

The Carter Center



Waging Peace. Fighting Disease. Building Hope.

THE
CARTER CENTER





ARTIST: ULF VALDE JENSEN

*“Rosalynn and I want to thank our partners worldwide
for your encouragement and support.”*

Den Norske Nobelkomite
har overensstemmende med
reglene i det av

ALFRED NOBEL

den 27. november 1895
opprettede testamente tildelt

Jimmy Carter

Nobels Fredspris
for 2002

Oslo, 10. desember 2002

Gjermund Borge

Grunn Ståleset

Eissel Korbek

Hanna Kramm

Inge-Marie Ytterborg

Because of you, millions of people have better lives and hope for their families.
We thank you for believing in our work.” —Jimmy Carter



A message from President Jimmy Carter

Helping suffering people around
The world to have hope is a rewarding
challenge we all share as citizens
of a global community. When
people truly believe their lives
can change for the better, the
human spirit soars to overcome
once seemingly insurmountable
obstacles. Enemies lay down
their weapons, ancient diseases
are overcome, neighbors share
the secrets of plentiful crops,
and human rights are respected.
At the Carter Center we wage
peace and we fight disease,
but most of all - we build hope.

Jimmy Carter

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THE
CARTER CENTER



Footprints of hope



CONNIE NELSON

This past year was a remarkable one for the Carter Center's mission to build hope for suffering people around the world. Hope requires a belief that change is possible, and it is inspired through concrete actions and results.

In 2001-2002, our action steps left footprints of hope across the globe, none bigger than in Cuba, where Carter Center chair and former U.S. President Jimmy Carter ventured to seek common ground that might overcome decades of impasse in U.S.-Cuba relations. The invitation from Cuba President Fidel Castro opened the door to an unprecedented exchange of ideas, respect, and friendship with our island neighbors.

Hope also was renewed for Sierra Leoneans as they used the ballot box to resolve years of brutal civil strife; for voters in Mali, Nicaragua, and Zambia, who reaffirmed their confidence in democracy; for East Timorese as they

celebrated independence from Indonesia; and for warring parties in Sudan and Uganda still struggling to end decades of violence. In each case, Carter Center staff worked behind the scenes, offering advice, identifying common ground between parties, assessing progress, and representing the concern of the international community.

In the Carter Center's health initiatives, hope was measured by numbers—fewer than 60,000 remaining cases of Guinea worm disease (down from 3.5 million in 1986); delivery of the 40 millionth treatment of Mectizan® to prevent river blindness; a total of 15 African countries now trained to increase crop production; treatments to prevent schistosomiasis tripled in select states in Nigeria and treatments doubled there for lymphatic filariasis; transmission of blinding trachoma curbed by giving 7,000 villagers in Niger access to household latrines; and staff trained to serve in 500 health care centers in Ethiopia.

As President Carter was named the Nobel Peace Prize laureate and Mrs. Carter inducted into the National Women's Hall of Fame in 2002, both remarked that these honors encouraged them in the work that lies ahead. As we close the Center's 20th anniversary year, staff at The Carter Center find inspiration for the future in the Carters' example, in a track record of institutional achievement, and most of all in the people working with us around the world to make peace, health, and hope a constant in all our lives.

“Waging peace, fighting disease, and building hope. We can see the impact of all three in the faces of villagers around the world.” —John Hardman

Every project The Carter Center undertakes reflects our commitment to a broad-based concept of human rights, including not only the rights to live in peace, freedom from oppression, and freedom of speech, but also access to adequate health care, shelter, food, and economic opportunity.

We support fundamental claims to human rights and urge accountability by governments for the protection of those rights by intervening on behalf of victims of human rights abuses, promoting stronger international human rights systems, sending human rights monitors on election observation missions, and helping new democracies establish human rights laws and institutions. In this way, The Carter Center seeks to advance the idea of human rights for every man, woman, and child on earth.

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.



The most recent phase of Sudan's civil war has ravaged this nomad girl's country for all of her life, killing two million people and displacing four million others. Still, she exudes the promise and hope of Sudanese youth, poor by material standards, yet rich in spirit and dreams, believing they will see peace in their lifetimes.

Waging peace

Peace is much more than just the absence of war. People everywhere seek an inner peace that comes with the freedom to voice their views, choose their own leaders, and pursue greater economic and social opportunities for their families. The Carter Center strengthens universal human rights and the role of individual citizens so that people may have a greater voice in determining their own futures. When self-worth and human dignity are fostered in these ways, hope is born.

Deepening democracy in the Americas

For 12 hours last November in Managua, Nicaragua, Oscar Arias Sanchez visited each polling station on his list, diligently noting voting procedures, listening to voters, and querying election officials. Having co-led the Center's 1996 Nicaragua election mission with President Carter and former U.S. Secretary of State James Baker, the responsibilities were both sacred and familiar to Arias, the former president of Costa Rica and author of a peace plan for Central America that earned him the Nobel Peace Prize in 1987.

"The Carter Center's presence as international observers helped to instill confidence in the electoral process among the Nicaraguan people," Arias said. "While the election was important to democratic progress in Nicaragua, we also called attention to the institutions necessary to sustain democracy."

Only the day before, he and President Carter met with former Nicaragua President Violeta Chamorro to discuss the election and Nicaragua's future. All three are members of the Center's Council of Presidents and Prime Ministers of the Americas, a group of 35 former and current heads



ROSSANA LACAYO

PROGRAM DIRECTOR'S REVIEW

Sixteen years ago, the Americas Program was established during a time when promoting democracy through election observation became crucial. Many countries in the Western Hemisphere were in transition from authoritarian to civilian governments. Military rule ended in Chile, civilians took control of the Nicaraguan and Argentinean militaries, and strongman regimes in Paraguay and Panama were halted.

Today, most countries in the hemisphere have a democratic history, but many remain challenged by weak institutional checks and balances, corruption, economic turmoil, and public disenchantment over the failure of democratic governments to relieve poverty and inequality. The Americas Program now focuses on second-generation projects to prevent democracies from backsliding and to strengthen them.

Such is the case in Venezuela, where The Carter Center is working with the Organization of American States and the United Nations Development Programme to facilitate negotiations between the controversial government of President Hugo Chavez and opposition groups seeking to end his term early.

The Center also made bold strides to improve hemispheric relations, as President Carter became the first current or former U.S. president to visit Cuba since 1928. He called for the communist government to allow personal and political freedoms and urged the United States to end its economic embargo against the island nation. Looking toward the future, President Carter and Center staff initiated an ongoing dialogue with the citizens of Cuba and with Cuban-American groups eager to forge a new cooperative future.

—Jennifer McCoy, director

Left: Former Costa Rica President Oscar Arias Sanchez inspects ballots at a polling station in Managua.

of state from the Western Hemisphere. Council members give visibility to pressing regional issues, such as the need to strengthen democracy and promote economic cooperation among nations.

Former Council member Gonzalo Sanchez de Lozada, re-elected president of Bolivia in 2002, also has co-led Center election missions, to Jamaica in 1997 and Venezuela in 1998, and has been an active participant in major Council conferences at the Center.

“The Council is extremely important because it brings together the moral authority of ex-presidents who have been freely elected,” he said. “They finish their term of office with a good reputation and legacy and put it at the service of their countries and the hemisphere. They are people with contacts, experience, and influence.”

Council members will gather again at the Center in March 2003 for a conference on financing of campaigns and political parties. The Council’s concern about the continuing weaknesses of Latin American democracy also prompted previous conferences addressing challenges to democracy in the Americas and the need to fight corruption in the hemisphere.

Supporters of presidential candidate Daniel Ortega show the flag of the Frente Sandinista de Liberacion Nacional at a campaign rally in November 2001.

Highlights

The Center’s Americas and Conflict Resolution programs joined the Organization of American States and the United Nations Development Programme to help foster a dialogue between the opposition and the government of President Hugo Chavez following a failed coup in April 2002.

The Americas Program organized President Carter’s historic visit to Cuba in May 2002. The mission sought to overcome the impasse in U.S.-Cuba relations and initiated a dialogue with President Castro and the Cuban people.

A joint project by the Americas and Democracy programs to observe the 2001 Nicaragua elections helped to instill confidence among voters in the electoral process. The perceived politicization of the Supreme Electoral Council and inefficiencies in the administration of the elections had led many voters in the months before the election to question the process.

The program’s transparency project worked in Jamaica to inform the public debate about proposed laws on preventing corruption and enabling access to information. The program published a guide to these issues, sponsored seminars, and brought experts to advise the government and civic groups on how best to use these laws.



DANA STRINGER

Seeking new paths to peace

Every day, villagers find Mary Biba Philip sitting under a tree in the center of town. There, they share their host of problems with her, seeking her intervention and advice. As mayor of the town of Yei, in war-torn southern Sudan, Philip has her hands full, but she makes sure she sees everyone who wants to talk to her. Day in, day out, Philip is reminded of the effects on the people of Yei by the civil war that has raged for almost two decades.

“We want peace, peace that is born from grass roots so everybody will know it is their peace,” she said. “Then they will sustain the peace; they will own it so there will not be conflict or violence again.”

Philip has a distinguished status in southern Sudan as the only female local government official at the rank of mayor or higher. She doesn’t hesitate to criticize the use of child soldiers to the army generals who use them. Her outspokenness and prominence in the community led her colleagues to tap her to participate in a workshop in March on conflict resolution skills presented by The Carter Center.

Philip joined top officials from the rebel Sudan People’s Liberation Movement/Army, representatives from nongovernmental organizations, and local government officials in learning relevant skills, such as how to build a constituency, the role of mediators and how to communicate with them, and alternative dispute resolution methods.

“We learned how to negotiate to solve our conflicts,” Philip said. “Now we have the knowledge.”

The workshop, partnered with a parallel one presented by The Carter Center for the government of Sudan in Khartoum, prepared the parties for their participation in the Sudan peace talks convened in June 2002 by the Inter-Governmental Authority on

PROGRAM DIRECTOR’S REVIEW

As a nonpartisan, nongovernmental organization with access to world leaders and expertise in mediation, negotiation, and peace building, The Carter Center helps warring parties move from the battlefield to peace table, especially when official actors from governments or international organizations are unable to fill that role. The Conflict Resolution Program strives to permanently resolve political conflicts, addressing their deeper causes and mediating comprehensive agreements designed to realize the full possibilities of peace. The program then remains involved to ensure that the difficult task of implementation follows.

This past year, the Center continued to work with the governments of Sudan and Uganda as they pursued commitments made in the 1999 Nairobi Agreement mediated by President Carter and Conflict Resolution Program staff and witnessed by Kenya President Daniel Arap Moi to restore diplomatic relations and foster regional peace.

A new initiative also was undertaken in Venezuela, in conjunction with the Center’s Americas Program, to overcome the impasse between President Hugo Chavez and opposition leaders seeking a referendum on his administration. Program staff have participated in direct negotiations between the parties under the leadership of the secretary-general of the Organization of American States, Cesar Gaviria.

—Matthew Hodes, interim director



ALEX LITTLE

Mary Biba Philip, mayor of Yei, Rumbek, south Sudan, uses skills learned from The Carter Center to resolve conflicts. Philip is south Sudan's only female official to hold the rank of mayor.

Development, an East African body mandated to lead peace efforts in the country.

“The lack of civil society structure in southern Sudan lends itself to ad hoc governance methods and can lead to conflict,” said Alex Little, assistant project coordinator for the Conflict Resolution Program. “This training helped them to be better leaders and activists in their communities. The Carter Center gained a great deal of respect from the main actors in Sudan through these workshops. They saw that as dedication, and, in turn, they gave us their full attention.”

Highlights

In 2002, the program helped foster international support for a revitalized peace effort in Sudan and trained senior government and rebel leaders in negotiating skills and mediation techniques. The program provided advice to the Inter-Governmental Authority on Development, the East African body that convened Sudan peace talks.

In Venezuela, the Conflict Resolution Program and the Americas Program worked to advance dialogue between the government and the opposition. The Center provided technical guidance and mediation techniques on conflict resolution.

In Guyana, deep divisions along ethnic lines have stymied political and economic development and led to increased violence. In June 2002, the program led a workshop on conflict prevention techniques and analysis for Guyana's business, legal, and religious communities and nongovernmental organizations.

Throughout the year, the International Council for Conflict Resolution, a consortium of international scholars, practitioners, and diplomatic leaders who offer advice and assistance in resolving disputes around the world, continued its work following its launch in 2001. Council members provided advice to the program on issues, including disputes in Liberia and Venezuela, and hosted a series of small group symposia on intractable conflicts, using the Middle East and Kashmir as case studies.

