



# **WORLD HEALTH ORGANIZATION**

**FIFTY-SEVENTH WORLD HEALTH ASSEMBLY**  
**Agenda item 4**

**A57/DIV/8**  
**21 May 2004**

---

## **Address by Mr Jimmy Carter** **Former President of the United States of America**

**Geneva, Wednesday, 19 May 2004**

Mr President, Director-General Lee, ministers of health, delegates, ladies and gentlemen:

I am grateful to Dr Lee for inviting Rosalynn and me to participate in this impressive annual gathering of the world's ministers of health and their closest associates and partners. My wife attended this event in 1979 when I was in the White House, but this is my first visit to the World Health Assembly.

I want to share with you my conviction that the greatest challenge facing the world is the growing chasm between the rich and the poor, both between nations and people within nations. As you know, despite notable economic growth in many regions, one fifth of the world's people still live on less than \$1 per day – barely enough for food and shelter and leaving nothing for either education or health care.

This disparity in wealth is growing in parallel with vast improvements in communications, so that the poor are increasingly aware of their relative poverty and of the world's apparent indifference to their plight. This arouses among them a sense of neglect, hopelessness, and understandable resentment against the powerful and wealthy who are indifferent.

It has long been known that poverty is a key risk factor for illness. François Rabelais, a physician in the 16th century, described someone as “the subject of a kind of disease – called lack of money”. We now have the proof. Decreases in levels of income are accompanied by increases in morbidity and mortality – and vice versa.

How do we address this issue? I am here today because I believe that one of the most effective ways of closing this gap is for us rich people to become more aware of their plight and committed to improving health of the world's poor. This will bring great economic benefits to them and to us. It will also advance human rights and reduce violence. As stated in the International Covenant on Economic, Social and Cultural Rights: “we recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”.

This is an old story. Edmund Burke pronounced: “the public interest requires doing today those things that men of intelligence and good will would wish, five or ten years hence, had been done”. This was 250 years ago! Our relatively slow progress in reaching this goal shows how difficult are the challenges we face, but, thankfully, our generation has unique and unprecedented opportunities to succeed. We have more scientific tools and social skills, and a better understanding of diseases and ways to prevent, cure, and control them – and even eradicate a few.

This generation also benefits from unprecedented partnerships with enlightened industrial firms such as Merck, DuPont, Glaxosmithkline, BASF and Pfizer, as well as the enormous generosity of the United Nations Foundation and the Bill & Melinda Gates Foundation.

I envy you ministers of health and your associates in your opportunity to serve in these times with the advantages provided by modern science. I believe your – our – biggest challenge isn't necessarily inadequate resources, or insecurity. The biggest challenge is to define clearly the future we want in order to mobilize political will at the highest levels. As Lewis Carroll wrote in *Alice in Wonderland*, "if you don't know where you're going, any road will get you there". You health leaders must know where we want to go.

We make extraordinary progress when we finally target a disease for total eradication. There is no inherent reason why this should be true. The same techniques of team work and specific goals can and should be used to help ensure measurable improvements in all public health services.

To marshal the crucial involvement of political leaders, donors, and the world's public, reports and appeals from ministers of health must be based on clear and quantifiable information about individual nations. These should include specific goals to be reached, periodic and accurate measurements of progress (or lack of progress) in the number of babies infected with HIV at birth, children immunized against diseases, tuberculosis patients under treatment, deaths because of malaria, pregnant women who receive prenatal care and family planning information, and the number of public announcements – as blatantly frank as possible – about the cause of HIV/AIDS and what preventive steps can be taken.

Political leaders and the general public must know – from you – about goals that have been met, achievements realized, and be able to share in the credit and celebrations of victory. They must also be assured of full accountability and effectiveness of resources that are being expended, and the most urgent needs for additional funding. These specific reports as directly as possible from the families and villages are the most badly needed and the most persuasive. We have the challenge of inspiring political leaders and potential donors to make that vision their own vision.

You all know that health is affected by many things that are not always considered a part of the traditional portfolios of ministers of health. You need to be interested and involved in many of these additional things, such as family planning, education (especially of girls), debt relief, fair terms of trade, alleviation of poverty, democratic reforms, the plight of millions of children orphaned by AIDS, and much more. Why should you be interested? In order to use your perspective on health as a catalyst for all aspects of society to be marshalled in improving health.

At the Carter Center, we see our health work in this broad context. Our motto is "Waging peace, fighting disease, building hope". We realize that with only 150 employees and an annual budget of about \$35 million, which we must raise for our health and peace work, we can only do so much. (It is not an accident that more than two thirds of our resources are devoted to health.) We select projects based on the potential for significant impact, their relative neglect, where we believe interventions are doable, and which are amenable to a data-driven approach – within individual homes and villages.

