of most mental illnesses and availability of treatment. The program identifies major mental health issues, convenes meetings, and develops initiatives to reduce stigma and discrimination against people with these diseases.

The diverse programs of The Carter Center have many things in common. They strive for outcomes taken for granted by most of us. They do not rely on complex technology for success. Indeed, much of the work simply involves sharing existing knowledge and resources. Their greatest common aspect has been characterized by Dr. Jim Zingeser, technical director of the Center's Trachoma Control Program, in the following words: "It's one thing to know that a particular disease is bad. We want people to know they can do something about it."

The same holds true for those trying to re-build their communities, to participate in their government, or to stand up for their own rights or those of their fellow citizens. They can do something about it.

It also is true for farmers trying to increase food production, for individuals struggling to cope with a mental illness, for a child whose physical and intellectual development is threatened by schistosomiasis. They can do something about it – and The Carter Center is here to help.

The relentless, difficult work toward achieving a better quality of life – a future of promise – necessarily begins with the idea that solutions are possible.

KIRK WOLCOTT

Carter Center observer Andrea Molnar talks with women and children at a police station in Maliana, East Timor, where they had gathered for safety after pro-integration militia attacked the previous night. Violence often reigned in the days ahead of the Aug. 30, 1999, vote on independence.

Conflict Resolution

Mission

Support the efforts of President Carter and other peacemakers to prevent and resolve armed conflicts around the world. In collaboration with its International Negotiation Network (INN), the Conflict Resolution Program (CRP) monitors many of the world's conflicts and, upon request, offers advice and assistance to resolve armed disputes.

Highlights of 1998-1999

■ Since 1997, in the Republic of the Congo-Brazzaville, more than 15,000 people have been killed and another 800,000 displaced in fighting between President Denis Sassou-Nguesso's troops, backed by Angola, and forces loyal to former President Pascal Lissouba and former Prime Minister Bernard Kolelas. In July 1999, the CRP and INN, after receiving invitations from these three leaders, met each of them to foster a dialogue and begin discussions on a peace process.

■ After 24 years of Indonesian rule, which resulted in the death of an estimated 200,000 people, East Timor voted overwhelmingly in August 1999 for independence from Indonesia. Working with the Center's Democracy Program, the CRP co-managed a sustained monitoring program in East Timor, which included producing a series of public reports that drew international attention to the violence and intimidation being committed by pro-integration militias against pro-independence supporters.

■ The CRP continued to provide long-term recovery and technological advancements to North Korea's troubled agricultural sector, working closely with The Carter Center's Global 2000 health and agriculture programs and a consortium of nongovernmental organizations (NGOs). The ongoing Korean Food Security Initiative also fostered dialogue on broader economic and political issues to promote greater stability in North Korea.

■ In January 1999, the CRP published its fourth edition of the *State of World Conflict Report*, which details the nature and scope of armed conflicts around the world and efforts by The Carter Center, the INN, and others to prevent and resolve those conflicts. The report, distributed to United Nations and government officials, journalists, NGOs, and others, includes regional and country summaries, statistics, and maps as well as articles by President Carter, Archbishop Desmond Tutu, and other peacemakers.

Objectives for 1999-2000

■ Monitor and track developments relating to conflict prevention or resolution in at least 20 countries and seek opportunities where President Carter and INN members might provide strategic mediation interventions.

■ Continue pursuing high-engagement activities, such as assisting to resolve armed disputes in Congo-Brazzaville, Sudan, and Uganda, and working to promote stability in East Timor and North Korea.

■ Convene its sixth INN meeting to seek solutions to specific armed conflicts and follow up on recommendations from the 1997 meeting, when members set goals for the INN as it enters its second decade.

A Network for Peace

The International Negotiation Network (INN), chaired by President Carter, is an informal network of eminent persons, Nobel peace laureates, and conflict resolution scholars and practitioners who provide third-party assistance, expert analysis, and recommendations to parties in conflict. The INN and the Conflict Resolution Program of The Carter Center focus predominantly on armed conflicts inadequately addressed by the international community, frequently identifying and calling attention to lesser-publicized conflicts still in the early stages to prevent them from escalating

KIRK WOLCOTT

Thousands of houses, like this one on the road from Sarajevo to Tuzla, Bosnia, stand as stark reminders of the 1992-1995 armed conflict that killed some 200,000 people and displaced half the pre-war population.

Can the Media be an Agent for Waging Peace?

During times of conflict, the media become powerful tools. Nazi war propaganda, hate radio during Rwanda's genocide, and press manipulation throughout the fighting in the former Yugoslavia are stark examples of how the media can exacerbate bloody hostilities.

But what role, if any, does media have in preventing and resolving armed conflicts?

This question was put to The Carter Center in 1998 by the Geneva-based non-governmental organization Media Action International (MAI), which has been spearheading a project aimed at empowering local, national, and international press and community groups to proactively use the media to build peace.

Working together, The Carter Center's Conflict Resolution Program (CRP) and MAI identified a number of countries where groups were working with the media in ways designed to reduce conflict. These peace-building programs included tips to help listeners improve their chances for survival, forums for discussions among belligerents, and teachings on conflict resolution skills.

After identifying promising programs, the CRP, MAI, and others set out to survey the most successful approaches so that they might be shared and replicated. In the middle and latter half of 1998, CRP Program Coordinator Kirk Wolcott visited Liberia and Bosnia to examine proactive media projects, while MAI and others made similar trips to conflict-ridden Afghanistan, Guatemala, Northern Ireland, and South Africa.

In Liberia, Wolcott participated in a roundtable discussion between government security personnel and the media, organized by the Center's Liberia field office to bring together two groups that were particularly contentious during Liberia's 1989-96 civil war. Wolcott also met with former Carter Center Field Director John Langlois, who was directing a local radio station called Talking Drum Studios, which uses news and drama to encourage listeners toward more conciliatory behavior.

"The use of drama, including successful radio soap operas in Afghanistan and Burundi, has been an excellent way to reach large numbers of people on a human level and to begin to build empathy and trust between groups divided by ethnic or religious differences," Wolcott says.

After leaving Liberia, Wolcott joined MAI co-director Gordon Adam in Bosnia, where the media was widely used as an instrument of war during the 1992-95 fighting there. One effort to overcome Bosnia's strongly ethnocentric reporting was a radio station in war-ravished Mostar that employed both Muslim and Croatian broadcasters. A second effort was a weekly television program called "Fresh," designed to decontaminate viewers' minds influenced by hate media during the war years.

In December 1998, Wolcott and the others presented their field survey findings at a workshop in Cape Town, South Africa, which brought together for the first time a large gathering of media and conflict resolution practitioners. A report from the week-long workshop, which included 60 participants from 15 countries, noted that the media's positive impact on conflict was not well understood and practitioners should pool their experiences to devise guidelines for best practices.

The workshop also defined two distinct, yet potentially overlapping, groups and raised issues for each to address. One group was journalists reporting on conflicts; the other, conflict resolution groups making programs that help people.

"Journalists in areas of conflict must decide when, if ever, to go beyond objective reporting to intervene in a conflict, as well as bridging the journalistic imperative of meeting tight deadlines with the peace building priority of not inflaming a situation with their words," Wolcott says. "Meanwhile, conflict resolution practitioners need to explore the most effective ways to reach people in active or potential conflict through the media."

One innovative approach shared at the workshop was a collaboration by the Washington-based Search for Common Ground and the Children's Television Workshop, the originators of "Sesame Street." Launched in 1999, this new TV series for children combines tolerance building, conflict prevention, and conflict resolution elements to de-escalate interethnic tensions in Macedonia.

The workshop concluded that a greater understanding of how media and conflict resolution groups operate, their differences as well as their similarities, is an essential precursor to the two professions working together successfully in the future.

In the summer of 1999, The Carter Center made inroads in this direction, when it opened an office in East Timor and began producing public reports on the political and security conditions ahead of East Timor's referendum on independence. These reports, disseminated globally by media, cast a bright spotlight on illegal militia activities in East Timor and demonstrated the media's impact in times of conflict.

JUSTIN GUARIGLIA

An Indonesian poll worker shows Carter Center delegates and voters a presidential ballot, as President Carter (left) *observes from the background.*

Democracy and Elections

Mission

Promote democracy and human rights worldwide through programs focused on three overall goals: observe elections in emerging democracies; strengthen the capacity of civil society to influence public policy and provide checks and balances on government; and increase the awareness of and compliance with international human rights standards and the rule of law in all sectors of society.

Highlights of 1998-1999

■ In November 1998, expatriate staff returned to the Democracy Program's Liberia field office to begin implementing training programs for local human rights monitors and paralegal professionals and to create mechanisms for improving relations between the media and security forces.

■ The Carter Center sponsored a 10-day paralegal training program conducted by a local Liberian human rights nongovernmental organization, the Catholic Justice and Peace Commission (JPC). Some 40 participants received instruction in basic legal and human rights principles and designed ways to educate people in their communities to seek appropriate redress when their rights are violated. The Center also sponsored a two-day workshop in August for media practitioners with the Press Union of Liberia.

■ The Democracy Program teamed with the National Democratic Institute for International Affairs (NDI) to observe all phases of Nigeria's national elections, including local elections held Dec. 5, 1998, state and gubernatorial elections Jan. 9, 1999, national assembly elections Feb. 20, and presidential elections Feb. 27. The 50-member delegation for the election for president was co-led by President and Mrs. Carter, former Joint Chiefs of Staff Chairman Gen. Colin Powell, and former Niger President Mahamane Ousmane. Observers found serious irregularities in the elections, including vote tampering, but commended the minimal violence, the removal of the military from power, and the fresh start toward a truly democratic and equitable society.

■ In June 1999, the Center also co-sponsored with NDI a delegation to observe the Indonesian parliamentary election (see "Indonesia: An Important First Step" on Page 8).

■ In a significant step to improve village elections in China, the Democracy Program established an agreement in June 1999 with the China Ministry of Civil Affairs to further its efforts to standardize village election procedures in some 930,000 Chinese villages. Forty computers with software will be installed in one-third of the counties of Hunan Province to gather data input by local election officials in 25,000 villages on local election results. A random survey of 120 villages will check the data's reliability and accuracy to determine if the data-gathering project might expand to other provinces.

■ At the invitation of the Cherokee Nation Election Commission in Oklahoma, The Carter Center observed the Cherokee Nation elections in May 1999 and returned on July 24 to observe the run-off elections for the principal chief, deputy chief, and two of 15 seats on the Tribal Council. Carter Center delegates visited all 32 precincts and concluded the election process was conducted at a high standard without flaws that had an impact on the outcome.

■ In August 1999, an international delegation organized by the Democracy Program visited Mozambique to observe and assess the registration process in preparation for the country's December 1999 national elections. Overall, the delegation found very high turnout rates, especially among women, and that party agents were present and satisfied with the process at almost every post visited. The team noted some important logistical problems facing the process, including long distances and scarce transportation resources.

Objectives for 1999-2000

■ Continue to support consolidation of democracy in countries worldwide by observing elections, strengthening civil society, and increasing awareness of and compliance with international human rights standards and the rule of law. Particular attention will be given to implementing programs in democratic countries at risk of backsliding and to countries undergoing critical second and third transitional elections.

■ Expand the program's civil society

A Vote for Independence in East Timor

During his June trip to Indonesia, President Carter also met with East Timorese leader-in-exile Jose Alexandre "Xanana" Gusmao to discuss the "public consultation" ballot scheduled for August 1999 in which the East Timorese would vote whether to accept or reject an offer of special autonomy within the Republic of Indonesia.

Indonesia, Portugal, and the United Nations had agreed to hold the public consultation with the United Nations administering the registration and balloting process, and Indonesia providing security during the consultation period.

The conflict in East Timor began in 1975 after Indonesian troops invaded and occupied the territory following Portugal's withdrawal. Both armed and peaceful resistance to the Indonesian annexation of East Timor quickly surfaced.

The Carter Center's observation involved a sustained monitoring of the pre-electoral environment by both long-term and short-term observers in East Timor. The Center released weekly reports with factual evidence of the security situation in the territory and confirmed the role of the pro-integration militia and the Indonesian military and police in the intimidation and harassment of pro-independence supporters. These reports were widely distributed to the media and key government officials in Indonesia and abroad.

Although many instances of violence and intimidation were documented, approximately 90 percent of eligible East Timorese registered to vote. In the Aug. 30 balloting, 98.5 percent of registered voters cast a ballot, with nearly 78.5 percent opting for independence.

The actual vote itself went remarkably smoothly, with few instances of intimidation and violence reported that day. Shortly after the closure of balloting, however, pro-integration militia with the support of Indonesian security personnel embarked on a campaign of massive violence against the East Timorese.

After intense pressure from the international community, Indonesia agreed to the introduction of a multinational peacekeeping force in East Timor. The subsequent establishment of the U.N. Transitional Authority in October began East Timor's transition to an independent state.

The East Timorese suffered greatly in the days following the consultation, and it will be a challenge to build a new independent East Timor. Still, it is now a historical fact that an overwhelming majority of East Timorese cast their votes for independence and their national aspirations now will be realized.

KIRK WILCOTT

An international journalist takes photos of villagers in Memo, East Timor, where two people were killed and 22 houses burned down two days before the Aug. 30, 1999, vote on independence.

work by strengthening the capacity of local nongovernmental organizations to inform and impact government policy. Priority will be placed on supporting the political participation of traditionally marginalized sectors of society, such as women, indigenous peoples, and youth, in the democratic development of their countries.