Building peaceful and just nations



STEVE MAXWELL

Carter Center delegate John Harker observes voting in Sierra Leone's elections in May 2002.

As many young people leave Guyana for better opportunities, Rollin Tappin decided not to sit back and watch the exodus. Last year, he joined the 21st Century Youth Movement, a nonprofit organization working to improve the status and political access of youth across Guyana. Now, the 27-year-old and married father of two serves as the group's president. "I wanted to contribute in some way to the youth in Guyana," he said. "It's exciting, and we're going to make a difference."

Based outside the capital of Georgetown in the mining community of Linden, the Movement rose to prominence in 2000 when it successfully demanded the restoration of electricity in the town, which had been out for a month. Since then, it has organized a rally on HIV/AIDS awareness and fundraisers for future projects. The Carter Center is working with 21st Century Youth Movement to improve its capacity: strategic planning, proposal writing, publicity fundamentals, and fundraising. While the Movement

PROGRAM DIRECTOR'S REVIEW

The cornerstone of the Democracy Program is its international election observation. Multiparty elections allow citizens to determine their own future and provide the accountability essential to good governance. Center observer delegations have helped to safeguard those political freedoms in 44 elections in 22 countries, renewing hope for millions.

This past year, we saw the dawn of a new nation, East Timor, supported since 1999 in its quest for self-determination and independence from Indonesia. This nation's progress is a remarkable example of the constructive transitional support the international community can play in fostering democracy.

Countries often turn to The Carter Center because we are a neutral, nonpolitical, and nongovernmental organization. This is the case in China, where we continue under an unprecedented agreement with the Chinese Ministry of Civil Affairs to work with Chinese experts to assess rural village and township elections and design procedures to keep them open and competitive. We also have a reputation as an organization committed to long-term election observation, realizing that the electoral process begins long before citizens actually cast their votes and that postelection review is vital to confirming the results.

Beyond an election, a democracy needs its citizens to continue participating in the political life of their nation. The Democracy Program helps civil society—nongovernmental civic organizations—have a voice in their government and a vital role in deepening democratic institutions. Only societies built on democratic principles can hope for equality for all. —Charles Costello, director

Rollin Tappin, president of a nonprofit organization formed to help Guyana's youth become more involved in politics, learned planning techniques, proposal-writing, and other skills from Center staff.



KEN MOORE

has recorded some notable achievements, like doubling its membership, it needed to map a mission and long-term objectives.

Tappin and other Movement leaders took part in Carter Center workshops during the past year, an in-the-trenches training approach to all aspects of running and sustaining a nonprofit organization. "These skills help improve an organization's ability to represent its constituency," said Rachel Fowler, senior program associate of the Democracy Program. "Nongovernmental organizations, like the 21st Century Youth Movement, give citizens a clear way to contribute to local and national agendas." The Movement's successful efforts recently were recognized by the Guyana International Year of the Volunteer Committee. "We want to take what we've learned and train other organizations in Linden that weren't able to take part in the workshops," Tappin said. "We're giving something back to the community."

Highlights

President and Mrs. Carter traveled to China in September 2001 to open the International Symposium on Villager Self-government, sponsored by the Center. The Carters observed an election in the Jiangsu province and asked Chinese officials to move open and direct elections above the village level.

Following its observation of Zambia's contentious elections in December 2001, the Democracy Program worked with civil society groups and newly elected national legislators to improve their working relationships and channels of communication.

A small delegation of staff and observers to the Mali presidential election in April 2002 reported on a peaceful and highly competitive election, but noted significant administrative irregularities in the polling process.

East Timor celebrated its independence from Indonesia on May 20, 2002, the culmination of a three-year, Carter Center-supported process. The Democracy Program monitored the vote for independence in 1999, calling international attention to human rights violations. The final step, the April 2002 election of a president, was pronounced free and fair by the Center.

The Center was the only U.S.-based organization that monitored the Sierra Leone May 2002 elections, which observers found peaceful and relatively well-managed. The program noted the need for greater transparency in election rules and for improving voter registration and education.



VICTOR NYAMBE

A poll worker explains to a voter how to mark a ballot in Zambia's December 2001 presidential elections. Voters' thumbs were inked before the distribution of the first ballot paper.

Leading the call for sustainable development

More than one billion people live on less than a dollar a day, with the highest proportion of poor in sub-Saharan Africa, a region plagued with civil conflict, stagnant economies, and the spread of HIV/AIDS.

Poor countries struggling to promote economic growth and human development must design strategies that strike the right balance between sound domestic policies, foreign investment, and help from international aid agencies. Albania, Guyana, Mali, and Mozambique, where the Global Development Initiative concentrates its efforts, are examples of countries seeking to find the right strategy.

Presidents of three of those partner countries joined former U.S. President Jimmy Carter, former Secretary of the Treasury Robert Rubin, World Bank President James Wolfensohn, and United Nations Development Programme Administrator Mark Malloch Brown at the Carter Center's third Development Cooperation Forum in February 2002.

Citing increasing interdependence of developed and underdeveloped countries, forum participants said wealthy countries must provide greater aid and debt relief and create greater access to markets. On their part, the underdeveloped countries recognized the need to take bold steps to reduce corruption and use aid more effectively.

"Poverty brings about serious consequences to social and economic progress," said Mozambique President

Joaquim Chissano. "An important contribution by donor and developed countries for private sector development and for a sustainable reduction of aid dependence would be a further reduction of protective barriers against the exports of developing countries."

President Carter took that call to action to world leaders at the International Conference on Financing for Development in Monterrey, Mexico, in March 2002. He met with finance and development ministers from some 60 countries to discuss the need to achieve global human security through greater development assistance, debt relief, fair trade, increased foreign investment, and better managed domestic resources.

"The forum called attention to the urgent need to move beyond rhetoric



Guyana President Bharrat Jagdeo relates his country's development experiences at the 2002 Development Cooperation Forum.

and put into action a plan in which resources are fully committed," said President Carter. "The consensus of nations on how to fight global poverty has never been as strong as it is today."

PROGRAM DIRECTOR'S REVIEW

While the international community struggles with the issue of how to help developing countries, the unacceptable gap between the rich and poor continues, fueling hopelessness and conflict worldwide. Countries may find themselves at odds with international financial institutions placing conditions on aid. If these nations do not agree with strategies handed down to them by the international financial institutions or donors, there is little chance they will implement them. The Carter Center saw a need for countries to take the lead by preparing home-grown strategies to drive their own development agendas. The Global Development Initiative is helping four countries shape comprehensive political, economic, and social visions. Ultimately, democracy and human rights are strengthened by the process of drafting strategy, which incorporates the input of all sectors of society nationwide. Government and civil society are empowered, and the international community's focus shifts to providing an enabling environment for each nation's development by breaking down trade barriers, increasing debt relief, and promulgating internationally endorsed development goals.

—Edmund Cain, director



ALL PHOTOS 14, 15 ANNEMARIE POYO

(l to r): World Bank President James Wolfensohn, Mali President Alpha Oumar Konaré, President Jimmy Carter, Mozambique President Joaquim Chissano, Guyana President Bharrat Jagdeo, and former U.S. Treasury Secretary Robert Rubin discussed the relationship between developed and developing countries at the Center’s forum.

Highlights

The Global Development Initiative enabled unprecedented government and civil society collaboration in the formulation of Albania’s Poverty Reduction Strategy by supporting citizen access to research and public information, facilitating regional and national seminars on the strategy, and bringing together government officials and nongovernmental stakeholders to design public policy.

The program continues working with civic, business, and government leaders in Guyana to ensure parliamentary approval and implementation of the National Development Strategy. More than 200 Guyanese experts produced a draft of the document, which was finalized after a series of nationwide consultations to gain public input. Parliamentary approval of the strategy would help promote reconciliation in Guyana’s ethnically divided society.

The government of Mali invited the Center to work with the government and Malian civil society to strengthen democratic institutions needed to establish realistic, integrated development priorities and improve government coordination of development policies and projects.

Mozambique continues to rebuild its economy after almost two decades of conflict. The Center is the sole nongovernmental partner to Mozambique’s Agenda 2025 process, a national consensus-building initiative and development strategy process.



World Bank President James Wolfensohn paid tribute to the Center for its recognition of the crucial importance of country ownership of development programs.

A Trip Into History

Though only 90 miles apart, the United States and Cuba remain isolated from each other: no diplomatic or economic relationship; only a decades-long trade embargo imposed against the island nation. Seeking to urge reform on both sides, former U.S. President Jimmy Carter made a historic trip to Cuba in May 2002, becoming the first former or sitting U.S. president to visit there since 1928.

In an unprecedented gesture, Cuba President Fidel Castro offered President Carter the opportunity to address the Cuban people live on television and radio. Before an audience of senior government officials and scholars at the University of Havana, President Carter called on Cuba President Fidel Castro to improve human rights and allow greater civil liberties and upon the U.S. government to end its 43-year economic embargo.

During the week-long visit, President Carter, his wife, Rosalynn, Carter Center Executive Director Dr. John Hardman, Americas Program Director Dr. Jennifer McCoy, and Associate Director Dr. Shelley McConnell met Cuban people from all walks of life, established a dialogue with Castro and other government officials, and explored ways to ease tensions between the United States and Cuba.



President Carter, Mrs. Carter, and Cuba president Fidel Castro exchange greetings upon the Carters' arrival at Jose Marti Airport.

President Carter also called for the Varela Project petition to be published in the official newspaper so people could learn about the drive to hold a national referendum on legislative changes to guarantee rights such as freedom of speech and assembly, free elections, and free enterprise. More than 11,000 signatures were obtained and submitted to the National Assembly just days before President Carter arrived in Cuba.

Before the speech, few Cubans had heard about the project since it received no coverage by the state-owned media. After the trip, President Carter briefed members of the U.S. House and Senate, as well as President Bush. The Center will continue to maintain relations with the Cuban government and with the Cuban people.



Atlanta Journal-Constitution, Jan. 5, 2003

Carter's Cuba Speech Gives Dissidents Hope

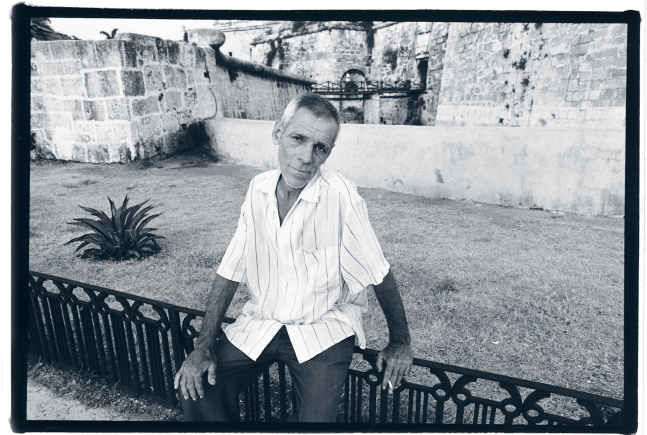
New York Times, May 12, 2002

Carter's Trip to Cuba Raises Many Hopes From All Sides

President Carter and Americas Program Director Jennifer McCoy met with Varela Project organizers.



ALL PHOTOS 16, 17 ANNEMARE POYO



"I saw his speech on TV. I think that he has tremendous courage. Of course, I would like to see the blockade end, but I think that Carter's visit is at least a good first step to opening humanitarian relations between our countries."

Cuban citizen in front of Castillo de la Real Fuerza in Old Havana



"I am glad that Carter came to Cuba. He can see that we are normal people; we have families; we love each other. I read his speech in the newspaper. I found him very eloquent, even in Spanish! I don't know if his visit will make a difference in my lifetime, but maybe for my grandchildren." Cuban grandmother

"The Varela Project work continues, now aided by committees all over Cuba that are gathering signatures and spreading the word about a petition few had heard of before Carter's speech," reported the Atlanta Journal-Constitution seven months after President Carter's trip. "He was able to do what none of us as Cuban citizens can do—give our opinions openly and freely," said Oswaldo Paya, another top Cuban dissident. "He gave a voice to those who have no voice... Now there is real hope."

EMILY HOWARD



A Guatemalan child steadies his hand to swallow a Mectizan tablet that will prevent him from getting river blindness like his mother did. "More precious than a diamond," says President Carter, is this medication bringing hope of a healthy and productive future to millions of people in the Americas and Africa.

Fighting disease

Preventable diseases afflict the neediest of people: the poor, isolated, and often forgotten people of the developing world. The impact of these diseases reaches far beyond the immediate victims. Children miss school days. Crops go untended. Entire villages struggle under the weight of disease and lost hope. The Carter Center works to advance the basic human right to health by sharing with people methods to prevent disease, increase crop production, and encourage mental health. When people see that they can transform their own lives, hope is born.

