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Biography

Ahmed Tayeh is a graduate from London School of Hygiene and Tropical Medicine with MSc and PhD (1992), where he was trained in public health and epidemiology. He joined UNICEF in 1980 and worked for more than 10 years in several countries including Yemen, Sudan and North Korea in primary health care, rural water supply and environmental Sanitation and hygiene promotion. He led the first nutrition and MICS survey in North Korea in 1998. He worked in collaboration with WHO and the Syrian Ministry of Health in a cutaneous leishmaniasis control trial using pyrethrin-impregnated bed nets in villages near Aleppo, Syria during 1994-1996. He led a study, in collaboration with University of Toronto, on the health status of Arab community and their access to health services in Canada. From 2000, he led the Dracunculiasis Eradication Programme in the World Health Organization, Geneva, in coordinating with partners including UNICEF, The Carter Center and Ministries of health in 20 endemic countries as well as donors like the Gates Foundation, DIFD, and other partners. He has published several papers about dracunculiasis eradication and other diseases.

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Note:

IT IS HARD TO ERADICATE DISEASES

Diseases are difficult to eradicate although eradication is the most effective strategy to get rid of them forever. The only two diseases that have been eradicated so far are smallpox for humans in 1980 and rinderpest for animals in 2011. Dracunculiasis (Guinea worm disease) and polio eradication were initiated in 1986 and 1988 respectively, and both have made remarkable progress, yet both have lagged behind and missed several target dates for eradication in spite of the fact that tremendous efforts and resources have been utilized.

In 2017, only two countries were endemic with dracunculiasis, Chad and Ethiopia, both with 15 cases each. But the number of cases has stagnated for the last four years, perhaps due to the surprising fact that dogs were infected and used as paratenic or transport host. In the same year, polio was reported in Pakistan (8 cases) and Afghanistan (14 cases). The main challenge for polio is the continued circulation of vaccine-derived poliovirus in populations with low immunity, which evolves into a stronger virus and causing paralytic cases. Most other eradication challenges are related to a lack of infrastructure, insecurity and civil unrest, managing human resources and other problems specific for each country and locality. However, given the low number of cases remaining and the tremendous resources utilized, both diseases will disappear soon.

Once an eradication programme is initiated, it is absurd to abandon it when a large investment will be lost and the number of cases will start to increase. It is therefore important to not initiate such eradication programmes before thoroughly studying its feasibility, time frame, and financial and other resources needed.