CTD/UNICEF/JC/96.1

UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY

GUINEA WORM ERADICATION PROGRAMME

INTERSECRETARIAT MEETING
12-13 FEBRUARY 1996
GENEVA, SWITZERLAND

Division of Control of Tropical Diseases
WORLD HEALTH ORGANIZATION

Background

Guinea worm disease has been the object of a global campaign that was initiated in 1980, in conjunction with the beginning of the International Drinking Water Supply and Sanitation Decade (1981-1990). The eradication of dracunculiasis is a common goal for WHO and UNICEF. The World Summit for Children aimed to eliminate guinea worm disease (dracunculiasis) by the year 2000, and in 1991 World Health Assembly declared (WHA44.5) its "commitment to the goal of eradicating dracunculiasis by the end of 1995, this being technically feasible given appropriate political, social, and economic support". Similarly, the mid-decade goal of the World Summit for Children was also to interrupt guinea worm disease transmission in all affected villages by the end of 1995. In September 1995, the 45th session of WHO's Regional Committee for Africa (WHO/AFRO) urged all the affected Member States (i) to "take appropriate measures to maintain the commitment of communities and other partners until the disease is eradicated" and (ii) to "strengthen community-based active surveillance, while integrating it into primary health care activities". Among other things, it also invited the Collaborating Agencies involved in dracunculiasis eradication to "maintain their support to endemic countries in their efforts to eradicate dracunculiasis".

By the time of our present meeting, dracunculiasis eradication has been 97% accomplished, with the global number of cases reduced from an estimated 3.5 million in 1986 to approximately 110,000 by the end of 1995, and a reduction in the number of endemic villages from over 23,000 at the end of 1992 to fewer than 8,000 at the end of 1995. By that time, many of these villages were experiencing just a handful of cases each, and even the average number of cases/village was only 14; one country had already been free of dracunculiasis since October 1993, and 5 more had fewer than 100 cases in 1995; essentially half of the dracunculiasis remaining was to be found in one single, conflict-ridden country; several countries were reporting reductions of 75-95% for the final quarter compared to the same period in 1994; and at least 8 endemic countries reported containing over 80% of cases, even using the strict criteria established for making such a claim.

Eradication Strategies

The basic strategy adopted for eradication comprises a combination of effective interventions and approaches:

- Identification of all infected villages
- Establishment of community based surveillance and intervention in all endemic villages.
- Health education, distribution of filter materials and community mobilization.
- Targeting of appropriate water supply systems.
- Development of case containment measures, currently being implemented in all endemic countries.
- Monitoring of the dracunculiasis situation through the use of Geographic Information Systems (GIS).
- Integration of dracunculiasis eradication activities with other community based health interventions.
- Interagency collaboration, and
- Certification of eradication.

Disease Global Incidence and Control Efforts.

Very substantial progress was made towards the eradication of guinea worm disease in the first half of the decade. However, there remains considerable work to be done - and opportunities to be capitalized on - in this disease eradication effort. The number of cases of guinea worm disease has been reduced by more than 95% over the past decade, from an estimated 3.5 million cases in mid-1980s to a reported approximately 110,000 cases in less than 8,000 endemic villages in 1995. Most countries have reduced the number of reported cases of the disease by one-third or more compared to 1994 - during 1994, the global incidence was approximately 170,000 cases in 10,296 endemic villages. Guinea worm disease is now endemic in 16 African countries in addition to Yemen and India. It is no longer endemic in Guinea, Gambia and Pakistan. Cameroon, CAR, India, and Kenya are also on the verge of eradication.

Globally, surveillance and at least two or three control interventions are in place in most accessible endemic villages. With support from UNICEF, WHO, Global 2000 and others, countries are strengthening the monitoring of surveillance systems and programme interventions. UNICEF and WHO are in particular collaborating to maintain computerised epidemiological maps of endemic areas, an increasingly important tool in the eradication of this disease. In addition, during 1995, all endemic countries have initiated case containment activities and nearly 33% of cases reported have been fully contained for the year as a whole, while at least eight endemic countries were reportedly containing over 80% of cases by the end of 1995.

Eradication efforts are already having significant and beneficial impacts on overall health, agricultural productivity and school attendance. Success in eliminating Guinea worm disease greatly strengthens the confidence of communities, families and individuals.

These achievements of the 18 endemic countries and their international partners is all more remarkable since national Guinea worm disease eradication programmes only got underway in most countries in 1990 or later.

Key partners with governments of endemic countries continue to be, UNICEF, WHO, Global 2000, the Carter Center, USAID, the US Peace Corps, the World Bank, the Japanese International Cooperation Agency (JICA), the Canadian International Development Agency (CIDA), the government of Norway, the French Cooperation and other governmental and non-governmental agencies.