An end to Guinea worm disease, one village at a time

by Roger Phillips,
Nigeria program consultant



THE CARTER CENTER

Along a dry, dirt path through the yam fields near the Nigerian village of Etenyi, we followed a line of women, each carrying a basin on her head. Arriving at a small pond, we saw one elderly woman standing on the bank among a group of villagers. Out of her foot emerged the whitish first strand of a Guinea worm.

Quickly, we asked the woman to move away from the pond. “Anyone with Guinea worm must not come to the pond,” I said as Moses, the Nigerian field officer, translated for the villagers. “If she puts her foot in the water, anyone drinking this water risks getting the same disease.”

Guinea worm disease victimized 39 people in this village the previous month. Their open, infected sores and swollen ankles and legs kept them from participating in the planting season for yams—a critically important time for the village economy.

After discovering the disease here, we immediately distributed cloth filter pipes, which people wear around their neck and use for drinking water.

PROGRAM DIRECTOR'S REVIEW

Progress in the goal of eradicating Guinea worm disease received a significant boost in 2002 from a new health education initiative and increased attention from leaders of the most affected countries.

Voice of America radio began broadcasting messages from President Carter and several African leaders, speaking in their local languages, to alert listeners throughout Africa to their role in preventing Guinea worm disease. Key spokesmen in this massive public service campaign joined President and Mrs. Carter and others involved in the eradication effort at a March 2002 conference in Khartoum to mobilize resources and to increase determination to help Sudan rid itself of the disease. Sudan has most of the remaining cases of Guinea worm in the world.

Since The Carter Center began leading the global effort to eradicate Guinea worm disease, cases have been reduced by 98 percent worldwide from 3.5 million to fewer than 50,000 in 2002.

Among the four main Guinea worm messages broadcast by Voice of America—“Prevent It, Avoid It, Filter It, Report It”—reporting is key to containing the disease. Patients with the disease are being prevented from contaminating sources of drinking water and traveling anywhere until the emergent worms are pulled from their bodies. Eradicating the disease in Sudan is challenged not only by inaccessibility to war-torn areas of the south but also by infected people from there fleeing to the north.

Keeping the worm from migrating is as important as killing it where it lives.

—Ernesto Ruiz-Tiben, director

This day we had come to search out and treat ponds with the chemical Abate® to kill Guinea worm larvae.

One worried man asked, “Will the Abate kill the fish, too?” I assured him that would not happen, but his question prompted us to go to the village chief’s house to explain the work we were doing.

Once the chief understood our mission, he showed us a pond we had missed. Another discovery during this visit proved to be even more fortunate.

Near one road, we spotted a polyvinyl chloride pipe jutting up from the ground. When Moses dropped a small stone down the shaft, we heard the splash of water. With the installation of a \$300 pump, the two muddy ponds were no longer the area’s best source of water.

The village elders can hardly believe my assurances that all of these efforts may, within perhaps two years, end this crippling disease in Etenyi.

Abate® is a registered trademark of BASF Corp.



Boys use pipe filters to protect themselves from contracting Guinea worm disease, which breeds in stagnant pools of water.

Highlights

Since 1986, when the Carter Center’s efforts began, Guinea worm disease has been eradicated from seven of the 20 countries where the disease has been endemic. Four more countries—Benin, Ethiopia, Mauritania, and Uganda—nearly accomplished that goal in 2002.

Overall, the number of cases of the disease outside Sudan decreased to fewer than 11,000. Northern Sudan, largely outside the area where a two-decades-long civil war is still being fought, moved closer to eradication, with fewer than 50 indigenous cases reported.

More than 4,000 female Red Cross volunteers and four Peace Corps volunteers are working with Ghanaian and Carter Center experts to battle the disease in Ghana. Fifteen Guinea worm containment centers were designated in 2002 to treat victims and prevent transmission.

Nigeria, the second-most affected nation, reduced its number of incidences by 40 percent – “a drastic reduction,” in the words of former head of state General Yakubu Gowon. That has led, he says, to “a remarkable increase in the number of people who are now able to engage in farming and other economic activities.”



After Akouma endures 30 minutes of intense treatment, the emerging Guinea worm is almost 12 inches long. Slowly extracting the entire worm without breaking it can take weeks.

Charting a clear vision for preventing river blindness

Many swift-flowing mountain streams turn the generators of Guatemala's hydroelectric plants, supplying water for coffee plantation processing and for washing tanks and sluices, which separate out the good beans. These streams also breed black flies that transmit river blindness or onchocerciasis, a parasitic disease capable of blinding people.

Guatemala's health service is now fighting this centuries-old disease by recruiting many people, like plantation worker Jose Maria Pospar, to promote Mectizan treatment in their communities. Certified after 20 training sessions, Jose —wearing the program's distinctive shirt— educates fellow workers about the disease and encourages them to take the preventive medicine twice a year. Merck & Co. donates Mectizan® for this purpose.

"I wanted to be the first person here to take the medicine," he says, "because I had trouble seeing out of one eye. The medicine at first made my skin itch, but after I took it the second time, I could see clearly again." Nodules that broke out over his body from infection had to be surgically removed at first. Later ones disappeared after the medicine regimen built up his immunity.

Jose has seen people go blind from the disease. The most common complaints are blurred vision, excruciating sensitivity to sunlight, burning rashes, and ugly nodules on the body. Often, these problems keep adults from working and children from going to school.



PHOTOS LEFT, RIGHT EMILY HOWARD

PROGRAM DIRECTOR'S REVIEW

In July 2002, the Carter Center's River Blindness Program dispensed its 40 millionth Mectizan treatment—more treatments than any other nongovernmental organization working to combat onchocerciasis, a major cause of preventable blindness. Since its inception in 1996, the River Blindness Program has assisted ministries of health in 11 countries to dispense 44,205,747 treatments of the drug, provided free by Merck & Co. At least 123 million people in Africa and Latin America are at risk of contracting this disease, which is transmitted by flies breeding in fast-flowing rivers.

The Carter Center is the only organization battling river blindness in both Africa and the Americas—working in five of the 35 affected African countries and all six endemic countries in the Americas. Through its regional office in Guatemala City, the Center sponsors a partnership of agencies, whose goal is to rid the Americas of the disease and its transmission by 2007.

The misery caused by this disease results in severe economic consequences. In Africa, which accounts for 99 percent of river blindness, people have abandoned rich bottomland near fly-infested rivers over time to farm in less fertile areas. The potential to implement Mectizan treatment programs after successful peace negotiations has given The Carter Center another tool to use in halting conflict between warring parties. The strategy of "peace for health" has been used in Sudan in particular.

—Donald Hopkins, interim director

Highlights

A Carter Center conference on the eradicability of onchocerciasis in January 2002 concluded that river blindness cannot be eradicated globally using current tools and technology because of conditions specific to Africa. However, regional eradication of the disease in the Americas is possible if drug treatment can be given two times a year to at least 85 percent of those who need it. In Africa, where 99 percent of cases occur, annual administration of Mectizan indefinitely will keep onchocerciasis controlled so that it no longer poses a public health problem.

Five of the six Latin American nations in which river blindness is endemic—Brazil, Colombia, Ecuador, Guatemala, and Mexico—achieved the 85 percent semiannual treatment goal in 2001-2002. Venezuela’s program is receiving additional attention, and President Carter’s July 2002 visit to that country increased political support for the program there.

Carter Center-assisted work in Nigeria, the world’s most severely affected country, continued to exceed its annual treatment goal. In two states, Plateau and Nasarawa, river blindness treatments and health education were integrated with lymphatic filariasis and schistosomiasis programs.

Adding the river blindness program to the Center’s Guinea worm eradication efforts in Sudan gave warring parties another reason to set aside differences in order to combat health problems.



Distribution of the drug Mectizan and health education are key components in the fight to eliminate onchocerciasis, also called river blindness.

“Once other people realize the medicine works, they thank me. Some even ask for my advice about other health problems,” he laughs. “That makes me proud of what I’m doing. I’m grateful to the people responsible for this program and hope they keep coming until my children never have to worry about this disease. I believe that will happen in a very few years.

“The program has become better and better, with more literature and training,” Jose says. “It’s important for people who work hard and those who are poor to see that they receive support from the government.”



Joseph Bringi Racardo and his wife, Rosa, are both blind. A child from their village has offered to assist them on their way.

Mectizan® is a registered trademark of Merck & Co.

Latrine project battles trachoma

Flies are a real nuisance. Even in the most developed countries, flies annoy people. But in countries plagued by trachoma, such as the Republic of Niger, flies are much more than an annoyance. There, they transmit the world's most common preventable cause of blindness.

Villagers in rural Niger have long accepted eye disease and blindness as the inevitable fate for many; an act of God beyond their control. However, thanks to a program of the Niger Ministry of Health, implemented with technical support from The Carter Center and financed by the Conrad N. Hilton Foundation, they are learning that trachoma can be prevented through simple improvements in hygiene.

The Carter Center's resident technical adviser in Niger, Mr. Mohamed Salissou Kane, initiated the Zinder Latrine Project. Mr. Kane, an environmental engineer trained at Tulane University, accepted with pleasure the challenge of implementing a sustainable trachoma prevention project. He chose to begin in Zinder, the most trachoma-endemic region of Niger, where flies are an important carrier of trachoma and latrines are scarce. Latrines are important because they prevent the flies that carry trachoma from reproducing by removing their preferred breeding sites from the environment.

From February through December 2002, the project helped villagers construct more than 1,000 household latrines, which will help more than 7,000 villagers prevent blinding

Zithromax® is a registered trademark of Pfizer Inc.

FREYO



PROGRAM DIRECTOR'S REVIEW

In 2002, The Carter Center pushed the frontier of its efforts to control trachoma, the world's leading cause of preventable blindness, assisting to launch trachoma control programs in a sixth African country, Nigeria, as well as expanding and improving personal and environmental hygiene initiatives.

The Center began its Trachoma Control Program in 1998 thanks to a generous grant from the Conrad N. Hilton Foundation. In the next three years, the program assisted national and regional health authorities in Ghana, Mali, Niger, and Yemen in their trachoma control efforts. In 1999, the Lions-Carter Center SightFirst Initiative made it possible for the Trachoma Control Program to begin fruitful partnerships in Sudan and Ethiopia. Now, Nigeria has joined their ranks. It is significant that Nigeria is the first country in which all five of the Center's infectious disease programs are operating, demonstrating how programs can be integrated and grow from strength to strength.

Now the challenge is for the Center's Trachoma Control Program to reach the same level of success our other programs have already achieved and prevent this terrible, blinding disease. The most important and encouraging fact about trachoma is that it can be prevented through simple hygiene. The Carter Center has focused on hygiene education initiatives, now reaching thousands of villages in seven countries. In addition, the Center assists some partner trachoma control programs to import and deliver antibiotics, including Zithromax® donated by Pfizer Inc., and to help train and equip eye surgeons to correct deformed eyelids.

— Jim Zingeser, director



THE CARTER CENTER

trachoma, and it trained dozens of sanitary technicians, as well as village masons and hygiene education volunteers. The Carter Center supplies essential tools, including building and educational materials, while beneficiary homeowners assist in the project. The project plan is to recruit 30 new villages

each year in Zinder and expand similar projects to adjoining regions in 2003.

Salissou Kane and his team already have had success motivating villagers to improve hygiene and sanitation in their villages. “People want to get rid of this affliction so desperately,” he says, “that once they understand what

we’re doing, many will build their own latrines rather than wait for us to get to them.”

Facial cleanliness and personal hygiene are important components of the program, but commercial soap is prohibitively expensive. To solve this challenge, the project teams teach women how to make their own soap in the traditional way, using local ingredients: millet stalks, ashes, and animal fat.

Salissou Kane is encouraged by the early successes of the Latrine Promotion Project. “I’m pleased to be able to help reduce suffering from parasitic diseases and prevent blindness,” he says. “I know the project is having an impact, because other villages are asking how to get started.”

Highlights

The Center, working with Lions International and local Lions Clubs, helped Ethiopia’s Amhara Health Bureau double the number of surgeons trained to do trachoma-related eye surgery. The 16 surgeons performed more than 3,500 of these operations in 2002. In Sudan, nearly 900 such surgeries were done. Ethiopia’s Trachoma Control Program also trained 129 health workers and 220 village volunteers in community health education.

Encouraged by the Sudan Trachoma Control Program’s success in delivering oral Zithromax treatments as part of their SAFE strategy to control blinding trachoma, the International Trachoma Initiative significantly increased Pfizer’s donation to the program.

