

The Twentieth Meeting of the International Task Force for Disease Eradication (ITFDE) was convened at The Carter Center from 8:30am to 4:00pm on November 27, 2012 to discuss the potential eradicability of yaws, and to receive an update on progress toward elimination of malaria and lymphatic filariasis from

prevalence of yaws by about 95% (to ~2.5 million cases). Subsequent integration of control efforts into weak public health systems was not successful, and yaws resurged in several countries during the 1970s.¹ The only resolution on this topic, adopted by the World Health Assembly in 1978,² called for increased control efforts, but was largely ignored.

The ITFDE first considered this topic in 1993 and concluded that political and financial inertia, not scientific barriers, were the biggest obstacles to interrupting transmission of yaws, but that the potential for emergence of penicillin resistance, the possible existence of an animal reservoir of the infection, and the inability to distinguish venereal syphilis and yaws serologically were also significant constraints. On reconsidering yaws in October 2007, the ITFDE commended the example set by Iinna9(pte)-8(n [(p)-6(o)-2qfsth)5

experienced village volunteers from mass campaigns to combat onchocerciasis and eradicate dracunculiasis in parts of Africa. Existence of a simple curative treatment that is effective within days theoretically should make yaws eradication a rapid success. Unfavorable factors include the continued inability of serological tests to distinguish between yaws and venereal syphilis infections. Sophisticated genomic analysis using polymerase chain reaction (PCR) has demonstrated molecular differences between yaws and syphilis.⁶ The apparent inadequacy of information to convincingly discount the existence of an animal reservoir of yaws in baboons, chimpanzees and/or gorillas¹ was also noted, and deserves more attention.

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|------------------|-------------------|-----|
| St. Lucia | ? | No |
| St. Vincent | ? | No |
| Surinam | ? | No |
| | | |
| Cambodia | ? | No |
| India | Eliminated (2003) | Yes |
| Indonesia | 5,319 | Yes |
| Papua New Guinea | 28,989 | Yes |
| Solomon Islands | 20,635 | Yes |
| Sri Lanka | ? | No |
| Timor Leste | N/D | No |
| Vanuatu | 1,574 | |

The Dominican Republic reduced its total number of reported cases of malaria by 35% between 2010 and 2011, from 2,482 cases to 1,616 cases. Haiti reduced its reported cases of malaria by 13%, from 84,153 to 72,875 over the same period. Haiti distributed 3.4 million long-lasting insecticidal nets in 2012 with funding from the Global Fund for AIDS/HIV, Tuberculosis, and Malaria. Both national programs have some funding for malaria from the Global Fund through 2014, but not enough to do all they need to do to achieve their goal. The two countries continue to cooperate in combatting malaria and sharing experiences, having convened three bi-national quarterly meetings in 2012 so far, with support provided by The Carter Center.

1. WHO's recent efforts to promote the eradication of yaws are commendable, although the ITFDE emphasizes that more aggressive action than is now evident will be required in order to accomplish this by 2017. WHO has now embraced yaws and dracunculiasis (Guinea worm disease) as the only two diseases targeted for eradication on its official list of 17 Neglected Tropical Diseases (NTDs). Both could be "quick wins" if successful. However, being targeted for eradication automatically demands a greater urgency than a control program, as well as sufficient funding and political support. We believe the distinction that yaws and dracunculiasis are targeted for eradication should be acknowledged explicitly in the expected resolution on NTDs to be considered at the World Health Assembly (WHA) in May 2013. We also recommend a separate resolution as soon as possible in which the full WHA endorses the new eradication campaign against yaws officially, since the existing resolution on yaws (WHA31.58) from 1978 only called for control of the di

8. Haiti and the Dominican Republic have made some progress toward eliminating lymphatic filariasis over the past few years, but less apparent progress towards eliminating malaria. Health workers in both countries are sharing technical protocols, conducting joint interventions at their international border, and sustaining bi-lateral collaboration on malaria.
9. In order to eliminate malaria and lymphatic filariasis by 2020, the programs in Haiti and the Dominican Republic need adequate resources available for the entire period, beginning immediately. Two of the ten years of the previously announced plans have passed already.
10. The ministries of health of the Dominican Republic and Haiti should prepare combined maps and graphs illustrating the current extent of malaria and lymphatic filariasis for the entire island and publish evidence of the significant progress that has been made so far.