



Fourth Hideyo Noguchi Africa Prize Given to Guinea Worm Eradication Program and two South African Doctors

Addis Ababa – The Government of Japan has decided to award the Fourth Hideyo Noguchi Africa Prize to Guinea Worm Eradication Program for Medical Services Category (The Carter Center in partnership with all stakeholders in Africa), and Drs. Salim S. Abdool Karim and Quarraisha Abdool Karim (RSA) for Medical Research Category.

Medical Services Category Guinea Worm Eradication Program

Medical Research Category Dr. Salim S. Abdool Karim and Dr. Quarraisha Abdool Karim (Republic of South Africa (RSA))

Named after a prominent bacteriologist who died of yellow fever in Ghana in 1928 while he was investigating the method to prevent and treat the disease, the Hideyo Noguchi Africa Prize is awarded to those who made outstanding achievements in the fields of medical research and medical activities to combat infectious and other diseases in Africa, and who have contributed to improving the health and welfare of the African people.

Guinea Worm Eradication Program, which received this year's award in the field of Medical Service activities, has been working toward the eradication of the disease in Africa since 1980 and in Ethiopia since 1991. Led by Carter Center and carried out in partnership with Ministries of Health in Africa, communities, NGOs and key partners like WHO, the program has achieved the near eradication of the disease. In Ethiopia, Ethiopian Public Health Institute (EPHI) Gambella Regional Health Bureau, WHO and Carter Center have been leading tackling in Gambella.

For more details on Guinea Worm Eradication Program, please find the attachment file below.

For media inquiries, please contact Dejene Sakoume at the Embassy of Japan via dejene.sakoume@ad.mofa.go.jp and +251-11-667-1166 (mobile: +251-91-175-3486). For more information on the Hideyo Noguchi Africa Prize, please visit the website of Hideyo Noguchi Africa Prize (<https://www.cao.go.jp/noguchisho/english/index.html>).

4 August 2022

Embassy of Japan
Addis Ababa

(Attachment)

Medical Services Category **Guinea Worm Eradication Program**

A global campaign, led by The Carter Center in partnership with stakeholders in Africa, to eradicate the second human disease in history.

The Fourth Hideyo Noguchi Africa Prize for Medical Services goes to the Guinea Worm Eradication Program for the near eradication of Guinea worm disease, led by The Carter Center and carried out in partnership with ministries of health in Africa, communities, nongovernmental organizations, and key partners like the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC).



Displacement by war and nomadic lifestyles in South Sudan make pipe filters – distributed to men, women, and children – an important tool against contracting Guinea worm disease. Kuse Dam, Terekeka County, South Sudan (Photo Credit: The Carter Center / L. Gubb)

The Guinea Worm Eradication Program deserves to be awarded the Fourth Hideyo Noguchi Africa Prize in the Medical Services category. The Carter Center began leading the global campaign in 1986, and, today, together with partners, works to erase the scourge of this debilitating disease. The parasitic disease is spread by consuming contaminated drinking water and can be tackled with community education, water filtration and, in cases of existing infection, proper treatment. There is no vaccine or drug to treat or prevent Guinea worm disease, only behavior modification and building trust at the community level. But achieving eradication continues to require reaching remote locations, tackling conflict zones, and reinforcing a vast infrastructure of local public health and sanitation workers across the African continent. It was a bold idea in the 1980s to target Guinea worm disease for eradication, but not a simple one. It would require ongoing funding and decades of commitment. By 2021 the burden of Guinea worm disease had fallen from an estimated 3.5 million cases annually to a mere 15 – with more than 80 million human cases averted. Yet, access to safe water in these remaining and at risk communities continues to remain paramount, especially as animal transmission has been identified in targeted areas. The HNAP Committee congratulates The Carter Center and all the stakeholders who have been involved in the Guinea Worm Eradication Program at communal, regional, national, and international levels for its extraordinary achievements and the near eradication of the second human disease. Together we will remain tenaciously vigilant to ensure that this ancient disease is relegated to the history books.

Summary of Achievements

Working closely with ministries of health and local communities in Africa and Asia, the Guinea Worm Eradication Program, a global coalition led by The Carter Center, has reduced cases by more than 99.99% from approximately 3.5 million in 1986 to just 15, all in Africa, in 2021.

The presence of Guinea worm disease in an area usually indicates abject poverty, including lack of safe drinking water. Guinea worm disease, or dracunculiasis, is a water-borne parasitic disease that causes tremendous suffering yet is completely preventable. Emerging worms can incapacitate people and their families for weeks, even months. Guinea worm disease is contracted when water contaminated with tiny water fleas that harbor Guinea worm (*Dracunculus medinensis*) larvae is consumed. About a year after ingestion, a mature Guinea worm creates an agonizingly painful lesion and slowly emerges from the body through the skin. Infected persons may try to seek relief from the burning pain and immerse the lesion in water, which allows the worm to release its larvae into the water and begin the disease cycle all over again.

