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Sustainability in guinea worm eradication programme
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FOLLOWING AN AGREEMENT between by Global 2000 of Carter Foundation and the Nigerian Ministry of Health, the Nigeria Guinea Worm Eradication Programme (NIGEP) was inaugurated in 1988 with the objective of eradicating guinea worm disease from Nigeria by 31 December, 1995.

This paper examines strategies and structures established by NIGEP to ensure sustainability of eradication in the post-intervention period. It maintains that without maximum participation and empowerment of endemic communities towards guinea worm eradication, the sustainability of programme objectives in the post-intervention period may be jeopardized. South East Zone is focus for discussing this paper.

Status of programme
At the apex of the organizational framework of the programme is the National Steering Committee (NSC), a body which co-ordinates eradication activities on a nation-wide scale, provides linkage between NIGEP and agencies participating in the programme. Four Zonal Task Forces (ZTFs) replicate the functions of the NSC at the Zonal level, each overseen by a Zonal Facilitator. State Task Forces (STFs) liaise with the Zonal office and State Governments. Within the State, Local Government Task Forces and Village-Based Health Workers (VBHWs) are the pivot of the eradication programme, reporting and managing cases and providing continuous health education in endemic communities. Their role has been enhanced by the establishment of Village Guinea Worm Eradication Task Forces (VTFs). By providing VBHWs with the support of local authorities, VTFs have integrated programme objectives with traditional and local patterns of governance (Fig. 1).

Thus far, NIGEP has recorded an 88% reduction in number of cases nationwide from 1988 to 1993 (Fig 2). NIGEP South East Zone has recorded a reduction of 93.6% in cases from 278,635 cases in 1988 to 17,685 in December, 1994 (Figs. 3 & 4). (NIGEP 1991, 1992, 1993, 1994)

This reduction has been achieved through health education, filter distribution/use, case management and water source protection. Chemical treatment of ponds with abate and provision of new water sources have only begun to feature significantly in eradication activities during the past one year (Fig. 5).

Strategy for sustainability
Health education is already being provided continuously by VBHWs and teachers but it is crucial that it be intensified at this time. The communities are being encouraged to take up surveillance of guinea worm related activities for themselves beyond 1995. The rehabilitation of broken wells and provision of hand dug wells, sand filtration and rain harvestation systems have commenced in the South East Zone both as a final onslaught against the guinea worm disease and as a basis for its sustainable eradication. In view of the high level of awareness of the aetiology of the disease, the production and distribution of cloth filters will become unnecessary once safe water sources are available to endemic communities. The de-
emphasis of NIGEP’s focal strategy thus becomes a signal for community empowerment, with a view to stopping further transmission of the disease and contamination of water sources.

The eradication of guinea worm is demonstrably sustainable where the following conditions exist:

- A high level of awareness of the aetiology of the disease which has been achieved through NIGEP’s South East Zone intensive and continuous health education especially in schools.
- Active surveillance to detect and manage new cases in order to prevent contamination of water sources which is already in place.
- The provision of adequate safe water supply which is the thrust of intervention in the last transmission season.
- A community based initiative which will monitor, supervise and ensure compliance in the post-intervention period. This has been initiated in the formation of village Task Forces.

Obviously, the sustainability of guinea worm eradication is hinged on a community based initiative. In NIGEP South East Zone, Village Guinea worm Eradication Task Forces (VTFs) have been inaugurated in 1,239 (89%) of the 1,396 endemic villages.

VTFs are constituted by religious leaders, teachers, representatives of women’s groups, age grade leaders, health club leaders, village development officers, leaders of village development committees, etc. Each VTF has the village head as its chairman and the VBHW as secretary and is charged with protection of existing water sources, pond treatment with abate as well as provision of a safe alternative water source (preferably hand dug wells).

In addition to the specific ends to which the VTF can be put in the sustainable eradication of Guinea worm, its distinct polyvalent prospects are immediately discernable. Central to the use of the VTF as a community based initiative is the fact that it makes guinea worm eradication sustainable while at the same time empowering the endemic community to achieve this.
References