The Carter Center’s office in Nigeria assisted the state ministries of health of Plateau and Nasarawa states to launch trachoma control activities in 2002. Operations research established baseline information on the prevalence of trachoma in these states as well as important sociological data. These studies will be the foundation for building pilot programs in each state in 2003.

Salissou Kane, resident technical adviser for the Center’s Nigerien Trachoma Control Program, demonstrates how a new latrine is covered. Latrines improve community hygiene and sanitation, reducing the number of flies that transmit the disease.



JIM ZINGESER

Lymphatic filariasis elimination program doubles its reach

One of the world's most hideously disfiguring diseases, lymphatic filariasis—often called elephantiasis—is also one of the six deemed to be potentially eradicable. Lymphatic filariasis affects 120 million people, and more than 20 percent of these cases exist in Nigeria.

The Carter Center has focused its attack on lymphatic filariasis in this most populous African country by taking advantage of the health care delivery system it helped establish there to combat river blindness. Mectizan, one of the two drugs used to prevent lymphatic filariasis, is also effective against river blindness. For 2002, the Center's Lymphatic Filariasis Elimination Program challenged itself in Plateau and Nasarawa states to expand beyond areas where the Center has so successfully combated river blindness to treat twice as many people for lymphatic filariasis. More than 1.2 million were treated in 2002.

Health workers escalated education efforts to overcome community misconceptions about the disease. People were well aware of the symptoms: grotesquely swollen arms, legs, breasts, and genitals. Few knew, however, that mosquitoes breeding in stagnant waters caused this condition by transmitting parasitic worm larvae.

Health education emphasizes that the cause of lymphatic filariasis is people who infect mosquitoes, which go on to infect other people. Elimination requires annual administration of the drugs Mectizan and albendazole. The annual treatment prevents the disease from spreading and eliminates it in the next generation.

The effort prompted the head of Nigeria's program, Dr. M.Y. Jinadu, to remark in a keynote address at an August technical program review meeting: "The Nigerian government's collaboration with (the Center's) Global 2000 Program in controlling lymphatic filariasis is...the best organized, most

detailed, and most successful mass drug administration in the world." She added proudly, "Ninety-five percent of Global 2000 field collaboration has been purely Nigerian, with the international flavor serving as a check and balance."

Donald Hopkins, interim director



FRANK RICHARDS

Highlights

Working in the Nigerian states of Nasarawa and Plateau, the Center's Lymphatic Filariasis Elimination Program expanded its targeted base from 12 to 24 districts in 2002.

The goal for 2003 is to treat 3.6 million people and to expand operations to the entire population of the two targeted Nigerian states. A key criterion of the program's success will be demonstration of the absence of infection in children born in the districts being treated.

The Carter Center received funding from the Bill and Melinda Gates Foundation to support this project. Merck & Co. and GlaxoSmithKline have donated the medicines being used.

In Nigeria alone, it is estimated that 25 million people—about 22 percent of the population—are infected with lymphatic filariasis, although an estimated 80 million will have to be treated to assure eradication of the disease.

New hope for controlling schistosomiasis

About 20 million people suffer the most devastating effects of schistosomiasis—damage to the kidney, bladder, and other organs, which sometimes leads to cancer. Ten times that many in tropical countries are infected by this second most prevalent parasitic disease, after malaria. School-age children are most affected and often urinate blood.

Prevention sounds simple: Administer a tablet called praziquantel and teach people to stop spreading the disease by urinating in water where villagers bathe and swim. The problem is how to secure the millions of tablets needed as well as support for extensive health education and training.

An estimated 23 million Nigerians, including 7.7 million children, need to be treated—probably more people than in any other country. The Carter Center hopes that the schistosomiasis control program it assists in two Nigerian states will kick-start an overdue effort to combat the disease in all of Nigeria and the rest of Africa. The Center actively is encouraging other nations and agencies to address the disease.

While assisting treatment and health education in two Nigerian states, the Center is assessing other areas to determine where there's need for similar programs. In a further effort to minimize funding requirements, a study was done to demonstrate the efficiency and effectiveness of integrating schistosomiasis and lymphatic filariasis treatment programs with the ongoing River Blindness Program. The study concluded that a significant number of people in 90 percent of the villages

being treated for river blindness carried the two other diseases.

This impact is clear in northern Nigerian villages where the program is treating schistosomiasis. Treated adults are able to work and school children are better nourished and better able to concentrate on their studies.

Donald Hopkins, interim director

Highlights

In some cases, where initially more than 80 percent of children had blood in their urine from schistosomiasis, two years of treatment have reduced this to less than 5 percent.

The Carter Center-assisted Schistosomiasis Control Program in the Nigerian states of Nasarawa and Plateau in 2002 nearly tripled its distribution of the treatment drug praziquantel, treating about 128,000 people. Since its 1999 launch, the program has distributed more than 200,000 treatments. One dose of this drug each year is needed to control the disease.

The Carter Center will assist in treating about 203,000 people in 2003.

A recent study led by The Carter Center concluded that integrating schistosomiasis and lymphatic filariasis programs with the River Blindness Program presents an important opportunity to expand these mass treatment programs with less costly administration. As an additional benefit, distributing treatments for these diseases can reduce infection of 11 other parasitic diseases.



J.D. SCOTT



FRANK RICHARDS

Better grain grows healthier children in Ghana

CHRIS DOWSWELL



Yaa Agyeiwaa, a single mother with three young children, had seen two other children of hers die from malnutrition before meeting a nutritionist representing the Carter Center’s Sasakawa/Global 2000 Agriculture Program. That meeting eight years ago in her village of Sekyadomase, Ghana, marked a dramatic turnaround in Yaa’s life.

SG2000 brought two initiatives to Yaa’s village. First, she received credit to purchase fertilizers and maize seed for her one-acre farm. That first-time credit enabled her to cover all her land with seed—and not an ordinary seed at that. SG2000 was introducing a seed called quality protein maize that would produce grain with significantly higher nutritional value.

The nutritionist, Abenaa Akuamo-Boateng from Ghana’s Ministry of Health, taught Yaa and other mothers how to use the grain to make an improved infant weaning food. “Quality protein maize has 90 percent of the nutritive value of milk, which poor people can’t afford,”

Abenaa says. “Yaa was excited to know that this food might make her remaining children healthier. She thought she had to be wealthier to provide better food.”

Yaa was about to become much better off, if not wealthy. Her planting yielded three times more grain than

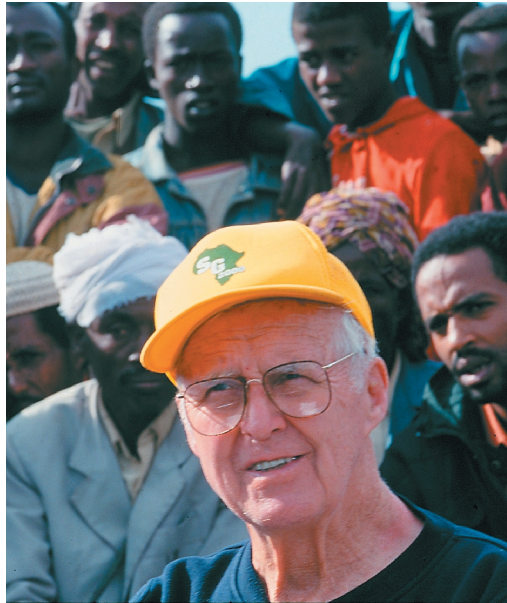
PROGRAM DIRECTOR’S REVIEW

Drought challenged the best efforts of the Carter Center’s Agriculture Program in a world that sees 40,000 deaths a day due to malnutrition. Hope for the future lies in the increasing number of small-plot farmers who are learning how to increase crop production from techniques taught by an alliance of the Center and the Sasakawa Africa Association, working with ministries of agriculture in nine sub-Saharan African countries. Since the program’s inception in 1986, more than four million farmers in 15 African countries have been trained in agricultural techniques adapted to their environment.

Expansion in the production of a more nutritious corn, called quality protein maize, has been particularly significant. Another partner, the International Maize and Wheat Center based in Mexico, promotes the expanded use of QPM. Nearly 2.5 million acres worldwide are now under quality protein maize cultivation.

Increased production has turned SG2000’s attention to improving storage of the grain, stabilizing prices farmers receive, increasing required cooperation, and promoting marketability. Studies showing the grain’s superior nutrient quality have stimulated wider use as infant food and animal feed.

Strengthening countries’ extension services to assist and educate farmers will enable the program to expand, direct more resources to such postproduction issues, and increase quality protein maize use. — Ernest Sprague, director



Nobel laureate Dr. Norman Borlaug leads SG2000, which helps farmers in Africa grow more food for their families.

she'd ever produced—enough to feed her family well into the next harvest. Other women participating in this SG2000 demonstration program eventually earned enough from their crops to start a small batik cloth factory.

Last year, a government official visiting the village was so impressed with the farmers' success and their children's health, he invited Yaa and a few other women to be honored at the annual National Farmers' Day in the nation's capital on the coast.

"It was an unbelievable time for Yaa," Abenaa recalls, "meeting top people in government, seeing the ocean for the first time, and telling her story to the newspapers. She was joyful for the opportunity to explain to other mothers how they could better feed their children and keep them healthy."

Highlights

Ethiopian farmers, using SG2000 techniques and helped by good rainfall, showed dramatic improvement in their agricultural production. The country's goal of a 40 percent increase in crop yield by 2005 was achieved with the 2002 harvest. An SG2000-sponsored conference on quality protein maize in that country prompted an increase in demonstration plots growing this more nutritious grain and stimulated greater interest in Eastern and Southern Africa.

Kenya completed a study showing that quality protein maize is more resistant to weevil infestation than conventional maize.

A Ghana study demonstrated that infants between four and nine months old who were fed a quality protein maize-based weaning food were bigger; had a lower incidence of diarrhea, malaria, and other diseases; and recovered from illness more quickly than infants fed on traditional maize gruel. As the primary measure, stunted growth was half as frequent among the quality protein maize children.



SG2000 created a fulltime position to direct the expanded use of quality protein maize. Dr. Wayne Haag, country coordinator in Mozambique, agreed to direct the effort.

SG2000 and the International Fertilizer Development Center have entered into a partnership to address soil fertility issues in Africa to continue to increase production.

Rural banks and other funding sources in Ghana have achieved 100 percent recovery of loans to farmers participating in SG2000 programs. The loans are linked to farmer commitment to SG2000 techniques, including specified seed, fertilizer, and herbicides.

Training initiative fills gaps in Ethiopia's rural health care

Ato Kebede Farris is one of the more fortunate Ethiopians. He has lived well beyond the country's average life expectancy of 41 years. More than that, Professor Farris is playing a key role in an initiative aimed at helping succeeding generations live longer and healthier lives.

One-fifth of Ethiopia's children die before their fifth birthday, due to easily treatable diseases such as diarrhea, measles, malaria, and respiratory infections. The problem is that less than half of the rural population has access to basic health services, and more than 85 percent of the people live in rural areas.

That problem is diminishing, thanks to the Ethiopia Public Health Training Initiative, which The Carter Center helped the country launch in the mid-1990s. Dr. Dennis Carlson, who has spent more than 45 years of his career in Ethiopia, brought together Ethiopian health science faculty from the four rural universities and international experts to increase and improve the training of service providers to 500 new health care centers the government committed to set up across the country.



Highlights

The Ethiopia Public Health Training Initiative was first guided by Dr. Dennis Carlson, senior consultant to The Carter Center, and has now gained its first director, Joyce P. Murray, Ed.D., R.N., FAAN. Dr. Murray is a professor of nursing, Nell Hodgson Woodruff School of Nursing, Emory University, and president-elect of the National League for Nursing.

The initiative progressed in all three of its objectives: strengthening college teaching capabilities in the classroom and the field; developing curriculum materials to meet the special learning needs of Ethiopia's health center workers; and improving continuous learning by providing journals, textbooks, and lab equipment.

Eight teaching modules have been completed, covering malnutrition, malaria, diarrhea, pneumonia of children under age five, tuberculosis, HIV/AIDS, measles, and trachoma. Extensive lecture notes also have been prepared.

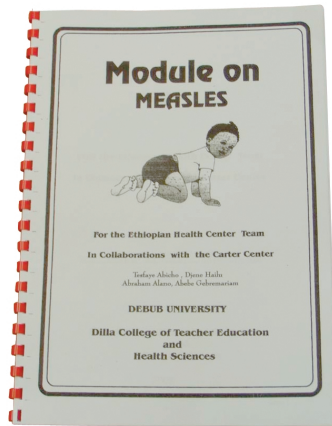
More than 800 textbooks, 60 journal subscriptions, and, most recently, badly needed office and lab equipment have been purchased for schools involved in the initiative.