In 1986, an estimated 3.5 million Guinea worm disease cases occurred annually in 19 countries in Africa and two in Asia, and some 120 million people were at risk of infection. The ancient disease is being eliminated through community-based interventions to educate people to change their behavior to interrupt the transmission. In each country, the national program is implemented by the ministry of health in partnership with national and local political leaders, nongovernmental organizations, as well as traditional leaders and community-based village volunteers. Filters are provided and people are taught to filter all drinking water, and volunteers are trained to teach prevention practices to their communities, recognize the signs of an emerging Guinea worm, and provide free treatment. Cash rewards are paid so that suspected cases are quickly reported and can be contained.

As a result of these continuing efforts by the Guinea Worm Eradication Program, today the disease persists only in the most complex and remote locations in a handful of countries in Africa. According to The Carter Center, the total human case count from 1 January to 31 December 2021 was only 15. This impressive result opens the possibility of Guinea worm becoming the first parasite, and the second human disease (after smallpox) to be eradicated in history.



*Community-based village volunteers are the frontline heroes of the Guinea Worm Eradication campaign and their dedication and commitment are responsible for the progress: 99.99% eliminated worldwide. Molujore village, Terekeka County, South Sudan
(Photo credit: The Carter Center/L. Gubb)*



*Carter Center technical advisor Laurès Dossou (foreground) and volunteer supervisor Mende Kelmane Alphonso instruct a crowd on how to detect Guinea worm disease during a cash rewards ceremony in Dangabol Village, Chad. People who report suspected Guinea worm infections and take appropriate measures can receive rewards of up to \$100.
(Photo Credit: The Carter Center / J. Hahn)*



Community health workers, Regina Natube, Morris Abure and Lokore Arkangelo of the Guinea worm Eradication programme talk to villagers in Akoruni village about the cash reward initiative, Republic of South Sudan (Photo Credit: The Carter Center/C. Marin)

https://www.cartercenter.org/news/features/h/guinea_worm/meet-regina-lotubai-lomare-lochilangole.html

Point of contact to the prize laureate

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Brief Organizational Record of Guinea Worm Eradication Program

[Essentials of the Program]

Started in 1980.

Covered Countries:

Current (5): Angola, Chad, Ethiopia, Mali, South Sudan

Stopped transmission and/or pre-certification (2): Sudan, *DRC

Certified Guinea worm-free (16): Benin, Burkina Faso, Cameroon, Central African Republic, Cote d'Ivoire, Ghana, *India, Kenya, Mauritania, Niger, Nigeria, Pakistan, Senegal, Togo, Uganda, Yemen

Leading Organization: The Carter Center

Key Partners: National governments, local communities, and many local, national, and international partners, including WHO, CDC, and UNICEF.

[Chronology]

1980	Smallpox is certified eradicated and is the first disease eradicated in history; the U.S. Centers for Disease Control and Prevention (CDC), under the leadership of Dr. Donald Hopkins, begins to explore the eradication of the second human disease, Guinea worm.
1986	Former U.S. President Jimmy Carter becomes the champion for the eradication of an obscure neglected disease, Guinea worm. The Carter Center, under the leadership of Dr. Hopkins, assumes leadership of the global campaign and begins activities in Pakistan (certified as eliminated in 1996).
1988	Launched in Nigeria (certified in 2013), Ghana (certified in 2015) and Kenya (certified in 2018).
1989	in Cameroon (certified in 2013).
1991	in Ethiopia (currently endemic).
1992	in Burkina Faso (certified in 2011) and Senegal (certified in 2004).
1993	in Benin (certified in 2009) and Chad (currently endemic).
1995	in Cote D'Ivoire (certified in 2013), Mauritania (certified in 2009), Yemen (certified in 2004), and Sudan (transmission stopped in 2002; preparing application*).
1996	in Uganda (certified in 2009).
2000	in Central African Republic (certified in 2007).
2002	in Togo (certified in 2011).
2003	in Mali (currently endemic).
2011	in South Sudan, programmatic activities continue as it

	becomes the world's newest country (currently endemic).
2018	Reported in Angola (currently endemic).
2022*	The Democratic Republic of the Congo (submitted application for certification; results pending)

- * The WHO is the only organization that can officially certify the elimination or eradication of any disease.
- * To date, the World Health Organization (WHO) has certified 199 countries free of Guinea worm; only seven have not been certified, including the Democratic Republic of the Congo, where no case has been reported since 1958. The DRC has submitted, and Sudan intends to submit its dossier for certification in 2022.
- * When transmission is interrupted, The Carter Center provides continued assistance in surveillance and helps endemic countries prepare for official evaluation by the independent International Commission for the Certification of Dracunculiasis Eradication and certification by the WHO. The CDC provides technical assistance and verifies that worm specimens truly are Guinea worms.
- * Early in the campaign, in 1983, India launched its own program, reporting its last indigenous case in 1996. India was certified in 2000.

