



Memorandum

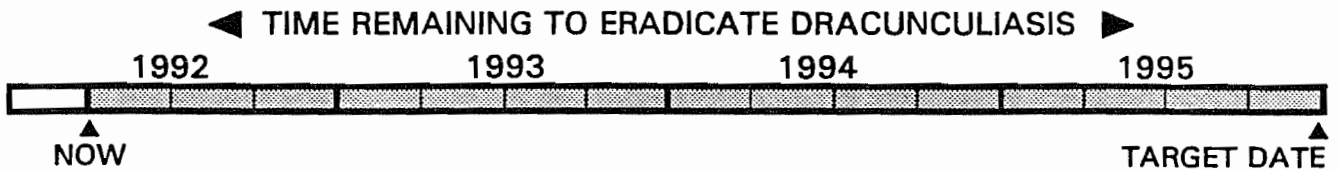
Date March 30, 1992



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

Subject GUINEA WORM WRAP-UP #35

To Addressees

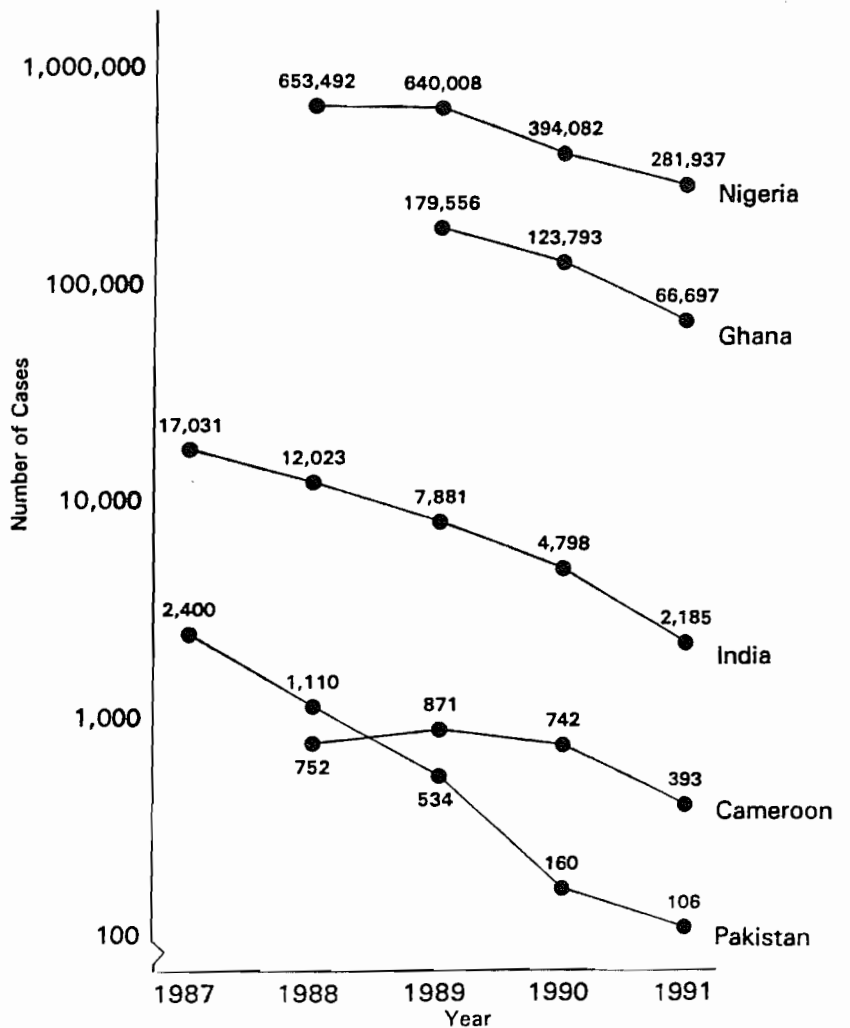


FOURTH AFRICAN REGIONAL CONFERENCE MEETS AT ENUGU, NIGERIA

The Fourth African Regional Conference on Dracunculiasis Eradication met at the Nike Lake Hotel in Enugu, Nigeria on March 17-19, 1992. The theme of the conference was "Target 1991: Only Four More Years". The potential impact of this conference was captured by the Commissioner for Health of Enugu State, Dr. D. Eneh, who noted in the Closing Ceremony that "the outcome of this conference will break the back of Guinea worm in the whole world." Dr. Eneh also paid tribute to his predecessor, Prof. A.B.C. Nwosu, former Commissioner for Health of (old) Anambra State, which included the current Enugu State.

