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

- 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

• 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
• 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?

- 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

- 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.