





## E F A A C E

The goal of the campaign is to certify all countries as free of Guinea worm disease. The following phases outline the remaining work to be done and the lead external organizations. The Carter Center and WHO support national ministries of health, national Guinea worm eradication programs, and affected communities in these efforts. Governments of affected countries are the leaders of their national programs and key partners with The Carter Center and WHO.

### Phase 1

- Ensure 100 percent coverage of active surveillance in remaining endemic areas, including regular case searches, investigation and documentation of, and response to, rumored cases and Guinea worm infections within 24 hours. (The Carter Center and Ministries of Health)
- Maintain surveillance and response capacity in areas of endemic countries where transmission has been stopped. (The Carter Center and Ministries of Health)
- Continue health education and mobilization, including containment of cases and animal infections, distribution of cloth and pipe water filters, application of Abate larvicide, access to safe drinking water (supported by UNICEF), and promotion of national cash rewards for reporting cases. (The Carter Center and Ministries of Health)
- Conduct ongoing advocacy at national and international levels for continued support and funding to achieve eradication as mandated by the World Health Assembly. (The Carter Center and WHO)
- Maintain cross-border surveillance and response capacity to prevent importation of cases and ensure that eradication status is maintained in all countries that have already been certified. (WHO and Ministries of Health)

### Phase 2

- Continue active surveillance and immediate investigation of rumored cases in the final endemic areas. (The Carter Center and Ministries of Health)
- Conduct ongoing advocacy at national and international levels for continued support and funding to achieve eradication. (The Carter Center and WHO)
- Facilitate external assessments to verify national claims that transmission has been interrupted. (WHO)
- Implement a global reward for reporting Guinea worm infection in humans and animals. (WHO)
- Continue to maintain cross-border surveillance and response capacity to prevent importation of cases and ensure that eradication status is maintained in all countries that have already been certified.<sup>3</sup> (WHO and Ministries of Health)

### Phase 3

- Continue promotion of cash rewards for reporting suspected cases. (WHO and Ministries of Health)
- Assist countries in preparing a report for the International Commission for the Certification of Dracunculiasis Eradication (ICCDE). (WHO)
- Certify the remaining seven countries, based on ICCDE assessment: Chad, Ethiopia, Mali, South Sudan, Sudan, Angola, and the Democratic Republic of Congo. (WHO)

## CA E F A A C A E A D C A

The consequences of Guinea worm disease extend beyond individual suffering to significant, community-wide economic and social burden, inhibiting development and perpetuating a cycle of poverty and disease.<sup>4</sup> Due to its detrimental effects, Guinea worm disease is both a symptom of and a contributor to poverty.

The economic hardship on poor rural communities is particularly severe and aggravated by the seasonality of transmission, which coincides with peak agricultural activities. Agricultural laborers infected with *D. medinensis*

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[www.cartercenter.org](http://www.cartercenter.org) stopping transmission, and ensuring optimal surveillance