In a dramatic highlight of the Opening Ceremony, the Nigerian Minister of Health and Human Services, Prof. O. Ransome-Kuti, presented the representative of WHO Regional Director for Africa, Dr. G. Monekosso, a fountain pen to be used to "sign the official

DECLINE OF DRACUNCULIASIS CASES: 1987 - 1991 CAMEROON, GHANA, NIGERIA, INDIA, PAKISTAN



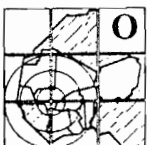
document certifying that Guinea worm disease has been completely eradicated from Nigeria and the world." The WHO Regional Director has often stated his desire to "sign the death certificate of dracunculiasis." The UNICEF Regional Director for West and Central Africa, Mr. S.S. Adotevi, noted in his opening address the telling observations of some persons outside of the Guinea Worm Eradication Program "...that eradication is happening...not in the headquarters office of some international or bilateral agency, but in the field...[at] all levels of governmental jurisdiction." Global 2000 Senior Consultant Dr. D. R. Hopkins stressed the urgent need for all endemic countries to begin appropriate control measures in every endemic village by the end of 1992. To be effective this year, the countries of the Sahel need to put such interventions in place by May, before their peak transmission season begins.

Nearly 400 persons attended the Opening Ceremony, including the Governor of Enugu State, Dr. O. Nwodo. All endemic countries except Chad, Central African Republic, and India were represented. Mali's delegation was led by its Minister for Water. UNICEF was represented by its Regional Director for West and Central Africa, Mr. Adotevi, Dr. J. Sherry, and others of its New York headquarters, and seven of its Resident Representatives (from Mali, Niger, Cote d'Ivoire, Ghana, Togo, Benin, and Nigeria). WHO was represented by Dr. P. Ranque of WHO headquarters, Dr. F. Wurapa of its Regional Office for Africa, and Dr. S. Brew-Graves, WHO Country Representative in Nigeria.

All countries except Chad, Kenya, and Sudan have begun or completed national case searches, which reveal the known annual incidence of dracunculiasis now to be less than 3 million cases in over 22,000 endemic villages. Partial results in Mali have revealed a total of 13,793 cases in 1099 endemic villages of two provinces (Mopti and Kayes). With a total of over 120,295 cases so far, Uganda is now the second most highly endemic country known, after Nigeria (281,937 provisional total cases for 1991) and before Ghana (66,697 cases for 1991). Nationwide interventions are underway in Cameroon, Ghana, India, Nigeria, and Pakistan. All five countries recorded substantial reductions in incidence in 1991 as compared to 1990 (see Figure 1).

Workshops were held on health education, targeting of rural water supplies, surveillance, and certification of eradication. WHO plans consultations this year to Gambia, Guinea, Guinea-Bissau, and Yemen to begin the certification process in those countries. Sub-regional workgroups also prepared individual country plans for 1992. The new video documentary, "Guinea Worm: The End of the Road", was shown before the Opening Ceremony. Numerous other films and displays were exhibited by UNICEF and several country delegations. A full report of this meeting will be prepared by the WHO Regional Office for Africa. The 1991 Global Surveillance Summary is scheduled to appear in the April 24, 1992 issue of WHO's Weekly Epidemiological Record.

FRANCOPHONE MOBILIZATION; CARTER TO VISIT



O . C . C . G . E .

During the Fourth African Regional Conference, National Program Managers from the eight OCCGE countries (Benin, Burkina Faso, Cote d'Ivoire, Mali,

Mauritania, Niger, Senegal, Togo) mutually agreed under the auspices of that organization's representative to the meeting, Dr. T.R. Guiguemde, to establish a National Guinea Worm Eradication Day on a common date: 30 April 1992. The purpose is to promote mass social mobilization of national decision makers and populations at risk, starting in April. (Cameroon will celebrate its national Guinea Worm Day on June 4; Nigeria's was March 20.) Global 2000 chairman President Jimmy Carter is planning to visit Benin, Burkina Faso, Mali, Niger, and Togo in early September 1992 to support the intensified mobilization and intervention efforts in endemic countries of francophone Africa.

