

**Memorandum**

Date December 12, 1986

From WHO Collaborating Center for
Research, Training, and Control of Dracunculiasis

Subject **GUINEAWORM WRAP-UP #14**

To Addressees

NATIONAL ACTIVITIES

The President and the Prime Minister of Pakistan have strongly endorsed an initiative to eliminate dracunculiasis from Pakistan. The commitment was made during a visit by former U.S. President Jimmy Carter to Pakistan in early November.

As a follow up, a one-day Workshop on Dracunculiasis in Pakistan was convened in Atlanta at the Carter Center on November 21, co-sponsored by the Global 2000 Project of the Carter Presidential Center and the WHO Collaborating Center for Research, Training, and Control of Dracunculiasis at the Centers for Disease Control. The Director of the National Institute of Health at Islamabad, which will be the implementing agency in Pakistan, and the head of the public health programs section of the National Institutes of Health represented Pakistan at the Workshop. Approximately 40 persons attended, including former President Carter and representatives of USAID, Global Water, Save the Children Federation, and The Hunger Project.

At the completion of the Workshop, provisional areas for action as part of an operational plan and specific follow-up activities had been identified. Some funding for this initiative in Pakistan will be provided by the Global 2000 Project. At least 8.2 million persons are believed to be at risk of dracunculiasis in Pakistan, although little recent surveillance data are yet available.

This Workshop is doubly significant because it is the Carter Center's first involvement in the struggle to eliminate dracunculiasis and because Pakistan's decision to mobilize against dracunculiasis, combined with the Indian Guinea Worm Eradication Programme, completes the "Asian Front" of the global campaign.

SUDAN

A dracunculiasis survey requested by provincial health officials and UNICEF staff was conducted in El Buram Rural Council district (estimated population 180,000) of southern Kordofan Province (central Sudan) in September 1986. It provides the first statistical data available about dracunculiasis in Sudan in decades. The survey of 397 households in 18 villages found the prevalence rates of individuals affected by dracunculiasis ranging from 1-79%, with an average prevalence rate of 24.6% (822 cases among 3,337 persons). Two-thirds (266) of the households sampled had at least one infected member. In this area of Sudan, the guineaworm season extends from the end of the dry season (April-May) to the middle of the rainy season (August-September). The report observes that "this period coincides with the beginning of the agricultural planting season, and the consequent immobilization of a considerable proportion of the adult work force could well account for the consistently low crop yields reported in this area." A number of urgent control measures, as part of a combined water supply and primary health program, are being considered in order to control or eliminate the infection in this area.

GHANA

Negotiations are being completed for a collaborative project to control dracunculiasis and schistosomiasis in a district in the Northern Region of Ghana. It will be based on an agreement between the Government of Ghana, Danish Church Aid, and the Danish International Development Agency (DANIDA), with funding by the latter agency. Implementing agencies will be the Ministry of Health of Ghana, Danish Church Aid, Danish Bilharziasis Laboratory, and the International Medical Cooperation Committee. The Danish agencies will assign a physician, a biologist, and three to four senior medical and biology students to the project full time to work with Ghanaian counterparts. For dracunculiasis, activities will include initial baseline epidemiologic survey, training of village health workers and other field workers, implementation of control measures as part of primary health care activities emphasizing health education and vector control, and evaluation. The project is expected to last 5 to 8 years.



INTERNATIONAL ACTIVITIES

SECOND WORKSHOP ON DRACUNCULIASIS IN AFRICA

The Government of Ghana has agreed to host the Second African Regional Workshop on Dracunculiasis at Accra in March 1988. The workshop will be co-sponsored by the African Regional Office of WHO and other agencies. Representatives of all endemic countries in Africa will be invited to participate and share data on the status of dracunculiasis and of control or elimination programs in their countries.