“We have good teachers in our four colleges, but we need to train many, many people to do the basic work of a community health center,” recalls Professor Farris, dean, public health faculty, Jimma University. “We had no standardized material to do that kind of training even if we could recruit enough people to train.”

Professor Farris speaks proudly of how the Ethiopian health science faculty have come to agreement on training needed for Ethiopia’s health challenges and their work in completing learning modules, lecture notes, and practice manuals for an increasing number of health services. “The workshops brought us together and made us one in taking on the challenge,” he says.

Concern that the initiative would be unable to include the numbers needed to improve the education and

practice of health officers, nurses, environmental sanitarians, and medical lab technicians has decreased as he observes the work of graduates from the colleges and universities. “We take students to the several health centers near the university, and we practice with them there in providing care,” he explains. “I see how well they do, and I see better service in these centers every time I go.”



Joyce Murray, director

The initiative seeks to strengthen teaching capacities, develop educational materials, and improve learning environments—all specific to Ethiopia’s needs.



LEFT, RIGHT LAURA LESTER

Teen troubles find forum in award recipient's magazine

“Young people need to know they’re not alone with mental illnesses or self-esteem issues.”

“To anyone who’s struggling with depression, don’t give up. I’m proof that it’s possible to beat it.”

Readers comments such as these appear frequently in *Tearaway*, a unique New Zealand publication for young people. Its publisher, John Francis, recently opened a section of his magazine “to give teens a forum for bringing out their natural tendency to be there for each other,” he says, “to care for and learn from each other.”

John received a Rosalynn Carter Fellowship for Mental Health Journalism a year ago. Support from the fellowship enabled him to expand his magazine’s focus on issues that trouble teens, through a regular feature called “Body, Mind, Spirit.”

A suicide survivor from his own teen years, John long had thought of committing space to concerns such as family and societal violence, dysfunctional family life, feelings of inadequacy, and unwanted pregnancy. “But,” he says, “we have such a small staff, I have to spend a lot of time on the daily business of making the publication commercially viable. This award put a rocket under me to do something about the idea.”

As a journalist, John Francis plays an important role in shaping public understanding of mental health issues. The Rosalynn Carter Fellowships for Mental Health Journalism support his efforts and those of others.



PROGRAM DIRECTOR'S REVIEW

The Carter Center’s Mental Health Program has increased attention to earlier intervention and improved mental health services for children. This focus sharpened with the 17th annual Rosalynn Carter Symposium on Mental Health Policy in November 2001 and advanced to the international stage with Mrs. Carter’s participation in the Second World Conference on the Promotion of Mental Health and the Prevention of Behavioral Disorders last September in London. She chaired a panel discussion on the mental health effects of mass violence.

The Atlanta symposium revealed that one in 10 adolescents exhibits significant mental health impairment, but only half of them receives treatment. Presenters at the symposium will use input from participants to develop a list of key indicators for mental illnesses that parents, doctors, teachers, and others can use to identify children for further evaluation.

As honorary chair for World Mental Health Day 2002, Mrs. Carter issued a letter calling attention to the effects of violence and trauma on children.

—Thomas Bornemann, director



Highlights

For the first time, two journalists from outside the United States received 2001-2002 Rosalynn Carter Fellowships for Mental Health Journalism. Two New Zealanders and seven Americans received stipends to study a mental health issue and report on it through print or broadcast media. The program's intent is to reduce the stigma of mental illnesses by increasing public understanding.

The Rosalynn Carter Chair in Mental Health was established at Emory University's Rollins School of Public Health. The chair, held by Dr. Benjamin Druss, is the first of its kind in a school of public health nationwide.

Dr. Thomas Bornemann joined The Carter Center in August 2002 as director of its Mental Health Program. Dr. Bornemann was senior adviser for the World Health Organization's Department of Mental Health and Substance Dependence and recently retired as assistant surgeon general from the U.S. Public Health Service.

Dr. David Satcher, former U.S. surgeon general, joined the Center's Mental Health Task Force in September 2002. The task force works to identify significant mental health issues and assemble constituencies to develop initiatives to reduce discrimination against people with mental illnesses.



Former First Lady Rosalynn Carter works with many partners in the fight to reduce stigma and discrimination against people with mental illnesses.

Tearaway is a New Zealand-Australian term for rebel, someone who “tears away” from ordinary experience. That may suggest the publication appeals to a fringe element; however, surveys show readership reaches 43 percent of the country’s teens.

Unlike other magazines for teens, “We speak more to the head and the heart, rather than to hormones,” John says. “Mainstream adult media, on the other hand, tend to condemn youth behavior while exploiting them as consumers.”

“I think teens are more tolerant of mental problems than adults are,” John contends. “They mix with a greater range of people every day — at school and parties — often with people who struggle with coping. They understand, and they want to help.

“Meeting the Carters and others who are having a positive influence on the world motivated me to want to do more of the same. And I believe my readers want to do that as well.”

A message about our donors

More than half a million donors have provided support to The Carter Center over the past two decades.

In fiscal year 2001-02, more than **150,000 donors** contributed a total of **\$82 million** to The Carter Center in cash, pledges, and in-kind gifts. These supporters included individuals, corporations, foundations, foreign governments, U.S. agencies, and international organizations.

Several generous gifts contributed to the Center's health and peace programs this year. **The W. K. Kellogg Foundation** pledged more than \$239,000 in support of the Global Development Initiative's Development Cooperation Forum. In-kind support from textile company **Vestergaard Frandsen** has helped provide filter cloth for use in the Guinea Worm Eradication Program in Ghana, Mali, and Cote d'Ivoire for the past three years. **The William and Flora Hewlett Foundation's** most recent pledge of \$400,000 supports the Conflict Resolution Program.

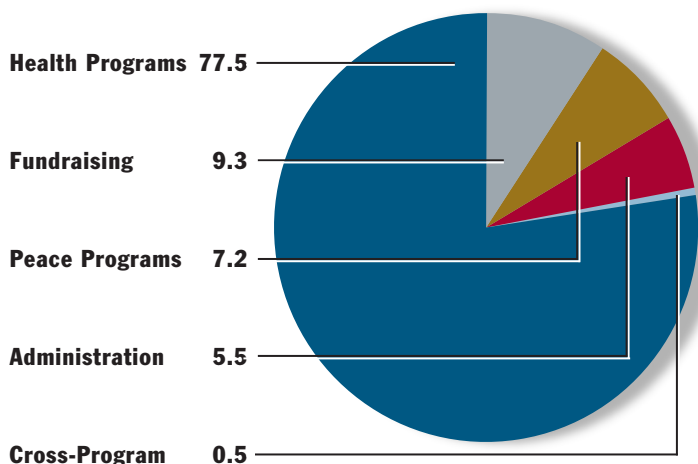
Longtime partners of the Center include many governments. **The Government of The Netherlands** has been an important donor to the Center, with more than \$7.1 million in grants since 1991. Recent contributions include \$2 million in support of the Guinea Worm Eradication Program and \$565,000 toward conflict resolution in Sudan and the Zambia elections. **The Government of Norway** has been a major supporter of the health and peace programs with gifts totaling more than \$3 million since 1989, including recent contributions to the Democracy Program for work in Zambia and the Global Development Initiative's Development Cooperation Forum.

Individual donors also provide vital contributions to the Center. "The Center's impact is both immediate and far-reaching: It provides direct help and services to many thousands of people around the globe, while also using its influence to promote human rights, democracy, and world health," says **Paul Francis**, managing partner of the Cedar Street Group. Mr. Francis is a major donor to the Center, giving support to both programs and the Endowment.

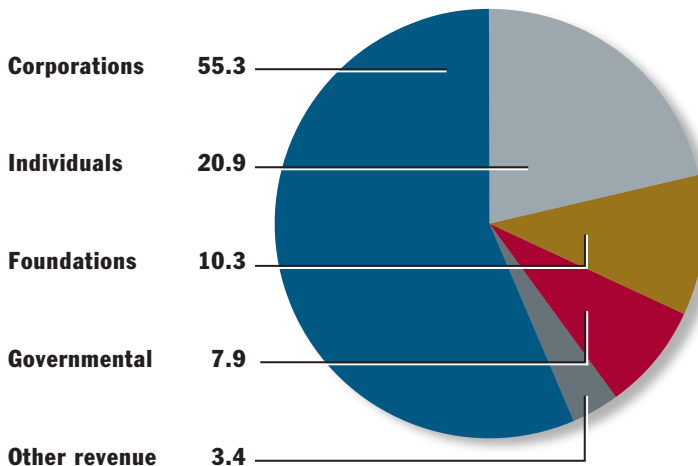
Dr. Willa Dean Lowery is an Ambassadors Circle and a Legacy Circle member who has named the Center as a beneficiary of her charitable remainder unitrust. For Dr. Lowery, "There's no greater legacy than the promotion of peace and the eradication of disease. The Carter Center affords me the opportunity to be a partner in that legacy."

Through the generosity and commitment of donor partners, The Carter Center continues to wage peace, fight disease, and build hope around the world.

Total Expenses as a Percentage: Fiscal Year 2001/2002



Sources of Support as a Percentage: 2001/2002



Note: Governmental revenue includes United States and foreign governments as well as multilateral organizations. Investment revenue is excluded from the above graph.

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Council of Presidents and Prime Ministers of the Americas

Established in 1986, the Council of Presidents and Prime Ministers of the Americas is a group of current and former heads of government from throughout the Americas. The Council's goals are to reinforce democracy and trans-

parency in the Americas, help resolve conflict in the hemisphere, and advance regional economic cooperation and freer trade. The Council has been a pioneer in mediating and observing elections.

Members

Jimmy Carter
Chairman of the Council
Former President of the United States of America (1977-81)

Said Musa Prime Minister of Belize (1999-present)

P.J. Patterson
Prime Minister of Jamaica (1992-present)

Arthur Robinson
President and Former Prime Minister of Trinidad and Tobago (1997-present, 1986-1991)

Raúl Alfonsín
Former President of Argentina (1983-89)

Nicholás Ardito-Barletta
Former President of Panama (1984-85)

Oscar Arias Sánchez
Former President of Costa Rica (1986-90)

Patricio Aylwin Azocar
Former President of Chile (1990-94)

Belisario Betancur
Former President of Colombia (1982-86)

Rafael Caldera Former President of Venezuela (1969-74, 1994-99)

Armando Calderón Sol
Former President of El Salvador (1994-99)

Rodrigo Carazo Former President of Costa Rica (1978-82)

Fernando Henrique Cardoso
Former President of Brazil (1995-2002)

Vinicio Cerezo Former President of Guatemala (1986-90)

Violeta Barrios de Chamorro
Former President of Nicaragua (1990-96)

Joseph Clark Former Prime Minister of Canada (1979-80)

John Compton Former Prime Minister of St. Lucia (1987-96)

Leonel Fernández Reyna
Former President of Dominican Republic (1996-2000)

Gerald Ford Former President of the United States of America (1974-77)

Eduardo Frei Former President of Chile (1994-2000)

Oswaldo Hurtado
Former President of Ecuador (1981-84)

Luis Alberto Lacalle
Former President of Uruguay (1989-94)

Jamil Mahuad Witt
Former President of Ecuador (1998-2000)

Carlos Saúl Menem
Former President of Argentina (1989-1999)

Alfonso López Michelsen
Former President of Colombia (1974-78)

Valentín Paniagua
Former president of Peru (2000-2001)

Carlos Andrés Pérez
Former President of Venezuela (1974-79, 1989-93)

Ernesto Pérez Balladares
Former President of Panama (1994-99)

Carlos Roberto Reina
Former President of Honduras (1994-98)

Miguel Angel Rodríguez
Former President of Costa Rica (1998-2002)

Lloyd Erskine Sandiford
Former Prime Minister of Barbados (1987-94)

Julio María Sanguinetti
Former President of Uruguay (1985-89, 1995-99)

Edward Seaga
Former Prime Minister of Jamaica (1980-88)

Juan Carlos Wasmosy
Former President of Paraguay (1993-98)

Ernesto Zedillo Ponce de León Former President of Mexico (1994-2000)

Emeritus Members

George Price Former Prime Minister of Belize (1981-84, 1989-93)

In Memoriam

Errol Barrow Former Prime Minister of Barbados (1966-76, 1986-87)

Fernando Belaúnde Terry
Former President of Peru (1963-68, 1980-85)

Ramiro de León Carpio
Former President of Guatemala (1993-96)

Michael Manley Former Prime Minister of Jamaica (1972-80, 1988-92)

Daniel Oduber Former President of Costa Rica (1974-78)

Pierre Trudeau Former Prime Minister of Canada (1968-79, 1980-84)

International Task Force for Disease Eradication

Notable scientists and organizations come together in this Carter Center task force to evaluate the potential for eradicating infectious diseases. The task force met from 1988 to 1992 and was reconvened in 2001 with support from the Bill & Melinda Gates Foundation. It

reviews progress in disease eradication, reviews the status of selected diseases, and recommends opportunities for eradication or better control of diseases such as Guinea worm disease, river blindness, lymphatic filariasis, schistosomiasis, and measles.