CARTER INVITES KEY LEADERS TO "GUINEA WORM SUMMIT"

GLOBAL 2000



Global 2000 chairman President Jimmy Carter has invited the heads of the major international and bilateral agencies involved in the eradication campaign to join him in a "Guinea Worm Summit" to be hosted by Global 2000 at the Carter Center in Atlanta USA on April 23, 1992. Agency heads invited are the leaders of WHO, UNICEF, UNDP, World Bank, Agency for International Development (AID), Japanese International Cooperation Agency (JICA), French Ministry of Cooperation and Development, OCCGE, OCEAC, US Peace Corps and the Centers for Disease Control (CDC). The purpose of the summit meeting is to review what needs to be done in Guinea worm eradication following the Enugu conference, what the agencies are already planning to do, and to seek ways to fill any remaining gaps in those collective efforts.

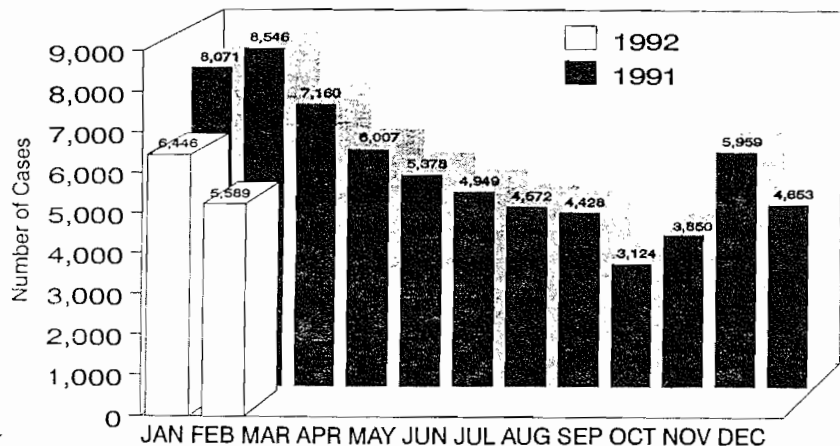
NATIONAL ACTIVITIES



Ghana Monthly Reporting: 1992 vs. 1991

Ghana, which reported 179,483 cases in 1989; 123,793 cases in 1990; and 66,697 cases in 1991; now is receiving monthly reports from over 80% of its endemic villages on time (within 30 days of the end of the previous month). Those results show a total of 6470 cases reported in January (83.9% of endemic villages reporting) and 5589 cases in February (87.8% of endemic villages reporting) 1992, vs 8071 and 8546 cases reported in the same two months respectively of

**GHANA GUINEA WORM ERADICATION PROGRAM
NUMBER OF CASES REPORTED BY MONTH**



1991, when monthly reporting rates were about 60%. 3718 endemic villages remained in Ghana by January 1992 (vs. 5111 villages as of January 1991).

Nigeria: Cases Reduced Further in 1991



The results of the latest annual retrospective surveys reveal that the annual recorded incidence of dracunculiasis in Nigeria has declined from 640,008 in 1989 (reporting period: July 1988-June 1989), to 394,732 cases in 1990 (July 1989-June 1990), to a provisional total of 281,937 cases in 4908 villages in 1991 (July 1990-June 1991). Monthly reporting will begin nationwide in 1992. The A.G. Leventis Foundation recently donated \$100,000 to the Carter Center for the Nigerian Guinea

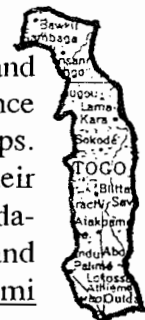
Worm Eradication Program. An important innovation of this program has been to provide village entrepreneurs with sewing machines (cost: about US\$100 each), and permitting them to pay for the machines by sewing cloth filters for the Guinea Worm Eradication Program. The villagers produce filters at less cost than other previous options used, and they obtain their own sewing machines in the process. So far, more than 20 sewing machines have been provided under this initiative. 81 National Youth Service Corps persons have been assigned to the 81 most highly endemic areas of the country. 60,000 printed health education posters have been shipped to Nigeria, and 60,000 to Ghana's GWEP as a result of donations by Georgia-Pacific and Communicorp to the Carter Center. The posters were designed and pre-tested in the country concerned.

Benin/Togo Program Review



A Program Review of the Guinea Worm Eradication Programs of Togo and Benin was held in Cotonou, Benin on Feb. 14-15, 1992, with the assistance of Global 2000 and CDC, WHO, UNICEF, UNDP, and US Peace Corps. The Review concluded that both countries need to quickly extend their interventions to all endemic villages. Several other specific recommendations were made. The Program Review report is available in English and

in French from Global 2000 or the WHO Collaborating Center at CDC. Mr. Komi Amegbo has been named chairman of the intersectoral committee for Guinea worm eradication in Togo. Togo also plans to undertake a public information-education campaign in March, April, and May 1992. Benin is preparing a video documentary on Guinea worm.