[Honors and Awards]

A Selection of Awards Received by Members of the Guinea Worm Eradication Program (by recipient)

2006	The Carter Center - Gates Award for Global Health, Bill & Melinda Gates Foundation
2017	Recognizing Excellence Around Champions of Health (REACH) Awards bestowed by H.H. Sheikh Mohamed bin Zayed, Crown Prince of Abu Dhabi, United Arab Emirates - Former U.S. President Jimmy Carter : Lifetime Achievement Award - Dr. Nabil Aziz Awad Alla (Sudan) : Courage Award - Dr. Adamu Keana Sallau (Nigeria) : Last Mile Award - Ms. Regina Lotubai Lomare Lochilangole (South Sudan) : Unsung Hero Award - Mr. Daniel Madit Kuol Madut, South Sudan : Unsung Hero Award
2002	Former U.S. President Jimmy Carter, founder, The Carter Center -Nobel Peace Prize
2016	Mr. Adam Weiss, M.P.H., Director, Guinea Worm Eradication Program -Charles C. Shepard Award, Rollins School of Public Health, Emory University
	Mr. Craig Withers, M.B.A., M.H.A., Vice President for Carter Center Overseas Operations and longtime

2015 2017	<p>Guinea worm warrior</p> <ul style="list-style-type: none"> -Albert Bandura Award as an Influencer, Vital Smarts, Inc. -Certificate of Appreciation, government of South Sudan for contributions to the eradication of Guinea worm
1983 1998 2004 2005 2007 2012	<p>Dr. Donald R. Hopkins, Special Advisor for Guinea Worm Eradication</p> <ul style="list-style-type: none"> -CDC Medal of Excellence (*Distinguished Service Medal of the U.S. Public Health Service) -Knight of the National Order of Mali -Medal of Honor of Public Health (Gold), Niger -Champion of Public Health, Tulane University -Mectizan Award, Merck Inc. -James F. and Sarah T. Fries Foundation Prize for Improving Health -Pumphandle Award for Outstanding Contributions to Applied Epidemiology, Council of State and Territorial Epidemiologists - Honorary doctorates from Harvard University, Yale University, Morehouse College, and Emory University
1990 2017	<p>Dr. Ernesto Ruiz-Tiben, Ph.D., Former Director (1998-2008), Guinea Worm Eradication Program</p> <ul style="list-style-type: none"> -Outstanding Service Medal, CDC -Certificate of Appreciation, Government of South Sudan for contributions to the eradication of Guinea worm
2017	<p>Ms. Kelly Callahan, Director, Carter Center's Trachoma Control Program and longtime Guinea worm warrior</p> <ul style="list-style-type: none"> -2017 Sargent Shriver Award for Distinguished Humanitarian Service, U.S. Peace Corps
2012	<p>Dr. Emmanuel S. Miri, Country Director Nigeria, Carter Center Health Programs</p> <ul style="list-style-type: none"> -Officer of the Order of the Federal Republic of Nigeria in Abuja,
2011	<p>Dr. Abdulrahman A. Al-Awadi, Kuwait</p> <ul style="list-style-type: none"> -Award from His Highness the Amir Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah for his 30 years of service to Kuwait.

[Major Publications]

Peer-review publishing and operational research:

Beginning with its Guinea Worm Eradication Program, The Carter Center has built a reputation for pioneering operational research, *often while both* implementing and evaluating interventions through the publication of findings in the peer-reviewed literature. These hundreds of scholarly publications have demonstrated success,

described challenges, contributed to local and global best practices, and informed WHO guidelines.

Similarly, hundreds of earned media stories have been placed and dozens of human interest stories have been collected in various formats to document the Guinea Worm Eradication Program's journey to zero.

Here are five examples

1. Eberhard, Mark L., et al., "The Peculiar Epidemiology of Dracunculiasis in Chad." *American Journal of Tropical Medicine and Hygiene*, vol. 90, no. 1, 2014, pp. 61-70.
2. Priest, Jeffrey W., et al., "Development of a Multiplex Bead Assay for the Detection of Canine IgG4 Antibody Response to Guinea Worm." *American Journal of Tropical Medicine and Hygiene*, vol. 104, no. 1, 2021, pp. 303-312.
3. Ribado, Jessica V., et al., "Linked surveillance and genetic data uncovers programmatically relevant geographic scale of Guinea worm transmission in Chad." *PLOS Neglected Tropical Diseases*, vol 15, no. 7
4. Wuilbercq, Emeline, "'End is in sight': tackling a rare disease in a global pandemic." *Thomson Reuters Foundation News*. 29 April 2021.
5. "Guinea Worm Warrior's Weapon is a Song." *The Carter Center*. 24 August 2021.

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