■ Continue to implement technical projects in the areas of human rights and rule of law with countries in democratic transition, focusing on judicial training for judges and lawyers, improved systems for the administration of justice, human rights training and support for the establishment of human rights commissions. A key focus of the program's civil society work will be to strengthen the technical expertise of local human rights organizations, legal aid societies, and women's, indigenous, and youth groups so that their capacity will be great enough to carry forward their programs without further Center assistance.

Indonesia: An Important First Step

YURIAHTANZIL

These Indonesian campaigners wave banners supporting the Indonesia Democracy Party-Struggle (PDI-P) led by party leader Megawati Sukarnoputri. This party won the June 1999 election.

Indonesia's continuing transition to democracy received a crucial boost in June 1999 with that Pacific nation's first-ever truly fair and free election. The Carter Center, along with the National Democratic Institute for International Affairs (NDI), accepted invitations from the Indonesian government to observe the balloting process.

Before the election, The Carter Center conducted two missions to assess preparations for the elections and explore how the Center could best support a credible electoral process in Indonesia. In February 1999 Associate Executive Director Ambassador Gordon Streeb and political consultant Professor Dwight King from Northern Illinois University traveled to Indonesia to meet with members of civil society, General Elections Commission (KPU) representatives, U.S. and Indonesian government officials, and opposition leaders. The group reported encouraging movement in Indonesia to create one of the largest domestic monitoring efforts in history. However, the team noted growing concerns regarding security, so-called "money politics," and the lack of clarity in the election rules and regulations.

President Carter also later visited Indonesia, accompanied by Ambassador Streeb and Professor King. During the trip, they met with President B.J. Habibie, armed forces chief and Defense Minister Gen. Wiranto, Foreign Minister Ali Alatas, and opposition leaders, including the leader of the Indonesia Democracy Party-Struggle (PDI-P), Megawati Sukarnoputri, and the National Awakening Party (PKB) patron, Abdurrahman "Gus Dur" Wahid. In each meeting, President Carter emphasized the critical role that parallel vote tabulation and domestic and international observers can play in ensuring the accuracy of the official vote count, as well as transparency at each stage of the entire election process.

On election day, June 7, The Carter Center and NDI fielded approximately 100 observers across Indonesia. The delegation, led by President and Mrs. Carter, included experienced election experts, Indonesian and regional specialists, business and labor representatives, and nongovernmental organization representatives from 20 countries. Many prominent persons also joined the delegation, including Tokyo Sexwale, former premier of South Africa; Keun Tae Kim and Sang Woo Kim, members of Parliament in South Korea; Chee Soon Juan, secretary general of the Democratic Party in Singapore; Julia Chang Bloch, former U.S. ambassador to Nepal; and Paul Wolfowitz, former U.S. ambassador to Indonesia.

The mission posed a number of challenges, the most important of which was to arrive at a balanced assessment of an extremely large and complex election process, which included more than 100 million voters and roughly 300,000 polling stations throughout more than 13,000 islands. An assessment of the elections also was made difficult because results were slowly tabulated, and official results were not available at the time the delegation issued a preliminary report.

Notwithstanding these concerns, President Carter issued a positive preliminary statement on behalf of the delegation on June 9. The report congratulated the Indonesian people's enthusiasm and commitment to democracy. Overall, the elections were largely peaceful and free of violence. In most places, the polls were adequately organized. More important, an estimated 112 million people, or 95 percent of eligible voters, came to polling stations to participate in this historic event.

On July 15, the KPU completed the vote count. Due to charges of fraud by smaller parties and disagreements among election officials, it took several months to ratify the vote count and assign the seats to all members of the People's Consultative Assembly (MPR). On Aug. 4, President Habibie signed a decree validating the results of Indonesia's June 7 elections. The party of Megawati Sukarno, PDI-P, garnered the largest number of votes with Golkar, the party of President Habibie, coming in second. The new MPR was constituted in October 1999.

AMY HAMELIN

Children peer from their home's doorway in the Amerindian village of Kabakaburi, located on the banks of the Pomeroon River in northern Guyana. Amerindians and African and Indian descendants primarily compose Guyanese society.

Global Development

Mission

Seek to broaden public participation in the formulation of national development strategies in developing countries. A National Development Strategy (NDS) is a comprehensive blueprint for economic, social, and democratic development that represents a shared vision of the future and helps countries attract investment and coordinate the assistance of international donor agencies. The Carter Center acts as a catalyst and facilitator in the process of designing these strategies, drawing upon its neutrality and experience working with diverse interest groups. The NDS process emphasizes the participation of all stakeholders, including business, government, and civil society; the search for consensus and partnership; a sustainable balance between economic, social, and environmental goals; and the importance of local ownership.

Highlights of 1998-1999

- The Global Development Initiative (GDI) concluded an agreement with the Mozambique government, the Maputo-based Center for Strategic and International Studies, and the United Nations Development Program to support a nationwide process to help Mozambicans define a long-term vision and an NDS. A high-level advisory group drawn from all segments of society will lead the process.
- In Mali, the GDI agreed to assist the government's efforts to formulate an integrated, overarching NDS that builds upon specific strategies the government already has assembled. The process in Mali will be participatory and build upon the country's ambitious decentralization program.
- The GDI designed an NDS process for Albania with help from governmental, civil society and private sector representatives. However, GDI postponed fundraising and initiation of an NDS process in Albania due to the events in neighboring Kosovo. The end of NATO bombing in Kosovo opens the door again to resume planning for the NDS process.

Objectives for 1999-2000

- Conclude the NDS process in Guyana, and mobilize international support for Guyana's strategy.
- Implement the NDS process in Mali, Mozambique, and Albania.
- Convene meetings of international donor officials to review lessons learned from the NDS initiatives in the GDI's partner countries, and mobilize donor support for these efforts.

Guyana: Promoting Consensus and the Common Good

Guyana is a nation challenged by its ethnic diversity, but people may be coming together to reach for goals they all share — economic prosperity, better health, optimism in the future, and an overall better quality of life.

Guyanese society primarily is composed of Amerindians and the descendants of Africans and Indians who were brought to this region of South America to work the plantations under the British and Dutch. Today, Indo-Guyanese and Afro-Guyanese occupy different professions, practice different religions, and support different political parties.

Despite successful elections in 1992 and strong economic growth for the next five years, Guyana's democracy stumbled in 1997 when the losing party contested the national election results. Street protests and looting in the capital city exacerbated an economic downturn that had started the previous year.

With assistance from The Carter Center, Guyana had completed a comprehensive blueprint of a National Development Strategy (NDS) in 1996 and held extensive public discussions on the recommendations. With political tensions high and the economy faltering, the need to finalize and implement the NDS' recommendations was apparent. However, the conflict between the government and opposition threatened progress on many fronts, including the completion of the NDS.

In response, and with the government's support, The Carter Center helped launch a high-level, nonpartisan committee of respected leaders from the private sector, labor movement, nongovernmental organizations, academia, and the civil service to oversee completion of the NDS. Ethnically and politically diverse, the committee is staking out a new role for civil society in Guyana as it is helping to identify solutions and promote consensus on issues of national importance.

"This National Development Strategy is put forward by Guyanese civil society both as a compass and framework for realizing potential and releasing our society and economy from the shackles that now so decisively restrain us," says Dr. Kenneth King, one of the NDS Committee chairs. "Indeed, it is perhaps the first truly inclusive and participatory development exercise ever to be undertaken in our country."

EVAN SCHNEIDER, UN/DPI PHOTO

Karin Ryan (at microphone), assistant director for Human Rights at The Carter Center, presents the United Nations Human Rights Defenders Award to recipients, including President Carter (not pictured), in New York. The December 10, 1998, event also marked the launching of the U.N.'s Web site on the Universal Declaration of Human Rights. U.N. Secretary-General Kofi Annan (front row, fourth from left) also attended.

Human Rights

Mission

Prevent human rights abuses by: strengthening the capacity of the U.N. Office of the High Commissioner for Human Rights and its fact-finding bodies; fostering collaboration among nongovernmental, international, and national organizations; and responding to human rights violations by intervening on behalf of individuals whose rights are being denied. The Human Rights Committee, an internal working group of Center staff, and The Carter Center's International Human Rights Council, a coalition of activists and leaders in the field, carry out most of the program's work.

Highlights of 1998-1999

■ The Center promoted efforts to provide greater financial and human resources for the under-funded U.N. Office of the High Commissioner for Human Rights from the United Nation's regular budget and voluntary contributions.

■ The Center voiced opposition to the United Nation's adoption of proposals advanced by some governments that would weaken the High Commissioner's fact-finding and reporting capacity.

■ Greater access for nongovernmental organizations within the United Nations was championed so independent voices can expose human rights problems on the world stage.

■ Human rights staff fostered ongoing dialogue with the United States government to encourage American support for and eventual ratification of the Rome Statute on the International Criminal Court (ICC). President Carter wrote to every head of state in the Americas to urge rapid ratification of the Rome ICC statute.

Objectives for 1999-2000

■ Conduct a series of consultations in coordination with the U.N. Office of the High Commissioner for Human Rights to examine how to improve specific aspects of the High Commissioner's work. Also, the initiative will aim to build a greater base of political support for the High Commissioner among member governments within the United Nations.

■ Continue efforts to promote U.S. support for the ICC through regular dialogue with the U.S. government and nongovernmental organizations.

■ Develop ongoing activities to promote greater access for nongovernmental organizations throughout the United Nation's policy-making bodies.

■ Expand the Human Rights Committee's work on individual cases by hiring an experienced attorney who will devote greater attention to this activity.

Human Rights Committee Pursues Justice on Many Fronts

By definition, the work of the Human Rights Committee touches the lives of individuals in profound ways. Sometimes the work embraces a large number of people, as in the committee's efforts to stop the violence in East Timor, and other times it is focused on a single person whose name may never appear in headlines.

Consider the case of Adelaide Abankwah, whose refusal to submit to the ritual of female genital mutilation landed her in a legal nightmare.

A native of Ghana, Abankwah fled her country to avoid becoming a victim of the traditional practice, but instead of freedom found herself in a detention center operated by the U.S. Immigration and Naturalization Service (INS).

Although the INS recognizes a woman's right to asylum if she has a credible fear of suffering from female genital mutilation, Abankwah languished in the detention center for two years while her case inched its way through channels.

The Human Rights Committee of The Carter Center heard of Abankwah's situation, and prepared a letter on her behalf for Rosalynn Carter to send to the INS commissioner, Doris Meissner.

Mrs. Carter appealed for Abankwah's release into the custody of friends pending the conclusion of the case. The appeals paid off, and Abankwah was granted asylum.

President and Mrs. Carter often make direct appeals to heads of state and other government officials on behalf of victims of human rights violations. Another such case involves Nizar Nayouf, a Syrian human rights activist and poet, who was serving the seventh year of a 10-year sentence he received for belonging to an "illegal organization" and producing reports of human rights violations.

In 1998 President Carter wrote to President Hafiz al-Assad of Syria on Nayouf's behalf, and the Syrian ambassador to the United States responded. The ambassador defended Nayouf's conviction and sentence, but the letter suggested that as a result of President Carter's appeal, the judiciary would evaluate the case "to apply possible measures that could lead to his early release."

Another illustration of the committee's efforts during 1998-1999 is represented by its role in the Democracy Program's project to observe the independence vote in East Timor.

During early deliberations concerning the project, the committee made the case for an observation mission that focused on monitoring election-related violence against civilians — a new twist for election-observation.

As a result, reports issued by Carter Center observers on the pre-electoral environment were critical in establishing a direct link between the Indo-nesian military and the violence toward supporters of independence — actions that resulted in tremendous loss of life and destruction of property. The availability of this information was necessary to generate support for intervention by the international community to protect the people of East Timor.

The United Nations Honors President Carter

President Carter's lifetime commitment to human rights was highlighted by the United Nations when it named him a 1998 recipient of the prestigious U.N. Prize in the Field of Human Rights. The prize is awarded every five to 10 years to individuals or organizations for their high level of dedication and effectiveness in promoting and protecting human rights. Past recipients of the award include Amnesty International and Nelson Mandela.

The 1998 prize was particularly important because it fell on the 50th anniversary of the Universal Declaration of Human Rights. Also noteworthy was that the other award recipients were grassroots community activists from Brazil, the Czech Republic, Sri Lanka, and Uganda, whose own governments often have resented their human rights activism.

A sixth award was presented to "human rights defenders at large" in honor of the many people who put their own lives at risk to defend the rights of others.

Although President Carter was not able to attend the ceremony in the General Assembly of the United Nations, Carter Center Assistant Director for Human Rights Karin Ryan read portions of his acceptance letter to the gathering.

Integrating a Human Rights Perspective

Among its objectives for 2000, the Human Rights Committee has been charged with integrating a human rights perspective into all Carter Center programs. To that end, membership on the Human Rights Committee has been extended to members of all Center programs to enhance a knowledge base of human rights principles and methodologies within each program.

One of the first Carter Center programs to integrate the approach was Global 2000's Guinea worm program, which examined ways to study the human rights aspects of the disease eradication effort.

PEGGY COZART

The Carter Center's Latin American and Caribbean Program held part of its Transparency for Growth conference May 3-5, 1999, at the CNN Center in Atlanta. The conference reviewed the first eight months of work toward transparency in Ecuador, Costa Rica, and Jamaica. It also offered civic and political leaders from those countries and others an opportunity to share their progress.

Latin American and Caribbean Program

Mission

Promote cooperation among the nations of the region and the United States toward a common agenda to strengthen democracy, increase economic trade, reduce corruption, and decrease inequalities.

