



THE  
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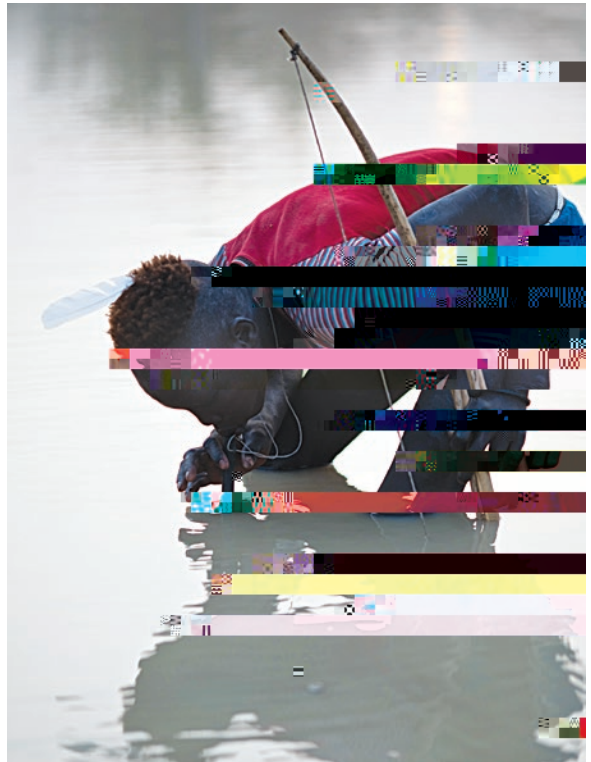


# GUINEA WORM ERADICATION PROGRAM

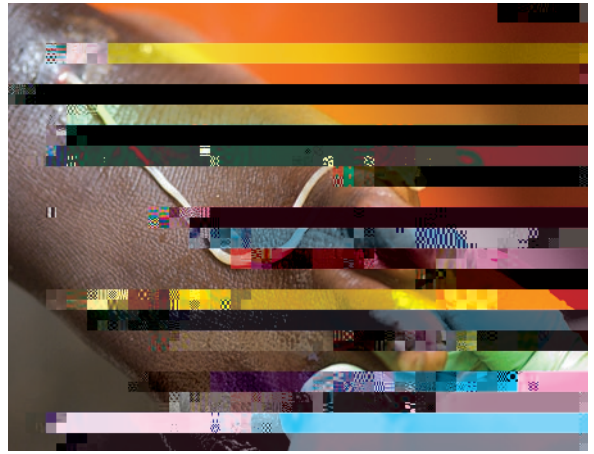
An ancient and horrible affliction, Guinea worm disease (*dracunculiasis*) is poised to become only the second disease to be eradicated from earth, and the first without using vaccines or medicines, thanks to a three-decades-long international campaign led by The Carter Center.

The disease is contracted when a person drinks contaminated water that contains tiny water fleas harboring the infective worm. Inside the person's abdomen, the larvae mature and grow, sometimes to a length of 3 feet. Guinea worm often is called the "fiery serpent" for the painful, burning sensation that occurs when, after a year, a threadlike Guinea worm slowly emerges through a blister in the skin. The emerging worm must be manually pulled from the body by carefully winding it around a stick a little each day for one to two months. Often people suffer from more than one worm at a time, and the incapacitating wounds caused by the worms can take months to heal.

Guinea worm disease is prevented through health education and other low-tech methods, such as ensuring that everyone in an endemic community uses freely provided nylon filters to strain the Guinea worm larvae from drinking water. People who have emerging worms are taught not to enter water sources, so they do not unwittingly allow the worms to release larvae into the water and continue the life cycle of the parasite. Also, stagnant ponds used for drinking water are treated with the safe larvicide Abate, donated by BASF Corp.



Eradication of Guinea worm has required unprecedented coordination among The Carter Center, national ministries of health, the Centers for Disease Control and Prevention, the World Health Organization, UNICEF, and other partners. So far, the program has achieved great success. Since The Carter Center began the effort to eradicate Guinea worm disease in 1986, cases have been reduced by more than 99.9 percent from 3.5 million. Most of the endemic countries have eliminated the disease, and today the Center is battling Guinea worm in a handful of locations, with eradication on the horizon.