Uganda: More Than 100,000 Cases in Three Districts



The results of searches conducted in 7 districts since mid-October 1991 show that three districts in northeastern Uganda bordering Sudan and Kenya have enumerated nearly 120,000 cases for the 12- month period before the search. The exact totals are Kitgum District: 76,127 cases; Moroto: 24,850 cases; and Kotido: 18,929 cases. Four other districts for which data are now available (Soroti, Mbale, Kumi, Kapchorwa) among them found a total of 351 cases.

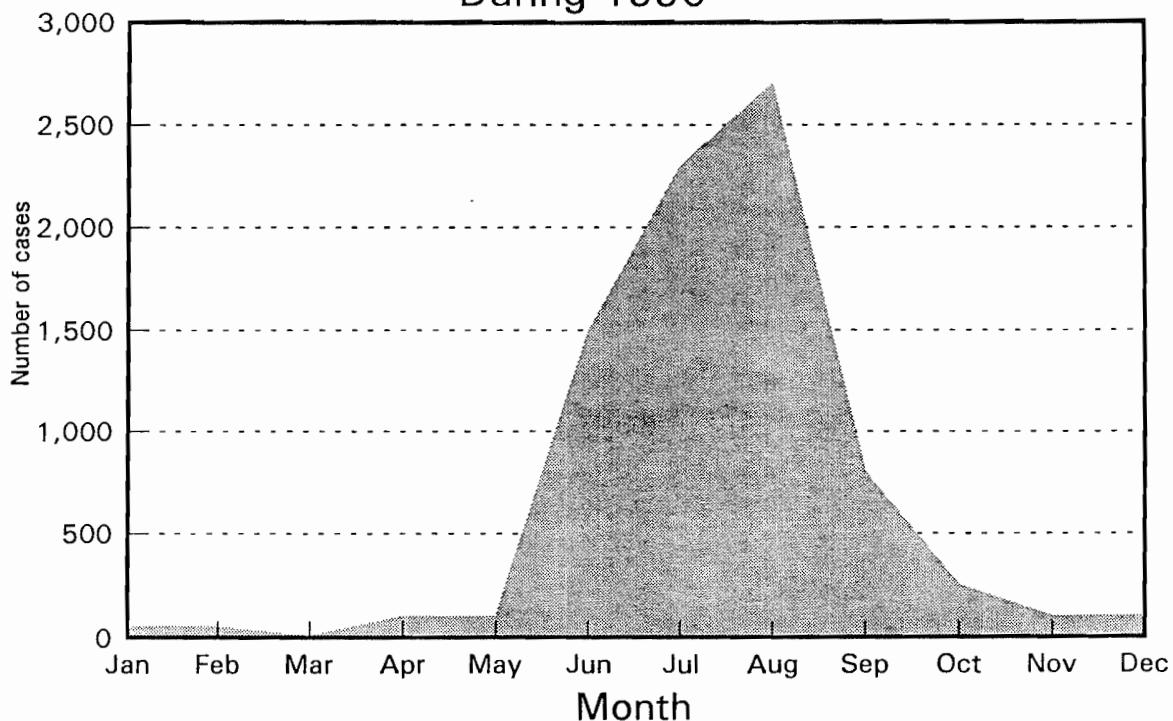
Searches of 2 other districts (Gulu and Lira) have been completed already; 5 remaining known or suspected endemic regions will be searched over the next several weeks. External support for the searches is being provided by UNICEF, Global 2000 and several other NGOs (AVSI, CUAMM, World Vision, and Lutheran World Federation). The same agencies plan to help the Ministry of Health of Uganda to begin interventions in areas where they are working, starting in April.

Ethiopia and Sudan Begin Action

Operations are severely constrained in Ethiopia and Sudan by the security situation in parts of the endemic areas of both countries. Ethiopia has so far confirmed by passive case search that dracunculiasis is endemic in 5 of its 28 regions: West Gojjam, South Shoa, North Omo, Gambella, and East Harar, of which the first three regions are readily accessible. Three other regions reporting found no evidence of Guinea worm. Current plans are to begin active case searches and interventions region by region, starting in the three accessible known endemic regions. A 2-day national workshop was held in December 1991. In Sudan, plans are to conduct active searches in June 1992 in the two known hyperendemic areas that are accessible: Blue Nile (in Central State) and South and North Kordofan (Kordofan State). Darfur area is scheduled to be searched next, as well as sentinel surveillance of other accessible areas by means of health workers in the Expanded Program on Immunization (EPI). An intersectoral group was established in December 1991 shortly after a new National Program Manager was appointed: Dr. Sarrag A. El Gizouli. A national workshop is planned for October 1992 to review search results and the draft of the Plan of Action.