Highlights of 1998-1999

■ In September 1998, the LACP initiated a multiyear project called Transparency for Growth in the Americas. This project works with governments, civil society, media, and the private sector to develop new strategies and monitoring mechanisms to help ensure transparency in government transactions. The long-term goal is to improve investor confidence, spur economic growth, provide better public services to the population, and increase public confidence in democratic institutions. The Carter Center began working with three countries to encourage their transparency efforts, learn from their experiences, and help develop and assess specific anti-corruption tools.

■ In Costa Rica, the LACP began studying the national consultative process that recommended a number of legal reforms to ensure compliance with the Inter-American Convention Against Corruption and developed mechanisms that involve civil society in monitoring government contracting and concessions. The LACP also began working with various civil society organizations, public officials such as the comptroller and ombudsman, the president, and the private sector to raise awareness about the importance of combating corruption. The program also helped them prepare for a workshop to be held in spring 2000 on civil society monitoring of public contracting. The two-day program will discuss the relevance of corruption at the national and municipal levels, define the problem and possible solutions, and create a mechanism for public monitoring of the contracting process.

■ In addition to its extensive support for Ecuador's anti-corruption plan (see "Building a Foundation of Trust and Accountability" on next page), the LACP sponsored a high school competition in Quito, Ecuador, for the best speech and essay on bribery and cheating in school. Two student winners visited Atlanta and spoke with President Carter about transparency issues. The successful program will be repeated next year in Guayaquil, Ecuador.

■ In Jamaica, the LACP is working with the government and civil society to increase civil society's awareness of two anti-corruption initiatives, a proposed anti-corruption bill and the Freedom of Information Act (FOIA), and encourage a public debate (see also "Building a Foundation" on next page).

■ The LACP hosted the Transparency for Growth in the Americas conference, which convened May 3-5, 1999, at The Carter Center. The event brought together heads of state and high-level leaders from across the hemisphere to evaluate specific anti-corruption efforts and learn from the concrete experiences of countries in the region. Joining them were representatives from the private sector, multilateral organizations, civil society, and the media.

■ The LACP fielded a 43-person delegation to monitor the December 1998 Venezuela elections.

■ The LACP hosted a Council on Foreign Relations meeting in December 1998 to discuss U.S. foreign policy toward Cuba. The meeting's final report contributed to President Clinton's decision to ease certain restrictions on communications, travel, and remittances to Cuba.

■ In March 1999, the LACP, in collaboration with the Council for United States and Italy, organized a Young Leaders Conference titled "Latin America on the Edge: Policy Options in the Relationship with Europe and the United States." The conference convened 40 young leaders from Latin America, Italy, and the United States to discuss critical policy issues young leaders will face in the next millennium.

■ The LACP collaborated with The Carter Center's Democracy Program in sending an 11-member delegation to observe the Cherokee Nation tribal elections in May 1999 and a run-off election in July.

Objectives for 1999-2000

■ Join the Organization of American States delegation as election observers in Guatemala, where legislative and mayoral elections are scheduled for November 1999 and a presidential contest is set for the following month.

■ Celebrate the historic transfer of the Panama Canal back to the nation of Panama in December 1999, with LACP Director Dr. Jennifer McCoy accompanying the official U.S. delegation led by President Carter.

■ Organize an assessment mission to

Venezuela in December 1999 to monitor technical aspects of the constitutional referendum. Through a field representative in Caracas, the LACP will monitor the constitution-making process to share observations with the Venezuelan government and a scholars network across the United States.

- Monitor the election campaign process leading up to the presidential election in Peru in April 2000, in conjunction with the National Democratic Institute for International Affairs (NDI). The program also is considering observation roles in national elections in Venezuela and the Dominican Republic in spring 2000.
- Commission a report on Mexico's July 2000 national election, summarizing changes in the electoral law and progress toward campaign fairness. Key issues will be use of state resources and the media, and campaign finance.
- Continue to help implement recommendations developed at the Transparency for Growth in the Americas conference in collaboration with other participating international organizations, civil society organizations, and political leaders committed to specific anti-corruption strategies.
- Work with civil society, the government in Ecuador, and the newly formed Carter Center Council for Ethical Business Practices to continue implementing the National Anti-corruption Plan, adapting the plan in accordance with surveys mapping corruption, and preparing for the April 2000 workshop in Costa Rica. One project will support work to monitor privatization and share information with the public about safeguards against corruption that are embedded in privatization processes.
- Continue promoting debate over the proposed Freedom of Information Act (FOIA) in Jamaica by bringing experts to Jamaica to discuss the act's strengths and weaknesses. Once Parliament passes the FOIA, the LACP will hold public workshops on how to use this new tool to fight corruption.
- In the United States, the LACP plans to organize an Atlanta-based group of 10 international corporations interested in strengthening and implementing their companies' compliance programs as a means to address transparency issues in the private sector.

Building a Foundation of Trust and Accountability

Of all the ingredients that enable democratic governments to win the participation and support of their citizens, perhaps the most important is trust. That is why The Carter Center's Latin American and Caribbean Program (LACP) currently devotes much of its attention to helping governments in the region establish anti-corruption mechanisms. During 1998-1999, LACP activities were focused on supporting the anti-corruption initiatives of two nations in particular — Ecuador and Jamaica.

When President Carter visited newly elected President Jamil Mahuad in Ecuador in November 1998, he obtained President Mahuad's commitment to develop a National Anti-corruption Plan to promote transparency in Ecuador.

Working with the World Bank, Transparency International, the government, and civil society, the LACP provided valuable assistance in the development and coordination of a national anti-corruption strategy. The effort included a commitment to making information available and allowing monitoring of privatization and procurement.

As the plan developed, LACP representatives regularly visited Ecuador to help assure that civil society had a voice in the plan's formation and to use The Carter Center's convening power to bring disparate groups together around the plan's elements. President Mahuad was invited to present the plan six months later at the LACP's Transparency for Growth in the Americas conference, held at The Carter Center in cooperation with "CNN's World Report."

Despite an economic crisis of unprecedented proportions, Ecuador complied with its commitment to produce a plan to fight corruption, a major undertaking in this country where corruption brought down a government just a few years ago.

In Jamaica, the fight against corruption was waged in Parliament with the introduction of an anti-corruption bill in the fall of 1999. Additionally, a Freedom of Information Act (FOIA) was drafted. Prime Minister P.J. Patterson requested that the LACP help inform the Jamaican public about both of these proposals.

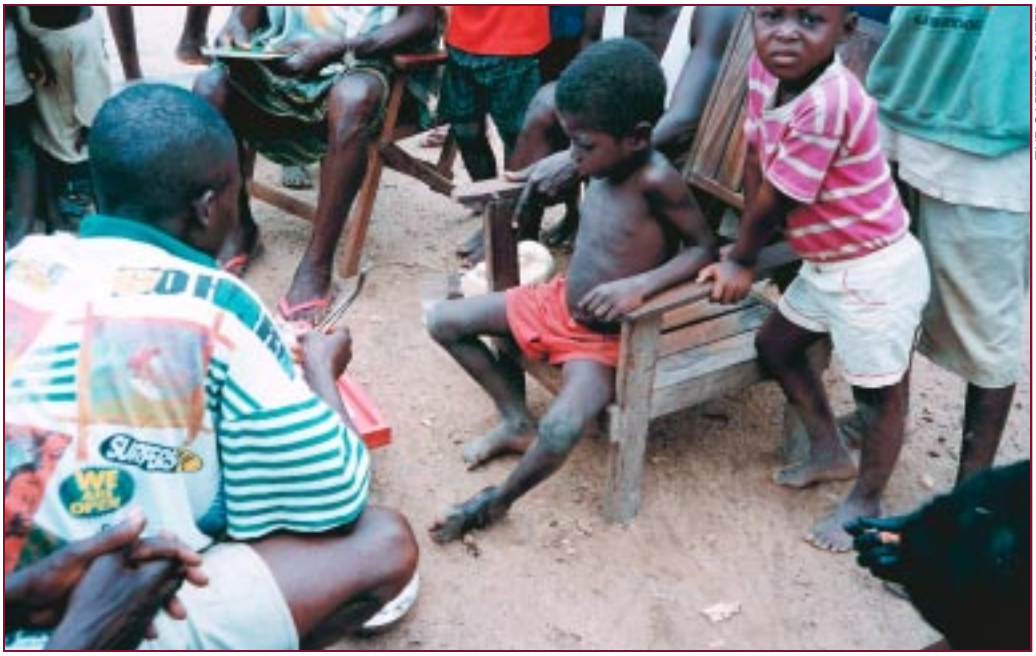
The LACP invited independent Senator Trevor Munroe and barrister Lloyd Barnett to write commentaries on Jamaica's legal infrastructure for fighting corruption and the content of the proposed law. Together with *The Gleaner*, Jamaica's leading newspaper, the LACP published those evaluations in *Combating Corruption in Jamaica: A Citizen's Guide* and participated in a series of public seminars and media interviews about legal instruments for fighting corruption.

The Gleaner placed the report on its Web page and published portions daily, which helped inform public debate as the Corruption Prevention Act moved through the Lower House of Parliament and the Senate. Vigorous public discussions about the effectiveness of the proposed act has included civil society organizations, the private sector, media, and government officials.

As a consequence, broad public debate of the law ensued, and the Parliament reflected keen interest by amending the legislation to improve the law's quality.

A Model of Cooperation

An important partner of the Latin America and Caribbean Program is the Council of Presidents and Prime Ministers of the Americas, a group of current and former leaders from the Western Hemisphere. The council works with governments and civil society in the Americas to reinforce democracy, promote economic cooperation among nations and develop monitoring mechanisms to help ensure transparency in government transactions that may serve as a model for the rest of the world.



THE CARTER CENTER

A staff member prepares to extract a Guinea worm from this child as other villagers await their turn.

Guinea Worm Eradication Program

Mission

Eradicate Guinea worm disease – dracunculiasis – as soon as possible from the remaining 12 African countries where it exists.

Highlights of 1998-1999

- The Carter Center and its global partners helped decrease the number of Guinea worm-infected countries from 19 in 1986 to 12 countries in 1999, reducing the number of cases by 97 percent. That means the 3.5 million Guinea worm cases in 1986 had fallen to 86,910 cases by the end of 1999. Of those, 67 percent are from Sudan.
- Combined efforts helped eliminate Guinea worm from Asia.
- The Center helped end Guinea worm transmission in Chad.
- Excluding the three most endemic countries (Ghana, Nigeria, and Sudan), the other nine countries have reduced their reported Guinea worm cases by 38 percent between 1998 and 1999.
- The Center distributed 804,178 filters in 1999 to endemic villages in Sudan with the help of other nongovernmental organizations (NGOs).
- The Guinea worm campaign provided at least one health education session to 55 percent of endemic villages in Sudan in 1999, compared to 52 percent in 1998.
- The Center assisted in doubling the number of endemic villages in Sudan that administered Abate, the larvicide that makes Guinea worm-infected water safe for drinking, from 1 percent in 1998 to 2 percent in 1999.
- Partners aiding the Guinea Worm struggle helped increase interventions in Sudan as previously mentioned. However, the 10 northern states of Sudan recorded a reduction of more than 73 percent in cases during the first 10 months in 1999 (282 cases), compared to 1998 (847 cases).

Objectives for 1999-2000

- End Guinea worm transmission in Benin, Cote d'Ivoire, Ethiopia, Mali, Mauritania, and Uganda by December 2000.
- Reduce transmission by at least 50 percent in the remaining endemic countries, except Sudan.

Guinea Worm: The Final, Difficult Mile

Dracunculiasis. The medical name sounds hideous enough, but the reality of Guinea worm disease is far worse.

An unwelcome part of human history for thousands of years, the affliction appears as far back as the historical record of ancient Egypt. With the advent of the next millennium, the parasite is on the verge of another historic milestone — its extinction.

People become infected with the disease by drinking water contaminated with the worm's larvae. Inside the body, the worms spend the next 10 to 12 months maturing to lengths up to three feet before emerging through painful blisters on the skin. The burning sensation caused by the emerging Guinea worms causes its victims to immerse themselves in water for relief. Once in the water, usually a pond that also serves as the local drinking supply, the worms release thousands of new larvae, and their life cycle is perpetuated.

This particular species of Guinea worm affects only humans, says Don Hopkins, M.D., The Carter Center's associate executive director for health programs. "Once we can block it from going into people in an area for one year, it's gone."

In 1986, when The Carter Center became involved in the drive to eradicate Guinea worm, an estimated 3.5 million people were infected with the disease, while another 120 million were at risk. By 1998, fewer than 80,000 cases were reported worldwide, a reduction of more than 97 percent. Seven of the original 19 endemic countries have become free of Guinea worm, including all three Asian countries where the parasite recently thrived. But the final mile in the eradication of Guinea worm will be the most difficult.

Of the dozen African countries still grappling with Guinea worm disease, most cases are found in Sudan, where a 17-year-old civil war has hampered relief efforts and killed more than 1.5 million people.

"The civil war is being fought in the south, which is where most of the Guinea worm is, so we don't have easy access to it," Dr. Hopkins explains. "Besides that, the war was the reason why Sudan got started with the Guinea worm program late in the first place. Also, by displacing people and causing disruption in health services and in individuals' lives, the war is causing a lot more people to be exposed to Guinea worm. The disease also is carried with refugees to surrounding countries."