Donald R. Hopkins
M.D., M.P.H. (Chair)
Associate Executive Director
The Carter Center

Sir George Alleyne
M.D., F.R.C.P.
Former Director
Pan-American Health
Organization

Dr. Yves Bergevin
Chief of Health –
Programme Division
UNICEF

Dr. Mariam Claeson
Lead Public Health Specialist
Health, Nutrition and
Population, The World Bank

Julie Gerberding
M.D., M.P.H.
Director, Centers for Disease
Control and Prevention

David L. Heymann
M.D., Executive Director
Communicable Diseases
Cluster, World Health
Organization

Jeffrey Koplan
M.D., M.P.H.
Former Director, Centers
for Disease Control
and Prevention
Vice President for Academic
Health Affairs, Emory
University

James Lovelace
Former Director
Health, Nutrition and
Population
The World Bank

Adetokunbo Lucas
M.D., Professor of
International Health
Nigeria

David Molyneux
Ph.D., M.A., Director
Lymphatic Filariasis Support
Centre, Liverpool School of
Tropical Medicine

Dr. Mirta Roses Periago
Director, Pan-American
Health Organization

Mark L. Rosenberg
M.D., M.P.H.
Executive Director
Task Force for Child Survival
and Development

Harrison Spencer
M.D., M.P.H., D.T.M.&H.
President and CEO
Association of Schools of
Public Health

Dyann Wirth, Ph.D., M.A.
Professor of Immunology and
Infectious Diseases
Harvard School of Public
Health, Director of Harvard
Malaria Initiative

Yoichi Yamagata
Ph.D., M.Sc., Senior Adviser
Institute of International
Cooperation
Japan International
Cooperation Agency

Mental Health Task Force

Chaired by former First Lady Rosalynn Carter and supported by the John D. and Catherine T. MacArthur Foundation, the Mental Health Task Force focuses on mental health policy issues. It develops initiatives to reduce stigma and discrimination against people with mental illness; seeks equity for

mental health care comparable to other health care; advances prevention, promotion, and early intervention services for young children and their families; and works to increase public awareness and stimulate actions about mental health issues.

Rosalynn Carter
Chairperson

Renato D. Alarcon, M.D.,
M.P.H., Consultant, Mayo
Clinic; Medical Director,
Teaching Unit, St. Mary's
Hospital/Mayo Medical Center

William R. Beardslee, M.D.
Psychiatrist-in-Chief, Gardner
Monks Professor of Child
Psychiatry, Harvard Medical
School

Carl C. Bell, M.D., FAPA,
FAC.Psych., President and
CEO, Community Mental
Health Council, University
of Illinois

Mary Jane England, M.D.
President, Regis College

Jack D. Gordon, President
Hospice Foundation of
America

Jeffrey Houpt, M.D.
Dean and Vice Chancellor
for Medical Affairs, School of
Medicine, University of North
Carolina, Chapel Hill

Larke Nahme Huang, Ph.D.
Director of Research/
Evaluation and Senior Policy
Associate, Georgetown
University Child Development
Center

Ethleen Iron Cloud—Two Dogs
M.S., Project Director, NAGI
KICOPI (Calling the Spirit
Back), Children's Mental
Health Services

Nadine J. Kaslow, Ph.D.
ABPP Professor and Chief
Psychologist Department of
Psychiatry and Behavioral
Sciences, Emory University
School of Medicine

Sally Engelhard Pingree
Trustee, The Charles
Engelhard Foundation;
Member, The Carter Center
Board of Trustees

David Satcher, M.D., Ph.D.
Surgeon General of the
United States, and Assistant
Secretary for Health and
Human Services, 1994-2001;
Director, National Center for
Primary Care, Morehouse
School of Medicine

Leslie Scallet, J.D.

Cynthia Ann Telles, Ph.D.
Assistant Clinical Professor
Department of Psychiatry
and Biobehavioral Sciences
The University of California
at Los Angeles School of
Medicine

Ex-Officio Members

Thomas Bryant, M.D., J.D.
Chairman, President's
Commission on Mental
Health, 1977-78; Chairman,
Non-Profit Management
Associates, Inc.

Kathryn Cade, White House
Projects Director for First
Lady Rosalynn Carter,
1977-80

Ronda Talley, Ph.D.
Executive Director, Rosalynn
Carter Institute for Human
Development

Fellows

William H. Foege, M.D.,
M.P.H., Presidential
Distinguished Professor
Rollins School of Public
Health, Emory University

Julius B. Richmond, M.D.
John D. MacArthur Professor
of Health Policy, Emeritus
Harvard University

Internships

Whether they choose to work in a peace or health program or in operations, Carter Center interns enhance academic study with practical, enriching experience. Through this internationally recognized program, undergraduate juniors and seniors, recent graduates, and graduate and professional students can pursue their numerous interests in compelling global issues.

Carter Center interns spend a minimum of 20 hours per week for 15 weeks focusing on a broad range of duties—weekly projects, long-term assignments, office administration, and cross-programmatic activities. An intern in the health area might produce a map of disease patterns in a developing country. Global Development Initiative interns regularly monitor and report on countries struggling for sustainable development. An intern in Conferencing and Special Events works with every program and department and with outside clients to execute high-level, high-profile events. Research, writing, and communication are stressed Center-wide.

The program has been a vital component of The Carter Center since its inception 20 years ago. More than 1,700 students have participated in every program of The Carter Center. Limited summer graduate assistantships and other intern stipends are awarded when available.

Peter Mather, director

Thirty-five spring 2002 interns represented 20 colleges and universities and 10 countries. Collectively, they spoke 21 languages: Arabic, Azerbaijani, Bulgarian, Chinese, Creole, Dutch, French, German, Hindi, Italian, Japanese, Korean, Latin, Lithuanian, Macedonian, Russian, Shona, Spanish, Swahili, Turkish, and Urdu.



Voices

“I have learned more about global politics in two months than I learned in four years of college. My appreciation for and interest in Africa especially have been stimulated by the people I’ve met here at the Center.”

Caroline Branch, Pasadena, Ca., Conflict Resolution Program

“I more and more realize the power of nongovernmental organizations. As I can see, with the help of the Center’s China Project, the villager committee elections in China have started to blossom.”

Xinsong Wang, Beijing, China, China Village Elections Project

“The forum on development that took place here made me realize the importance of communication in international affairs. Without it, no conflicts could be resolved, no agreements could be made, and no issues could be resolved. It is important to understand other countries’ cultures in order to resolve manageable issues.”

Agnes Chaudron, Paris, France, Democracy Program

“Throughout the history of the intern program, President and Mrs. Carter and the Center staff have committed to offering an experience that will enhance skills and knowledge and foster future contributions to humanitarian principles.”

Peter Mather

The Carter Center, Inc.

Financial Statements

August 31, 2002 and 2001

(With Independent Auditors' Report Thereon)

Independent Auditors' Report

The Board of Trustees
The Carter Center, Inc:

We have audited the accompanying statement of financial position of The Carter Center, Inc. as of August 31, 2002, and the related statements of activities, cash flows, and functional expenses for the year 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 audit. The financial statements of The Carter Center, Inc. as of August 31, 2001, and for the year then ended were audited by other auditors who have ceased operations. Those auditors expressed an unqualified opinion on those financial statements in their report dated October 19, 2001.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 audit provides a reasonable basis for our opinion.

In our opinion, the 2002 financial statements referred to above present fairly, in all material respects, the financial position of The Carter Center, Inc. as of August 31, 2002, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

KPMG LLP

November 8, 2002

The Carter Center, Inc.
Statements of Financial Position

August 31, 2002 and 2001

| Assets | <u>2002</u> | <u>2001</u> |
|---|-----------------------|--------------------|
| Cash and cash equivalents, including restricted cash of \$9,721,353 and \$12,883,446 in 2002 and 2001, respectively | \$ 34,348,032 | 29,572,971 |
| Accounts receivable: | | |
| Due from Federal government | 629,630 | 525,181 |
| Other | 396,730 | 132,585 |
| Total accounts receivable | 1,026,360 | 657,766 |
| Contributions receivable, net (note 3) | 11,117,293 | 18,278,023 |
| Inventory (note 8) | 9,197,916 | 14,734,823 |
| Investments (note 5) | 133,205,209 | 134,188,705 |
| Property, plant, and equipment, net (note 4) | 11,719,997 | 12,315,212 |
| Artwork | 1,772,550 | 1,688,200 |
| Other assets | 46,893 | 417,553 |
| | <u>\$ 202,434,250</u> | <u>211,853,253</u> |
| Liabilities and Net Assets | | |
| Accounts payable and accrued expenses | \$ 2,675,096 | 2,164,872 |
| Net assets (note 10): | | |
| Unrestricted | 92,943,045 | 91,876,641 |
| Temporarily restricted | 19,897,224 | 35,668,488 |
| Permanently restricted | 86,918,885 | 82,143,252 |
| Total net assets | 199,759,154 | 209,688,381 |
| | <u>\$ 202,434,250</u> | <u>211,853,253</u> |

See accompanying notes to financial statements.

The Carter Center, Inc.
Statement of Activities

Year ended August 31, 2002 (with comparative totals for 2001)

| | <u>Unrestricted</u> | <u>Temporarily restricted</u> | <u>Permanently restricted</u> | <u>Totals</u> | |
|--|---------------------|-------------------------------|-------------------------------|---------------|--------------|
| | | | | <u>2002</u> | <u>2001</u> |
| Revenue and support: | | | | | |
| Contributions and grants: | | | | | |
| Operating | \$ 19,891,242 | 54,126 | — | 19,945,368 | 13,376,200 |
| Programs: | | | | | |
| Health | 2,080,526 | 6,936,583 | — | 9,017,109 | 24,711,541 |
| Peace | 3,272,544 | 1,665,865 | — | 4,938,409 | 3,498,978 |
| Cross-program | — | 45,840 | — | 45,840 | 1,825,545 |
| In-kind goods (note 9): | | | | | |
| Health | — | 43,226,041 | — | 43,226,041 | 34,148,599 |
| Peace | — | 33,450 | — | 33,450 | — |
| Endowment | — | — | 4,775,633 | 4,775,633 | 12,410,685 |
| Total contributions and grants | 25,244,312 | 51,961,905 | 4,775,633 | 81,981,850 | 89,971,548 |
| Endowment fund earnings | 8,696,822 | — | — | 8,696,822 | 7,282,212 |
| Depreciation of restricted endowment investments | (16,979,917) | — | — | (16,979,917) | (23,146,471) |
| Facilities use income | 497,710 | — | — | 497,710 | 480,618 |
| Interest and investment income | 500,474 | 96,638 | — | 597,112 | 1,210,902 |
| Net assets released from restrictions: | | | | | |
| Health | 64,627,116 | (64,627,116) | — | — | — |
| Peace | 3,117,046 | (3,117,046) | — | — | — |
| Cross-program | 17,629 | (17,629) | — | — | — |
| Operating | 68,016 | (68,016) | — | — | — |
| Total revenue and support | 85,789,208 | (15,771,264) | 4,775,633 | 74,793,577 | 75,798,809 |
| Expenses: | | | | | |
| Program: | | | | | |
| Health | 65,694,468 | — | — | 65,694,468 | 52,371,554 |
| Peace | 6,126,320 | — | — | 6,126,320 | 4,771,668 |
| Cross-program | 345,772 | — | — | 345,772 | 353,167 |
| Fund-raising | 7,907,250 | — | — | 7,907,250 | 6,804,655 |
| General and administrative | 4,648,994 | — | — | 4,648,994 | 4,406,306 |
| Total expenses | 84,722,804 | — | — | 84,722,804 | 68,707,350 |
| Change in net assets | 1,066,404 | (15,771,264) | 4,775,633 | (9,929,227) | 7,091,459 |
| Net assets at beginning of year | 91,876,641 | 35,668,488 | 82,143,252 | 209,688,381 | 202,596,922 |
| Net assets at end of year | \$ 92,943,045 | 19,897,224 | 86,918,885 | 199,759,154 | 209,688,381 |

See accompanying notes to financial statements.

