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PROGRESS IN GUINEA WORM ERADICATION

PROGRES ENREGISTRES DANS L'ERADICATION DU VER DE GUINEE

**DRACUNCULIASIS NEAR ERADICATION CELEBRATION
WASHINGTON, 4 DECEMBER 1995**

***CELEBRATION DE LA PRE-ERADICATION DU VER DE GUINEE
WASHINGTON, 4 DECEMBRE, 1995***



**Division of Control of Tropical Diseases
Division de la Lutte contre les Maladies tropicales
WORLD HEALTH ORGANISATION
ORGANISATION MONDIALE DE LA SANTE**

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In 1986 the WHO World Health Assembly resolved that dracunculiasis could and should be eliminated. This decision was made possible by the extraordinary efforts that had been made, especially by Global 2000 and the Center for Disease Control, to demonstrate that this debilitating and costly disease can be eradicated.

Progress in the last 10 years has been dramatic with reported cases dropping from more than 3.5 million cases in 1986 to just under 165,000 cases in 1994, with a further reduction to approximately 100,000 cases expected by the end of 1995. Moreover, the number of endemic villages (reporting one or more cases in the past year) has been reduced from over 23,000 at the end of 1992 to less than 8,000 at the end of 1995.

Millions of individuals have become healthier and more productive through a strategy using village-based case detection, provision of safe drinking water, filtering water where safe water is not available, and health education. Now, in the final phase, a "case containment" strategy aims to accelerate the guinea worm eradication process by finding every single worm within 24 hours of its emergence, and applying individual as well as village-wide measures to ensure that no new infection occurs. In a number of countries, more than 80% of cases have been thus contained during 1995.

A 1995 award winning film, "Yoro, the Empty Granary" documents how these strategies are being successfully implemented in Mali. This film also shows the critical role played by Mali's former head of state, General Amadou Toumani Toure who continues to play a major role in mobilizing the political support of African leaders for guinea worm eradication in many of the afflicted countries.

Today's "celebration event" is to mark all of these accomplishments. This event also reaffirms our commitment to finishing what has been started, although the goal of eradicating guinea worm by the end of 1995, aimed for by Africa's Ministers of Health in 1988 and by the 1991 World Health Assembly, has not been completely achieved. Efforts should be redoubled until the remaining cases are eliminated and the disease completely eradicated. Success will be accomplished with the continued and strengthened efforts of WHO, UNDP, UNICEF, World Bank, national governments in afflicted and supporting countries, as well as Global 2000 and other NGOs. With sustained action and conviction, we shall succeed together to achieve our common goal.

Currently dracunculiasis is endemic in India and Yemen, and 16 African countries south of the Sahara. An estimated 120 million people are at risk of infection in Africa, and 10 million in Asia. Almost all (99.7%) of the 1994 reported cases occurred in Africa. Guinea worm is essentially a disease of rural communities: for example India is endemic because it

still has active foci located in the arid western state of Rajasthan. Previously affected areas of the country have been freed of this disease in recent years. Yemen, thought by many to be free of guinea worm, discovered two groups of endemic villages late in 1994 near the border with Saudi Arabia. Intervention activities were implemented immediately, and it is hoped to curb any further transmission of guinea worm.

With its many partners, the World Health Organization is working to strengthen eradication efforts in all countries which are or have recently been endemic for dracunculiasis. The WHO/UNICEF Joint Programme on Data Management and Mapping for Public Health will continue to be an essential part of our work. The goal is to collect and distribute continually updated maps and databases of all areas under surveillance, right down to the village level. The visualization of data on maps strengthens the monitoring and surveillance capabilities of countries, allowing them to better assess the situation and thereby facilitating effective targeting of interventions.

National monitoring and surveillance systems are also essential for certifying that the disease has in fact been eradicated from a country. The time has come to prepare for this long-sought goal.

An International Commission for Certification of Dracunculiasis Eradication was established during the 1995 World Health Assembly. WHO is to serve as its secretariat, providing information on the programme strategy, surveillance data and data analysis. The Commission is to meet in Geneva on 5 March 1996, for the first time.

The certification process currently being implemented will help maintain dracunculiasis eradication as a priority during the time it will take to eliminate the last foci, time during which pressure will no doubt grow to prematurely reduce its priority and withdraw needed international support. Through continued partnership efforts, guinea worm eradication will occur in the not-too-distant future.

Resources for the certification process will be concentrated within countries which are thought to be free of the disease, but which may have a higher likelihood of harbouring residual pockets of guinea worm (high risk - non endemic countries as shown on an attached map). An intensive search for residual foci needs to be carried out in a number of areas. The Arabian peninsula is an example of an area that was thought to be free of dracunculiasis, yet endemic villages are still being discovered. Countries which adjoin currently or very recently endemic countries must also be carefully searched.

