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# Research/Recherche

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## Strategies for dracunculiasis eradication

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*In 1991, the Forty-fourth World Health Assembly declared the goal of eradicating dracunculiasis ( Guinea*

*worm disease) by the end of 1995. This article summarizes the recommended strategies for surveillance and interventions in national dracunculiasis eradication programmes. It is based on personal experience with dracunculiasis programmes in Ghana, Nigeria and Pakistan. Three phases are described: estab-*

own lives and other benefits resulting from the elimination of this disease. Priority should be given to those endemic illnesses or areas that manifest the

necessary to develop plans of action for each endemic state or region. In most instances, it will be advisable for the programme to establish a

most willingness to help themselves

make use of an existing intersectoral committee or

The fundamental difference between an eradication programme and a control programme is critical to understanding the need for some of the strategies recommended in this paper. While a control programme may aim to reduce the incidence of a disease until the disease is no longer a public

national task force in order to facilitate mobilization and coordination of the diverse governmental and other agencies whose contributions are needed, such as the government ministries concerned with health, water supplies, and information.

National secretariats in support of the national

on village-based workers, one or more in each known endemic village, to maintain village-based case registers and provide monthly reports of cases as they occur. The advantages of the latter system are that it provides more accurate surveillance,

The third Nigerian survey in 1990–91 covered the known endemic local government areas only, and included intervention measures, after which that programme began converting to village-based monthly reporting, using primary health care workers where

Fig. 1. Schema for a dracunculiasis eradication programme.

demand for cloth filters by providing timely supplies

iasis are also only a small fraction of all such

The programme in Dakin, Les Comores

Table 1. Mean number of cases per year

Figure 1. Analysis of health education programmes

Table 2. Mean number of cases per year

in Pakistan from the beginning of 1990 (6); orientation to the new strategy began in February, two months before the onset of the transmission season. Key elements of this strategy, compared to the previous strategy in Pakistan, were the use of new case investigation forms for VIs and sector supervisors, which ensured that all the appropriate questions were asked and all the prescribed control measures were carried out, whenever a case occurred, and use of revised performance criteria to encourage and monitor the promptness with which these measures were taken. By the end of August 1990, when a

it is expected that Pakistan will probably have no more indigenous cases of dracunculiasis.

WHO will expect recently endemic countries to maintain adequate surveillance for at least three years following the last indigenous case, so that they may qualify for certification of elimination. Thus surveillance is also the key to documenting the eradication process.

## Discussion

The critical importance of the first national active

45 000 cases in 1983, had reduced its annual cases by

country, while the UNICEF mission to Nigeria and the

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vées à des situations particulières, soigneusement

for Disease Eradication. *Morbidity and mortality*  
weekly report 20: 200-210 (1969)