We do not believe in duplicating the work of others, but we value our partnerships with ministries of health, the World Health Organization, and many others. We emphasize action and achieving specific and measurable results. We are willing to take on difficult tasks and accept the possibility of potential failure. We learned that with modest outside help, people can and will take effective action to improve their own lives.

By means of the International Task Force for Disease Eradication, comprising a dozen notable health experts (including a representative from WHO), we are regularly assessing all human illnesses and taking advantage of new discoveries and understanding to promote total control of a targeted disease.

We are helping the governments of the six remaining endemic countries in the Americas to eliminate onchocerciasis once and for all, and I am looking forward to meeting with those health ministers later today. We also are working with the ministers of health of five African countries and with the African Program for Onchocerciasis Control (APOC) to help control river blindness. Lions Clubs International is a major partner with us in this work, and we recently received a major challenge grant from the Bill & Melinda Gates Foundation for the onchocerciasis work in the Americas. Last year, the Carter Center celebrated the 50 millionth cumulative treatment for river blindness that we have delivered in these 11 nations.

In two states of Nigeria, we are helping to demonstrate how interventions against lymphatic filariasis and schistosomiasis can be combined with our ongoing activities to control onchocerciasis. (We are still awaiting results of WHO-sponsored studies to confirm the safety of simultaneous administration of the three anthelmintic drugs for those three diseases.)

In the fight against trachoma, we are emphasizing work on hygienic and environmental interventions in six African countries, with support from the Conrad Hilton Foundation and Lions Clubs International Foundation. Since 1997, we have also been helping the faculties of five Ethiopian universities to train staff for more than 500 government-sponsored health centers that will serve rural populations in preventing and treating common diseases.

*The world health report 2001* described the tremendous magnitude and burden of mental illnesses around the world.

Currently, mental illnesses account for five of the 10 leading causes of disability for people aged 15 to 44, and by 2020 depression will be the second leading cause of all disability.

Of the 1.6 million violent deaths in the world annually – including homicides and military casualties – almost half are suicides. The tragedy is that a variety of effective treatments are now available for all mental illnesses but most people do not have access to them.

My wife Rosalynn has been one of the most persistent advocates for mental health, both in the United States and in other nations. She chairs the International Committee of Women Leaders, including female Heads of States, first ladies, and members of royalty, who join their interest in promoting mental health in their countries and reducing the stigma surrounding mental illnesses. Crossing all national boundaries, stigma remains the most pervasive barrier to people receiving appropriate mental health services.

While in Geneva, Rosalynn will speak at the technical briefing for ministers and staff on the resolution passed at the Fifty-fifth World Health Assembly endorsing the Mental Health Global Action Program [or Mental Health GAP].

The time is long past for the world to focus its attention on these terrible but highly treatable diseases.

Finally, the Carter Center has worked intensively since 1986, in partnership with the CDC, UNICEF, WHO, and many others, to help ministries of health and thousands of village volunteers reduce the incidence of dracunculiasis (guinea-worm disease) from an estimated 3.5 million cases to less than 33 000 cases last year – a reduction of over 99%. Thirteen of the original 20 endemic countries are now free or almost free of the disease, and 92% of the remaining cases are in Sudan, Ghana and Mali.

Dr Lee and UNICEF Deputy Executive Director Kul Guatam joined me in a productive visit to Ghana in February, where we met with President Kufuor, Minister of Health Afriyie and many others, and visited an endemic region. President Kufuor promised that Ghana would redouble its efforts to complete the eradication of dracunculiasis. I also visited Togo and Mali and discussed the residual guinea-worm problems there.

The most important obstacle to completing the eradication of dracunculiasis now, of course, is the war in Sudan, where 62% of the world's remaining cases are reported from the southern states. I am looking forward to meeting with the ministers of health from the 12 endemic African countries to discuss the final obstacles and ways to overcome them.

Before ending, I want to pay profound tribute to the roles played in the struggle to eradicate dracunculiasis by President Amadou Toumani Toure of Mali since 1992, and, for the past six years, by former Nigerian Head of State General (Dr) Yakubu Gowon. They exemplify the commitment we need from other political leaders in order to win the struggles against guinea-worm, AIDS, malaria, tuberculosis, poliomyelitis, measles and many other preventable diseases.

Beyond some of our own health activities that I had time to mention here, I have helped where I could, taking advantage of my access to Heads of State and other leaders in support of efforts to eradicate poliomyelitis and to control AIDS/HIV infections in Africa. All of us at the Carter Center stand ready to continue with you in our common struggle to achieve better health for all.

= = =