Approaches to the certification of "probably-non-endemic" countries can and should be different from those applied in currently endemic countries, recently endemic countries, and countries considered to have a "high risk" of harbouring previously unrecognized foci of dracunculiasis. These "low-risk" countries are also indicated on the attached map. In order to certify that eradication has indeed been accomplished in a country, three consecu-

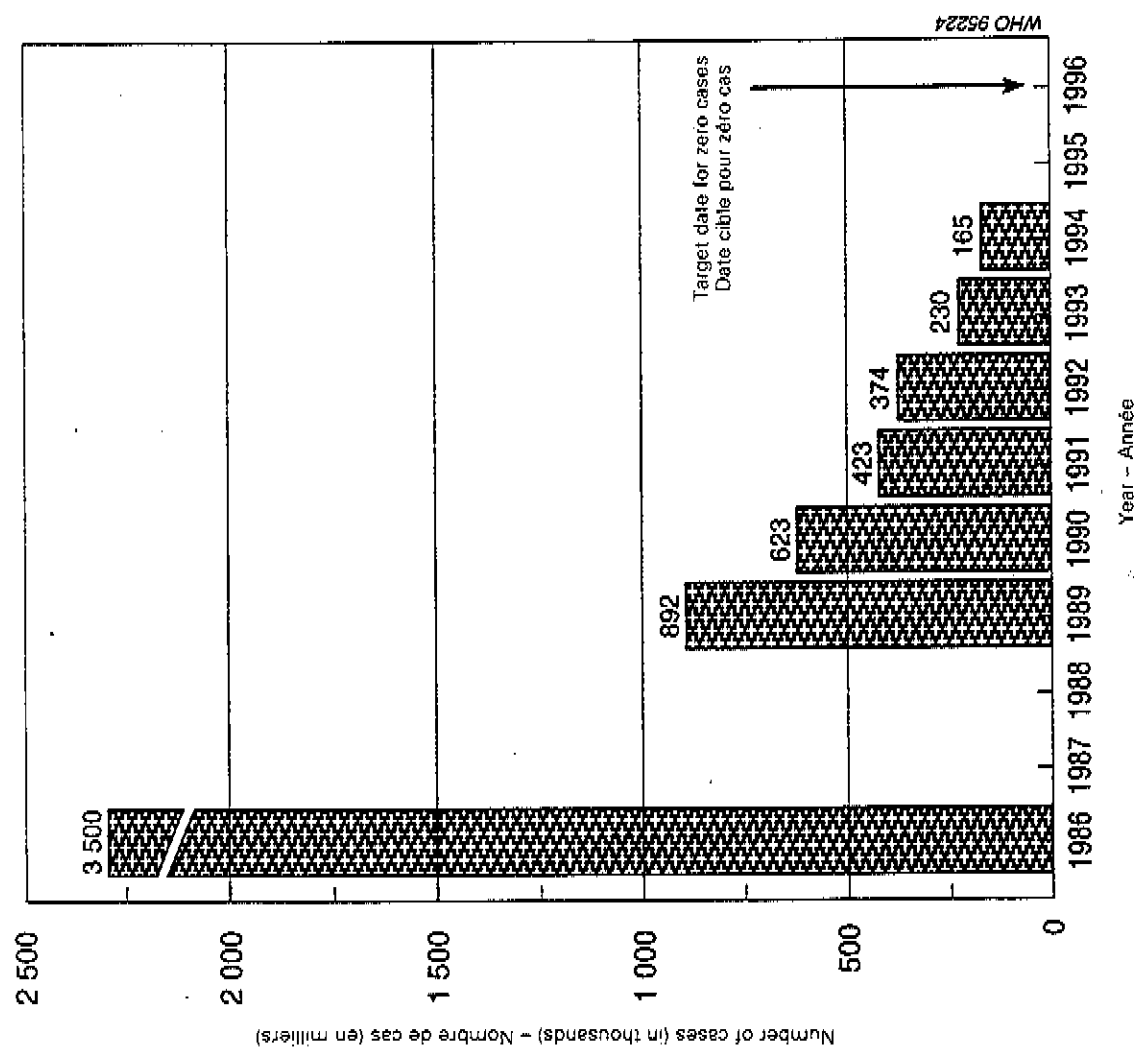
tive guinea-worm free years must be recorded, during which time good-quality disease surveillance is undertaken. For countries still endemic, such a system will be refined during regular annual meetings of programme managers and annual programme reviews. Criteria for certification of a country as "dracunculiasis-free" will be decided by the Certification Commission.

