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| <b>Date</b>           | Mar 12 1998                             |
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| <b>Title</b>          | Lessons from past eradication programs  |
| <b>Event</b>          | Partnership for Child Health Conference |
| <b>Event Sponsor</b>  | Becton-Dickinson                        |
| <b>Event location</b> | Baltimore MD                            |
| <b>Notes</b>          |                                         |
| <b>Publ as</b>        |                                         |

Asked to speak on lessons learned from the global disease erad. efforts

Delighted to do - have learned a great deal and

what we have learned and are learning is steadily revolutionizing practice of p.h.

OVER

I will focus on only 3 of the 7 global eradication campaigns which have been launched.

Specifically: Smallpox #5 - dec. programs

Polio #6 - progress Guinea worm #7 - progress

Yes there were 4 global campaigns which preceded smallpox -

Hookworm 1905 ; yellow fever 1915 ; Yaws - 1954 ; malaria - 1955.

All failed, some effort expd. of enormous sums of money - like malaria - leaving little behind.

OVER

Why did they fail?

i) lack of a sound scientific base - visionary on the aim.

ii) failure to establish a surveillance program. -

iii. hookworm & yaws,

iv) No research prog. -

v. malaria.

"MANTRA"

theoretically  
practically

Lessons to anyone embarking on a control program

What failures addressed and what were the lessons learned?

Important point re feedback

OVER

i) Power of a program which has a national commitment and goal

Specific goals - (does not require erad. or elim.) - which is measurable.

this implies: surveillance.

Smallpox - reporting etc. / data analysis / reporting back.

Polio - 500 → 10,000.

Learn when the problems are and whether the strategy is working.

Means - every case a failure, strategically raising resources for that one.

Quality assurance

→ vaccine (beginning) → 90% → 98% → 99% → 100%

Speed of reporting coverage  
Speed of outbreak investigation

3 new cases > 20 days for containment measures begun.

1.0 vs. 0.0  
cases tended to be doubled  
stopping outbreaks at the low  
point of the season



# **PRIMARY REASONS FOR FAILURE OF THE GREAT ERADICATION CAMPAIGNS**

- 1. Lack of a sound scientific understanding and failure to demonstrate feasibility**
- 2. No surveillance program established**
- 3. No research program**

# **LESSONS FROM THE GLOBAL ERADICATION PROGRAMS**

## **The Eradication Campaigns**

|          |                     |             |
|----------|---------------------|-------------|
| <b>1</b> | <b>Hookworm</b>     | <b>1909</b> |
| <b>2</b> | <b>Yellow fever</b> | <b>1915</b> |
| <b>3</b> | <b>Yaws</b>         | <b>1954</b> |
| <b>4</b> | <b>Malaria</b>      | <b>1955</b> |
| <b>5</b> | <b>SMALLPOX</b>     | <b>1967</b> |
| <b>6</b> | <b>POLIO</b>        | <b>1988</b> |
| <b>7</b> | <b>GUINEA WORM</b>  | <b>1986</b> |

# **PRINCIPAL LESSONS FROM+ THE ERADICATION CAMPAIGNS**

- + Power of a program which has a nationally agreed commitment & goal**

**Surveillance**

**Quality assurance**

- + Alternative strategies**

**Community involvement**

- + A research agenda**