

Nigeria's dracunculiasis eradication triumph and the need for caution

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The nearly complete eradication of the Guinea worm in Nigeria—from more than 600,000 reported cases in 1988 to zero in 2009 [1]—is a welcome development and a remarkable feat achieved through the efforts of the Carter Center, the Yakubu Gowon Foundation, and the World Health Organization [2]. They deserve a high level of appreciation for identifying a health-care issue and investing a considerable amount of capital in both general awareness campaigns and the provision of bore-hole water for people in the most endemic rural settings.

The impact of these massive socio-capital and financial investments is reflected in the increasing awareness of the dangers in drinking infected or unclean water by rural dwellers. However, in spite of the significant reduction in dracunculiasis prevalence, inherent socio-cultural habits and economic factors suggest it is still too early to declare a total victory. For example, many rural dwellers still adhere to restrictive and often harmful traditional beliefs that infectious diseases have spiritual undertones that can be prevented or treated by seeking spiritual interventions, including bathing in the public stream or rivers to “wash away the evil spell” as opposed to seeking medical treatment.

Furthermore, in the absence of well-coordinated surveillance monitoring within the country's health system and lack of functioning health-care centres, the incidence occurrences may well still be present in the population but unnoticed by the appropriate authorities. The recently confirmed case of Guinea worm in the village of Budo-Philips in the southwest region of Nigeria [3] is further indication that more work must still be done.

Perhaps more relevant than reporting the eradication of the Guinea-worm is acknowledging the Nigerian government's low health-care budget and inability to deliver drinkable water to the citizens [4], resulting in the recent ranking of Nigeria as a country with one of the world's highest prevalences of water-borne diseases [5].

All these factors call for caution and the need for careful management of early enthusiasm on the apparent eradication of the Guinea worm to prevent retrogression. Establishing a sufficient health-care budget to subsidize both education and health care, and providing safe water to the communities are important strategies necessary for in improving the health of the people in Nigeria.

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