



Timeline of Carter Center Health Programs, 1982 to 2009

1982

The Carter Center is established by former U.S. President Jimmy Carter and his wife, Rosalynn, in partnership with Emory University.



Groundbreaking of The Carter Presidential Center.

1985

First Rosalynn Carter Symposium on Mental Health Policy is held.



Mrs. Carter addresses attendees at her mental health symposium.

1986

The Guinea Worm Eradication Program is launched as the Center's first health program.



Guinea worm eradication in Ghana.

1991

Mental Health Program begins.

1992

The International Committee of Women Leaders for Mental Health is created; former First Lady Rosalynn Carter chairs the group.

The International Task Force for Disease Eradication, meeting at The Carter Center, declares that lymphatic filariasis is eradicable.

1993

The Onchocerciasis Elimination Program for the Americas (OEPA) is established with funding from the River Blindness Foundation to eliminate ocular disease from onchocerciasis in the six endemic countries in the Western Hemisphere.

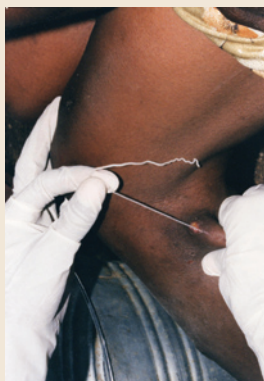


OEPA health worker providing education.

Pakistan Guinea Worm Eradication Program reports its last case.

1994

The Guinea Worm Eradication Program in Kenya reports its last indigenous case.



Guinea worm extraction.

1995

President Carter and the River Blindness Foundation play key roles in raising funds for the new African Program for Onchocerciasis Control (APOC). President Carter attends the launch of APOC at the World Bank.

President Carter negotiates a "Guinea worm cease-fire" between the warring parties in civil war-stricken Sudan. During the historic cease-fire, the first Mectizan® treatments (donated by Merck & Co., Inc.) for onchocerciasis are given for the first time in southern Sudan.

First Rosalynn Carter Georgia Mental Health Forum is held.



Attendees at a Rosalynn Carter Georgia Mental Health Forum.



Sudanese community.

continues

1996

The Carter Center absorbs the field operations of the River Blindness Foundation in Nigeria, Cameroon, Uganda, and six countries in the Americas; launches onchocerciasis control program.



A Ugandan victim of onchocerciasis.

India Guinea Worm Eradication Program reports its last case.

1997

Carter Center–assisted treatments for onchocerciasis in Sudan are supported by Lions Clubs International Foundation and the African Program for Onchocerciasis Control.



A Sudanese family.



Ethiopian public health worker.

The Carter Center launches the Ethiopia Public Health Training Initiative, helping the ministries of health and education to improve rural access to health care for 75 million Ethiopians.

The Rosalynn Carter Fellowships for Mental Health Journalism begin with the inaugural class of journalists.



Mental health fellow Gail Fisher, a photojournalist.

The national Guinea worm eradication programs in Senegal, Yemen, and Cameroon report their last indigenous cases.

1998

The Carter Center assists Nigeria in establishing and integrating lymphatic filariasis and schistosomiasis programs in Plateau and Nasarawa states with the existing onchocerciasis program.

With support from the Conrad N. Hilton Foundation, The Carter Center launches the Trachoma Control Program to assist Ghana, Mali, Niger, and Nigeria. The Center brings expertise and new attention to the "F" and "E" aspects of the SAFE strategy.

Chad Guinea Worm Eradication Program reports its last indigenous case.

1999

First praziquantel treatments are purchased and given by the Carter Center–assisted Schistosomiasis Control Program in Nigeria.



A Nigerian girl prepares to take praziquantel.

The Carter Center and Lions Clubs International Foundation launch a major partnership, the Lions-Carter Center SightFirst Initiative, to fight trachoma and onchocerciasis.



President Carter, then-Lions Clubs International Foundation President Jim Ervin, and Mali President Amadou Toumani Touré mark the official launch of the SightFirst Initiative in Mali.

2000

First combination treatments (Mectizan and albendazole) for both lymphatic filariasis and onchocerciasis are administered in the Carter Center–assisted integrated program in Nigeria.

Inaugural biennial world conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders is held at The Carter Center.



A child takes Zithromax in Sudan.

First treatments of Zithromax® (donated by Pfizer Inc) begin in Carter Center–assisted areas of Ethiopia and Sudan, under the Lions-Carter Center SightFirst Initiative.

continues

2001

The International Task Force for Disease Eradication is reestablished at The Carter Center with a grant from the Bill & Melinda Gates Foundation. Among its first conclusions is that elimination of onchocerciasis transmission in the Americas is possible using available tools.



Health worker in Guatemala examines girl for signs of onchocerciasis.

The Carter Center–assisted Onchocerciasis Program is launched in Ethiopia under the Lions–Carter Center SightFirst Initiative.

For the first time, international journalists – from New Zealand – join the Rosalynn Carter Fellowships for Mental Health Journalism.

World Health Organization declares end of Guinea worm disease in Central African Republic.

2002

The Carter Center and the World Health Organization co-sponsor Conference

on the Eradicability of Onchocerciasis at The Carter Center.



2002 onchocerciasis conference attendees.

2003

The Center begins assisting integrated control of onchocerciasis and schistosomiasis in Delta state, Nigeria.



Vehicles cross a large stream via ferry en route to Schistosomiasis Program launch in Delta state.

2003 *continued*

The Uganda Guinea Worm Eradication Program reports its last indigenous case.

2004

Through the mobilization of women, more than 89,000 latrines are built to help prevent trachoma in Ethiopia—one of the most endemic countries in the world; approximately 2,150 had been built the year before.