Principal obstacles to eradication have included conflicts and insecurity such as those in parts of Mali, Ghana, Ethiopia, Nigeria, Uganda and the strife torn areas in and around Southern Sudan where additional technical, operational and financial assistance will be required. Now, the threat of insufficient funding is clearly threatening some national Guinea worm eradication programmes, in spite of the remarkable results they are achieving.

UNICEF/WHO Key Areas of Collaboration

Collaboration is taking place in three main areas:

- ***The UNICEF/WHO Interagency Technical Assistance Team (Itech)***. Created in 1992 and based in Ouagadougou, Itech aims at providing ongoing technical support to national guinea worm eradication programmes in West and Central Africa, UNICEF and WHO country offices and other interested parties. It concentrates on helping with effective surveillance systems and interventions. More specifically the team has played a critical role in strengthening capacities of guinea worm disease endemic countries in Africa in the community based surveillance also required for the eradication of poliomyelitis, the elimination of neonatal tetanus and in measles control. Itech also supports countries in the planning and implementation of programme interventions including health education and case containment, and in monitoring of programme performance. In September 1993, a UNICEF Senior Project Officer was placed in Kenya to fulfill Itech's functions in the endemic countries of East Africa.

  During 1996-1997, it is planned that the interagency assistance team called Itech will change its focus, in that its purpose is to be considerably broadened. The work of Itech is now to emphasise assistance for actions which will simultaneously; (i) help eradicate dracunculiasis; (ii) strengthen the effectiveness of other disease control programmes such as polio and neo-natal tetanus; (iii) strengthen the capabilities of communities to identify, monitor and act on local health problems responsive to behavioral and local environmental changes; and (iv) strengthen the capability of health centers to reach out to communities with essential services, and to be responsive to the needs of the communities.

- ***The WHO/UNICEF Joint Programme on Health Mapping & Geographic Information System*** (originally known as DEPGIS, now DataMap). Created in late 1993 within the Dracunculiasis Eradication Programme in the Division of Control of Tropical diseases at WHO, the initial objective of this programme was to provide support to Guinea Worm endemic countries in the development of a Geographic Information System (GIS), for monitoring of the disease and eradication activities. To date, a monitoring system has been put in place in 20 countries in Africa through the establishment of a large databank of essential village-level data. A GIS has been established in 14 of the 16 endemic countries on that continent. GIS focal points were identified and trained in automated cartography, Atlas GIS, and in the basics of using hand-held Global Positioning Systems (GPS) units for satellite determination of the coordinates of latitude and longitude. Digitized maps and baseline village databases including the locations of water-points, schools and health centers were distributed to countries for which the relevant information is available.

Mapping has presented itself as an important entry-point for an integrated approach to data collection and management and provides an opportunity in terms of strengthened inter-agency and inter-sectoral collaboration efforts.

In 1996-1997, there are plans to continue this area of collaboration between UNICEF and WHO. Operational objectives include: (I) extending the system to incorporate all villages in the concerned countries, (ii) developing a system to include other health and social indicators; and (iii) the strengthening of technical capacities for mapping and database development in all 20 countries of interest.

- ***Joint UNICEF/WHO appeals to donors for support of country programmes.*** In the current situation, where countries are at risk of faltering in their dracunculiasis eradication efforts for lack of sufficient funding to maintain case-containment and disease surveillance activities at the 1995 level, just when they are closely approaching the goal of guinea worm eradication, UNICEF and WHO have explored the possibility of co-ordinated appeals to interested donors. Both UNICEF and WHO find it particularly disconcerting that this funding gap is widening just as countries are getting so close to dracunculiasis eradication, and in spite of the recent impressive achievements described in the introduction.

In addition to encouraging donor countries to fund dracunculiasis eradication efforts through whatever bilateral and multilateral channels they may find appropriate, both UNICEF and WHO will continue to seek funding for their own activities towards helping countries interrupt guinea worm transmission. WHO has estimated that $8 million will suffice to completely stop guinea worm disease transmission globally, unless major difficulties are encountered in currently conflict-ridden parts of Sudan. WHO's certification-of-eradication activities are expected to cost an additional $ 2 million.

Next Steps

In reaching out to remote villages, guinea worm disease eradication programmes have been able to build health systems capacity which both organizations hope can provide a foundation for other basic, community-based health interventions - such as surveillance for vaccine preventable diseases, community health education and improved nutrition - in these previously under-served communities.

The challenge now is to ensure that the remaining cases of dracunculiasis are eliminated as quickly as is technically feasible - through surveillance combined with case-containment, and other interventions - while accelerating efforts to incorporate guinea worm disease eradication into a broader framework that responds to other causes of infant and child morbidity and mortality and contributes to the major goals for "Child Survival, Development and Protection" in a synergistic fashion.