The Guinea worm infection cycle in a village or area stops when people use basic public-health interventions and receive education. Consequently, The Carter Center's Global 2000 program, coupled with its commitment and drive from President and Mrs. Carter, influenced DuPont to create, Precision Fabrics Group to weave, and both companies to donate a special nylon filter for villagers to strain their water when using pots and straws. One trained Carter Center Resident Technical Advisor (RTA) per endemic country partners with the Ministry of Health to help educate villagers and volunteers about the disease's prevention measures.

Through continued efforts, The Carter Center promotes securing sources of safe drinking water, which involves digging or drilling new wells and filtering or boiling pond water. The Center also collaborates with American Home Products, which produces the larvicide Abate that makes Guinea worm-infected water safe for drinking.

The most difficult part, Dr. Hopkins says, is not the health work itself or convincing villagers to follow the overall Guinea worm eradication regimen. It's keeping health workers and the various agencies focused on the immediate problem.

"We cannot afford to be lackadaisical or anything less than thorough because at this stage, these are the toughest villages that remain," Dr. Hopkins says. "We have to be absolutely meticulous in putting the interventions in place."

The importance of eliminating the Guinea worm threat in terms of its effect on everyday life cannot be overstated, he adds.

"Somebody once said that health, education, and agriculture are the building blocks of rural communities," says Dr. Hopkins. "Guinea worm is working against all three of those building blocks. By getting rid of Guinea worm, we are making a big difference in the lives of a lot of people — not just in the abstract, but every day — by helping them stand better on their own feet. The results are felt throughout society, and that is very gratifying."

JEFF BACH/PHOTOGRAPHIC MEMORIES

United Kingdom Consul General Peter Marshall presents President Carter with an $850,000 check at the Center in January 1999. The donation is part of a multiyear commitment the United Kingdom has made to support the Center's work in eradicating Guinea worm disease.

THE CARTER CENTER

This woman, who lives in Plateau State of Nigeria, suffers from lymphatic filariasis, a disease that makes limbs swell dramatically. Infection from a parasitic worm causes the disease, and bites of mosquitoes transmit it from person to person.

Lymphatic Filariasis Program

Mission

Demonstrate in a pilot project in Nigeria that lymphatic filariasis can be eliminated in Africa.

Highlights for 1998-99

- The Carter Center secured a grant from SmithKline Beecham and began a lymphatic filariasis project in Nigeria in association with the Federal Ministry of Health (FMOH).
- A nationwide postal survey was conducted in Nigeria, confirming the presence of lymphatic filariasis throughout the country.
- The program completed a more extensive Knowledge, Attitudes, and Practices survey to provide a sound basis for preparing health education materials for lymphatic filariasis.
- The Nigerian FMOH adopted a National Plan of Action for lymphatic filariasis elimination.
- The program employed assessment activities in 150 Nigerian villages to determine where lymphatic filariasis is found and where intervention measures will be implemented.

Objectives for 1999-2000

- Expand the treatment program, capitalizing on the experience with onchocerciasis control to attack lymphatic filariasis through health education, and Mectizan and albendazole distribution.

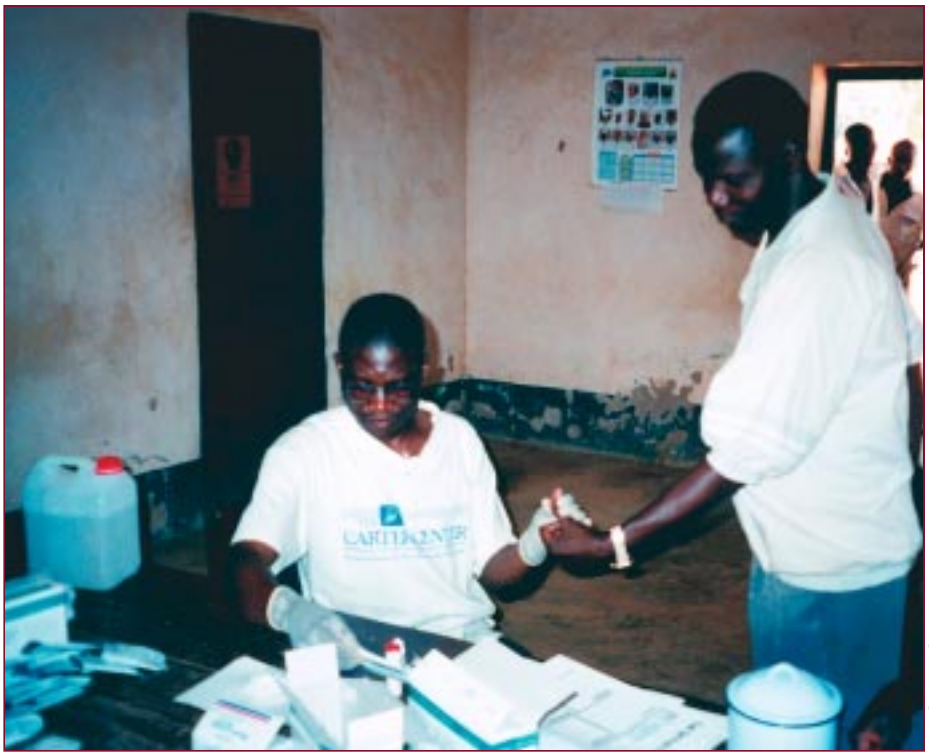
Lymphatic Filariasis: An Eradicable Threat to Health

It is ironic that a tiny mosquito can transmit a disease whose name suggests the largest land mammal on Earth.

But there is nothing tiny or insignificant about the emotional and economic toll of lymphatic filariasis, commonly known as elephantiasis, on the estimated 120 million individuals stricken with the disease.

Lymphatic filariasis is a debilitating and deforming condition caused by infection from a parasitic worm and transmitted from person to person by the bites of mosquitoes. The parasite lives in the victim's lymphatic system where it causes dramatic and grotesque swelling of limbs, usually the legs. In men, lymphatic filariasis also may lead to swelling of the scrotum, a condition called hydrocele.

But there is nothing tiny or insignificant about the emotional and economic toll of lymphatic filariasis, commonly known as elephantiasis, on the estimated 120 million individuals stricken with the disease.



THE CARTER CENTER

Chuwang Gwomkudu (left) administers a test for lymphatic filariasis for residents in the Nyelleng village in Plateau State, Nigeria.

"Lymphatic filariasis is truly global because it involves many countries in Africa, Asia, the South Pacific, and the Americas," according to Frank Richards, M.D., technical director of The Carter Center's river blindness, lymphatic filariasis, and schistosomiasis programs. "We're talking about a billion people at risk."

Although lymphatic filariasis is the second leading cause of permanent and long-term disability, the good news is that it belongs to a handful of infectious diseases considered eradicable by the World Health Organization (WHO) and the International Task Force for Disease Eradication, which convened at The Carter Center.

Transmission of the infection can be halted by treating infected individuals once a year for four to six years with a single-dose combination of oral medicines. The drug combinations include diethylcarbamazine (DEC) and albendazole, DEC and ivermectin, or albendazole and Mectizan. The main drug for fighting lymphatic filariasis is Mectizan in combination with albendazole.

Basic preventive measures, such as the use of bed nets or curtains impregnated with insecticide, also help control transmission of the infection. In patients with elephantiasis, binding affected limbs with compressive bandages and practicing proper hygiene help reduce swelling and discomfort.

The Carter Center's Global 2000 Program is working to use health education and combined drug therapy to eliminate lymphatic filariasis in Nigeria, the country with the greatest number of persons infected in Africa and the second most affected – after India – in the world.

Building upon its efforts to combat river blindness, Global 2000 is working with the government, health authorities, and villagers to establish and implement community-based drug treatment plans. Field staff emphasizes health education and the training and supervision of local village health workers.

Dr. Richards says that the health care delivery infrastructure established in Nigeria to control river blindness also can address lymphatic filariasis. In fact, the medicine used to treat river blindness, Mectizan, is also useful for elephantiasis.

Ultimately, the hope is that lymphatic filariasis will be eliminated from Nigeria within the next 15 years – and from the rest of the world soon thereafter.

MARY ROWE

This statue, located on the Carter Center grounds, shows a child leading a blind man with a stick. The man is a victim of river blindness, a disease that affects millions of people in Africa and Latin America. The photo on the right is of an actual river blindness sufferer in Africa.

River Blindness Program

Mission

Reduce the burden of river blindness – onchocerciasis – in assisted areas of Africa until it is no longer a major public health concern, and completely eliminate the disease throughout Latin America by 2007.

Highlights of 1998-1999:

■ The Carter Center's Global 2000 River Blindness Program (GRBP) assisted in the treatment with Mectizan of more than 6.5 million people in 10 countries. This represented a 16 percent increase compared to 1998.
■ The program worked closely with governmental agencies, other nongovernmental development organizations (NGDOs), the African Programme for Onchocerciasis Control (APOC), the Onchocerciasis Elimination Program for the Americas, and the Lions Clubs SightFirst project.
■ GRBP and its partners reduced the population at risk of onchocerciasis in the Americas by 85 percent since 1995.
■ All program partners increased the number of Mectizan treatments in Sudan by 57 percent.

Objectives for 1999-2000

■ Assist in treating more than 7.5 million people in 10 countries with Mectizan.
■ Certify interruption of disease transmission in the Americas and strengthen Guatemalan and Venezuelan programs.
■ Expand in partnership with the Lions Clubs International Foundation to Ethiopia.

River Blindness: Affecting the Quality of Life

Thanks to collaboration among The Carter Center's Global 2000 River Blindness Program (GRBP), government agencies, private industry, and other organizations, a growing number of villages around the world are enjoying better health and re-claiming the farmland they had abandoned because of the scourge brought by river blindness.

River blindness exacts an excruciating personal toll on the estimated 750,000 individuals who are blind or severely visually impaired because of the disease. Yet the cost of eliminating river blindness is comparatively a bargain at less than 15 cents a year per person, according to estimates by The Carter Center.

"Since 1996, GRBP and its partners have provided more than 21 million preventive treatments for river blindness,"

MERCK & CO.

says Frank Richards, M.D., technical director of The Carter Center's river blindness, lymphatic filariasis, and schistosomiasis programs.

"River blindness is a global problem found in 37 countries, mostly in Africa and Latin America," Dr. Richards explains. "It's estimated that 20 million people are infected with the parasite, but about 100 million more are at risk of getting the infection and need preventive Mectizan treatment once a year."

The disease is spread by blackflies. When they bite, the insects deposit the larvae of a parasitic worm in the skin. The female matures and produces millions of tiny worms called microfilariae. The microfilariae migrate throughout the body, causing incessant, debilitating itching and skin rashes. If they enter the eyes, the microfilariae cause eyesight damage and eventually blindness.

The blackfly breeds in fast-flowing rivers and streams, which typically border some of the most productive farmland. Onchocerciasis affects entire villages, forcing them to relocate to less productive land to escape the river blindness menace.

Controlling river blindness is deceptively simple with a drug called ivermectin, marketed under the name "Mectizan®" by Merck & Co. A single dose of the drug taken orally once a year in a mass community-wide treatment program does not cure river blindness, but it does prevent skin and eye disease from developing in those who are infected. More frequent treatment may completely stop the parasite from infecting new people.

Since emphasis is on control rather than eradication of the disease-producing parasite, success depends upon developing ongoing, sustainable Mectizan treatment programs. The GRBP helps establish the foundation for such programs by stressing the importance of community ownership, encouraging federal and local government support of communities, and through advocacy at all levels of government, reducing costs involved in administering treatments.

However, in the Americas, The Carter Center is working with ministries of health to deliver Mectizan twice a year, in the hope that the parasite can be eliminated forever.

"We assist with programs run by the ministries of health in 10 countries," Dr. Richards explains. Another organization deeply involved in the river blindness control effort is the Lions Clubs International Foundation, which has supported The Carter Center's efforts in Africa since 1996. Last year, 83 percent of all treatments in Cameroon, Nigeria, and Sudan were provided in partnership with the Lions Clubs. In 1999, the Lions Clubs will assist with 98 percent of the treatments in all countries where the Center and its partners operate.

Merck & Co. provides critical help through its generous donations of Mectizan – more than 100 million doses of the sight-saving medication since 1988.

So while river blindness remains a serious public health issue, "it's becoming less and less of a problem because of a global intervention," Dr. Richards says. "It's truly a great success story."

A Template for Health Care Delivery

The community-based, ongoing programs that The Carter Center developed to control river blindness also are providing a structure for providing treatment for other diseases.

"We want to see how we can use the system we helped put in place to provide other 'miracle' drugs that are effective against other horrible infections of the tropics," says Dr. Frank Richards of The Carter Center.

Thus the Center's river blindness program, which provides a single annual oral dose of a particular medicine, is a natural avenue for treating urinary schistosomiasis, the treatment of which also requires a single yearly dose of medicine — praziquantel. A third compound, albendazole by SmithKline Beecham, can be taken safely with the river blindness medicine Mectizan by Merck & Co., which prevents transmission of a third disease, lymphatic filariasis.

The benefit is in the cost effectiveness and efficiency of attacking three diseases at one time.

"By providing health education and single-dose annual therapy with different safe oral medications, we can have an impact on all these diverse diseases through the same kind of delivery system that we've been so successful in establishing for river blindness," Dr. Richards says. "The future looks very bright."

J.D. SCOTT

The Carters meet a Malian boy who has trachoma. He is among nearly 147 million people who have the disease.

Trachoma Program

Mission

Assist global efforts to control trachoma in selected countries through community-based interventions, operations research, and advocacy.