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The Carter Center is a leader in the fight against the debilitating parasitic infection river blindness (onchocerciasis). Spread through the bite of a small black fly that breeds in rapidly flowing waters along fertile riverbanks, river blindness can cause intense itching, eyesight damage, and often blindness.

The Carter Center assists national ministries of health in

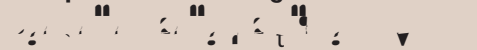
## HOW WE WORK



### Grass-roots Health Care



### Simple Measures, Big Results



One of the world's leading causes of preventable blindness, trachoma spreads easily from person to person. Of the 190 million people at risk for trachoma, most are children, and 75 percent of those blinded by it are women.

Trachoma, an infectious disease, is prevalent in poor, rural communities that lack the tools for basic hygiene, clean water, and adequate sanitation. It is spread via contact with dirty clothes, hands, and flies that are attracted to people's eyes. In the advanced stage of the disease, called trichiasis, a person's eyelashes turn inward, scraping the cornea with every excruciating blink, causing scarring, diminished vision, and, eventually, blindness.


To eliminate trachoma as a public health problem, The Carter Center, working with ministries of health



The Carter Center has shown that lymphatic filariasis transmission can be interrupted on a large scale in Nigeria, Africa's most endemic country, through mass drug treatment and health education. The Center has assisted Nigeria's national lymphatic filariasis program since 1998; it also works with Haiti and the Dominican Republic to eliminate the disease. These efforts stem from a determination by the Center's International Task Force







In terms of socioeconomic and public health impact, schistosomiasis, also known as bilharzia or snail fever, is second only to malaria as the most devastating parasitic disease in tropical countries. Approximately 20 million Nigerians, including 16 million children, need to be treated for schistosomiasis, making the country one of the most endemic in the world.

The Carter Center works in Nigeria to help the government provide health education and schistosomiasis treatment to communities in six states—Delta, Ebonyi, Edo, Enugu, Nasarawa, and Plateau—where the need is greatest.

Schistosomiasis is contracted easily through any contact with contaminated freshwater, including

# Cross-Border Coordination

1. The first step in cross-border coordination is to identify the relevant stakeholders and their interests. This involves understanding the different perspectives of the countries involved and the organizations that are affected by the coordination effort.

2. Once the stakeholders are identified, the next step is to establish a common goal and a set of shared values. This is essential for building trust and cooperation between the different parties involved.

3. The third step is to develop a clear and concise communication plan. This plan should outline the frequency and format of communication, as well as the roles and responsibilities of each stakeholder.

4. The fourth step is to implement the communication plan and monitor the progress of the coordination effort. This involves regular communication and reporting to ensure that all parties are on the same page and that the coordination effort is moving forward as planned.

5. Finally, the fifth step is to evaluate the effectiveness of the cross-border coordination effort. This involves assessing the impact of the coordination on the different stakeholders and the overall progress of the project.

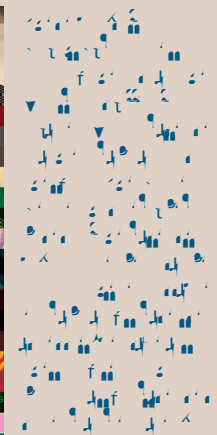
6. The sixth step is to identify the key challenges and opportunities in cross-border coordination. This involves understanding the different cultural, legal, and political factors that can impact the coordination effort.

7. The seventh step is to develop strategies to address these challenges and opportunities. This involves identifying the most effective ways to overcome the different barriers to cross-border coordination and to leverage the different strengths of the different countries and organizations involved.