AFRO RESOLUTION ON DRACUNCULIASIS

In follow up to Resolution WHA 39.21 (Elimination of Dracunculiasis) from the May 1986 World Health Assembly, the Regional Committee of WHO's Regional Office for Africa adopted the following resolution at its annual meeting in September:

WHA 39.21 - Elimination of Dracunculiasis

Operative Paragraph 3 - "calls on all affected member states to:

- (1) establish as quickly as possible, within the context of primary health care, plans of action for eliminating dracunculiasis, giving high priority to endemic areas in providing safe sources of drinking water, and
- (2) intensify national surveillance of dracunculiasis and report the resulting information regularly to WHO."

Dracunculiasis still represents a serious health risk for millions of rural villagers in 19 member states of the Region. Although direct mortality from the disease is low, the length of the disability, severity of the illness, and the seasonal nature of the illness combine to make it a disease of very high public health significance. During the first half of the water and sanitation decade, 10 countries (Benin, Burkina Faso, Central African Republic, Cameroon, Côte d'Ivoire, Mali, Niger, Nigeria, Togo, and Uganda) have reorganized their dracunculiasis surveillance to determine where it occurs. Programmes have been established to raise public awareness of the disease. These 10 countries have developed national plans of action against dracunculiasis within their respective primary health care programmes.

Operative Paragraph 4 - "invites bilateral and international development agencies, private voluntary organizations, foundations, and appropriate regional organizations to:

- (1) assist countries' efforts to add, within the context of primary health care, a dracunculiasis control component to ongoing or new water supply, rural development, health education, and agricultural programmes in endemic areas by providing required support, and
- (2) provide extra-budgetary funds for this effort."

AFRO activities in collaboration with other international agencies have consisted of joint multidisciplinary consulting missions involving health engineers, epidemiologists, health educators, and financial analysts. Two international workshops on strategies for dracunculiasis control have been jointly organized--one in Washington, DC in 1982 and the other in Ilorin, Nigeria in 1985. Responsible nationals from the affected countries actively participated in these workshops. A third workshop to review comprehensively the burden of dracunculiasis in the African Region and to consider how best to attack the disease was carried out in Niamey, Niger 1-3 July 1986. The Regional Director will once again invite member states to collaborate in the mobilization of international and bilateral agencies in the development and implementation of national plans of action against dracunculiasis.

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WEDC CONFERENCE

The 13th WEDC (Water and Engineering for Developing Countries) Conference on "Rural Development in Africa" will be held at the Club Makokola, Malawi on April 6-10, 1987. The objective of the Conference is to disseminate ideas and information regarding the planning, financing, provision, and maintenance of community water supplies, sanitation, small-scale irrigation, and low-cost roads and buildings for the benefit of rural communities in developing countries of Africa. Prospective participants are invited to offer formal papers or discussion notes dealing with interesting aspects of projects and programs in Africa with which the author has personal experience. Authors of papers that are selected by the Organizing Committee are required to send camera-ready typescripts to WEDC by December 31, 1986. For further information, write to Professor John Pickford, WEDC Group Leader, University of Technology, Loughborough LE11 3TU, England.



POTENTIAL SOURCE OF FUNDING



The Rotary Foundation of Rotary International, through its 3-H Program (Health, Hunger, and Humanity), provides grants for large-scale humanitarian projects to improve the quality of life for the world's needy and enhance human dignity as a means of advancing international understanding and peace. Grants are awarded on a competitive basis to Rotary clubs, groups of clubs, or Rotary-based not-for-profit foundations for selected international projects. Most grants fall in the range of US \$100,000 to \$500,000 over a period of 1 to 5 years.

Ministries of Health in endemic countries should consider contacting local Rotary clubs and gain their interest and sponsorship for the elimination of guineaworm disease. Local Rotary clubs might then write to Rotary

Headquarters (Ms. Patricia Groenewold, Rotary International, 1600 Ridge Avenue, Evanston, Illinois 60201 USA) regarding the 3-H Program. Such efforts must be sponsored by a local Rotary chapter which is also willing to provide a significant level of matching support in cash or in kind. Grant applications should emphasize the fact that guineaworm can be eradicated, that there are primary health care interventions, and that the contribution of effort is important to local grass roots community organizations.



RECENT PUBLICATIONS

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