Highlights of 1998-1999

- The Conrad Hilton Foundation provided a 10-year, $13.6 million grant to support trachoma control activities in Ghana, Mali, Niger, Nigeria, and Yemen.
- The Lions Clubs International Foundation provided a $7 million grant over five years to support trachoma prevention programs in Ethiopia and Sudan.
- The Carter Center initiated discussions with the respective ministries of health in Ethiopia, Ghana, Mali, Niger, Sudan, and Yemen to begin assisting national trachoma control programs in those countries, as well as with the Operation Lifeline Sudan (OLS) South Consortium.
- The Carter Center and the government of Mali signed a memorandum of understanding to begin trachoma control studies.
- The Center completed a trachoma prevalence survey in two hyperendemic regions of Sudan.
- The Center significantly assisted the International Trachoma Initiative (ITI) and the ministries of health of Mali and Ghana which facilitated donations of azithromycin to those countries.

Objectives for 1999-2000

- Assist national trachoma control programs in countries where The Carter Center has begun them, as well as Ethiopia, Nigeria, Sudan, and Yemen.
- Work with ministries of health and other partners in selected countries to promote personal hygiene (face and hand washing) and improve water supplies and sanitation.
- Help implement community distribution programs in countries where azithromycin is made available. In 2000, the Trachoma Control Program anticipates azithromycin donations to Mali and Ghana.

Trachoma: Ending the Cycle of Infection

Trachoma is a disease of many mysteries, including the ways it can be transmitted.

Since three-fourths of its victims are women, one theory is that mothers infect themselves with the trachoma bacterium by cleaning their infected children's eyes, then wiping their own noses or eyes. Because men have less intimate contact with youngsters, they presumably do not have as high a risk as women for the repeated infection that results in trachoma.

"Trachoma is a disease that has been recorded for thousands of years, and yet we still only have a lot of theories about what is happening," says Dr. Jim Zingeser, technical director for the Trachoma Control Program. "That is why we are also doing some operations and epidemiological research. If we find a natural experiment going on – for example, one village has disease and another village does not – we look for clues as to what is happening."

The world's leading cause of preventable blindness, trachoma is most likely the result of repeated infection over several years, says Dr. Zingeser.

"With repeated infections, patients build up scar tissue on the inside of their eyelids which eventually causes the eyelids to turn inward," he explains. "The continuous rubbing of the inturned eyelashes on the cornea causes corneal opacities which are very painful and may result in irreversible blindness."

Nearly all of the estimated 146 million people suffering from trachoma live in developing countries, particularly in impoverished and arid areas, such as in Africa's Sahel region.

Working with ministries of health and other partner organizations, The Carter Center's initial efforts have helped establish trachoma control programs in Ghana, Mali, and Niger. These efforts will expand to assist programs in Ethiopia, Nigeria, Sudan, and Yemen.

Huge Numbers Reveal the Problem

The World Health Organization (WHO) estimates that:

- **15 percent of all blindness in the world is attributable to trachoma.**
- **6 million people are blind or at imminent risk for going blind from trachoma.**
- **146 million people urgently need treatment to prevent loss of vision.**
- **540 million people – about 10 percent of the world's population – live in areas placing them at risk for trachoma infection.**

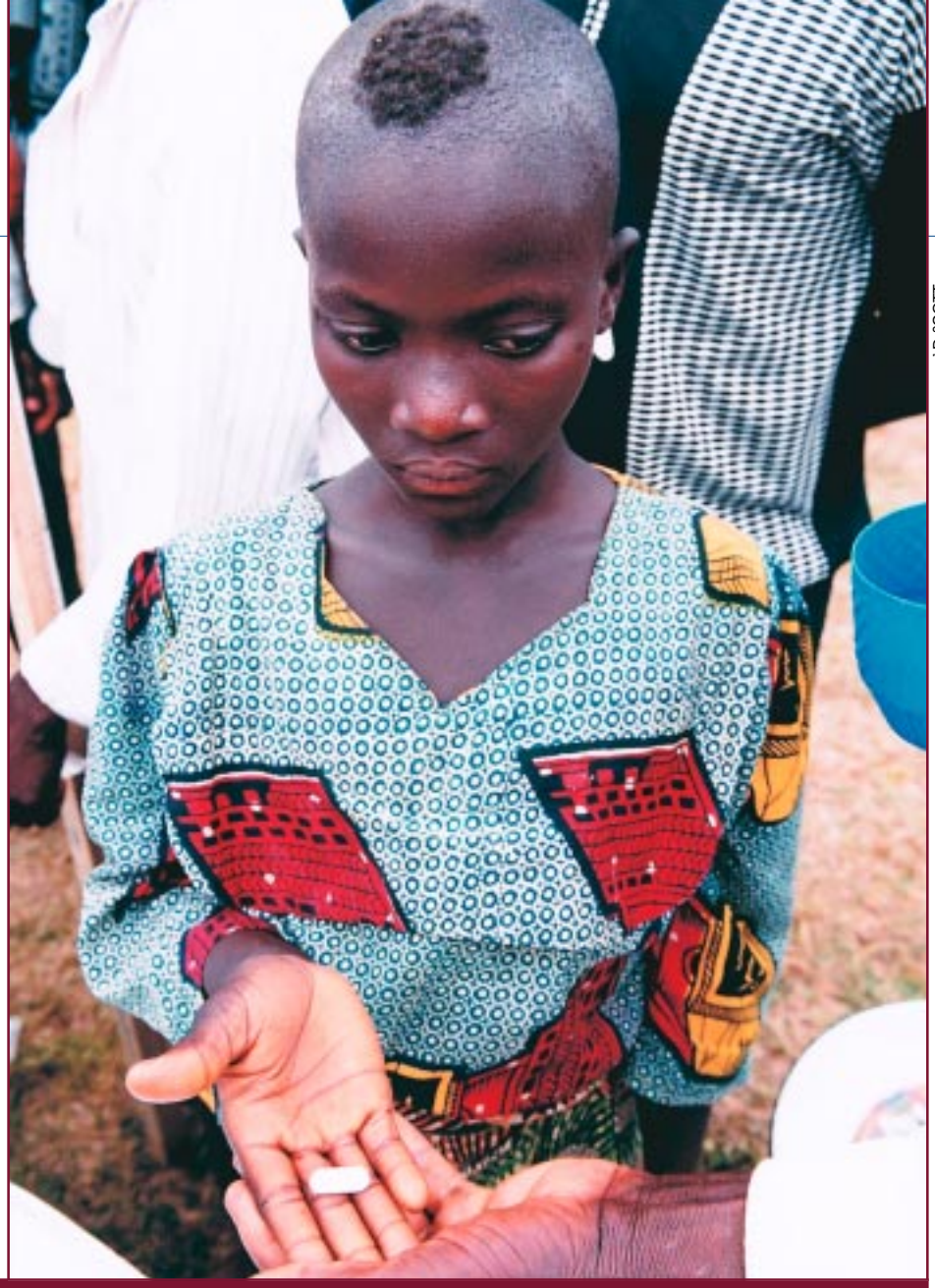
Following a SAFE Strategy

An important weapon in the war against trachoma is the SAFE strategy. Developed by the World Health Organization (WHO) with support from the Edna McConnell Clark Foundation, SAFE involves:

- Surgery to correct blindness from advanced trachoma.
- Antibiotics to treat early trachoma infections.
- Face and hand washing to prevent transmission of trachoma.
- Environmental changes to improve hygiene and sanitation.

The Carter Center's efforts focus on the "F" and "E" components of the strategy through village-based education initiatives and low-tech, cost-effective treatment methods.

In countries where The Carter Center is working and where azithromycin is made available for treatment of infected persons, the Center will work with the ministries of health to distribute the antibiotic, similar to the river blindness program. The International Trachoma Initiative (ITI), established in 1998 by Pfizer Inc. and the Edna McConnell Clark Foundation, will donate azithromycin in five countries, including Ghana and Mali, to promote the elimination of trachoma. These countries were selected from the priority list developed by the WHO Alliance for the Global Elimination of Trachoma by 2020 (GET 2020).



J.D. SCOTT

This child from the Mungkohot village in Nigeria holds a praziquantel tablet that was donated to The Carter Center for the urinary schistosomiasis control program. A single, annual dose prevents illness from the disease.

Urinary Schistosomiasis Program

Mission

Demonstrate the integration of community-directed treatment of urinary schistosomiasis, using praziquantel with ongoing community treatment of onchocerciasis.

Highlights for 1998-99

- The Carter Center secured a grant from SmithKline Beecham and began a urinary schistosomiasis project in Nigeria in association with the Federal Ministry of Health (FMOH) there.
- Medochemie Company of Cyprus and Bayer Pharmaceuticals of Germany each donated 50,000 tablets of praziquantel to The Carter Center to treat urinary schistosomiasis.
- A nationwide postal survey was conducted in Nigeria, confirming the presence of urinary schistosomiasis throughout the country.
- The program employed assessment activities in 150 Nigerian villages to determine where urinary schistosomiasis is found and where intervention measures will be implemented.
- The program completed a more extensive Knowledge, Attitudes, and Practices survey to provide a sound basis for preparing health education materials for urinary schistosomiasis.
- The Carter Center and FMOH launched a treatment program in pilot areas, treating more than 8,000 people in highly affected villages.

Objectives for 1999-2000

- Expand the treatment program, capitalizing on the experience with onchocerciasis control to attack urinary schistosomiasis through health education and praziquantel distribution.

Urinary Schistosomiasis: Winning the Future for Nigeria's Children

A pilot program started in two Nigerian states offers new hope in controlling a widespread disease that profoundly threatens the future of communities around the world.

Although its name may not be familiar to Western ears, schistosomiasis is the world's second-most destructive parasitic tropical disease, after malaria. Truly global in its reach, an estimated 200 million people in 74 countries in Africa, Asia, South American, the Caribbean, and the Middle East are infected with schistosomiasis. Another 600 million people are at risk for acquiring the disease.

Schistosomiasis also is a devastating disease because its most severe effects hamper the growth and development of a very important segment of society – children between the ages of 5 and 14, says Frank Richards, M.D., technical director of The Carter Center's river blindness, lymphatic filariasis, and schistosomiasis programs.

"The manifestations of the infection include liver disease, intestinal disease, and in the urinary form of the disease to which one program is directed, bladder and kidney disease," Dr. Richards explains. "But for children, it's really about a profound interference with full physical and mental development."

In the village of Mungkohot, a staggering 80 percent of school children are infected with urinary schistosomiasis. Thus the village was an appropriate location for a ceremony this past Oct. 11 launching the Global 2000-assisted, disease control program for Nigeria's Plateau state. Hundreds of hopeful Mungkohot children and their parents attended the event, as well as the governor, deputy governor, and local commissioner for health.

On behalf of The Carter Center and its partners, Dr. Richards outlined an approach for combating urinary schistosomiasis that combines rapid assessment to identify villages with the disease, followed by medical treatment and public health education, following the successful formula used to fight river blindness. He also acknowledged the contribution of 100,000 tablets of praziquantel by two pharmaceutical companies: Medochemie of Cyprus and Bayer Pharmaceuticals of Germany. "You can prevent urinary schistosomiasis from occurring by administering a single oral dose of extremely safe medicine once a year," Dr. Richards says.

The next day, a similar ceremony was held in the village of Andaha to kick off the urinary schistosomiasis-control campaign in Nasarawa state. The deputy governor, a representative of the health commissioner, and the "Chun Mada" – a powerful, traditional leader in the area who has greatly supported The Carter Center's river blindness program there – were in attendance.

J.D. SCOTT

Staff members gather schistosomiasis posters and other educational materials to distribute among communities in the Plateau and Nasarawa States of Nigeria.

A Chronic Debility

Schistosomiasis is a parasitic disease caused by infection from small, flat worms that emerge from a certain type of snail, where they penetrate the skin and develop into adult worms that live in blood vessels. The eggs from these worms are released in the urine or feces.

In developing countries where raw sewage enters freshwater sources, the eggs infect the snails and continue the parasites' life cycle. Unreleased eggs remain in the human body to scar and inflame tissue in the intestines, bladder, liver, and lungs. In children, the result is a chronic debility that significantly impairs a child's ability to learn and grow and, in extreme cases, leads to premature death.

J.D. SCOTT

President Carter samples peanuts grown by Malian farmers, while Mrs. Carter inspects a handful held by Farid Waliya of the International Crop Research Institute for Semi-Arid Tropics in Mali.

Agriculture Program

Mission

Work to end hunger in developing countries, teaching farmers to be self-reliant by using modern agricultural technologies. Global 2000 collaborates with the Sasakawa Africa Association in the sub-Saharan countries of Benin, Burkina Faso, Eritrea, Ethiopia, Ghana, Guinea, Mali, Malawi, Mozambique, Nigeria, Tanzania, and Zambia. Through this joint effort, known as Sasakawa-Global 2000 (SG 2000), local agricultural extension agents work side-by-side with farmers, teaching them how to use high-yielding seeds, fertilizers, and improved farming methods to grow more maize, wheat, and other grains. Farmers also learn how to successfully store their harvest and develop viable commercial markets for their grain.

Highlights of 1998-1999

- Since SG 2000's inception, more than 1 million African farm families learned new farming techniques that can double or triple their grain production.
- SG 2000 launched a new program in Malawi in 1999.
- Nigeria has adopted the SG 2000 approach as its national strategy.
- In January 1999, the World Bank agreed to work with SG 2000 on its 1999 theme of transportation in Africa.