## Aiming for Zero



## International Task Force for Disease Eradication

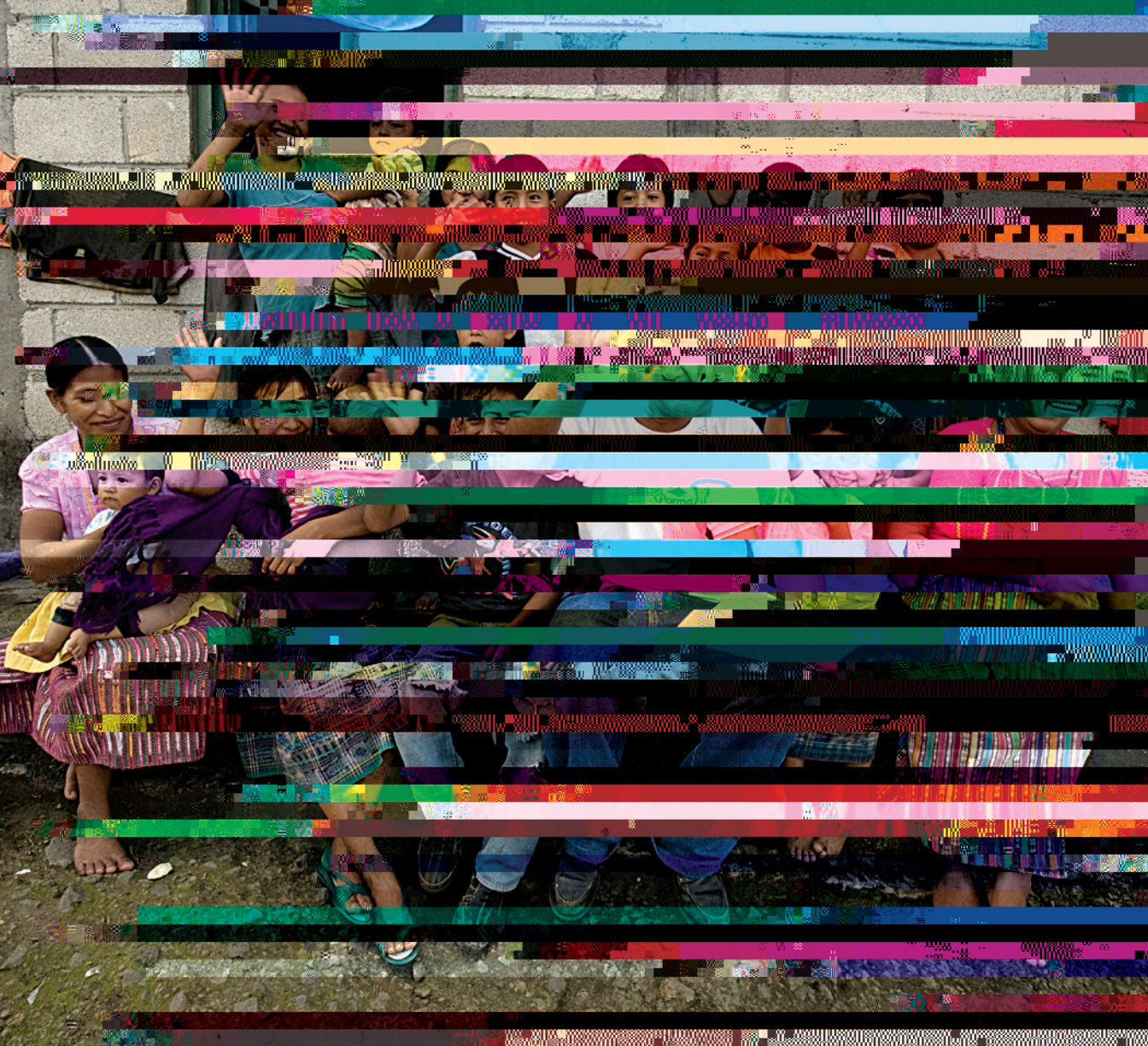












Thank You.



*A not-for-profit, nongovernmental organization, The Carter Center has helped to improve life for people in more than 80 countries by resolving conflicts; advancing democracy, human rights, and economic opportunity; preventing diseases; and improving mental health care. The Carter Center was founded in 1982 by former U.S. President Jimmy Carter and former First Lady Rosalynn Carter, in partnership with Emory University, to advance peace and health worldwide.*