The Carter Center, Inc.
Statement of Activities

Year ended August 31, 2001

| | <u>Unrestricted</u> | <u>Temporarily restricted</u> | <u>Permanently restricted</u> | <u>Total</u> |
|---|----------------------|-----------------------------------|-----------------------------------|--------------------|
| Revenue and support: | | | | |
| Contributions and grants: | | | | |
| Operating | \$ 13,187,458 | 188,742 | — | 13,376,200 |
| Programs: | | | | |
| Health | 2,202,438 | 22,509,103 | — | 24,711,541 |
| Peace | 1,238,563 | 2,260,415 | — | 3,498,978 |
| Cross-program | — | 1,825,545 | — | 1,825,545 |
| In-kind goods (note 9): | | | | |
| Health | — | 34,148,599 | — | 34,148,599 |
| Endowment | — | — | 12,410,685 | 12,410,685 |
| Total contributions and grants | <u>16,628,459</u> | <u>60,932,404</u> | <u>12,410,685</u> | <u>89,971,548</u> |
| Endowment fund earnings | 7,282,212 | — | — | 7,282,212 |
| Depreciation of restricted endowment investments | (23,146,471) | — | — | (23,146,471) |
| Facilities use income | 480,618 | — | — | 480,618 |
| Interest and investment income | 1,033,292 | 177,610 | — | 1,210,902 |
| Net assets released from restrictions: | | | | |
| Health | 52,053,101 | (52,053,101) | — | — |
| Peace | 2,881,598 | (2,881,598) | — | — |
| Cross-program | 193,584 | (193,584) | — | — |
| Operating | 962,065 | (962,065) | — | — |
| Total revenue and support | <u>58,368,458</u> | <u>5,019,666</u> | <u>12,410,685</u> | <u>75,798,809</u> |
| Expenses: | | | | |
| Program: | | | | |
| Health | 52,371,554 | — | — | 52,371,554 |
| Peace | 4,771,668 | — | — | 4,771,668 |
| Cross-program | 353,167 | — | — | 353,167 |
| Fund-raising | 6,804,655 | — | — | 6,804,655 |
| General and administrative | 4,406,306 | — | — | 4,406,306 |
| Total expenses | <u>68,707,350</u> | <u>—</u> | <u>—</u> | <u>68,707,350</u> |
| Change in net assets | (10,338,892) | 5,019,666 | 12,410,685 | 7,091,459 |
| Net assets at beginning of year | <u>102,215,533</u> | <u>30,648,822</u> | <u>69,732,567</u> | <u>202,596,922</u> |
| Net assets at end of year | <u>\$ 91,876,641</u> | <u>35,668,488</u> | <u>82,143,252</u> | <u>209,688,381</u> |

See accompanying notes to financial statements.

The Carter Center, Inc.
Statements of Cash Flows

Years ended August 31, 2002 and 2001

| | <u>2002</u> | <u>2001</u> |
|---|----------------------|---------------------|
| Cash flows from operating activities: | | |
| Change in net assets | \$ (9,929,227) | 7,091,459 |
| Adjustments to reconcile change in net assets to net cash provided by operating activities: | | |
| Depreciation | 1,030,956 | 1,079,079 |
| Decrease in fair value of endowment investments | 16,979,917 | 23,146,471 |
| Donated artwork | (84,350) | (239,250) |
| Contributions restricted for investment | (4,775,633) | (12,510,685) |
| Changes in operating assets and liabilities: | | |
| Accounts receivable | (368,594) | 117,396 |
| Contributions receivable | 7,160,730 | (7,974,952) |
| Inventory | 5,536,907 | 3,495,587 |
| Other assets | 370,660 | 129,129 |
| Accounts payable and accrued expenses | 403,052 | 979,027 |
| Total adjustments | <u>26,253,645</u> | <u>8,221,802</u> |
| Net cash provided by operating activities | <u>16,324,418</u> | <u>15,313,261</u> |
| Cash flows from investing activities: | | |
| Purchase of property and equipment, net of related payables | (328,569) | (322,044) |
| Purchase of investments | <u>(15,996,421)</u> | <u>(19,284,106)</u> |
| Net cash used in investing activities | <u>(16,324,990)</u> | <u>(19,606,150)</u> |
| Cash flows from financing activities: | | |
| Proceeds from contributions restricted for: | | |
| Investment in endowment | 4,775,633 | 12,410,685 |
| Investment in plant | <u>—</u> | <u>100,000</u> |
| Net cash provided by financing activities | <u>4,775,633</u> | <u>12,510,685</u> |
| Net increase in cash and cash equivalents | 4,775,061 | 8,217,796 |
| Cash and cash equivalents at beginning of year | <u>29,572,971</u> | <u>21,355,175</u> |
| Cash and cash equivalents at end of year | <u>\$ 34,348,032</u> | <u>29,572,971</u> |

See accompanying notes to financial statements.

The Carter Center, Inc.**Statement of Functional Expenses**

Year ended August 31, 2002 (with comparative totals for 2001)

| | PROGRAM EXPENSES | | |
|------------------------------|-------------------------|------------------|---------------------------|
| | Health | Peace | Cross- program |
| Salaries | \$ 4,698,954 | 2,569,872 | 173,494 |
| Consulting | 1,018,887 | 712,280 | 20,661 |
| Communications | 586,059 | 282,427 | 60,885 |
| Services | 150,520 | 71,930 | — |
| Office and equipment | 654,952 | 151,604 | 6,366 |
| Vehicles | 1,611,344 | 2,128 | 41 |
| Travel/meetings | 1,685,475 | 1,764,652 | 53,027 |
| Interventions | 49,692,093 | — | — |
| Other | 288,300 | 45,064 | — |
| Grants | 4,990,114 | 146,471 | — |
| | <u>65,376,698</u> | <u>5,746,428</u> | <u>314,474</u> |
| Common area and depreciation | 317,770 | 379,892 | 31,298 |
| Total expenses | <u>\$ 65,694,468</u> | <u>6,126,320</u> | <u>345,772</u> |

See accompanying notes to financial statements.

The Carter Center, Inc.**Statement of Functional Expenses**

Year ended August 31, 2001

| | PROGRAM EXPENSES | | |
|------------------------------|-------------------------|------------------|---------------------------|
| | Health | Peace | Cross- program |
| Salaries | \$ 4,203,231 | 2,062,431 | 144,396 |
| Consulting | 624,489 | 404,604 | 30,135 |
| Communications | 369,098 | 223,993 | 24,268 |
| Services | 164,251 | 86,311 | — |
| Office and equipment | 509,439 | 164,858 | 4,554 |
| Vehicles | 1,211,913 | 390 | 36 |
| Travel/meetings | 1,412,490 | 1,064,973 | 28,356 |
| Interventions | 39,434,826 | — | — |
| Other | 411,427 | 30,958 | 36,534 |
| Grants | 3,708,556 | 357,860 | 50,000 |
| | <u>52,049,720</u> | <u>4,396,378</u> | <u>318,279</u> |
| Common area and depreciation | 321,834 | 375,290 | 34,888 |
| Total expenses | <u>\$ 52,371,554</u> | <u>4,771,668</u> | <u>353,167</u> |

See accompanying notes to financial statements.

SUPPORTING EXPENSES

| Fundraising | General and administrative | Total expenses | |
|--------------------|-----------------------------------|-----------------------|-------------------|
| | | 2002 | 2001 |
| 1,245,639 | 2,525,257 | 11,213,216 | 9,864,047 |
| 316,059 | 168,609 | 2,236,496 | 1,668,066 |
| 2,760,405 | 193,458 | 3,883,234 | 2,879,984 |
| 2,036,164 | 151,270 | 2,409,884 | 2,189,437 |
| 57,071 | 97,571 | 967,564 | 840,054 |
| 555 | 1,262 | 1,615,330 | 1,213,791 |
| 545,977 | 44,792 | 4,093,923 | 3,042,554 |
| — | — | 49,692,093 | 39,434,826 |
| 535,973 | 502,253 | 1,371,590 | 1,330,072 |
| — | — | 5,136,585 | 4,116,416 |
| 7,497,843 | 3,684,472 | 82,619,915 | 66,579,247 |
| 409,407 | 964,522 | 2,102,889 | 2,128,103 |
| <u>7,907,250</u> | <u>4,648,994</u> | <u>84,722,804</u> | <u>68,707,350</u> |

SUPPORTING EXPENSES

| Fundraising | General and administrative | Total expenses |
|--------------------|-----------------------------------|-----------------------|
| 1,052,441 | 2,401,548 | 9,864,047 |
| 408,757 | 200,081 | 1,668,066 |
| 2,091,541 | 171,084 | 2,879,984 |
| 1,828,251 | 110,624 | 2,189,437 |
| 54,961 | 106,242 | 840,054 |
| 438 | 1,014 | 1,213,791 |
| 490,345 | 46,390 | 3,042,554 |
| — | — | 39,434,826 |
| 456,604 | 394,549 | 1,330,072 |
| — | — | 4,116,416 |
| 6,383,338 | 3,431,532 | 66,579,247 |
| 421,317 | 974,774 | 2,128,103 |
| <u>6,804,655</u> | <u>4,406,306</u> | <u>68,707,350</u> |

The Carter Center, Inc.
Notes to Financial Statements

August 31, 2002 and 2001

(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 operates programmatically under two main action areas: Peace 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 include preventing and resolving conflict, protecting basic human rights, promoting sustainable development, and monitoring elections in emerging democracies. The Health area strives to improve health in the United States and around the world. Initiatives include disease eradication and control and mental health reform.

The board of trustees of CCI consists of 28 members, which include President and Mrs. Carter, the president of Emory University, 12 members appointed by Emory University’s board of trustees, and 13 members appointed by President Carter and those trustees not affiliated with Emory University’s board of trustees (Carter Center class of 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 CCEU is not included in these financial statements.

(2) Summary of Significant Accounting Policies and Other Matters

(a) Basis of Accounting

The financial statements of CCI have been prepared on the accrual basis of accounting.

(b) Basis of Presentation

Contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes.

Contributed property and equipment is recorded at fair value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as restricted support. In the absence of such stipulations, contributions of property and equipment are recorded as unrestricted support.

CCI has capitalized works of art and collectibles received since its inception at the estimated fair market value at the date of acquisition. Works of art whose service potential diminishes very slowly over time are not subject to the depreciation rules.

(continued)

The Carter Center, Inc.
Notes to Financial Statements

August 31, 2002 and 2001

Net assets and revenue, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of CCI and changes therein are classified and reported as follows:

Unrestricted Net Assets – Net assets that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets – Net assets subject to donor-imposed stipulations that may or will be met either by actions of CCI and/or the passage of time.

Permanently Restricted Net Assets – Net assets subject to donor-imposed stipulations that may be maintained permanently by CCI. Generally, the donors of these assets permit CCI to use all or part of the income earned on related investments for general or specific purposes.

(c) 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.

(d) Contributions Receivable

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received. Conditional promises to give are not included as support until the conditions are substantially met.

(e) Inventory

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

(f) Investments

Investments are stated at fair value based on quoted market prices in the accompanying financial statements, with net realized and unrealized gains or losses on investments reflected in the statements of activities.

(g) Property and Equipment

Property and equipment are stated at cost at date of acquisition, or fair value at date of donation in the case of gifts.

Depreciation is provided over the estimated useful lives of the respective assets on a straight-line basis.

(continued)

The Carter Center, Inc.
Notes to Financial Statements

August 31, 2002 and 2001

(h) Federal and Other Government Grants

Federal and other government grant revenue is recognized to the extent that the CCI incurs actual expenditures under program agreements with Federal or other government agencies. The revenue is recorded as unrestricted support. Amounts recorded as accounts receivable due from the Federal government are for program grant expenses incurred in advance of the receipt of funds. Funds received in advance of program grant expenses are recorded as grant commitments, which are included in accounts payable and accrued expenses in the statement of financial position.

(i) 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.

(j) Fair Value of Financial Instruments

The carrying amount of cash and cash equivalents, accounts receivable, and accounts payable and accrued liabilities approximates fair value because of the relative terms and short maturity of these financial instruments. The carrying value, which is the fair value, of investments is based on quoted market prices. The carrying value, which is the fair value, of contributions receivable is based on the present value of the estimated future cash flows.