Objectives for 1999-2000

- Firmly establish the newly added Malawi program.
- Collaborate with the World Bank to improve the infrastructure of roads, railroads, and communications to reduce the high costs of transporting goods.
- Collaborate with the World Bank to use the agricultural extension service to disseminate health information and education materials regarding priority diseases and conditions, including HIV, AIDS, and the Global 2000-targeted endemic diseases.

SG 2000 Efforts End in Ghana: Success Story Now Complete

Despite the optimism borne of the independence movements budding throughout Africa in the 1960s, few saw that this arid, beautiful continent, rich in people and geography, was on a collision course with new famines and hunger.

Agricultural expert and 1970 Nobel Peace Prize laureate Dr. Norman Borlaug foresaw this reality, having facilitated a green revolution in India for which he won the coveted honor. He suggested that by the year 2000, the population monster would dwarf food supplies and an unprecedented disaster loomed. By the mid-1980s, his prediction began to materialize as devastating famines hit populous areas of Africa.

To address this challenge, former U.S. President Jimmy Carter and The Carter Center joined with Ryoichi Sasakawa and the Sasakawa Africa Association in 1986 to form Sasakawa-Global 2000 (SG 2000). Dr. Borlaug led the organization to create more robust and resilient food production systems in sub-Saharan Africa, launching first in Ghana and later six other countries.

Now, after nearly 14 years in Ghana, the SG 2000 staff is departing, with the project's goals fully realized and the Ghanaian people able to sustain it.

From the beginning, the SG 2000 Program in Ghana was founded on sustainability. Its goal was to increase crop yields, improve seed production, bolster the availability of fertilizers, introduce farmers and government to simple but effective agronomic technology, and ensure continued research at the local level to advance new agrarian technologies.

The approach included a technology demonstration, using a simple Extension Test Plot (ETP). Farmers planted

half of the ETP (about a half hectare) using traditional methods and half as SG 2000 advised. Farmers consequently experienced all the important components of new agrarian technology within a harvest cycle and significant increases in yields themselves. Some entire villages adopted SG 2000's methods.

As farmers learn and teach each other the lessons gained from the ETPs, government agencies, such as the Ministry of Agriculture, and local universities witness the value of new technology in their farming communities and increase resources and research capacity to continue this prosperous agronomy. Research is conducted into crop rotations, along with farmers applying techniques that use "green manure" seeds to enrich the soil.

One example of this new technology is Quality Protein Maize (QPM). While QPM looks like normal maize or corn in every respect, it contains more amino acids, good for both humans and animals. Introducing and sustaining QPM as a staple crop in Ghana has been key to SG 2000 efforts.

Another critical part of the SG 2000 Program is to assist farmers with post-harvest technologies. Without storage facilities and ways to get their products to market, farmers had to sell all of their crops immediately after harvest to avoid spoilage. This resulted in lower prices for crops and extended periods during which farmers had no income.

To end this unproductive cycle, SG 2000 has organized and managed small working groups made up of a local technical specialist and agencies already concerned with post-harvest technology. This initiative focuses on training and building inexpensive, but sturdy, storage bins that ward off insects and rodents. Improved economic conditions for entire communities have resulted from these efforts.

SG 2000's field work also has sparked significant change in national agricultural policies. Part of the program's goal is to help shape emerging policy developments and proactively encourage governmental actions that produce greater agronomy systems.

Two years ago, the government of Ghana dramatically changed policy by decentralizing control over local agrarian developments and giving the responsibility to the district assemblies. While the district assemblies have existed since 1977, they traditionally have had little power or infrastructure. However, with decentralization, the government of Ghana granted more administrative and financial support for the district assemblies. This policy change ultimately resulted in more ETPs.

After more than a decade of work in Ghana, SG 2000 has witnessed an overall increase in farm production by an average of 4 percent annually with better crop varieties and improved management. By comparison, food production is rising 2 percent each year in most of Africa. Farmers specifically working with SG 2000 in Ghana have seen their grain production increase by 250 percent, on average, using basic techniques.

"I dislike seeing miserable people, whether it is from hunger and starvation, or just the plain brutality of poverty itself, or sickness – it's all part of the same package," says Dr. Borlaug.

What Participants Think of SG 2000

"SG 2000 comes in to revitalize the system. They focus on the critical bottlenecks and give some support to overcome them. The people are already in the system – all they need is a bit of support."
—Dr. S. Twumasi-Afriyie, former principal maize breeder, Crops Research Institute in Ghana

"With SG 2000, we were taught how to measure the land ... how to plant, the spacing, the method of fertilizer application. We have to make a hole, put on the fertilizer, cover it. The fertilizer is still there – nothing will tamper with it, except the crop that it is meant for. With it, the crop will grow vigorously and give the optimum yield."
—Tambaya Ibrahim, extension agent, Nigeria

"When extension built the first improved silo, I learned how everything is done. Then, when I built the second silo, I didn't need any assistance – I did it myself. And the third one, I will do it even better."
—Zegeye Watiyo, farmer, Ethiopia

"Since my field is along a road, when I was doing a specific field operation, some women passing by would stop to talk to me and see what was going on. Women still come to learn from me. There are four women who I have helped prepare making strings for the spacing of maize and they have taken them for use in their fields."
—Rose Fraten, farmer, Tanzania

"This year's crop is better than last year's because I have more experience in how to row plant, how to weed, how to do everything. It is much easier. The difference between what we did before and what we do now is the difference between the earth and the sky."
—Jamal Adjebel, farmer, Ethiopia

MICHAEL A. SCHWARZ

President Carter was among more than 7,000 Atlanta Project volunteers who went door-to-door in 1993 identifying which local children needed immunizations.

The Atlanta Project

The Atlanta Project Continues Under New Leadership

After eight years of partnering with local communities to improve their quality of life, The Carter Center has provided a grant to Georgia State University (GSU) to continue The Atlanta Project's (TAP) groundbreaking work.

President Carter and Rosalynn Carter founded TAP in 1991 to address quality-of-life issues in some of Atlanta's neediest neighborhoods.

"We wanted to establish a framework for addressing difficult issues and eventually step back to have this framework become a permanent part of the community," President Carter says. "Georgia State shares TAP's commitment to nurturing grassroots coalitions. The university is an appropriate and effective place to build on what TAP started."

The grant, effective Aug. 1, 1999, allowed GSU to use existing TAP infrastructure to establish the Neighborhood Collaborative, a program that unites university resources with community-based organizations and groups in Atlanta's urban core.

"TAP has impressive grassroots connections in the community," says David Sjoquist, a GSU economics professor and head of the university's team coordinating the collaborative's development. "Using TAP's resources to further the community outreach activities already in place at the university is a substantial benefit for both programs."

TAP's major initiatives — including the after-school intervention program, a preschool and elementary health clinic program, and an early-childhood development program — will continue under GSU's leadership.

"The Atlanta Project was created to bring government, business, volunteers and those in need together to help us get to know, understand, and reach out to each other," President Carter says.

"We learned many important lessons from our successes and failures. Perhaps most important, we understand that building healthy communities is a complex, never-ending process that requires respect among those who need assistance and those willing to help. Rosalynn and I are grateful to all who have shared our vision and to GSU for continuing this important mission."

THOMAS ENGLAND

Corporations, along with civic and nonprofit organizations, joined forces with The Atlanta Project in many endeavors. This one united BellSouth, the Metro Atlanta Literacy Network, the Georgia Partnership for Business and Education, and the Telephone Pioneers of America to distribute some 900,000 books to various neighborhoods and organizations.

TAP's Legacy Reflects a Shared Commitment to Community

The Atlanta Project's accomplishments during its eight years include:

- Establishing six pilot After Three Programs in area middle schools.
- Immunizing some 16,000 preschoolers in one week at area health clinics.
- Working with public health departments to develop the state's first immunization tracking system.
- Developing "America's Youth Passport" to help parents track children's health records. More than 300,000 Georgia children have received a passport.
- Establishing partnerships with area elementary schools to develop in-school health clinics to serve surrounding communities.
- Creating a program for residents to report housing code violations and improve city hall responsiveness to these complaints.
- Forming partnerships with businesses and welfare recipients to facilitate hiring and training.
- Establishing FutureForce, in partnership with the U.S. Army, to promote leadership, teamwork, responsibility, and community service among at-risk youth.
- Helping establish family resource centers and other outreach programs in several communities.
- Creating community policing programs in collaboration with the Atlanta Police Department.
- Rallying banking institutions to offer small business loans to residents of low-income communities.

A Model Resource

The America Project was founded alongside The Atlanta Project as a resource for civic groups and other organizations undertaking urban revitalization initiatives in other cities. Drawing from the lessons learned in The Atlanta Project, a range of information is made available through publications and videos, and by hosting delegations and conferences on topics such as teen pregnancy, welfare reform, race relations, urban sprawl, and school-age care.

Georgia State University will continue to share relevant experiences with other communities as part of its Neighborhood Collaborative program.

GARY MEEK

The 1990-2000 recipients of the Rosalynn Carter Fellowships for Mental Health Journalism visited Mrs. Carter at The Carter Center to discuss their projects in September 1999. They are (l-r)*: Annie Murphy Paul, Paul Raeburn, Emil Vernarec, Pat Bellinghausen, Liisa Hyvarinen, and John Head.*

Mental Health Program

Mission

Promote public awareness and recognition of the growing body of medical evidence that mental illnesses are biochemical in nature and therefore not a matter of the sufferer's willpower. The Mental Health Program addresses public policy issues through The Carter Center Mental Health Task Force, which identifies major mental health issues, convenes meetings, and develops initiatives to reduce stigma and discrimination against people with these diseases and improve their quality of life. The annual Rosalynn Carter Symposium on Mental Health Policy provides an opportunity for national mental health leaders to coordinate their efforts on issues of common concern. The symposia have examined such topics as managed care practices that serve the public interest and collaboration with schools to foster children's mental health.

Highlights of 1998-1999

- The program conducted the Fourteenth Annual Rosalynn Carter Symposium on Mental Health Policy – Promoting Positive and Healthy Behaviors in Children Nov. 18-19, 1998. Consequently, the program published a report about the symposium and continues its wide distribution based on ongoing requests.
- In May 1999, the Rosalynn Carter Georgia Mental Health Forum was held for state mental health organizations to explore the topic "Recovery: A Journey for Life."
- The program participated in the White House Conference on Mental Health through a satellite broadcast from The Carter Center in June 1999 that included U.S. Surgeon General David Satcher at the Center.
- The program conducted the annual meeting of the Rosalynn Carter Fellowships for Mental Health Journalism Sept. 14-16, 1999. The 1998-1999 journalism fellows' projects were presented and proposals accepted for the 1999-2000 fellowships.

Objectives for 1999-2000

- Expand the advisory board for the Rosalynn Carter Fellowships for Mental Health Journalism to enlarge the fellowship program.
- Continue to pursue four established goals of promoting awareness, initiating educational meetings and symposia, addressing public policy issues, and developing mental health initiatives.
- Plan for the 1999 Rosalynn Carter Symposium, which will bring national mental health organizations together to preview the first U.S. Surgeon General's Report on Mental Health.
- Assist the World Federation for Mental Health to organize an international conference be held at The Carter Center. The Inaugural World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders will be held Dec. 5-8, 2000.

Surgeon General's Report Presents an Educational Opportunity

The underlying crisis of mental health with respect to depression and suicide should receive the same urgency accorded the AIDS issue. That was one of the conclusions presented at a focus group meeting held at The Carter Center in July 1999 with U.S. Surgeon General David Satcher.

The gathering was called to develop a long-term strategy for placing the *Surgeon General's Report on Mental Health*, released in December 1999, in the public eye.

"It is critical to alert the public to new scientific discoveries that are making mental illnesses increasingly treatable and to perform studies that examine the effectiveness of service delivery strategies," says John Gates, Ph.D., former director of The Carter Center's Mental Health Program. "The public must get this information in a way that encourages treatment seeking and reduces the stigma often associated with mental disorders."

The report is the first ever issued by the surgeon general's office on the subject of mental health. Its goals, according to Satcher, include integrating mental health into public health by providing a better definition of the mental health problem as well as its magnitude, nature, and prevalence.

"It will take a public health approach, so that it will help define the causes and risk factors for mental health problems," Satcher adds. "Additionally, whether they are basic bio-molecular factors or social-community factors, we hope this report will help to define the causes and the risk factors. The report will describe and define interventions that work for mental health problems."

Howard Goldman, M.D., Ph.D., who attended the meeting in his role as scientific editor of the report, says that the document does not present specific policy recommendations. In fact, he adds, the report contains a single but succinct recommendation related to personal health behavior: Seek help. A range of effective treatments exists for most mental disorders.

"The recommendation is supported by the scientific evidence about the efficacy of such treatments on the full range of mental disorders," Goldman explains. "It may not be a policy document, but it has to serve as the basis for making policy and personal health choices. We wanted to provide a document that reviewed the scientific evidence and that would guide personal health behavior and policy-makers, but would not be specific about those recommendations."

Still, the report does dispel public myths about the prognoses of mental disorders, according to Thomas Bornemann, Ed.D., deputy director of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

"The *Surgeon General's Report* represents an additional opportunity for us to introduce mental health and mental illness into the larger public health context as relevant, urgent, compelling, and critical to all discussions related to health and disease," he told the group.

Steven Hyman, M.D., director of the National Institute of Mental Health, emphasizes that the public needs a powerful image to become aware of the scope and impact of the mental health problem.

To illustrate, he cites data from the 1993 report by the World Bank and the World Health Organization (WHO), revealing that mental disorders represent four of the top 10 leading causes of disability in the developed world, with depression ranking first. "Now that gets people's attention," he says.