Cameroon, Central African Republic, Gambia, Guinea, Guinea Bissau, Iran, Kenya and Pakistan have an immediate need for guidance in preparing for Certification. Not one single case of guinea worm has been reported in Iran since the late 1970s. Pakistan reported its last case of guinea worm in September 1993, and when the certification process is complete it will become the first country to have eradicated dracunculiasis since the 1986 World Health Assembly resolution.

An estimated \$8 million still needs to be raised for completing disease interruption. The global certification costs have been estimated at \$ 2 million.

Although both of these figures are significant, the resources required are minuscule compared with benefits already accruing to populations freed from dracunculiasis. Together we must now secure these same benefits for people still afflicted by this disease, to thus assure the millions in Africa and Asia that they need never fear guinea worm again.

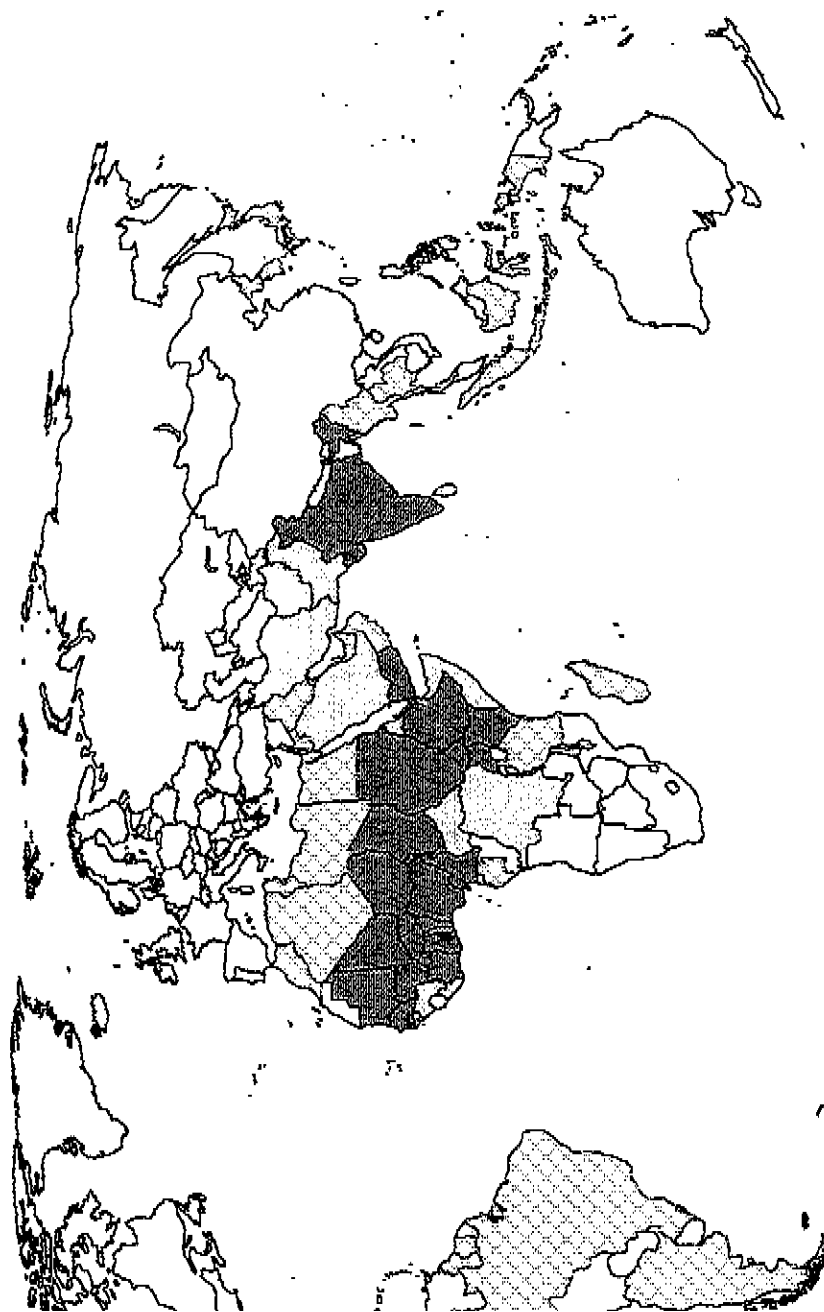
Fig. 1 Number of cases of dracunculiasis, by year, 1986,^a 1989-1993, ^b and 1994



^a Estimate. - Estimation.

^b See No. 17, 1994, pp. 121-128. - Voir No 17, 1994, pp. 121-128.

Dracunculiasis/Dracunculose



démie
"à haut risque"
"à faible risque"

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