Mauritania and Niger to Fight Guinea Worm This Summer

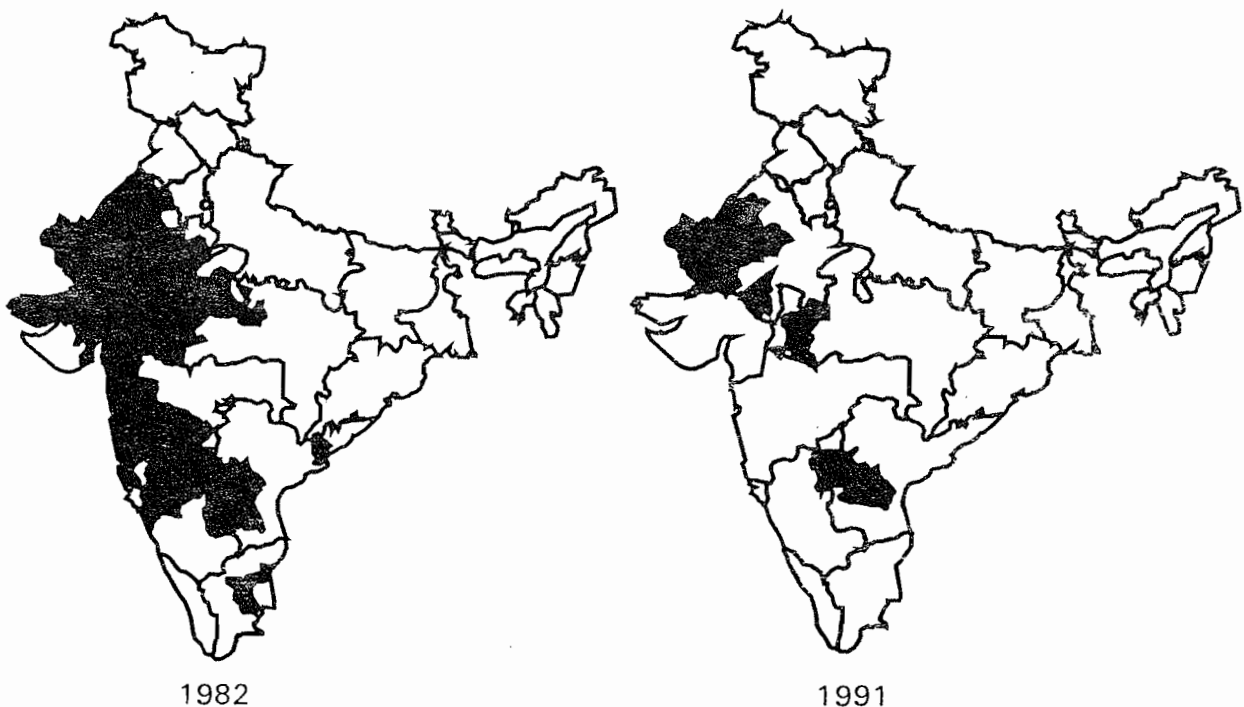
Incidence of Guinea Worm Disease in Mauritania
During 1990



Mauritania's plan of action, prepared in February/March this year calls for an all-out assault on the known endemic areas revealed in last year's search, beginning just before the peak transmission rainy season (June-September) this year. The remaining parts of the country will be searched after the 1992 rainy season. Niger plans similar intensified interventions this year, especially in the Mirriah Arrondissement (17,884 cases) of Zinder Department (20,637 cases), which contains most of the 31,610 cases enumerated in the 1991 case search. [Editorial Note: It is extremely important that all endemic Sahelian countries (Burkina Faso, Chad, Mali, Mauritania, Niger, Senegal) begin intervening in most or all of their endemic villages starting in may of this year, in order to begin reducing transmission in 1992.]

India

DECLINE OF ENDEMIC GUINEA WORM DISEASE IN INDIA
BETWEEN 1982 AND 1991



India reported a final total of 2185 cases in 576 endemic villages in 1991, as compared to 4798 cases in 897 endemic villages in 1990. Of the seven states that were endemic when the Indian GWEP began in 1980, three (Tamil Nadu, Gujarat, and Maharashtra) have now interrupted transmission. The other state totals of cases in 1991 are Madhya Pradesh (120 cases), Andhra Pradesh (126 cases), Karnataka (226 cases), and Rajasthan (1712 cases).

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