In May 1995, WHO's Director General established the International Commission for the Certification of Dracunculiasis Eradication, which is to have its first meeting in Geneva on March 5, 1996. WHO also added one professional to its staff during 1995, to help with the final phase of the eradication effort and with the process of certifying dracunculiasis eradication. Seventy countries will need special attention during this certification process, which should be completed 3 years after the last case of guinea worm disease is reported anywhere in the world.

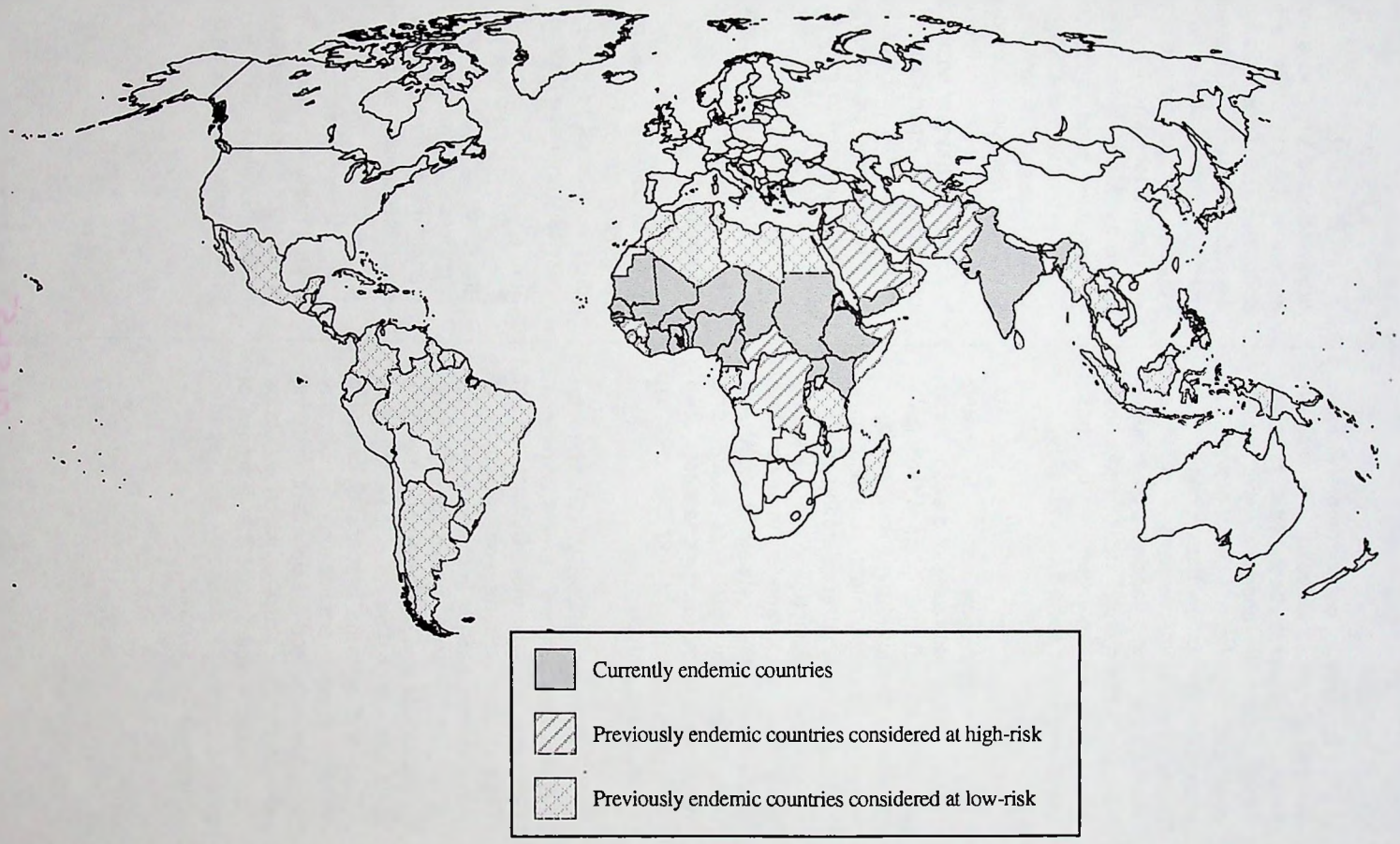
Future priorities

The goal of dracunculiasis eradication has enabled a vast monitoring system to be put in place in 20 African countries. This large databank, providing essential village-level statistics, can be used to track disease, identify targets, support decision-makers and provide information for overall management and planning. Many other disease control programmes such as the Onchocerciasis Control Programme [OCP], the African Onchocerciasis Control Programme [APOC], Dengue, Leprosy, Malaria, Schistosomiasis and Sleeping Sickness programmes have requested the resources and technical expertise now available. To respond to these requests and to ensure that the technical capacities and resources can be maximised to the full, GIS is being expanded to:

