

THE CARTER CENTER

HEALTH PROGRAMS



Waging Peace. Fighting Disease. Building Hope.



THE CARTER CENTER

Founded in 1982 by
Former U.S. President
Jimmy Carter and First
Lady Rosalyn Carter to
advance peace and health
worldwide





MISSION

- Emphasis on action and results
- Pursuing work other nongovernmental organizations are not
- Addressing difficult problems while accepting possibility of failure
- Commitment to nonpartisanship and neutrality in conflict resolution activities
- Belief that people can improve their lives when provided with the necessary skills, knowledge, and access to resources

CURRENT HEALTH PROGRAMS

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- Guinea Worm Eradication
- River Blindness Elimination
- Trachoma Control
- Lymphatic Filariasis Elimination
- Schistosomiasis Control
- Hispaniola Initiative
- International Task Force for Disease Eradication
- Mental Health

CHALLENGES TO SHIFTING TO MORE PROACTIVE SYSTEM

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- Overall recognition and respect for fundamental public health approaches
- Stable funding and other resource support
- Make the system work effectively (drug production, delivery, application, research)
- Anticipate the unexpected and react to “failure”:
“Public health is not chemistry; it is biology.”
- Civil conflict

HOW CAN PUBLIC/PRIVATE PARTNERSHIPS BE USED EFFECTIVELY?

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- Critical support from donors—financial, in-kind, etc.
- Drug production, delivery and effective implementation are critical to success
- Use data to inform all about progress
- Research and new applications—(e.g. Advantage Multi [Bayer])

WHAT ACTIONS CAN BE TAKEN TO PROMOTE EFFICIENCY AND EFFECTIVENESS?

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- As noted previously
- Effective relationship with Ministries of Health
- Coordination among WHO, MOH, NGOs, donors
- Use of host nation personnel and partnering with host community to meet needs—think sustainability
- Need a long-term investment horizon
- Regular performance monitoring, arguably monthly, not annually or semi-annually.
- Outcome and impact orientation



WHAT CAN ACADEMIA DO?

- Collaborate on research studies:
 - Frequency of mass drug administration
 - When to cease mass drug administration
 - *Loa-loa* complication
 - Sampling methodology for surveys
 - Actionable epidemiology for implementers

CONTRAST ONGOING VS. EMERGENCY OPERATIONS

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- Ongoing operations have advantage of larger planning timeframe
- Time to develop MOH and host nation capabilities:
 - Implementation with MOH partnership
 - Village-based grass roots health services delivery
 - Use data to adjust activities
- Nonetheless, problems can arise:
 - Training issues
 - Drug delays
 - Logistical problems
 - Coordination of activities
 - Civil conflict

“The public interest requires doing today those things that men of intelligent good will would wish, five or ten years hence, had been done.”

– Edmund Burke (1729-1797)



THANK YOU!

To the Ministries of Health of Brazil, Chad, Colombia, Ecuador, Ethiopia, Guatemala, Mali, Mexico, Niger, Nigeria, Sudan, South Sudan, Uganda, and Venezuela, village volunteers, community-directed distributors, health workers, partners and countless donors.