The Carter Center–assisted Nigeria Lymphatic Filariasis Program launches integrated control of malaria and lymphatic filariasis through distribution of insecticide-treated bed nets.

The national Guinea worm eradication programs in Mauritania and Benin report their last indigenous cases.



A child in Benin who will never face Guinea worm disease.

2005

The Carter Center agrees to assist Sudan in its effort to eliminate onchocerciasis from the Abu Hamad focus.

2006

The Carter Center–assisted Cameroon Onchocerciasis Program begins integrating distribution of vitamin A capsules to children in conjunction with Mectizan treatments, at the request of the government.

The Carter Center agrees to assist Uganda in its effort to eliminate onchocerciasis nationwide.

The Carter Center receives the Bill & Melinda Gates Foundation Award for Global Health for its pioneering work to fight five neglected diseases: dracunculiasis, onchocerciasis, schistosomiasis, lymphatic filariasis, and trachoma.

continues

2006 *continued*

The Ethiopian government invites The Carter Center to assist its malaria control program. In six months, the Center purchases and distributes 3 million of the 20 million long-lasting insecticidal bed nets needed by the program.



Bed net distribution in Ethiopia.

The national Guinea worm eradication programs in Cote d'Ivoire, Burkina Faso, and Togo report their last indigenous cases.

2007



President and Mrs. Carter with Guinea worm victim in Ghana.

President and Mrs. Carter and the chairman of the Carter Center Board of Trustees, John Moores, lead a team of Center staff in a visit to health programs in Ghana, Sudan, Ethiopia, and Nigeria.

In Ethiopia, the Carter Center's assistance focuses on integration of malaria with trachoma control in Amhara region and integration of malaria with onchocerciasis control in parts of four other

regions. Integration of Guinea worm eradication and trachoma control activities begins in southern Sudan.

The 100 millionth dose of Mectizan administered in Carter Center-assisted onchocerciasis programs.

Colombia becomes the first nation in the Americas to interrupt transmission of onchocerciasis.



Health education on malaria in Ethiopia.

2007 *continued*

The Carter Center launches two research projects in Nigeria to investigate integrated efforts against neglected tropical diseases, with the support of the Bill & Melinda Gates Foundation.



Dr. Donald Hopkins shares a moment with a Nigerian boy.

Dr. Donald Hopkins, Carter Center vice president for health programs, receives the Merck Mectizan Award for onchocerciasis work and the Fries Prize for Improving Health for the battle against Guinea worm disease.



Two studies examine neglected tropical diseases in Nigeria.

2008

Triple-drug administration (praziquantel, Mectizan, albendazole) is shown to be safe and feasible for simultaneous treatment of schistosomiasis, onchocerciasis, and lymphatic filariasis in Carter Center-assisted integrated project in Nigeria's Plateau and Nasarawa states.



Nigerian man suffering from lymphatic filariasis.

The 20 millionth dose of combined Mectizan and albendazole (donated by GlaxoSmithKline) is administered in Nigeria's Carter Center-assisted lymphatic filariasis program.

Pan American Health Organization adopts a resolution calling for elimination of onchocerciasis transmission in the Americas by 2012.

Ghana becomes the first country in sub-Saharan Africa to eliminate blinding trachoma as a public health problem through use of the SAFE strategy.



Trachoma is no longer considered a public health problem in Ghana.

continues

The 10 millionth dose of Zithromax is administered in Amhara, Ethiopia. Maltra weeks are launched in Amhara to intensify trachoma and malaria interventions—5 million doses of Zithromax are distributed during the first Maltra week.

The Carter Center–assisted schistosomiasis control program in Nigeria receives a 10-year donation of praziquantel tablets from the World Health Organization and Merck KGaA (E. Merck). Treatments expand by almost five-fold.

In follow-up to recommendations of the International Task Force for Disease Eradication, The Carter Center begins an 18-month initiative to stimulate elimination of malaria and lymphatic filariasis in Haiti and the Dominican Republic and co-sponsors with the World Health Organization the first program review for Buruli ulcer programs in Benin, Cote d'Ivoire, Ghana, Nigeria, and Togo.



Fighting malaria in Dominican Republic.

The U.S. Congress passes the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, the culmination of years of advocacy by Mrs. Carter, the Carter Center's Mental Health Program, and others.

Carter Center assistance to trachoma programs in Mali and Niger expands to include Zithromax distribution and trichiasis surgeries with additional support from the Conrad N. Hilton Foundation.



Mrs. Carter testifies in front of a Congressional committee.

2009

Nigeria, once the most endemic country for Guinea worm disease in the world with more than 653,000 cases reported in 1988, reports zero cases for an entire year for the first time, as does Niger. Only four of 20 formerly endemic countries continue to fight the disease.



Woman with last indigenous case of Guinea worm disease in Nigeria.

In Nigeria, 10 of 30 endemic local government areas in Plateau and Nasarawa states interrupt transmission of lymphatic filariasis.

The 100,000th trichiasis surgery is performed, 1 millionth household latrine is built, and 30 millionth dose of Zithromax is administered as the Lions-Carter Center–assisted trachoma program reaches full scale in Ethiopia.

The University of California at San Francisco and the Ethiopia Ministry of Health, in partnership with The Carter Center, publish groundbreaking research that distribution of Zithromax for trachoma control may reduce child mortality by 50 percent in Amhara, Ethiopia.

Health officials from 11 African countries recognize President Carter and The Carter Center with a leadership award for their "pioneering contributions to eradicating neglected tropical diseases in Africa."



2009 leadership award.