

## HISTORIC OPPORTUNITY

After more than 30 years of continuous struggle and with 148 cases reported to the World Health Organization (WHO) in 2013, the world is closer than ever to eradicating guinea-worm disease (dracunculiasis) as the first parasitic disease of humans and one which has afflicted humankind for centuries.

In the mid-1980s, guinea-worm disease was endemic in 20 countries in Africa, the Middle East and Asia, with 3.5 million estimated cases. In 2013, only four endemic countries reported cases: Chad, Ethiopia, Mali and South Sudan; 3 more cases were reported across the border of South Sudan in Sudan, where the last indigenous case was recorded in 2002.

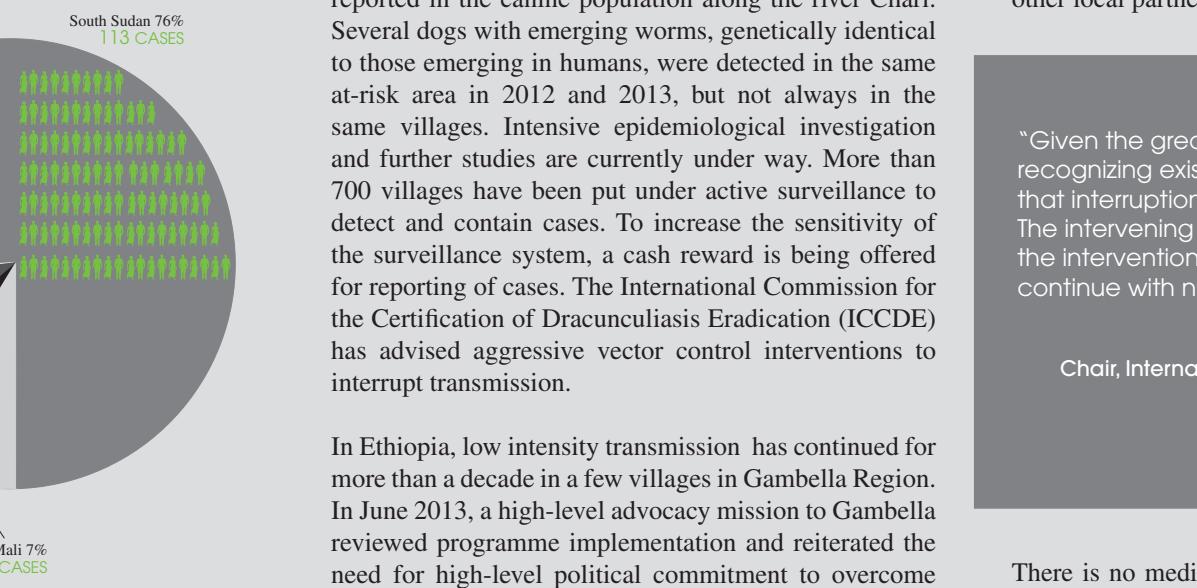
Nigeria, once highly endemic, was declared free of transmission in 2013 after implementing eradication measures for more than 25 years. Besides Nigeria, four additional countries were certified free in December 2013, bringing the total number to 197 countries, territories and areas (belonging to 185 WHO Member States) declared free. Nine countries, including those which still have to interrupt transmission, remain to be certified.

The achievement of this historic number of 148 cases is largely the result of the bold and determined efforts of the South Sudan Guinea Worm Eradication Programme, which in 2013 reported 113 cases, representing a reduction of 78% as compared with 521 cases reported by the country in 2012 and 1028 in 2011. Indigenous transmission is now localized in a few zones; during 2013, a total of 77 cases were reported from East Kapoeta county in Eastern Equatoria State.

However, Chad, Ethiopia, Mali have reported small increases in cases compared with 2012.

Widely publicized cash reward schemes can bolster the sensitivity of a country's overall surveillance system. The

## COUNTRIES REPORTING DRACUNCULIASIS CASES TO WHO IN 2013



## NEW CHALLENGES: INSECURITY IN AND ACCESS TO ENDEMIC AREAS

The dramatic progress achieved in South Sudan has been marred by civil strife, resulting in a humanitarian crisis. Current insecurity in South Sudan is a major constraint to eradication.

Following a coup d'état in Mali in 2012, security concerns have prevented the national programme from maintaining surveillance and operating fully. With a relatively improved security situation in the second half of 2013, surveillance has been strengthened in the north and in Malian refugee camps in Burkina Faso, Mauritania and Niger in an effort to prevent further spread of the disease. Mali is the only country in West Africa where transmission continues.

Maintaining surveillance in all recently freed areas until eradication is achieved is of crucial importance. This can be achieved through community-based surveillance and support from national Integrated Disease Surveillance and Response systems, which oversee interventions such as mass drug administration campaigns and national immunization days.

To achieve global certification of dracunculiasis eradication, WHO must formally certify every individual country even if no transmission has ever been recorded in that particular country.

\*[http://www.who.int/neglected\\_diseases/mediacentre/WHA\\_39.21\\_Eng.pdf](http://www.who.int/neglected_diseases/mediacentre/WHA_39.21_Eng.pdf)

In Chad, an unusual disease epidemiology has been reported in the canine population along the river Chari. Several dogs with emerging worms, genetically identical to those emerging in humans, were detected in the same at-risk area in 2012 and 2013, but not always in the same villages. Intensive epidemiological investigation and further studies are currently under way. More than 700 villages have been put under active surveillance to detect and contain cases. To increase the sensitivity of the surveillance system, a cash reward is being offered for reporting of cases. The International Commission for the Certification of Dracunculiasis Eradication (ICCDE) has advised aggressive vector control interventions to interrupt transmission.