Identifying mainstream American attitudes about mental health was the purpose of focus group research conducted by Lake Snell Perry & Associates Inc. and reported to the Carter Center meeting by Celinda Lake.

Two important conclusions can be drawn from the groups, Lake says.

"People have a lot of personal experience with mental illnesses and readily believe that they can affect any family," she says. "Personalizing the issue adds to the messages' power."

Secondly, "People responded very strongly to the fact that mental health should be treated like a physical illness and that it is fundamental to good health. They like the idea of balances being essential to quality of life."

Spreading the Word about Mental Health

Several approaches for publicizing the contents of the Surgeon General's Report emerged from the discussion. Among them:

- **Stigma is about the fear that mental illnesses are a life sentence. Telling people that therapy works will reduce stigma.**
- **Combating stigma should be viewed as a civil rights issue. It should be called an anti-prejudice and anti-discrimination campaign.**
- **An Internet resource site should be developed.**
- **Faith institutions could spread the message of mental health in a compassionate setting.**
- **Research and development should be done about how to educate journalists quickly about mental health issues.**
- **Primary care providers should be sensitized to screening patients for mental health problems.**
- **Behavioral research results should be provided to health care providers.**

Through special gifts from corporations and foundations this year, the Center was able to greatly expand its programs and initiate new ones.

As The Carter Center's donor base and financial support grow, the Center expands its activities to wage peace, fight disease, and build hope around the world.

The Carter Center, a nongovernmental organization, depends almost entirely on contributions to carry out its mission. Donations, gifts, and grants fund nearly all of the Center's $30 million annual budget. Donors include individuals, corporations, foundations, foreign governments, U.S. agencies, and international organizations. Support comes from all over the globe – from a Japanese corporation – to an individual in the United Kingdom – to the government of Finland.

"My wife Mary and I admire the Carters for helping people in tremendous need to establish better lives for themselves and their families," said Russell Sarner, a planned giving donor. "We know where our money is going and what's being accomplished."

Funding is used for:

- Hiring technical advisors and deploying them in needed areas.
- Producing health education materials.
- Obtaining medical supplies.
- Providing vehicles to reach distant villages.
- Training village health workers.
- Strengthening emerging democracies through election monitoring.
- Building human resource capabilities within developing countries.

In addition to direct funding, the Center has received in-kind gifts worth tens of millions of dollars over the years. In-kind donations have included:

- Tractors for the Center's agriculture program.
- Filter cloth for straining water contaminated with Guinea worm.
- Medicine for treating parasitic diseases.
- The use of aircraft, office space, and cell phones to assist election observation missions.

Making these successes possible is a Carter Center donor base that continues to grow each year. Among its supporters, the Center now counts more than 140,000 individuals, 60 major corporations, 50 foundations, and more than 20 foreign governments, U.S. agencies, and international organizations among its supporters. Last year, Ambassadors Circle members, individuals who give $1,000 or more in unrestricted support annually, grew to almost 500.

Ambassadors Circle Member Loris Masterton said,"The Carter Center staff is extremely talented and doing worthwhile work."

Through special gifts from corporations and foundations this year, the Center was able to greatly expand its programs and initiate new ones.

The Lions Clubs International Foundation and the Conrad N. Hilton Foundation together gave more than $30 million over five and 10 years respectively – the largest project-specific cash grants in the Center's history – to further the Center's efforts to fight preventable blindness. In addition to expanding river blindness programs to 15 countries, the grants enabled the Center to launch a new health initiative to combat trachoma, the world's leading cause of preventable blindness.

"The Carter Center is the primary grant recipient of our newest major funding initiative for trachoma due to the infrastructure it created for Guinea worm eradica-

tion in countries where trachoma is also endemic," said Donald Hubbs, board chairman of the Hilton Foundation.

A three-year grant of $780,000 from SmithKline Beecham helped the Center launch health initiatives to fight two tropical diseases, lymphatic filariasis, and schistosomiasis. SmithKline Beecham also is providing the drug, albendazole, to fight lymphatic filariasis, while Bayer A.G. and Medochemie are providing a portion of the medicine, praziquantel, to launch the effort against schistosomiasis.

"One of SmithKline Beecham's missions is striving to make people's lives healthier through community programs in the developing world," said Dr. Brian Bagnall, director of lymphatic filariasis for SmithKline Beecham. "We're grateful to The Carter Center because we can only succeed with a broad coalition of partners."

The Center's Peace Programs also received strong support this year including a $1.5 million, five-year grant from The Coca-Cola Company to launch the Latin America Program's "Forging a New Partnership in the Americas." The new initiative will address major issues affecting government and business in Central and South America.

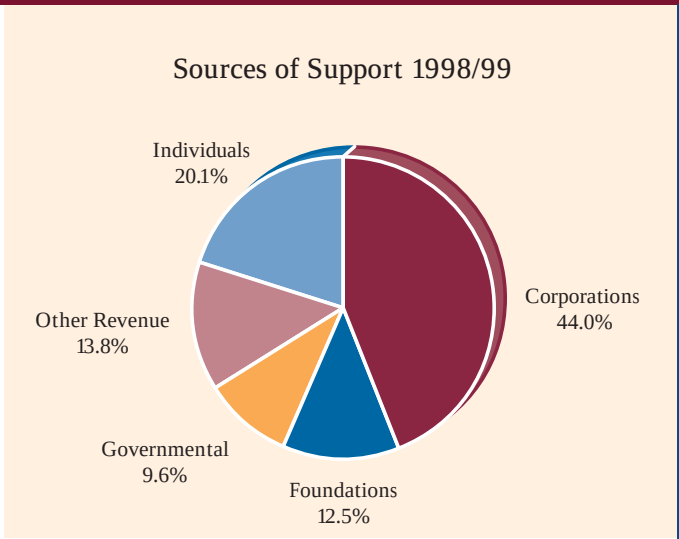
"The Coca-Cola Company believes The Carter Center is one of the most important and influential organizations in Latin America," said Pedro Pablo Diaz, vice president of communications for Latin America, The Coca-Cola Company.

Foreign governments also have been very supportive of Peace Program activities. This year Norway and the Netherlands agreed to fund negotiations between the governments of Sudan and Uganda to resolve long-running regional conflicts. And Portugal became a new supporter of the Center, providing a grant to fund human rights monitoring in advance of the East Timor referendum.

Looking to the future, The Carter Center and its supporters feel it is imperative that the Center's work continues. To build the Center into a lasting institution, several donors have focused on increasing the endowment. Extremely generous gifts have been received from John and Rebecca Moores, Lee and Harold Kapelovitz, Arthur and Stephanie Blank, and The UPS Foundation.

Said Arthur Blank, Carter Center trustee, and president and CEO of The Home Depot: "I am pleased to provide the Center with a gift that signifies the respect that I have for President Carter and for the institution that he has created."

Expressing confidence in The Carter Center's work through their generosity, these and numerous other donors enable the Center to continue its mission in waging peace, fighting disease, and building hope around the world.



Looking to the future, The Carter Center and its supporters feel it is imperative that the Center's work continues.

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Financial Statements as of August 31, 1999 and 1998
Together With Auditors' Report
REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To the Board of Trustees of
The Carter Center, Inc.:

We have audited the accompanying statements of financial position of THE CARTER CENTER, INC. (a Georgia nonprofit corporation) as of August 31, 1999 and 1998 and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the management of The Carter Center, Inc. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Carter Center, Inc. as of August 31, 1999 and 1998 and the results of its operations and its cash flows for the years then ended in conformity with generally accepted accounting principles.

Atlanta, Georgia
October 22, 1999

AUGUST 31, 1999 AND 1998

ASSETS

	1999	1998
CASH AND CASH EQUIVALENTS, including restricted cash of $8,933,674 and $9,208,858 in 1999 and 1998, respectively	$ 17,664,004	$ 17,007,301
ACCOUNTS RECEIVABLE:		
Related parties (Note 6)	40,063	183,388
Due from federal government	983,490	1,115,607
Other	119,927	146,507
	1,143,480	1,445,502
PLEDGES RECEIVABLE (Note 3)	10,306,121	8,570,848
INVENTORY	10,420,623	4,691,543
ENDOWMENT INVESTMENTS	109,510,722	92,915,550
PROPERTY, PLANT, AND EQUIPMENT, at cost or fair market value at date of gift, net of accumulated depreciation (Note 4)	12,818,030	13,166,497
ARTWORK	1,294,300	1,171,450
OTHER ASSETS	410,055	497,911
	$163,567,335	$139,466,602

LIABILITIES AND NET ASSETS

ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 1,878,628	$ 1,316,248
MEDICATION DUE TO THIRD PARTIES	0	2,028,000
COMMITMENTS AND CONTINGENCIES		
NET ASSETS:		
Unrestricted	87,503,248	79,993,261
Temporarily restricted	20,825,880	12,724,358
Permanently restricted	53,359,579	43,404,735
Total net assets	161,688,707	136,122,354
	$163,567,335	$139,466,602

The accompanying notes are an integral part of these statements.

FOR THE YEAR ENDED AUGUST 31, 1999

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
REVENUES AND SUPPORT:				
Contributions:				
Operating	$11,544,035	$ 546,883	$ 0	$ 12,090,918
Programs:				
Peace–international	0	3,170,547	0	3,170,547
Peace–domestic	0	115,156	0	115,156
Health	0	10,301,826	0	10,301,826
Cross-program	0	1,184,566	0	1,184,566
In-kind goods and services:				
Peace–domestic	0	262,816	0	262,816
Health	0	31,366,527	0	31,366,527
Endowment	0	0	9,990,734	9,990,734
	11,544,035	46,948,321	9,990,734	68,483,090
Endowment fund earnings	3,801,293	0	0	3,801,293
Appreciation of restricted endowment investments	3,990,771	0	0	3,990,771
Depreciation of office building	0	0	(35,890)	(35,890)
Facilities use income	503,474	0	0	503,474
Interest and investment income	391,401	120,473	0	511,874
Net assets released from restrictions:				
Peace–international	4,212,574	(4,212,574)	0	0
Peace–domestic	3,635,272	(3,635,272)	0	0
Health	30,402,761	(30,402,761)	0	0
Cross-program	300,828	(300,828)	0	0
Operating	415,837	(415,837)	0	0
Total revenues and support	59,198,246	8,101,522	9,954,844	77,254,612
EXPENSES:				
Program:				
Peace–international	3,947,365	0	0	3,947,365
Peace–domestic	3,120,135	0	0	3,120,135
Health	32,960,607	0	0	32,960,607
Cross-program	257,926	0	0	257,926
Fund-raising office	5,932,207	0	0	5,932,207
General and administrative	3,374,814	0	0	3,374,814
Common area and depreciation	2,095,205	0	0	2,095,205
Total expenses	51,688,259	0	0	51,688,259
CHANGE IN NET ASSETS	7,509,987	8,101,522	9,954,844	25,566,353
NET ASSETS AT BEGINNING OF YEAR	79,993,261	12,724,358	43,404,735	136,122,354
NET ASSETS AT END OF YEAR	$87,503,248	$20,825,880	$53,359,579	$161,688,707

The accompanying notes are an integral part of these statements.

FOR THE YEAR ENDED AUGUST 31, 1998

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
REVENUES AND SUPPORT:				
Contributions:				
Operating	$10,077,568	$ 1,989,089	$ 0	$ 12,066,657
Programs:				
Peace–international	0	3,157,402	0	3,157,402
Peace–domestic	0	918,042	0	918,042
Health	0	10,546,809	0	10,546,809
Cross-program	0	731,261	0	731,261
In-kind goods and services:				
Peace–domestic	0	334,143	0	334,143
Health	0	27,501,729	0	27,501,729
Endowment	0	0	2,849,421	2,849,421
	10,077,568	45,178,475	2,849,421	58,105,464
Endowment fund earnings	3,745,388	0	0	3,745,388
Appreciation of restricted endowment investments	2,152,905	0	0	2,152,905
Depreciation of office building	0	0	(35,890)	(35,890)
Facilities use income	404,309	0	0	404,309
Interest and investment income	573,441	39,360	0	612,801
Net assets released from restrictions:				
Peace–international	2,535,741	(2,535,741)	0	0
Peace–domestic	3,024,137	(3,024,137)	0	0
Health	40,389,279	(40,389,279)	0	0
Cross-program	329,150	(329,150)	0	0
Operating	65,350	(65,350)	0	0
Total revenues and support	63,297,268	(1,125,822)	2,813,531	64,984,977
EXPENSES:				
Program:				
Peace–international	2,881,604	0	0	2,881,604
Peace–domestic	2,778,935	0	0	2,778,935
Health	41,548,993	0	0	41,548,993
Cross-program	248,295	0	0	248,295
Fund-raising office	4,980,470	0	0	4,980,470
General and administrative	2,835,619	0	0	2,835,619
Common area and depreciation	2,090,107	0	0	2,090,107
Total expenses	57,364,023	0	0	57,364,023
CHANGE IN NET ASSETS	5,933,245	(1,125,822)	2,813,531	7,620,954
NET ASSETS AT BEGINNING OF YEAR	74,060,016	13,850,180	40,591,204	128,501,400
NET ASSETS AT END OF YEAR	$79,993,261	$12,724,358	$43,404,735	$136,122,354

The accompanying notes are an integral part of these statements.