(k) Tax Status

CCI has received a determination letter from the Internal Revenue Service dated December 16, 1991 indicating that it is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and is not a private foundation. Accordingly, no provision for income taxes has been made in the financial statements.

(l) Reclassifications

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

(m) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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 revenue and expenses during the reporting period. Actual results could differ from those estimates.

(continued)

The Carter Center, Inc.
Notes to Financial Statements

August 31, 2002 and 2001

(3) Contributions Receivable

Contributions receivable consists of the following at August 31, 2002 and 2001:

| | <u>2002</u> | <u>2001</u> |
|-------------------------|----------------------|-------------------|
| Unrestricted: | | |
| Construction | \$ — | 199,524 |
| Temporarily restricted: | | |
| Health | 25,000 | 6,575,292 |
| Time-restricted | 1,173,984 | 1,187,875 |
| Permanently restricted: | | |
| Endowment | <u>9,918,309</u> | <u>10,315,332</u> |
| Total | <u>\$ 11,117,293</u> | <u>18,278,023</u> |

The anticipated receipts of these receivables are as follows at August 31, 2002 and 2001:

| | <u>2002</u> | <u>2001</u> |
|---------------------------|----------------------|--------------------|
| Less than one year | \$ 3,437,246 | 10,494,742 |
| One to five years | 4,249,431 | 4,232,180 |
| More than five years | 8,040,449 | 8,365,172 |
| Less unamortized discount | <u>(4,609,833)</u> | <u>(4,814,071)</u> |
| | <u>\$ 11,117,293</u> | <u>18,278,023</u> |

Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risks involved. Amortization of discounts is recorded as additional contribution revenue in accordance with donor-imposed restrictions on the contributions. Estimated future cash flows to be received after one year were discounted at rates ranging from 4.17% to 8.28%. In the opinion of CCI's management, all contributions receivable recorded at August 31, 2002 and 2001 are deemed fully collectible.

(continued)

The Carter Center, Inc.
Notes to Financial Statements
August 31, 2002 and 2001

(4) Property, Plant, and Equipment

The components of property, plant, and equipment are as follows at August 31, 2002 and 2001:

| | <u>2002</u> | <u>2001</u> | <u>Estimated useful lives</u> |
|-------------------------------|----------------------|--------------------|-----------------------------------|
| Land | \$ 636,732 | 636,732 | N/A |
| Buildings | 16,293,041 | 16,293,041 | 30 years |
| Grounds and land improvements | 766,138 | 788,403 | 10 years |
| Furniture and fixtures | 1,051,977 | 1,232,127 | 10 years |
| Office equipment | 581,887 | 818,572 | 5 years |
| Computer equipment | 666,265 | 675,877 | 3 years |
| Building improvements | <u>1,121,040</u> | <u>940,103</u> | 15 years |
| | 21,117,080 | 21,384,855 | |
| Less accumulated depreciation | <u>(9,397,083)</u> | <u>(9,069,643)</u> | |
| | <u>\$ 11,719,997</u> | <u>12,315,212</u> | |

CCI purchased an office building with endowment funds during 1990. During the year ended August 31, 2001, CCI determined that its undepreciated investment in the building would achieve greater returns if it were invested similar to other endowment contributions (note 5). To accomplish this, CCI invested unrestricted operating funds equal to the building's net book value in its endowment investment fund and reclassified the net book value of the building from investments to property, plant, and equipment on its statements of financial position. As of August 31, 2001, the building was substantially occupied by CCI program and department staff.

Depreciation expense totaled \$1,030,956 and \$1,079,079 during 2002 and 2001, respectively.

(5) Investments

As of August 31, 2002 and 2001, CCI has invested its endowment assets in a pooled investment fund, which invests in a composite of cash equivalents, bonds, common stock, mutual funds, and other assets.

CCI's other investments include assets invested for its charitable gift annuities. These investments are presented in the accompanying statements of financial position at their fair values.

| | <u>2002</u> | | <u>2001</u> | |
|---------------------------|-------------------|------------------|-------------------|----------------|
| | <u>Fair value</u> | <u>Cost</u> | <u>Fair value</u> | <u>Cost</u> |
| Pooled investment fund | \$ 131,908,927 | 115,357,718 | 133,036,346 | 99,505,220 |
| Cash and cash equivalents | 34,845 | 34,845 | 70,092 | 70,092 |
| Fixed income securities | 558,683 | 528,513 | 461,998 | 437,904 |
| Equity securities | <u>702,754</u> | <u>1,025,573</u> | <u>620,269</u> | <u>761,990</u> |
| Total | \$ 133,205,209 | 116,946,649 | 134,188,705 | 100,775,206 |

(continued)

The Carter Center, Inc.
Notes to Financial Statements

August 31, 2002 and 2001

(6) Split-Interest Agreements

CCI is beneficiary under several split-interest agreements, primarily charitable gift annuities. Under these agreements, CCI received assets from a donor in exchange for promising to pay the donor (or other designee) a fixed amount for a specified period of time, normally until the death of the donor. Assets related to charitable gift annuities are recorded at their fair values when received and an annuity payment liability is recognized at the present value of future cash flows expected to be paid to the donor or other designee. At the time of the gift, CCI recognized contribution revenue in an amount equal to the difference between these two amounts. The gross fair value of the related assets is included in investments in the statement of financial position, with an offsetting liability included in accounts payable and accrued liabilities for the present value of benefits, which are due to the donor (or other designee). Discount rates and actuarial assumptions used to determine the liability are those contained in mortality tables published by the Internal Revenue Service, and are typically based on factors such as applicable Federal interest rates and donor life expectancies. The changes in the value of these agreements are included in operating contributions and grants in the statement of activities.

The fair value of the assets related to the split-interest agreements is \$1,296,282 and \$1,152,359 at August 31, 2002 and 2001, respectively. The annuity liability related to these agreements is \$941,615 and \$761,431 at August 31, 2002 and 2001, respectively. The decrease in the value of the split-interest agreements is \$149,428 and \$248,009 at August 31, 2002 and 2001, respectively.

(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) Inventory

Inventory at August 31, 2002 and 2001 is comprised of:

| | <u>2002</u> | <u>2001</u> |
|-------------|----------------|----------------|
| Medication: | | |
| Mectizan | \$ 8,800,895 | 14,299,913 |
| Zithromax | <u>397,021</u> | <u>434,910</u> |
| Total | \$ 9,197,916 | 14,734,823 |

(continued)

The Carter Center, Inc.
Notes to Financial Statements
August 31, 2002 and 2001

(9) Donated Goods and Services

The components of donated goods and services for the years ended August 31, 2002 and 2001 are as follows:

| | <u>2002</u> | <u>2001</u> |
|---|----------------------|-------------------|
| Health: | | |
| Medication | \$ 42,963,851 | 33,878,899 |
| Water filtration material and chemicals | 240,000 | 240,000 |
| Transportation | 22,190 | 29,700 |
| Peace: | | |
| Transportation | 33,450 | — |
| Total | <u>\$ 43,259,491</u> | <u>34,148,599</u> |

(10) Net Assets

Unrestricted

As of August 31, 2002 and 2001, unrestricted net assets are as follows:

| | <u>2002</u> | <u>2001</u> |
|---|----------------------|-------------------|
| Unrealized gain on restricted endowment investments | \$ 16,551,540 | 33,531,457 |
| Designated by the board of trustees for maintenance of property and equipment | 500,000 | 500,000 |
| Designated by management for: | | |
| Endowment investments | 40,594,583 | 28,126,166 |
| Program funds | 4,182,475 | 831,411 |
| Undesignated | 31,114,447 | 28,887,607 |
| Total | <u>\$ 92,943,045</u> | <u>91,876,641</u> |

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 2001, the board's executive committee decided to limit such designation to a maximum of \$500,000.

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

(continued)

The Carter Center, Inc.
Notes to Financial Statements

August 31, 2002 and 2001

Temporarily Restricted

As of August 31, 2002 and 2001, temporarily restricted net assets are available for the following purposes:

| | <u>2002</u> | <u>2001</u> |
|-----------------|----------------------|-------------------|
| Health | \$ 13,924,610 | 28,123,188 |
| Peace | 1,690,102 | 2,527,609 |
| Cross-program | 3,108,528 | 3,829,817 |
| Time-restricted | <u>1,173,984</u> | <u>1,187,874</u> |
| Total | <u>\$ 19,897,224</u> | <u>35,668,488</u> |

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.

Senior staff

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Executive Director
The Carter Center

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Associate Executive Director
Peace Programs

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The Carter Center is governed by its Board of Trustees, chaired by President Carter with Mrs. Carter as vice chair. The Board oversees the Center's assets and property and promotes its objectives and goals.

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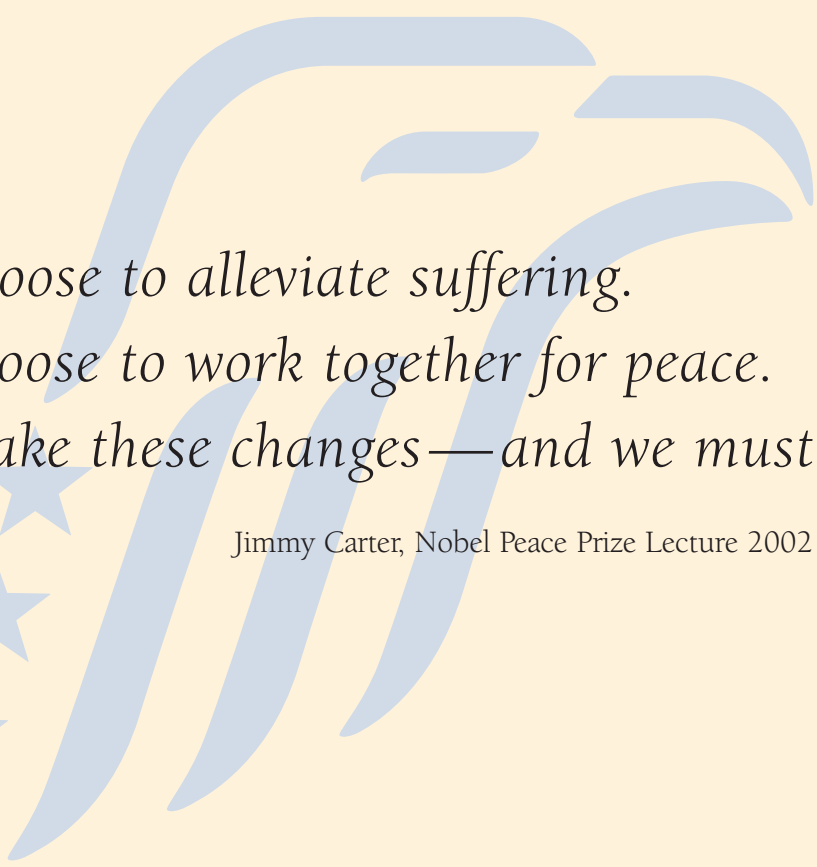
In memory of the
contribution of
Michael C. Carlos,
1994–2002

The Carter Center at a Glance

Overview: The Carter Center was founded in 1982 by former U.S. President Jimmy Carter and his wife, Rosalynn, in partnership with Emory University, to advance peace and health worldwide. A nongovernmental organization, the Center has helped to improve life for people in more than 65 countries by resolving conflicts; advancing democracy, human rights, and economic opportunity; preventing diseases; improving mental health care; and teaching farmers to increase crop production. **Accomplishments:** The Center has observed 45 elections in 23 countries; helped farmers double or triple grain production in 15 African countries; mediated or worked to prevent civil and international conflicts worldwide; intervened to prevent unnecessary diseases in Latin America and Africa, including the near eradication of Guinea worm disease; and strived to diminish the stigma against

mental illness. **Budget:** \$33.9 million 2001-2002 operating budget. **Donations:** The Center is a 501(c)(3) charitable organization, financed by private donations from individuals, foundations, corporations, and international development assistance agencies. Contributions by U.S. citizens and companies are tax-deductible as allowed by law. **Facilities:** The nondenominational Cecil B. Day Chapel and other facilities are available for weddings, corporate retreats and meetings, and other special events. For information, (404)420-5112. **Internships:** The Center's internship program has been rated one of America's best by the Princeton Review. **Location:** In a 35-acre park, about 1.5 miles east of downtown Atlanta. The Jimmy Carter Library and Museum, which adjoins the Center, is owned and operated by the National Archives and Records Administration and is open to the public. (404)331-3942. **Staff:** 150 employees, based primarily in Atlanta.

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*“We can choose to alleviate suffering.
We can choose to work together for peace.
We can make these changes—and we must.”*

Jimmy Carter, Nobel Peace Prize Lecture 2002