**Given the great progress achieved to date yet recognizing existing challenges, we are optimistic that interruption of transmission will occur by 2015. The intervening 2 years are crucial to accelerate the interventions to interrupt transmission and continue with nationwide surveillance."**

Dr Abdul Rahman Al-Awadi  
Chair, International Commission for the Certification of Dracunculiasis Eradication

ICCDE recommends that at least 50% of individuals in concerned countries be aware of the correct amount of the cash reward. With 148 cases reported globally in 2013, all possible means of communication should be used to disseminate information about the existence of the reward in order to accelerate detection and investigation of all rumours of cases within 24 hours. Some countries, including Ghana and Nigeria, have made toll-free numbers available to encourage prompt reporting of all rumours.

Information-sharing and cross-border surveillance has been streamlined and intensified among endemic countries and non-endemic countries bordering them.

## FROM ELIMINATION TO ERADICATION

Despite operational challenges in many areas, more than 4300 rumours were reported to WHO in 2013, 89% of which were investigated within 24 hours of being notified.

In 1947, more than 48 million people were estimated to be affected by the disease in Africa and Asia. WHO estimated a prevalence of 10 million guinea-worm disease cases globally in 1976. In the mid-1980s, there were an estimated 3.5 million cases in 20 endemic countries in Africa, the Middle East and Asia.

In Ethiopia, low intensity transmission has continued for more than a decade in a few villages in Gambella Region. In June 2013, a high-level advocacy mission to Gambella reviewed programme implementation and reiterated the need for high-level political commitment to overcome challenges in eradicating guinea-worm disease in the region.

## CERTIFICATION

In Sudan, a total of 3 cases were reported in 2013 from a village just on the border with South Sudan. Villagers claim that unusual movement of people generated by security concerns near the border area in 2012 may have led to the contamination of the local surface water sources.

## PATTERN OF PROGRESS

During the past 5 years, the number of cases has continued to decrease steadily in response to scaling up of public health practices. These involve intensified surveillance and enhanced interventions in all endemic areas and those declared free of transmission; community sensitization; behavioural change communication; case-detection and prompt containment of cases, vector control and increased access to improved drinking-water sources. The determination of the endemic countries and

phase, surveillance is being consolidated by other activities such as household surveys during national immunization days or large-scale drug distribution campaigns in addition to the Integrated Disease Surveillance and Response Scheme.

Information-sharing and cross-border surveillance has been streamlined and intensified among endemic countries and non-endemic countries bordering them.

Eradiation now requires robust political support and a high level of public motivation to implement intensive surveillance activities, with the support of a local network of health workers and volunteers.

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12 endemic countries reinforce their commitment to eradicate the disease by 2015 by signing the Geneva Declaration. By the end of 2009, only 5 countries remained endemic, reporting a total of 319 cases.

**STEADFAST RESOLVE**

The WHO roadmap to end dracunculiasis targets global interruption of guinea-worm disease transmission by 2015.

In 2011, the World Health Assembly called on all Member States where guinea-worm disease was still endemic to expedite the interruption of transmission and enforce nationwide surveillance to achieve eradication. Distribution of the disease among populations living in the most remote areas makes it very difficult to control, particularly during conflict.

## ERADICATION DU VERDE GUINÉ

Intervening endemic countries have demonstrated their resolve, determination and strong country ownership to eradicate dracunculiasis.

Eradiation now requires robust political support and a high level of public motivation to implement intensive surveillance activities, with the support of a local network of health workers and volunteers.

**L'OPPORTUNITÉ HISTORIQUE DE NOUVEAUX DÉFIS EN DÉTERMINATION SANS FAILLIR**

In 1986, the World Health Assembly, WHO's governing body, adopted resolution WHA39.21\* on the elimination of dracunculiasis, recognizing the importance of this Decade and calling on all affected Member States to establish action plans for the elimination of guinea-worm disease and endorsing the strategy of provision of safe drinking-water source, active surveillance, health education, vector control and personal prophylaxis for the elimination of the infection. That same year, The Carter Center joined the battle and in partnership with WHO and UNICEF has been at the forefront of eradication activities. In 2004,

**ZÉRO TRANSMISSION 2015**

Today, 197 countries, territories and areas (belonging to 185 Member States) have been declared free of dracunculiasis transmission. The latest to attain this status in December 2013 include formerly endemic countries Côte d'Ivoire, Nigeria and Niger as well as Somalia and South Africa which have had no history of guinea-worm disease.

One of the largest and longest eradication campaigns was in Nigeria, which in 1988 was the most endemic country worldwide, reporting more than 650 000 cases. After more than 25 years of committed hard work, Nigeria achieved zero transmission in 2008.

Maintaining surveillance in all recently freed areas until eradication is achieved is of crucial importance. This can be achieved through community-based surveillance and support from national Integrated Disease Surveillance and Response systems, which oversee interventions such as mass drug administration campaigns and national immunization days.

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