FOR THE YEARS ENDED AUGUST 31, 1999 AND 1998

	1999	1998
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	$25,566,353	$ 7,620,954
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	707,578	1,998,492
Increase in fair market value of endowment investments	(3,990,771)	(2,152,905)
Donated artwork	(122,850)	(123,700)
Contributions restricted for investment	(7,604,902)	(1,616,836)
Changes in operating assets and liabilities:		
Accounts receivable	302,022	547,362
Pledges receivable	(1,735,273)	(1,517,072)
Donated inventory	(5,729,080)	424,908
Other assets	87,856	66,389
Accounts payable and accrued expenses	562,380	191,480
Medication due to third parties	(2,028,000)	2,028,000
Total adjustments	(19,551,040)	(153,882)
Net cash provided by operating activities	6,015,313	7,467,072
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property and equipment, net of related payables	(334,969)	(405,123)
Endowment investments	(12,628,543)	(3,540,269)
Net cash used in investing activities	(12,963,512)	(3,945,392)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from contributions restricted for:		
Investment in endowment	7,474,902	1,516,836
Investment in plant	130,000	100,000
Net cash provided by financing activities	7,604,902	1,616,836
NET INCREASE IN CASH AND CASH EQUIVALENTS	656,703	5,138,516
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	17,007,301	11,868,785
CASH AND CASH EQUIVALENTS AT END OF YEAR	$17,664,004	$17,007,301

The accompanying notes are an integral part of these statements.

AUGUST 31, 1999 AND 1998

1. ORGANIZATION AND OPERATION

Carter Presidential Library, Inc. ("CPL") was organized on October 26, 1981 under the laws of Georgia as a not-for-profit corporation to be operated exclusively for charitable and educational purposes. During 1986, CPL changed its name to Carter Presidential Center, Inc. ("CPC"). Effective January 1988, CPC changed its name to The Carter Center, Inc. ("CCI"). CCI is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code.

The board of trustees of CCI consists of 22 members, which include President and Mrs. Carter, the president of Emory University, 9 members appointed by Emory University's board of trustees, and 10 members appointed by President Carter and CCI trustees. Additionally, Emory University's board of trustees has the authority to approve amendments to CCI's articles of incorporation and bylaws and to approve the annual and capital budgets of CCI. CCI is related by common control to Carter Center of Emory University ("CCEU"). The financial data for this organization is not included in these financial statements.

CCI operates programmatically under three main action areas, Peace, both domestic and international, and Health. In addition, CCI has received broad-based support which is beneficial to all programs and is categorized as "cross-program."

Initiatives in Peace--international include preventing and resolving conflict, protecting basic human rights, promoting open forms of media, and monitoring elections in emerging democracies. The Health area strives to improve health in the United States and around the world. Initiatives include eradication of dracunculiasis, control of onchocerciasis ("river blindness"), mental health reform, and collaborations between congregations and public health agencies. CCI discontinued its program efforts in Peace--domestic at the end of fiscal year 1999. Peace--domestic focused its efforts on helping the city of Atlanta's neediest communities gain access to the resources they needed to address the problems that most concerned them. Experiences were then communicated to other interested communities throughout the country.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND OTHER MATTERS

Contributions

CCI records gifts, including promises to give, of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction is met, such temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the statements of activities as net assets released from restrictions.

CCI records gifts of land, buildings, and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, CCI reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Donated Goods and Services

Donated materials and equipment, including artwork, are reflected as contributions at their estimated fair market values when an unconditional promise to give is received. Donated services are reflected as contributions if the following criteria are met: (1) the services received or to be received create or enhance nonfinancial assets or (2) the services require specialized skills, are provided by individuals possessing those skills, and would be purchased if not provided by donation. Donated services are recognized as the services are performed.

The services of loaned executives for The Atlanta Project ("TAP") and certain other services have been recorded in the accompanying financial statements. No amounts are recorded in the accompanying financial statements for other donated services (volunteers, organizational planning, and meeting facilitation), since the criteria discussed above were not met with respect to these services.

The components of donated goods and services for the years ended August 31, 1999 and 1998 are as follows:

	1999	1998
Health:		
Water filtration material and chemicals	$ 541,912	$ 1,001,529
Medication	30,673,000	26,500,200
Transportation	151,615	0
Peace–domestic:		
Loaned executives	156,000	196,502
Operating expenses and utilities	106,816	137,641
Total	$31,629,343	$27,835,872

Artwork

CCI has capitalized artwork since its inception at the estimated fair market value at the date of acquisition.

Inventory

Inventory consists of Mectizan tablets, which are used to treat river blindness. Inventory is received as an in-kind donation and is valued at market value at the time of the gift. Inventory is valued using the first-in, first-out method.

Medication Due to Third Parties

From time to time, CCI receives loans of medication from various parties for its River Blindness Program in Nigeria. These loans are received when CCI does not have sufficient inventory on hand to carry out its desired program activities and other organizations have excess inventory. As all such medication used in this program is provided to CCI and all other organizations directly by the manufacturer at no cost, any loans due are satisfied by future in-kind donations received from the manufacturer.

Net Assets

Unrestricted

As of August 31, 1999 and 1998, unrestricted net assets are as follows:

	1999	1998
Unrealized gain on restricted endowment investments	$48,921,761	$44,930,990
Designated by the board of trustees for maintenance of property and equipment	500,000	566,853
Designated by management as an addition to:		
Endowment investments	14,522,108	9,108,760
Program funds	1,483,026	545,091
Undesignated	22,076,353	24,841,567
Total	$87,503,248	$79,993,261

The board of trustees has authorized the designation of a portion of the unrestricted net assets for maintenance of property and equipment. The annual designation amount is $116,000. During 1999, the board's executive committee resolved that the Plant Maintenance Fund be capped at $500,000.

Unrealized gains on restricted endowment investments (Note 5) are classified as increases in unrestricted net assets. Unrestricted net assets also include funds designated by management as additions to endowment and program funding. These amounts are classified as unrestricted net assets due to the lack of explicit donor stipulations which would temporarily or permanently restrict their use.

Temporarily Restricted

As of August 31, 1999 and 1998, temporarily restricted net assets are available for the following purposes:

	1999	1998
Peace–international	$ 2,213,199	$ 2,637,676
Peace–domestic	156,529	4,507,150
Health	13,269,666	1,867,868
Cross-program	3,131,701	1,787,925
Time-restricted	2,054,785	1,923,739
Total	$20,825,880	$12,724,358

Permanently Restricted

In 1989, CCI began its campaign to raise an endowment fund. An endowment fund represents a fund subject to restrictions of gift instruments requiring that the principal of the fund be invested in perpetuity and only the income be used for operations. Permanently restricted net assets are invested in perpetuity, and the income from these assets is expendable to support any activities of CCI.

Cash and Cash Equivalents

CCI's cash equivalents represent liquid investments with an original maturity of three months or less. Restricted cash is restricted by the donor for a specific purpose.

Reclassifications

Certain prior year amounts have been reclassified to conform with the current year presentation.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. PLEDGES RECEIVABLE

Pledges are recorded as of their pledge dates at the net present value of their estimated future cash flows. The amount of periodic amortization of the discount is recorded in subsequent periods as contribution income according to each respective donor-imposed restriction, if any. Pledges receivable as of August 31, 1999 and 1998 are classified as follows:

	1999	1998
Unrestricted:		
Operating	$ 48,413	$ 70,339
Quasi-endowment	0	200,000
Temporarily restricted:		
Peace--domestic	130,000	989,579
Health	299,896	0
Construction	309,524	439,524
Time-restricted	2,054,785	1,923,739
Permanently restricted:		
Endowment	7,463,503	4,947,667
Total	$10,306,121	$8,570,848

The anticipated receipts of these receivables are as follows at August 31, 1999 and 1998:

	1999	1998
Less than one year	$ 3,257,151	$2,244,732
One to five years	7,092,551	7,114,175
Five to ten years	953,046	946,825
Less unamortized discount	(996,627)	(1,734,884)
	$10,306,121	$8,570,848

Pledges were discounted based on rates ranging from 4.17% to 8.28%.

4. PROPERTY, PLANT, AND EQUIPMENT

The components of property, plant, and equipment, which, except for land, are depreciated on a straight-line basis, are as follows at August 31, 1999 and 1998:

	1999	1998	Useful Lives
Land	$ 296,732	$ 296,732	N/A
Buildings	15,581,071	15,581,171	30 years
Grounds and land improvements	723,997	711,343	10 years
Furniture and fixtures	1,262,143	1,279,146	5 to 10 years
Office equipment	1,522,419	1,424,164	5 years
Computer equipment	842,607	671,803	3 to 5 years
Vehicles	1,409,836	1,459,123	3 years
Building improvements	517,108	506,541	15 years
	22,155,913	21,930,023	
Less accumulated depreciation	(9,337,883)	(8,763,526)	
	$12,818,030	$13,166,497	

5. INVESTMENTS

As of August 31, 1999 and 1998, CCI has invested a portion of its endowment in a pooled investment fund, which invests in a composite of cash equivalents, bonds, common stock, mutual funds, and other assets. These investments are presented in the accompanying statements of financial position at their fair values. The cost basis for these investments was $59,633,012 and $47,004,469 as of August 31, 1999 and 1998, respectively.

Total return on investments was unrestricted for the years ended August 31, 1999 and 1998 and was as follows:

	1999	1998
Investment income included in operating support and revenue, including net realized gains or losses	$3,801,293	$3,745,388
Net unrealized gains	3,990,771	2,152,905
Total return on investments	$7,792,064	$5,898,293

CCI purchased an office building with endowment funds during 1990. As of August 31, 1999, the building was substantially occupied by CCI program and department staff. Accumulated depreciation on this investment was $340,254 and $304,354 as of August 31, 1999 and 1998, respectively.

6. RELATED PARTIES

There is a receivable from Emory University related to program expenses for which Emory University has agreed to reimburse CCI. In addition, CCI leases office space to CCEU (Note 7).

7. LEASES

CCI leases space to various entities under noncancelable leases with various terms. CCI leases to CCEU approximately 20% of CCI's space under a lease for a term of 99 years with a rental payment of $1 per year. A business agreement with CCI's caterer has no annual rent; rather, CCI receives 5% to 10% of the tenant's gross revenue, as defined. Rental income from these leases is included in facilities use income in the accompanying statements of activities.

8. THE ATLANTA PROJECT PROGRAM Headquarters LEASE

CCI leased space for TAP headquarters under an agreement with an initial term of two years, which commenced May 1, 1992, and two renewal terms of two years each. During fiscal year 1998, this lease agreement was extended through August 31, 1999. CCI was not obligated to pay any base rents during the initial or renewal terms of the lease, as CCI expended more than $500,000 toward leasehold improvements. The space leased by CCI was provided as is, and all leasehold improvements funded by CCI became a part of the lessor's property. The value of the contributed space is not reflected in the accompanying financial statements, since it is not susceptible to objective measurement or valuation.

Prepaid rent is being amortized over the initial term of the lease, including the two renewal options, commencing with the date the space was occupied. Rent expense for this space was approximately $33,500 and $221,000 during the years ended August 31, 1999 and 1998, respectively.

9. SCHEDULE OF FUNCTIONAL EXPENSES

The following schedules reflect the components of CCI's program and supporting expenses by their natural classification:

1999

	Program Expenses				Supporting Expenses			Total
	PEACE —international	HEALTH	PEACE —domestic	Cross-Program	Fund-Raising	Administrative Costs	Common Area and Depreciation	Expenses 1999
Salaries	$1,487,087	$ 3,721,911	$1,170,436	$169,493	$1,290,484	$2,189,841	$ 520,393	$10,549,645
Consulting	516,876	575,570	351,587	387	579,623	212,947	14,890	2,251,880
Communications	236,651	381,114	113,444	21,031	1,912,683	245,748	16,751	2,927,422
Other services	183,074	460,937	37,571	2,788	1,547,047	133,430	171,844	2,536,691
Supplies	174,542	22,286,319	34,060	5,098	58,858	56,412	45,954	22,661,243
Travel/meetings	1,158,018	1,423,927	122,912	59,129	344,310	53,361	3,803	3,165,460
Other	97,629	1,504,850	166,225	0	199,202	483,075	1,321,570	3,772,551
Grants	93,488	2,605,979	1,123,900	0	0	0	0	3,823,367
	$3,947,365	$32,960,607	$3,120,135	$257,926	$5,932,207	$3,374,814	$2,095,205	$51,688,259

1998

	Program Expenses				Supporting Expenses			Total
	PEACE —international	HEALTH	PEACE —domestic	Cross-Program	Fund-Raising	Administrative Costs	Common Area and Depreciation	Expenses 1998
Salaries	$1,422,769	$ 3,802,620	$1,319,093	$165,926	$1,160,744	$1,997,604	$ 564,163	$10,432,919
Consulting	249,005	939,169	297,347	1,894	556,487	269,380	14,657	2,327,939
Communications	225,823	508,529	106,705	14,248	1,542,644	184,549	14,354	2,596,852
Other services	148,536	112,848	32,851	3,383	1,157,907	92,920	156,918	1,705,363
Supplies	140,937	28,670,041	121,288	5,014	53,300	48,536	51,687	29,090,803
Travel/meetings	612,746	1,558,105	101,389	50,368	322,733	43,505	4,668	2,693,514
Other	74,288	3,548,654	380,846	7,462	186,655	199,125	1,283,660	5,680,690
Grants	7,500	2,409,027	419,416	0	0	0	0	2,835,943
	$2,881,604	$41,548,993	$2,778,935	$248,295	$4,980,470	$2,835,619	$2,090,107	$57,364,023

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The Carter Center
One Copenhill
Atlanta, GA 30307
(404) 420-5100
Fax (404) 420-5145
www.cartercenter.org