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RECORD ID: 0701555 RECEIVED: 12 Mar 07 DOC DATE: 12 Mar 2007

**SOURCE REF:** 

TO: PRESIDENT (MISC)

FROM: JIMMY CARTER (HIST)

**KEYWORDS:** GHANA

ETHIOPIA

SUDAN NIGERIA

PRESIDENTIAL CORRESPONDENCE

PERSONS:

SUBJECT: CARTER OFFICIAL AFRICA TRIP REPORT

**ACTION:** NO FURTHER ACTION REQUIRED

CAMERON HUDSON (NSC)

DUE DATE: 26 Mar 07 FILES: PA

STATUS: C

STAFF OFFICER: LOGREF:

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#### ACTION DATA SUMMARY REPORT

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## OFFICE OF JIMMY CARTER

Date: 2/19/07 Numb	Number of Pages (including cover): 4			
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Of:	Of: The Office of Jimmy Carter			
Phone:	Phone: 404/331-0281			
Fax: 202/456-2883	Fax: 404/331-0283			
□ For Your Review □ URGENT □ Please Comment □ Reply ASAP				

Please find President Carter's trip report attached.

NAR 12 15:35

#### OFFICIAL TRIP REPORT



JIMMY CARTER

### Africa trip, February 4-16 Ghana, Sudan, Ethiopia, Nigeria

The primary purpose of our visits to the four African nations was to assess and strengthen the education and health programs of The Carter Center involving Guinea worm, River Blindness, Trachoma, Schistosomiasis, Lymphatic Filariasis, and Malaria.

In addition, I had an opportunity to discuss political issues with former UN Secretary General Kofi Annan, Ghanaian President Kufuor (now head of AU), South Sudan President Salva Kiir, UN negotiator Jan Eliasson, Sudanese President Al Bashir, Ethiopia's Prime Minister Meles Zenawi, Head of African Union Commission Konare, and Nigerian President Obasanjo. The discussions involved specific projects of ours in their countries, local matters of interest, and always the ongoing threats to peace in Somalia, Darfur, between North and South Sudan, and along the borders of Chad and the Central African Republic (CAR).

There was a general consensus that the United Nations and the African Union should be strongly supported by other nations in assuming the joint role of enforcing terms of the Comprehensive Peace Agreement (CPA) between North & South Sudan and in negotiating a new Darfur Peace Accord that will include all the key "rebel" groups plus Khartoum. There was surprising concern about threats to stability in CAR and Chad from janjaweed intrusions across the borders.

Salva Kiir was concerned about delays in implementing the CPA, especially the Abyei protocol and the delineation of the boundary line between north and south. There is much oil revenue involved, and an additional referendum will be conducted in the Abyei region in 2011 to determine whether the people prefer to be in the south or north. Unresolved, this issue could precipitate another general conflict.

I have known Al-Bashir for almost 20 years, even before he became president in 1989, and The Carter Center has had excellent results with Sudan ministries in the fields of agriculture and health. In discussions with Bashir and U.S. officials, it was obvious that there is a negative relationship between the two governments, and Washington has little positive or negative influence in Khartoum. With almost 13 percent annual economic growth and support from Arab nations, China, Russia, and other countries, Sudan is almost impervious to pressure from the Western world.

## Page 2 - Africa trip report

However, Bashir frequently referred to the U.N. and the African Union, and to the CPA with South Sudan and the Darfur Peace Agreement negotiated last May, which Sudan accepted and some rebel groups rejected. He agreed that a political, not military, solution is the only option and expressed full confidence in Jan Eliasson (U.N.) and Salim Salim (AU) as negotiators to address the conflict in Darfur.

There are sealed indictments from the Prosecutor of the International Criminal Court (ICC) against a group of Sudanese officials and some of the Arab and African Darfurians for "war crimes" and "crimes against humanity," and I reminded the president that the ICC investigations are continuing. Predictably, he denied any atrocities having been conducted under his command, and said that all official allegations were being investigated. The threats from the ICC is a crucial factor in deterring further crimes against innocent people in Darfur and in bringing perpetrators to justice if the ICC is backed by the international community.

All the African leaders agreed that constant bickering in international fora is sapping away united support in implementing existing or forthcoming peace agreements. Arguments continue about whether atrocities in Darfur are "war crimes," "crimes against humanity," or "genocide," although all of them are extremely serious under international law. Also, the continuing altercation about the exact make-up of forces in Darfur is probably fruitless. The Sudanese government has enough international backing to honor the UN-AU-Sudan decision that all combatant troops and the force commanders will come from African nations. The UN should implement the agreements already negotiated, fill the non-African positions, and provide full support for all the military forces to be deployed.

UN negotiator Jan Eliasson and AU negotiator Salim Salim must be given unimpeded opportunities to investigate all facets of the crisis in Darfur, and their forthcoming recommendations should be implemented with international pressure on all the substantive rebel groups and the government of Sudan. They should also insure proper access and support for UN and NGO humanitarian agencies.

Bashir, Kiir, and other knowledgeable leaders agree that the most important and contentious issue in the CPA involves the delineation of the Abwei region, with its large oil reserves and the question of whether its citizens will decide to go North or South in its separate 2011 referendum. If unresolved, this dispute could precipitate renewed conflict. The border commission work in defining the rest of the N-S border is behind schedule, but Bashir claims that all the "reference points" will be decided before the rainy season. It might be helpful to bring General Lazaro Sumbeiywo back from Kenya to help resolve the especially difficult negotiating points. His abilities are proven, and he has the respect of both sides.

Regarding Somalia, PM Meles states that, while some Ethiopian troops are being replaced by AU forces from other nations, the recognized national government must include moderate islamists and some war lords in phased negotiations to form a coalition government.

## Page 3 – Africa trip report

The Carter Center has health projects in all the visited nations and, to illustrate, let me outline what is going on in Ethiopia: There have been no Guinea worm cases since July 2006 and just one earlier in the year. Ethiopia has the world's highest incidence of blindness, and we work with Lions and others on Onchocerciasis (River Blindness) and trachoma. We treated 2,600,000 people for Onchocerciasis last year and are greatly expanding our trachoma program to cover the entire Amhara district, where about 40 percent of Ethiopia's cases are found. So far, our program has resulted in 64,000 eye surgeries, 303,400 new latrines, 2,925,000 treatments with antibiotics in 2006, and teachers reporting that 62 percent of the children now come to school with clean faces.

Our most ambitious program is to work with the government of Ethiopia (GOE) in providing two long-lasting impregnated nets to every household in malaria endemic areas, which will cover about 50 million people. The GOE is furnishing 17 million nets and we the other 3 million, and The Carter Center will be responsible for their distribution (between now and July) and for monitoring their use and the results for seven years. Our total cost will be \$47 million, for which we are now seeking funds.

Our primary reason for coming to Ethiopia was to assess the public health training initiative and to encourage other African nations to adopt facets of it that are pertinent to their own countries. Health and/or education ministers from Nigeria, Ghana, Benin, Mali, Kenya, North and South Sudan, Uganda and Tanzania attended a three-day conference for this purpose. Using funds from donors, we have furnished about \$8.7 million, permitting our Ethiopian partners to reach ambitious goals of training texts (modules) for 65 diseases and health challenges, 101 lecture booklets, 538 regional workshops, training of more than 700 faculty, 7,135 students graduated from seven regional universities (most of them new), and training of 17,400 health extension workers. Our budget of \$5 million for the next two years will bring the total number of health extension workers to 30,000 (one for every 2,500 people), plus 5,000 health officers with training equivalent to registered nurses or physician assistants.

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