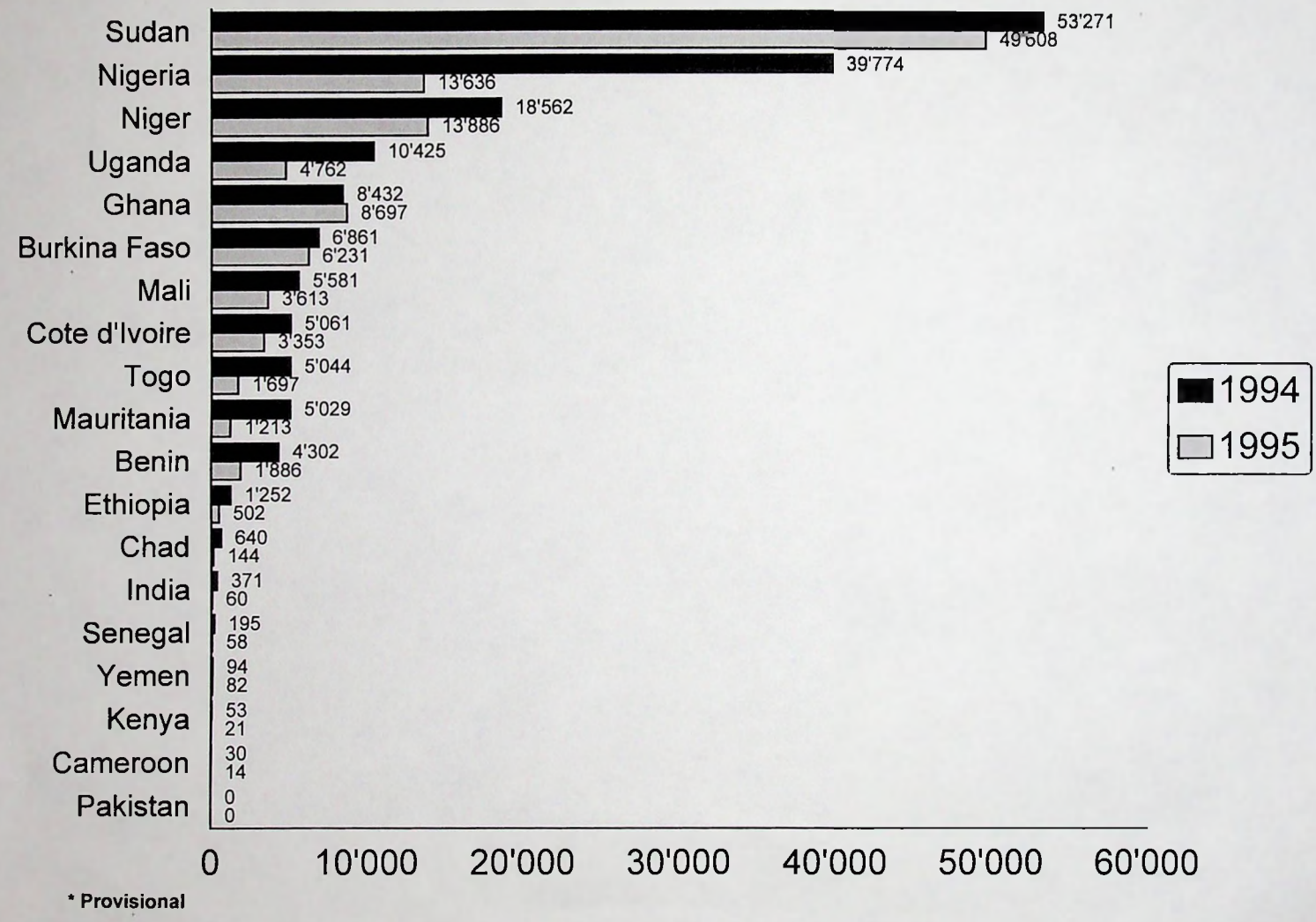
- provide mapping services to other disease control and public health programmes;
- to cover a greater geographic area comprising all countries in Sub-Saharan Africa as well as to those countries who specifically request a service;
- to continue developing/ strengthening in-country technical capacities in mapping and database management through the delivery of specialised training programmes.

Whereas some expansion of the system has taken place during 1995, most of the efforts in this respect will be focused on the biennium 1996-1997, for which a Plan of Activities has been developed.

Dracunculiasis



Number of reported cases of dracunculiasis in 1994 and 1995 *



* Provisional